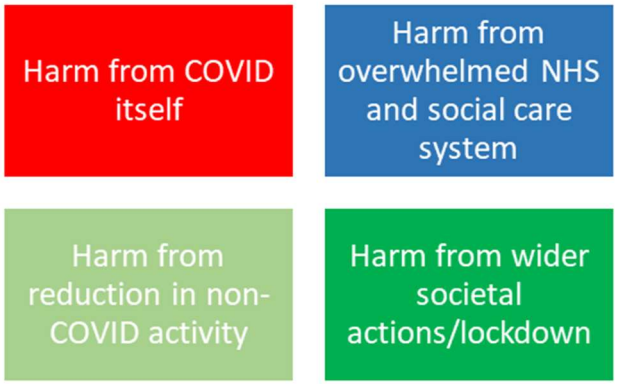
NHS WALES COVID 19 OPERATING FRAMEWORK - QUARTER 2 (20/21)

1. PURPOSE

In line with the shorter planning cycles that we have agreed for 20/21, the purpose of this document is to provide the NHS with an Operating Framework for Q2 and a look ahead to the rest of the year. This framework will build on the themes and principles from Q1, based on a "proceed with caution" approach and will continue to focus on the four harms;



2. CONTEXT

There have been a number of developments since the publication of the Operating Framework Guidance for Q 1. In Wales lockdown measures are being eased in a steady and cautious approach, in line with the Welsh Government's recovery plan, focused on maintaining and controlling the Rt value. In parallel with this, the Test, Trace, Protect Programme has been launched across Wales to improve access to testing and contact tracing to help contain and isolate the virus. Health Boards, Local Authorities, NWIS, Public Health Wales and our military colleagues have been working hard to implement this at scale and pace and this will continue to develop and evolve in Q2.

From an NHS perspective, although our understanding of the virus is improving there is still a high degree of uncertainty in the months ahead. This will continue to make planning challenging as we interpret modelling, and as evidence about the virus requires us to continually update guidance and policies in this area at pace.

Since the first COVID-19 peak in April the NHS in Wales has been developing and implementing its plans for a dual track approach to delivery of services across all care settings. The World Health Organisation describes Track 1 as remaining ready to provide the full range of services needed to prevent, diagnose, isolate and treat COVID-19 patients, and Track 2 addressing accumulated demand from services that were paused to reduce exposure to and provide care for during outbreak peaks. (https://www.euro.who.int/__data/assets/pdf_file/0018/440037/Strength-AdjustingMeasuresCOVID19-transition-phases.pdf?ua=1)

The pace of these plans has varied geographically, reflecting the fact that the curve of COVID 19 demand has affected different parts of Wales at different times. Whilst organisations prepared for the initial COVID-19 peak in March/ April, it is now

apparent that NHS Wales will have to adapt to coexisting with and addressing the challenges of covid-19 for some time to come, until a vaccine is developed.

We recognise that this dual track approach is a new challenge for our workforce, for patients and the public and for our services. It requires a continued focus on new ways of working, making it essential that we retain the agile and flexible approach used to respond to the challenge of COVID 19 itself. However this is also an opportunity to align the "new normal" with the ambition and direction set out in A Healthier Wales.

For our next iteration of plans we need to reset the capacity plans we developed to meet the first peak of COVID 19 to respond to a reduced but more sustained pressure. Updated advice will be issued alongside this guidance to inform capacity planning for the rest of the year.

The underlying approach for Quarter 2 is to continue to proceed with caution. The focus of this guidance remains on essential NHS services, with the introduction of routine services continuing to be a matter for local determination based on an assessment of safety, workforce, capacity, clinical support requirements and risks for patients.

Finally, although the guidance relates specifically to Q2 it is also important to start to set the scene for the rest of the year, recognising the additional risks associated with the winter period.

3. OPERATING FRAMEWORK

Test, Trace, Protect

As referenced above NHS organisations are playing a pivotal role in delivering the NHS Wales Test, Trace, Protect service which was implemented in Q1 at great pace, and which requires ongoing focus in Q2 to ensure the appropriate capacity for the effective delivery of this service. This includes

- Sufficient antigen test sampling capacity to enable members of the public who are symptomatic to access a sampling site without delay (same day access).
- Capacity and organisational arrangements to deliver testing turnaround times (test request to lab authorisation of 24 hours) consistent with international evidence of best practice for contact tracing. This requires that samples reach PHW laboratories and that laboratory capacity and throughput is consistent with the expected turnaround time.
- In collaboration with partners to deliver regionally coordinated local contact tracing teams – a mix of clinical and non-clinical staff who can support those who have tested positive and their close contacts to stay safe.
- Provision of environmental and public health responses to local outbreaks and clusters or preventative action in areas regarded as high risk.

Testing supports purposes other than contact tracing. The NHS will need to have capacity to support these other testing purposes - diagnosing the disease to help with treatment and care; population health surveillance, so that we understand the

spread of the disease; business continuity, enabling key workers to return to work more quickly and safely; knowing who has had the infection in the past, when antibody testing is widely available.

New ways of working

The Q1 guidance focused in particular on continuing to accelerate progress in implementing new digital approaches to service delivery, and this needs to be supported through a combination of both local and national investment.

However, there have been many other examples of service redesign and transformation and we need to ensure that teams continue to feel empowered and supported to do things differently. We need to nurture and develop the clinical leadership that has been demonstrated over the last few months and continue to stimulate new ideas and approaches from all of our staff. Plans for Q2 should continue to focus on this, in particular new approaches to outpatient services which have helped accelerate our vision of a modern NHS.

Equally we need to be cognisant of the fact that some changes may not work or may not have a positive impact over the longer term. It is important to evaluate the new ways of working to identify which need to be continued, adjusted or stopped. This should be also informed by the views of stakeholders, including patients, staff and Community Health Councils.

Managing COVID 19

Our services will need to be able to assess, diagnose and treat patients with COVID 19 for the foreseeable future, and to support their rehabilitation. The COVID 19 secondary care pathway https://covid-19hospitalguideline.wales.nhs.uk/ sets out the most appropriate and effective way of providing care to COVID patients and it is important that clinical staff who may be involved with COVID patients understand this pathway and have undertaken the required training. It has recently been updated to reflect the use of Dexamethasone as a treatment option for hospitalised COVID-19 patients requiring oxygen or ventilation.

New information and evidence about the virus means that updated guidance needs to be developed, issued and implemented at pace, particularly in relation to infection prevention and control. A Nosocommial Transmission Group has been established for this purpose.

We have recently published the “Operational guide for the safe return of healthcare environments to routine arrangements following the initial Covid19 response”. This is intended to ensure that healthcare settings have a visible approach to safety and infection, for the benefit of staff, patients and visitors. This should be read in conjunction with “Reducing the risk of transmission of COVID-19 in the hospital setting” which is published on a 4 nations basis. Guidance on use of masks for health and social care has also been issued. NHS organisations need to demonstrate that they have implemented this guidance in their Q2 plans.

Infection Prevention and Control services, and cleaning services have an especially critical role to play, and organisations need to ensure that they are appropriately resourced.

The Nosocommial Transmission Group will continue to provide guidance on environments, equipment, training and clinical pathways, and will be reporting Nosocomial infection surveillance data by health board (soon to be hospital). Reporting and learning from outbreaks will be important in Q2 particularly in relation to “green areas”,

Although the emergency planning and response mechanisms have been scaled back NHS organisations will continue to require effective mechanisms to cascade and operationalise new guidance.

Surge Capacity

Until there is an effective vaccine the NHS must remain prepared for a potential peak in demand. The size, shape and timing of any potential peak depends upon a number of factors, but these have changed considerably since the modelling that underpinned actions for Q1. New capacity assumptions related to potential second COVID 19 peak will be issued shortly – this position is based on scenario planning not a predicted peak.

For Q2 Health Boards must demonstrate that their capacity plans reflect:

- The increased capacity requirement of recovering all essential services
- The impact of the environmental guidance on acute and field hospital beds
- Any further anticipated demand over winter
- Maintain reasonable levels of occupancy on acute sites ie 85-92%
- Capacity that could be freed up in a future cessation of non-essential activity
- Surge capacity that can be flexed to meet COVID 19 demand (based on national capacity assumptions)

Specific consideration needs to be given to cases to maintain non NHS capacity such as Field Hospitals, taking account of value for money, fitness for purpose, and suitability of clinical model.

It will be important to demonstrate a clear link between physical capacity and workforce plans – referenced later in document.

We have agreed that the remaining Independent Sector Hospital contracts that were negotiated on an All Wales basis will cease after August, to be replaced where necessary with local agreements. These should also be explained in Q2 plans.

Critical Care

The new modelling provides an adjusted requirement for critical care bed numbers. We need to continue to protect and enhance critical care services to ensure that they have the capacity and resilience to deliver both essential services and COVID 19 activity. Organisations need to confirm in Q2 plans that they are able to:

- Activate surge capacity plans for critical care within 2 weeks.

- Designate areas between COVID and non COVID
- Continue a zero tolerance approach to delayed discharges
- Maintain the critical care skills of the wider workforce to support surge plans
- Undertake a readiness assessment before resuming routine surgery https://www.ficm.ac.uk/sites/default/files/ficm_bridging_guidance_for_critical_care_during_the_restoration_of_nhs_services_-_22_may_2020.pdf (FCIM)

"Essential" services

Essential services continue to be the focus of the operating framework for Q2 and the Essential Services technical document has been updated at **Appendix A** in light of continued guidance from WHO, professional bodies and NICE.

Organisations are requested to update their compliance with these services for Q2 and identify any risks relating to staff / facilities that have been re purposed to support COVID 19 work. Organisations should satisfy themselves that they have effective governance and assurance arrangements in place to ensure patient and staff safety and minimise harm. Consideration of regional solutions will continue to be important given the pressures on services and capacity.

To support the delivery of essential services organisations must assure themselves that they are implementing guidance contained in "A Principles Framework to assist the NHS in Wales to return urgent and planned services in hospital settings during COVID-19." This is important given the emerging evidence about the impact of COVID 19 on surgical outcomes.

Specific areas to highlight in Q2 plans include:

- An update on Cancer services – in line with new Q2 guidance issues by the Wales Cancer Network http://howis.wales.nhs.uk/sitesplus/407/home
- Plans for diagnostic and imaging services, recognising the potential for these to become a bottleneck as a result of COVID 19 restrictions
- The restoration of solid organ transplant services in line with the clinical guidance developed and published by NHS Blood and Transplant,
- Implementation of plans for the South Wales Trauma Network by early autumn
- Mental Health
- Implementing a phased re-introduction of screening services – further details to follow from Public Health Wales
- Plans for rehabilitation in anticipation of an increased need for a wide range of physical, mental and emotional rehabilitation care and support for people whose planned care has been paused, people who have delayed accessing health services during the pandemic and people who have been shielding. This includes both adults and children. The Welsh Government will shortly publish guidance on the needs of each population group to supplement the Rehabilitation: A Framework for Continuity and Recovery. https://gov.wales/health-and-social-care-services-rehabilitation-framework-2020-2021#description-block.

Essential services clinical guidance for NHS Wales is 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

Unscheduled Care Services and Winter Planning

Q2 is an opportunity to embed new approaches to unscheduled care which will help support COVID 19 and essential services in advance of winter pressures.

The National Unscheduled Care Programme has developed six goals for urgent and emergency care which will help winter preparedness. National and local deliverables include the effective implementation of known evidence based approaches like Ambulatory Emergency Care and Discharge to Recover and Assess, alongside new innovations that have been accelerated as a result of the pandemic. Influenza vaccinations will be especially important in advance of the winter.

In addition it will be important to implement guidance on new Infection Prevention and Control approaches in Emergency Departments as part of new models of care, for example https://www.rcem.ac.uk/docs/RCEM%20Guidance/RCEM_BPC_Guideline_COVID_IPC_090620.pdf

There is no separate requirement to develop winter plans this year, but NHS organisations are asked to demonstrate how, with their partners, they are progressing winter preparedness in their Q2 plans with specific reference to the deliverables at **Appendix B.**

"Routine" services

The delivery of routine services continues to be a matter for local decision based on an assessment of whether this can be done safely and without compromising our ability to respond to COVID 19 patients and deliver essential services. Professional bodies have developed tool kits to inform these decisions, for example, the Royal College of Surgeons checklist for restarting surgical services.

New ways of working should continue to be explored, particularly in relation to outpatient services, where the opportunities of digital platforms should continue to transform both new and follow up approaches, in line with the Outpatients Strategy.

One area that requires additional focus in Q2 is **Children's Services.** Overall children have been less affected directly by the virus and more affected by other measures such as school closure, scaling back of NHS activity, delays in presentation, and isolation leading to less exercise and mental health difficulties. Some evidence suggests there is moderately less risk of transmission in children than adults.

Resumption of children's services -albeit through new ways of working where appropriate- is likely to restore a better balance to children's health. Otherwise, there is a risk that a sustained reduction in access to routine paediatric services could result in harm to children which more than offsets the specific COVID risk for this

group. The potential impact of seasonal pressures on this group is another driver for ensuring that access to services is resumed as quickly as possible. Support for areas such as neurodisability, Safeguarding and specialities reliant on investigations(e.g. endoscopy or MRI) will be crucial.

Primary care

During May further guidance was issued to support continued recovery of primary care services across all contractor professions, and many aspects of primary care are also covered in the Essential Services Technical document at Appendix A.

In Q2 there will be a particular focus on

- the development of plans to support clusters in the safety netting of those at risk and people who are symptomatic or have tested positive to COVID-19.
- Implementation of the care homes DES

Further information will be issued regarding timescales for moving dentistry and optometry from the red alert phase to the amber phase.

The Strategic Programme for Primary Care has resumed its work and has identified the following priorities for aligning the lessons from COVID to the forward work programme:

- The 24/7 workstream to work up the required infrastructure and capacity for community services taking account of Right-Sizing the Community, Rehabilitation Guidance, and the Six goals of urgent and emergency care.
- A proactive review of service models in care homes, rehabilitation settings and community hospitals, prioritising care home focussed work in Q2 and 3 recognising the fragility of the sector and the need to respond swiftly.
- A review of enhanced services aligned to the Welsh Government guidance on restarting enhanced services.
- Implementation of an outcome measures approach.
- National tools to support embedding the rapid digital solutions implemented in quarter one into the operating model for primary and community care

Urgent Primary Care (OOHs and 111) services have taken significant steps in refining the operating model and will continue to adapt in Q2 and Q3 to align with the wider 24/7 agenda and unscheduled care through

- Ongoing refinement of the on-line symptom checker for signposting and information (both for public and staff)
- Maximising the use of non-clinical and clinical telephone triage
- Enhancement of the wider MDT clinical assessment function within the 111 support hub.
- Continue to support Video Conferencing (e.g. Attend Anywhere and Consultant Connect) to support patients in their own homes and reduce the need for base visits and /or home visiting.

Workforce and Wellbeing

This continues to be a key priority for Q2 as many frontline and support staff will be feeling the impact of the initial crisis for months to come as well as potentially gearing up again for further peaks in demand. National and local efforts need to ensure that we continue our work in the following areas:

- Meaningful national and local social partnership arrangements in place to support engagement and involvement in the COVID 19 response. Local partnership working is key to effectively implement national policies such as social distancing.
- Appropriate rest and working patterns for staff, and annual leave.
- Effective training, equipment and supplies – including PPE and key transferable skills – updated as necessary in line with emergency guidance
- Wellbeing and psychological support accessible to all staff including through the NHS Wales Staff Wellbeing Covid -19 Resource
- Monitoring and review of key workforce indicators including: absence and sickness levels and reasons; retention of the workforce including retirement and resignations
- Risk assessments and actions for those staff who may be at increased risk - including BAME and older colleagues, pregnant women, returnees, and those with underlying health conditions
- Implementing and communicating the Frequently Asked Questions updated and issued regularly 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

In addition to the above Q2 will focus on implementation of new guidance on environments and social distancing, as referenced earlier. These require ongoing cooperation and support from each individual member of staff to ensure that they take the right actions to protect themselves, therefore protecting others. Social distancing can be challenging in many environments, but as with other sectors the NHS needs to ensure that it is closely monitoring compliance as this is a critical measure to minimise transmission, alongside effective handwashing and use of PPE.

Linked to this the implications of the Test, Trace, Protect Programme require organisations to think differently about the deployment of teams, for example, using a “cohorting” approach to staffing to ensure that whole teams and services are not affected by a member of staff who tests positive for COVID 19.

Postgraduate and Undergraduate education and training activities will need to be fully restored in Q2, albeit some of this will continue to be delivered in different ways. This means that rotations and clinical placements will take place as normal to ensure that our future health professional staff can develop the appropriate skills and competences.

In terms of workforce availability NHS organisations are asked to outline workforce plans to support their adjusted surge capacity plans in their Q2 submissions. These need to take account of:

- the fact that students will now be resuming their academic programmes, or substantive posts following graduation
- a local analysis of those staff who have returned and retired on the temporary register to quantify how much resource can realistically be assumed from this source as the months go by.
- opportunities for flexible deployment of the current workforce including any training needs

If individual organisations do not believe they can staff the surge capacity, including field hospitals, this should be highlighted urgently to inform a national approach and solution.

Social Care Interface

We need to continue to provide extended support to care homes in Q2 to reflect the additional needs of residents with COVID symptoms, and the additional operational consequences on staff, supplies and occupancy levels.

The key areas for NHS action include:

- Implementation of the new care homes DES to include 100% coverage of care homes
- Support with infection prevention and control
- Assistance with training and support for example in relation to basic parameters and observations, signs of the deteriorating patient, pulse oximetry, rehabilitation, advanced care planning
- Continue to support testing of residents and staff in care homes
- Additional support through local care homes escalation framework as needed, in conjunction with partners

4. MONITORING ARRANGEMENTS

In Q2 we will continue a phased restart of monitoring arrangements through the Quality and Delivery Meetings, to review service delivery, workforce and quality indicators for individual organisations.

We will hold stocktake meetings with organisations who are in escalation during Q2.

5. FINANCE

Financial context and funding

The Q1 operating framework recognised that the decisions taken at pace to respond to anticipated demand and immediate service plans were not always able to follow normal financial governance processes, and significant resources were committed without the certainty of funding. The financial context for Q2 plans is of increasing scrutiny of the cost implications of the early decisions taken, along with a significantly

more constrained financial outlook going forward for the remainder of the financial year. As such, there is a need to ensure that affordability and financial governance considerations are given appropriate weighting in Q2 plans alongside the workforce and capacity considerations referred to elsewhere in this framework.

Welsh Government published the First Supplementary Budget for 2020-21on 27th May, which set out the funding which has been allocated to date to the Health and Social Services budget to manage the response (https://gov.wales/1st-supplementary-budget-2020-2021). Funding will be allocated to NHS organisations during June to cover those areas of Q1 expenditure for which there is confirmed funding set out in the Supplementary Budget.

As the most material area of expenditure incurred during Q1, detailed reviews are currently underway on the supporting information supplied by NHS bodies for the set-up costs of field hospitals. Subject to successful scrutiny, the intention is to issue both capital and revenue funding by the end of June. This will be for set-up and equipping costs incurred to date only. Funding for local authority delivery partners will be routed via the NHS and subject to local review and approval processes prior to payment. Further infrastructure costs relating to the field hospitals, including mothballing, reactivation, decommissioning, handback and reinstatement, will be considered on an individual basis as operational plans for Q2 and beyond are developed.

Financial plans and forecasts

Recognising that the timetable for submission of the Q2 plans falls between the submission dates for months 2 and 3 financial monitoring returns, organisations should use their month 2 financial position as the basis for the Q2 plan, updated for any material issues that arise during the development of Q2 plans.

With the allocation of funding during June, there is an expectation that the year-to date and forecast cost assessments included in the month 3 financial monitoring returns will form a critical evidence base for assessing future cost and funding requirements for Q2 and beyond. These returns will form the basis of a review and assessment process during July led by Welsh Government and the Finance Delivery Unit along with the Q2 plans submitted on the 03 July.

The Covid-19 cost submissions in April and at month 1 reflection highlighted a large degree of variation across the system in the areas of anticipated expenditure reduction, both the level of planned IMTP commitments/slippage in investments, and reduced expenditure due to activity reduction. There is an expectation that NHS organisations are deploying their baseline allocations as the default funding source for additional Covid-19 related expenditure, and that financial forecasts and plans going forward need to focus as much on the assessment of areas of cost avoidance and reduction to support the response as capturing increasing costs.

A number of Q1 plans outlined the scale of innovation and benefits of the changes that have been implemented to date as a positive outcome from the initial response phase. Organisations should seek to quantify those benefits as part of their Q2 plans and include in their month 3 assessment of redeployment of resources.

A robust communication and feedback process for finance was established in the early days of the response to the pandemic, including weekly finance directors call and the establishment of a Finance Cell comprising Welsh Government, Finance Delivery Unit and LHB representatives. These arrangements will continue during Q2 as the basis of ensuring that a transparent and collaborative financial operating environment is maintained.

Financial Governance

Organisations should be continuing to review the effectiveness of governance and decision-making arrangements that have been put in place, ensuring these remain fit for purpose. Internal audit rapid reviews should be utilised in any areas of concern, and any material commitments have to follow the appropriate governance process in line with revised scheme of delegation arrangements.

In particular, to meet the requirements of paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006, local health boards are reminded of the requirement to seek consent to enter into contracts over £1 million and trusts are required to provide formal notification. NHS trusts and health boards are also required to follow the usual reporting arrangements for contracts between £500k and £1 million.

Capital

Funding for other COVID costs (i.e. non-field hospitals) is also being progressed with reviews underway of organisational submissions. The intention is to issue funding, subject to successful scrutiny, by the end of June.

We are resuming the submission of individual scheme status reports for month 3 (i.e. to cover the first quarter). These will be completed on a monthly basis thereafter and discussed at the regular Capital Review Meetings. Status reports are due on the 12th working day of each month.

Given the current position regarding in-year affordability, we are not able to progress funding for schemes in development. At present, organisations are only able to assume funding levels as set out in the approved sections of the CRLs/ CELs (i.e. Group 1 and Group 2). Any further requirements will need to be accommodated from within discretionary allocations and subject to local risk assessment and decision-making until further notice. This will be reviewed and updates provided as soon as known.

6. KEY ACTIONS

NHS organisations to develop local operational plans for Q2 that as a minimum include:

- Test, Trace and Protect Plans
- Progress update on compliance with Essential Services and key quality and safety issues
- [NEW] Progress on implementation of guidance on infection prevention and control, including environmental factors and social distancing

- Refreshed surge capacity plans based on updated modelling assumptions – to include NHS surge as well as ongoing requirements for field hospitals and independent sector facilities. This is a critical part of the plan and will inform funding decisions for Q2.
- [NEW] Update on unscheduled care and planning for winter preparedness
- Progress update regarding routine services, including paediatrics
- Workforce plans including use of additional temporary workforce.
- [NEW] Support plans for care homes and social care interface
- Financial implications
- Risks to delivery and mitigations
- [NEW] Mechanisms for stakeholder engagement, including staff side and Community Health Councils

Whilst the above requirements will apply to most NHS organisations in Wales it is recognised that some will need to adapt and modify these for their Q2 plans - in particular WAST, HEIW, and PHW. Plans are also requested from NWIS and NWSSP.

Draft local COVID 19 Operational Plans for Q2 are requested by 03 July recognising that they will need to be formally agreed through Board and Committee structures and in line with the agree governance principles. Following Board approval, plans should be published on websites.

Welsh Government actions for Q2 include the following

- Publish lessons learned and good practice from COVID response to date (WG)
- Continue to ensure sufficient supplies of PPE are available (WG)
- Continue to review position on cancer services and requirement for regional solutions (WG/WCN)
- Continue to support NHS organisations with surge capacity in non NHS settings for Q2, with a review of field hospitals by the end of June (WG)
- Implement 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)
- Confirm national support for care homes including a Care Homes DES, and any temporary changes to financial and sustainability support
- Continue to implement and refine 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)
- Continue to take oversight and review implementation of the TTP programme (WG/PHW)
- Confirm proposals for the reintroduction of the national screening programmes that have been temporarily paused (PHW)
- Continue to review and disseminate guidance on infection prevention and control and revised where required (WG)

- Re-establish Quality & Delivery meetings with NHS organisations, and undertake targeted intervention and special measures stocktake meetings (WG)
- Continue to work in social partnership, through regular meetings of the Wales Partnership Forum (WG)