

NHS WALES COVID 19 OPERATING FRAMEWORK - QUARTER 1

1. PURPOSE

To provide the NHS with an Operating Framework for Quarter 1 of 2020/21 which reflects the continued need to respond to COVID 19 and the potential for future peaks in COVID 19 demand. There is agreement across the system that we need to ensure that we are able to deliver essential health services for our population and where possible recommence more routine care. However we need to do this progressively, and with caution, through short planning cycles that maintain the flexibility and agility we have demonstrated over recent months.

2. CONTEXT

The NHS in Wales has already delivered a remarkable response to the COVID 19 health emergency since receiving the first coronavirus patients in early March.

Our staff have stepped forward with huge commitment and professionalism to deal with the challenges of this pandemic and have demonstrated once again that they are our most important asset. This includes our new staff such as our health professional students and health professionals returning to service, keen to be part of the NHS response. As ever it has been important to continue to work closely with staff organisations and professional bodies in a spirit of social partnership through regular briefings and discussions.

The speed and flexibility of our response has been dependent upon excellent partnership working - with local government, the military, the voluntary sector, hospices, education providers, regulators and the private sector. Of particular note has been the close cooperation between the NHS and social care, through statutory services and the wider care sector, reflecting the critical connections that need to be in place to support patient pathways.

We have also had overwhelming support from the public and patients in complying with lock down measures to save lives and protect the NHS, and in cooperating with us as we have introduced new ways of working into the NHS.

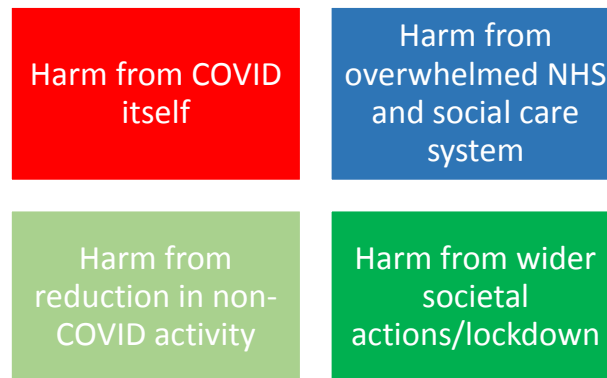
The initial NHS planning and preparation for COVID 19 was supported by the Minister's Written Statement on 13th March setting out a framework of actions. These included a reduction in non-essential work in order to free up capacity and staff to prepare, and these actions have been critical in ensuring that we were able to respond effectively to the needs of coronavirus patients in Wales.

This initial planning had indicated a difficult 8-12 week period managing to a peak. Whilst this has been mitigated during April, there remain significant numbers of COVID-19 patients across our systems and we need to plan recognising that our system will be responding to COVID-19 demands for some months to come, particularly as we monitor the impact of moving out of lockdown arrangements.

This requires a different framework to move forward, which retains flexibility to adjust depending on outcomes and any change in community transmission rates of COVID19.

This new framework builds upon guidance that has already been issued to the NHS with a particular focus on maintaining essential services, for example in relation to cancer and mental health services.

The new framework also reflects the need to consider 4 types of harm, and do our best to address all of them in a balanced way:



We are still learning about Coronavirus and its progress is difficult to determine. Whilst we have navigated the first peak successfully from an NHS perspective, there are still significant pressures in care homes and we do not have certainty about the future profile of COVID 19 demand.

This profile is also affected by external factors including the Welsh Government Framework for Recovery (<https://gov.wales/leading-wales-out-coronavirus-pandemic>) and implementation of its Testing Strategy. In addition the Cabinet has agreed to establish an economic and social recovery programme that will be led by Ministers and informed by an Expert Group to bring regular challenge and fresh thinking. An internal Portfolio Board for Continuity and Recovery has also been established to work in parallel with the Expert Group, chaired by the Counsel General. A comprehensive work plan will be developed that will include creating a set of scenarios to act as cross-government assumptions for recovery planning.

The harm caused from COVID itself is more visible and understood, both in terms of its impact on individual patients and their underlying conditions, but also the potential for transmission to other patients and staff. The management of individual patients in this context requires effective decision making and management of clinical risk, in order to balance harm from COVID and other health problems.

It is important to retain the ability to respond effectively and with maximum agility to a potential increase in COVID 19 patients and to ensure that any future peaks do not overwhelm the service. The operating framework needs to reflect that and will be subject to regular review.

We are aware that access to essential non COVID services has reduced in recent weeks, a trend that has also been experienced in other countries. In Wales we have seen for example a 48% reduction Emergency Department attendances and a 30% reduction in emergency admissions since prior to the COVID 19 pandemic. The reasons for this will include delivery of health care through alternative models,

reduction in incidence of some health problems such as major trauma and road traffic accidents; and changes in judgements and behaviour by both clinicians and patients in view of additional COVID risk.

However, we need to assure ourselves going forward that patients are accessing essential services appropriately and understand that these services continue to be open for business during any future peaks. We also need to have a framework that can be developed towards an ultimate aim for restoration of normal and routine activities over time, even if this is done progressively and with appropriate assessment of impact on the NHS. It will be important to continue to set NHS delivery in the context of an integrated health and care system.

3. OPERATING FRAMEWORK

The Operating Framework is set out under the following themes:

New ways of working

Staff have created and embraced new ways of working rapidly to respond to the COVID19 challenge, in particular to comply with social distancing and essential travel guidance. A number of these new ways of working offer benefits in terms of safety and quality to both staff and patients. They have also contributed to reduced congestion in primary care and hospital settings. Locally and nationally we must focus on embedding the new ways of working so that they become sustainable approaches for the future. Building confidence in these new approaches, supported through formal evaluation to demonstrate that they are safe and effective, means we can go even further. We encourage individuals, teams and organisations to continue to innovate and transform our services to deliver on the collective commitments in **A Healthier Wales**, our long term plan for health and social care in Wales. Requirements for these will also be embedded in future updates on the Operating Framework.

This includes the significant shift in terms of digitally supported ways of working – including more home working, cluster models, virtual clinics, triage processes, and remote consulting. Key enablers for this have been the accelerated roll out of tools for video consultation and remote working, and increased use of the Digital Health and Care Record, on an all-Wales basis. These changes will be consolidated and extended. Where there are opportunities to support essential services as part of covid-19 response, other digital programmes and investments will be accelerated in the same way. Further support will be provided, for example, through the Digital Priorities Investment Fund.

Managing COVID 19

Whilst recognising that it is difficult to guarantee that health care settings will be “COVID free”, particularly areas such as Emergency Departments, it will be important to separate the COVID and non COVID patient flows **as far as possible**. Local plans need to take into account:

- Ongoing and consistent application of PHW/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of known Covid patients, separate to other patients.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control>)

- Hot/cold or red/green sites, COVID cohorts/zones, and dedicated isolation facilities. The development of cold sites may require regional solutions to underpin safety for patients and staff.
- Targeted use of independent sector hospitals using the contractual arrangements in place.
- Options to use available field hospital capacity across Wales to support activity in the short term, subject to local assessment and workforce models, whilst retaining the capacity to respond to any further peaks.
- New service or specialty based triage and streaming processes in both unscheduled and planned care to support separation of flows, including any testing implications.
- Continued implementation of the Acute Pathway for COVID 19 and related rehabilitation pathways.
- Availability of sufficient physical and workforce capacity to maintain separate configurations and additional streaming processes.
- Revised activity planning and scheduling assumptions that reflect the need to maintain social distancing and infection prevention and control measures.

Much of this can be determined locally by individual organisations, including the need for regional solutions. In addition organisations will want to be cognisant of advice and guidance from professional bodies, and ensure that this is kept under review.

“Essential” services

Essential services are those which should be maintained at all times throughout the pandemic, and any future peaks. We have developed an Essential Services technical document at **Appendix A** in line with WHO guidance on high priority categories including mental health. This is supported by a range of published guidance from Wales and the UK including Royal Colleges and NICE.

Urgent and emergency cancer treatment is a key aspect of Essential Services and specific guidance has already been issued through the Wales Cancer Network. Organisations have been asked to provide updates on progress in implementing this guidance by 12th May.

Delivery of essential services will by definition need to be based on clinical prioritisation rather than just a time based approach. The risk associated with COVID 19 will be an additional consideration in clinical decision making about individual patients and their treatment and in ensuring informed consent. Effective clinical engagement and leadership in planning and scheduling services therefore remains critical in developing and delivering Q1 plans.

In some areas of essential services the response to COVID 19 may have led to backlogs that need to be urgently addressed, and the implications for diagnostic and therapeutic services need to be carefully considered in local plans.

Effective delivery of pathways for delivering essential services will need to protect patients from COVID 19 and may require interim development of regional approaches

for acute, specialist and rehabilitation services. Organisations must identify any risks to local delivery of essential services and collaborate on regional solutions to deliver the best outcomes for patients and the safest environments for staff.

Each organisation must ensure that it is also tracking deferred procedures / appointments that are not deemed to be essential in line with WHO guidance to mitigate any potential harm to patients.

Essential services clinical guidance for NHS Wales will be published on a dedicated section of the HOWIS site at <http://howis.wales.nhs.uk/sitesplus/407/home>

Public facing guidance will be published on the Welsh Government website at <https://gov.wales/coronavirus>

Critical care

Significant effort has been made to develop surge plans to flex critical care capacity, and these have already been activated to respond to the pressures of the first COVID 19 peak.

Locally and nationally we must continue to improve our critical care surge plans to ensure they are resilient in terms of physical space, infrastructure, equipment, workforce and medicines. We must retain the ability to activate surge plans quickly if we enter into another peak. In the meantime we must ensure focus on the wellbeing of our staff who have been working in challenging and pressurised environments and ensure they have the opportunity for rest and support.

COVID 19 patients and those receiving essential services will continue to be a priority for critical care services. Any routine services that may impact on critical care including services which increase demand for medicines used in critical care settings, should therefore be re-commenced with care taking into account the availability of core critical care capacity and maintaining safe occupancy levels. Ideally critical care occupancy should be at 70% of core capacity as a trigger to restart any routine work which may require critical care support during the next few months. This needs to be kept under close review with clinical teams and the Critical Care Network to reflect local circumstances. This will also require continuation of a zero tolerance approach to delayed transfers of care in critical care settings.

A significant boost to the effective and efficient operation of critical care services will be provided by bringing forward planned investment in digital systems to support critical care services across Wales

“Routine” services

Capacity exists in some parts of our system to support the re-introduction of routine services. This includes core capacity as well as the surge capacity that has been put in place for Quarter 1. We expect all health organisations to adopt a progressive approach towards the aim of restoring normal and routine activities, but the nature of this is a local operational decision for Health Boards and Trusts in conjunction with relevant partners. This will require arrangements to gear up and down in response to other pressures in the system such as an increase in emergency demand. A clear set

of triggers needs to be in place to inform these decisions at a local and national level including any upstream intelligence for example in relation to the R values, local surveillance, care home data, as well as COVID activity data relating to health services including COVID admissions, critical care and general occupancy levels and mortality rates.

The re-introduction of normal and routine activities needs to be based on a number of considerations:

- New ways of working have been embedded as far as possible – for example in relation to remote and virtual service delivery.
- There is capacity to separate known COVID patients from other patient cohorts, supported by testing as appropriate.
- Safe occupancy levels of no more than 80% can be maintained.
- Availability of PPE and other key supplies including medicines and blood products can be maintained.
- Restrictions on throughput due to social distancing and infection prevention and control have been taken into account.
- The need to minimise impact on critical care services where they remain at high occupancy levels.

Decisions will be made about screening services coming back on line during Q1 based.

Surge capacity

We have created a significant amount of additional surge capacity in preparation for the anticipated peak in COVID 19 demand and this includes physical space as well as workforce. Fortunately the measures that have been put in place to minimise the peak have meant that we have not needed to utilise the surge capacity to date. However, as lockdown eases there is a possibility of further peaks and so as a minimum we should ensure that the first phases of surge capacity in each health board/ trust should be available and ready for activation within a 7 day period.

As noted above some parts of our surge capacity may also be utilised to deliver essential and routine services, and to maintain safe occupancy levels in line with local triggers.

The majority of our “field hospital” capacity in non NHS settings has been based on a provisional timescale of the first quarter. We will need to determine future plans by the end of Q1 including consideration of more regional solutions.

Nationally we must also continue to develop our central systems and processes to identify, allocate and distribute key items of equipment and supplies across the system.

Workforce wellbeing

In planning our services for the months ahead we need to maintain a clear focus on the wellbeing of our workforce in line with our commitment to the quadruple aim. In particular we must support those staff who have been under significant pressure in

responding to COVID 19 to date – front line workers, support staff and management teams. We need to bear in mind that pressures may increase again in the next few months requiring our staff to repeat the extraordinary effort made over recent months. This means:

- Appropriate testing systems will need to be in place as determined by the Testing Strategy
- Appropriate rest and working patterns for staff, in particular enabling staff who have been unable to take time off due to service pressures to take annual leave and have time to recharge
- Provision of appropriate training, equipment and supplies – including PPE and key transferable skills
- Provision of wellbeing and psychological support [NHS Wales Staff Wellbeing Covid -19 Resource](#)
- Monitoring key workforce indicators including: absence and sickness levels and reasons; retention of the workforce including retirement and resignations
- Continuing to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area
- Continue to focus on particular needs of BAME members of the workforce as set out in [Written Statement: COVID-19 and BAME Communities](#)
- Continuing to update and regularly reissue Frequently Asked Questions developed in social partnership, setting clear policies, key terms and conditions of service for our workforce <https://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/covid19>

During the COVID -19 response, it is even more important that our staff feel able to raise concerns safely and that we capture the learning and lessons from their experiences. Local mechanisms are in place for any concerned member of staff to speak up, underpinned by guidance and support. We will also look for the national conversation on raising concerns to be progressed in social partnership to provide a clearer focus for this work.

We have had significant success in expanding our workforce as part of the COVID 19 response, through students, returning professionals, and new recruits. We need to continue to engage and support this COVID 19 workforce and ensure this additional capacity is factored into plans. Equally much of this additional workforce is temporary and although this may not affect q1, contingency plans need to be considered in the context of more sustainable workforce planning for the future in line with the draft Workforce Strategy for Health and Social Care.

Organisations should re-introduce study leave and professional development activities where they can be delivered safely, to ensure that we continue to invest in the development of our workforce.

Although we have made a number of changes to delivery of undergraduate health professional programmes organisations should continue to support clinical

placements for students so enable them achieve the learning outcomes needed to graduate.

Primary care

As with other settings there has been a remarkable response from primary care services and contractors. Effective models have been developed to support delivery of safe services in primary care settings in the context of COVID 19, with significant leadership and cooperation from independent contractor colleagues.

For General Medical Services we have seen a shift to telephone first triage; which must remain in place during Quarter 1 and is encouraged longer term. GPs and practice staff are now able to work remotely accessing GP Practice systems from their homes to run surgeries via telephone or using video consultation. The process has been further enhanced by providing access to the Digital Health & Care Record, enabling all recent diagnostic results and documents to be readily available.

The ability to stream COVID patients effectively through a “COVID hub” model will be activated as needed, based on the plans that have been put in place through clusters across Wales. In addition general practice will need to assess any patients who may be considered high-risk and may need to be included in the ‘shielding’ cohort to ensure they are accessing needed care and are receiving their medications.

As per the Caldicott principles, data should continue to be shared in the best interests of the patient; including information from Primary Care providers to other health and care settings, as well as information for specific processes (such as fostering and adoption medical assessments).

Our community pharmacy services have been under significant pressure and have introduced new ways of working to manage patient care safely and efficiently and to continue with essential services including dispensing services, emergency medication services, emergency contraception and advice, and treatment for common ailments. These will need to be maintained during Quarter 1. In addition community pharmacy will continue to play a key role in protecting supply to shielded patients.

In primary dental care service all routine dental care, treatments and check-ups continue to be cancelled. However, dental practices with NHS contracts remain ‘open’ for remote triage, the provision of advice and the issuing of prescription (analgesia & antimicrobials). Dentists can also provide face-to-face assessment in practice and non-Aerosol Generating Procedures (AGPs) urgent care if absolutely necessary. Further guidance will be issued shortly about the future status and restoration of dental services.

In optometry services, a number of practices remain open for emergency and essential eye care services within each cluster. This enables Independent Prescribing qualified practitioners to manage more cases and reduce the need for secondary care intervention. Health boards will continue to ensure ‘urgent’ patients are seen, utilising primary care optometry to mitigate the loss of hospital based ophthalmology outpatient capacity.

Going forward to the recovery phase, the wider adoption of the Primary Care model for Wales will be the foundation for primary care operational models.

Social Care Interface

NHS organisations must continue to work with partners to ensure an effective interface with social care, in particular in relation to closed settings. This is in line with the approach set out in “A Healthier Wales”. This includes

- Providing the capacity needed to implement the COVID 19 Hospital Discharge Process in relation to step down and step up beds <https://gov.wales/hospital-discharge-service-requirements-covid-19> This is essential in ensuring effective management of COVID 19 in closed care settings and in maintaining timely flow out of hospitals. This needs to be factored into capacity plans and the configuration of COVID and non COVID areas.
- Supporting training needs in relation to infection prevention and control
- Focusing on workforce wellbeing with access to resources and support
- Supporting workforce capacity where appropriate from the additional COVID workforce available to the NHS
- The sector will require additional support and guidance during the pandemic emergency period. A number of groups (including the Primary Medical Care Support to Care Homes Task Group) have been established as part of that support function

Communication

Clear and consistent messages for the public are essential to ensure that services are used appropriately during this period. National and local communication activities need to be aligned to ensure a focus on:

- Explanation of new ways of working which mean people will access services differently
- Assurances about social distancing measures and infection prevention and control in health care settings
- Importance of seeking advice and support in relation to Essential Services – with a particular focus on older people and vulnerable groups
- Options for self help and advice
- Clarification of Wales approach to avoid confusion with other parts of UK

4. MONITORING ARRANGEMENTS

In mid-March we agreed to relax targets and monitoring arrangements across the health and care system to support organisations in their plans and preparations for COVID 19.

Although we do not plan a reinstatement of the previous performance management arrangements for NHS Wales at this time we will need to refocus on some key quality, access and workforce indicators as we progress through Q1, particularly in relation to essential services and the COVID 19 pathway.

We will also need to monitor other key aspects of Q1 plans to inform critical decisions that need to be made in Q2. These include use of field hospitals, use of independent sector hospitals and deployment of the additional temporary workforce.

In the absence of the usual Quality and Delivery mechanisms and JETs we will be planning review meetings in early June with each organisation to reflect on Q1 plans and to help inform the operating framework for Q2 including guidance on winter preparedness – further details and guidance on performance management to follow.

5. FINANCE

The urgency needed for the initial service response meant that normal financial governance has not been able to be in place as decisions have, by necessity, had to be driven by the assessment of demand and the immediate service plans in response. Many decisions have been taken to commit significant resources without the normal certainty of funding. The required financial governance has had to follow and a more system level review is now in place to look at variability and best practice.

NHS organisations have undertaken their first assessment of the potential full-year costs for 2020-21 of responding to the pandemic, including putting in place the additional field hospital capacity. This exercise has highlighted some significant variations in approach and cost locally which will inevitably be challenged once the emergency is over.

There will be a requirement to update these forecasts on a monthly basis and submit with the monthly monitoring returns. Whilst it may be difficult at this stage to make a firm assessment of the impact later in the year, it is expected that the forecast for quarter 1 is robust, taking account of the guidance set out in this operating framework. Some of the normal monthly financial monitoring requirements have been relaxed to enable finance staff to concentrate on these cost returns as well as closing down the 2019-20 financial year.

Welsh Government and the Finance Delivery Unit have been working with the support of external consultants to review the set-up costs and committed running costs of the field hospitals, and it is intended funding for these will be confirmed during May. In addition, through a budget re-prioritisation process within Welsh Government, funding is being secured for core additional elements of the NHS response, including the costs of student and returning staff, provision of PPE, support for early discharge arrangements, and the costs of the testing programme. Funding will be allocated for these specific areas of support as costs are confirmed.

As the full cost impact become clearer, Welsh Government and the Finance Delivery Unit will work with NHS organisations to agree the impact on individual organisations financial plans. This will take account of the additional costs incurred, previous savings expectations that are unlikely to be delivered, offset by redirecting existing resources from activities that have been paused or stopped.

At this stage, there is no certainty of funding beyond the specific areas referred to above, but this ongoing exercise should enable a shared understanding of the financial positions being presented to boards and will support the ongoing action within Welsh

Government to identify funding to meet the net costs to the NHS of the response to the pandemic.

6. KEY ACTIONS

To support implementation of the framework the following actions are required:

NHS organisations to develop local operational plans for Q1 that include:

- A specific focus on Essential Services, any risks and regional solutions
- A summary of new ways of working and plans for evaluation
- Clear roles and activity plans for independent sector facilities and field hospitals
- Progressive implementation of routine activity
- A reflection of local discussions with partners about social care resilience
- Workforce plans including use of additional temporary workforce.
- Financial implications
- Risks to delivery

Draft local COVID 19 Operational Plans for Q1 are requested by 18th May recognising that they will need to be formally agreed through Board and Committee structures and in line with the agree governance principles.

By 18th May Welsh Government and partners to:

- Complete a rapid review and dissemination of new ways of working (WG)
- Accelerate the Digital Priorities Investment Fund to support new ways of working (WG)
- Bring forward planned investment in digital systems to support critical care services across Wales (WG)
- Review position on cancer services and requirement for regional solutions (WG/WCN)
- Continue to support surge capacity in non NHS settings for Q1, with a review of field hospitals and independent sector hospitals in June informed by updated modelling (WG)
- Develop a set of triggers to help monitor pressures on the system based on Rt values, doubling rate for hospital admissions and critical care occupancy (WG)
- Continue to develop the resilience and robustness of critical care surge plans (Critical Care Network)
- Support Care Homes through implementation of the COVID 19 Hospital Discharge Process (WG)
- Develop a national communication campaign on key messages for the public about safety and access, which can be adapted and built upon by individual organisations (WG)
- Assess the impact on financial plans and identify and secure funding requirements (WG, FDU, NHS organisations)