Meeting Date	**25th June 2020**	**Agenda Item**	**3.7**
Report Title	**Developing the Quarter 2 Operational Plan 2020-21**		
Report Author	Maxine Evans, Head of IMTP Development and Implementation Nicola Johnson, Interim Assistant Director of Strategy		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Nicola Johnson, Interim Assistant Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides an update on the development of the Quarter 2 Operational Plan.		
Key Issues	A Quarter 1 Operational Plan was submitted to Welsh Government (WG) on 18th May 2020. Formal feedback on the plan has been received in addition to an informal meeting that took place with WG colleagues on 5th June 2020. The national Operating Framework for Quarter 2 has been received and Welsh Government has been clear that they are not looking for a re-write in the Q2 Plan. It will therefore build on the Q1 Plan, reflecting the Q2 Framework and encompass the areas raised through the feedback. The deadline for submission is 3rd July and Chair's action will be taken for approval to submit it. It will be received by the Board for information in July.		
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☒	☐	☐
Recommendations	Members are asked to: • Note the NHS Wales Operating Framework for Quarter 2 has been received and the SBUHB Quarter 2 Operational Plan is in development; • Note the deadline for submission of the draft plan to Welsh Government is 3rd July and Chair's action will be taken for approval to submit it.			

DEVELOPING THE QUARTER 2 OPERATIONAL PLAN 2020-21

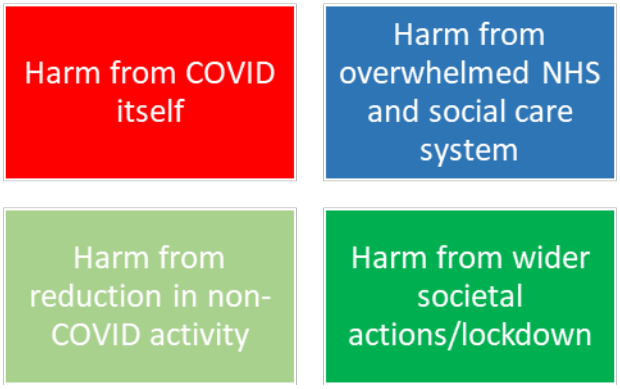
1. INTRODUCTION

This paper provides an update on the development of the Q2 Operational Plan and timescales for completion.

2. BACKGROUND

On 6th May 2020 Welsh Government wrote to all Welsh NHS Organisations outlining the continued need to maintain essential services and start to scale up normal business in an environment that still needs to respond to Covid-19.

A Covid-19 Operating Framework – Quarter 1 was issued which set out a particular focus on maintaining essential services such as Cancer and Mental Health, it also reflected the need to consider 4 types of harm and how we best address them in a balanced way:



The Operating Framework set out the following themes to be addressed:

- New ways of working
- Managing Covid-19
- Essential services
- Critical Care
- Routine Services
- Surge capacity
- Workforce wellbeing
- Primary care
- Social Care Interface
- Communication
- Finance

The Q1 Plan reflected the above themes and was submitted in draft to WG on 18th May 2020 subject to Board ratification. A rapid review of the Plan was received on 27th May 2020 which was followed up by an informal meeting with key colleagues in WG on 5th June 2020.

The NHS Wales Quarter 2 Operating Framework was circulated on 18th June 2020 as well as updated Essential Services Guidance and a document outlining the Six Goals for Unscheduled Care to inform winter planning. These are attached at Appendix 1. Our Quarter 2 Plan will respond to these documents and the areas raised through the feedback and will reflect the Quarter 2 priorities which include:

- The 4 Harms;
- Updated guidance for Essential Services;
- New Ways of Working;
- Resetting our functional capacity living alongside Covid-19;
- Winter Planning (reflecting the Six Goals for Unscheduled Care);
- Test, Trace and Protect;
- Infection Prevention and Control and environmental guidance;
- Social Care resilience and support for care homes;
- Protecting our Workforce;
- Finance and Capital implications.

Additional things to note from the national Q2 Operating Framework are that:

- Children's services have been added as an area for assurance to reported on Essential Services;
- There will be no requirement for a separate Winter Plan; and,
- Revised national capacity modelling has not yet been received and this is expected in the week commencing 22nd June.

3. PROGRESS UPDATE

An outline framework for the Health Board's Q2 Plan has been developed and is in the process of being populated.

The national Framework continues to describe a cautious approach to reset and recovery and we will continue to use the Quality Impact Assessment approach to bringing services back through the Reset and Recovery Co-ordination Group. A Priorities to Address Harm diagram has also been developed which sets out our priorities against each harm type and this will be included in the Quarter 2 Plan (see Appendix 2).

With regard to acute hospital capacity modelling, the Health Board has developed a bespoke modelling tool that is being used for local scenario planning taking into the account the national Covid demand modelling, reactivation of elective capacity and our workforce constraints. The NHS Wales Operating Framework also sets out an expectation of hospital occupancy of 85-92% to ensure that the system can respond quickly to a further surge.

In addition, the effects of the Infection Prevention and Control guidance on our bed, theatres and workforce capacity planning are being worked through to enable a better understanding of the impact on activity in the quarter and into the rest of the year. As all of this work is new and unprecedented the degree of granularity around our activity projections will continue to develop in Quarter 2.

Our capacity planning will inform our assumptions regarding the use of our in-hospital surge capacity and the Field Hospitals and this will be laid out in the context of the capacity and financial plans.

All of this work will be used to inform our Quarter 2 Planning Assumptions which will be presented to the informal Executive Team on 24th June for agreement.

At the same time a revised self-assessment against the updated Essential Services Guidance is being undertaken. Across the Health Board work continues to deliver the

Primary Care Operating Framework and the Essential Services guidance for Mental Health and Learning Disabilities, Children's Services, Cancer and Maternity Services.

The Quarter 2 Plan will describe the priority actions for each section. An action tracker has already been developed based on the milestones and timelines identified within the Q1 Plan which will be reported to the Board on 30th July. The tracker will form the basis for our monitoring arrangements for the ongoing quarterly iterations.

Timeline

The Targeted Intervention meeting on 29th June provides the opportunity to communicate key messages of the Q2 Plan and the transformational effects of the response to the pandemic across every area of the Health Board. The deadline for the submission of the Quarter 2 Plan to Welsh Government is the 3rd July and Chair's action will be taken for approval to submit it.

The timeline for the rapid development and submission of the Quarter 2 Operational Plan is included in the table below:

Action	**Date**
Final NHS Wales Q2 Operational Framework received	18.6.20
Agreement of Planning Assumptions for Quarter 2	24.6.20
First draft Q2 Plan to informal Executive Team	24.6.20
Self-assessment against updated Essential Services Guidance	25.6.20
Main messages of Q2 Plan to be in Targeted Intervention slide pack	26.6.20
Targeted Intervention meeting	29.6.20
Final draft Q2 Plan to CEO, Chair and selected IMs for scrutiny prior to Chair's action for approval to submit	1.7.20
Feedback from scrutiny and Chair's action	2.7.20
Submission	3.7.20

4. GOVERNANCE AND RISK ISSUES

The Reset and Recovery Co-ordination Group was established in May 2020 to bring together the seven individual work cells and advisory group managing the health board's recovery programme for essential and routine services. The Group will continue to manage a balanced approach to the reset and recovery across the health Board.

5. FINANCIAL IMPLICATIONS

A financial framework for beyond Q1 has been developed and is under routine scrutiny and refinement based on the movement in the care system across the Health Board to ensure that due diligence and value for money are observed and enacted.

The Q2 Plan will respond ot the financial and capital guidance in the national Operating Framework.

As the financial approach matures further opportunities to support the care requirements of the population in the presence of COVID-19, maintain good governance and deliver clarity of analysis to support the best decision making in the dynamic environment will be considered. By working in this way, it is intended to

maintain absolute transparency in the financial forecasts and to engage fully with Welsh Government colleagues on the resource handling at this unprecedented time

6. RECOMMENDATION

Members are asked to:

- Note the NHS Wales Operating Framework for Quarter 2 has been received and the SBUHB Quarter 2 Operational Plan is in development;
- Note the deadline for submission of the draft plan to Welsh Government is 3rd July and Chair's action will be taken for approval to submit it.

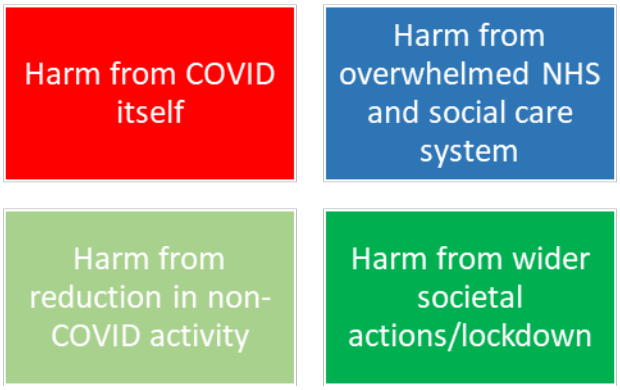
Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
A Quality Impact Assessment is in place for services being brought back online. An Equality Impact Assessment process will be an integral part of the recovery planning arrangements to support any services changes.		
Financial Implications		
Legal Implications (including equality and diversity assessment)		
A Quality Impact Assessment and Equality Impact Assessment process will be part of the broader planning arrangements to ensure that the quarterly plans are Quality and Equality impact assessed.		
Staffing Implications		
The risks and implications for our workforce forms an integral part of the recovery planning arrangements.		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The Operational Planning arrangements will aim to deliver our Strategic Objectives which were aligned to our Wellbeing Objectives through the development of the Organisational Strategy.	
Report History	This is the first report to SLT on the development of the quarterly operational plans
Appendices	Appendix 1 – Framework for Qtr. 2 Operational Plan Appendix 2 – Harms Diagram

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 at the end of June.

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 30th June 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)

Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential

This updated advice should be read in conjunction with the NHS Wales Operating Framework Quarter 2 2020/21

1. Background

This document has been updated to reflect additional guidance issued during Quarter 1. It has also been reviewed in light of the updated guidance issued by the World Health Organization (WHO) on maintaining essential health services:

https://www.who.int/publications/i/item/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak

In addition, since the last update, the Welsh Government has issued its plan for moving out of lockdown and, in particular, describing a traffic light response:

https://gov.wales/sites/default/files/publications/2020-05/unlocking-our-society-and-economy-continuing-the-conversation.pdf

Essential services must be maintained throughout all phases – from black to green. As lockdown restrictions are eased, and more routine services begin to come back on stream, it is important that we continue to define those services that are essential, for when any future peaks may occur and while capacity to provide services remains challenging.

It is recognised that the delivery of essential services in the context of COVID-19 is challenging. It is not only the specific redirecting of resource to COVID specific services that can reduce the capacity to deliver essential services; essential services are also impacted by constraints on facilities and staffing that are a direct consequence of action to reduce the risk of COVID transmission in healthcare

settings, in order to protect patients, staff and the wider community. It is, however, important that, in this context, essential services are prioritised and that health boards and trusts are able to rapidly identify, highlight and respond to situations where the delivery of essential services is compromised or threatened (see Assurance and Governance section below),

This framework, and all guidance issued under it, is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. The ultimate aim is to ensure harm is minimised from a reduction in non-COVID activity. It is recognised that the presence of coronavirus in society and, particularly, health and care settings changes the balance of risk in relation to many aspects of healthcare, including essential services. All decisions about individual care must ultimately be made by clinicians, in discussion with patients and their families and in the best interests of each individual. Essential services should remain available across NHS Wales during the outbreak. However, this framework does not mandate that specific interventions must be provided to all patients, where that is not in their overall interest.

2. Defining Essential Services and Supporting Delivery

In its initial advice in March, and as slightly amended in June, the WHO advises that countries should identify essential services in their efforts to maintain continuity of service delivery during the pandemic. WHO advises that the following high-priority categories should be included:

- essential prevention and treatment services for communicable diseases, including immunizations;
- services related to reproductive health, including during pregnancy and childbirth;
- core services for vulnerable populations, such as infants and older adults;
- provision of medications, supplies and support from health care workers for the ongoing management of chronic diseases, including mental health conditions;
- critical facility-based therapies;
- management of emergency health conditions and common acute presentations that require time-sensitive intervention; and
  auxiliary services, such as basic diagnostic imaging, laboratory and blood bank services.

These categories have been used to define a detailed list of essential services for the NHS in Wales. Organisations self assessed their position against the comprehensive list during Quarter 1. This now leaves us better prepared to deal with

any further peaks and disruption and the resulting need for further rapid scaling up of COVID-19 treatment capacity, while ensuring safe access to high quality essential services.

Balancing such demands and making difficult decisions need to be considered within the overriding ethical principles as articulated in the Welsh Government's 'Coronavirus: ethical values and principles for healthcare delivery framework' (**https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework-html**):

- everyone matters;
- everyone matters equally – but this does not mean that everyone is treated the same;
- the interests of each person are the concern of all of us, and of society;
- the harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.

Work has also progressed over the past quarter to develop all Wales advice in respect of informed consent, which will be issued shortly to aid individual decision-making.

It is important to define what we mean by 'essential'. Whilst we are familiar with categorising services according to 'emergency', 'urgent', 'soon' or 'routine', some essential services may straddle all of these categories, for instance the provision of immunisation services are routine, but they should also be classed as essential. Other services such as emergency surgery are clearly easier to immediately be classed as essential as they could be life threatening.

The identification of services considered as 'essential', in this context, therefore includes consideration of the following factors:

- Level of impact of any interruption to services on mortality and significant longer term morbidity (i.e. the degree of harm) and avoidable morbidity in life shortening illness (palliative and end of life care)
- Degree of the time sensitivity of interventions (noting that some services may not be essential in the immediate short term, but may become so over longer periods). This will become increasingly important given the backlog in service provision that will have been inevitable in managing the initial COVID-19 response.
- Value of interventions in value based healthcare.

Services deemed as essential and which must continue during the COVID-19 pandemic are, therefore, broadly defined as services that are life-saving or life

impacting - i.e. where harm would be significant and irreversible, without a timely intervention. Irreversible for purposes of palliative and end of life care will include anything that will not realistically improve within the remaining life span.

3. Assurance and Governance

The latest advice from WHO makes it clear that there must be effective systems in place to monitor the provision of essential health services. This must happen at the local level in the first instance, and is key to ensuring provision of, and access to, essential services to ensure equity of provision, patient safety and experience as well as staff safety.

Board Quality and Safety Committees need to gain assurance that harm is minimised from the reduction in non-COVID activity. This should be done by triangulating timely information from difference sources such as quantitative data, quality impact assessments, audit, harm reviews and risk profiles. These need to take into account clinical, operational and population risks and controls such as infection control and prevention interventions and processes. An open and transparent process to monitor and identify risks to delivery is necessary to identify where alternative solutions or ways of working may need to be determined.

NHS organisations should be routinely analysing local information to understand service gaps and outliers. This data should be disaggregated by age, sex and population group where possible to ensure equitable delivery of services.

The assurance work stream of the essential services cell has been working to consider what information could be used to monitor the provision of essential services. Some of this data will already be available routinely, and other data sources may need to be established. WHO has also suggested a sample set of indicators in their updated guidance.

4. Communications and Engagement

As set out in the WHO guidance, effective communication and community engagement are essential to maintaining trust in the health service and ensuring appropriate care-seeking behaviours. Engagement and communications also play a key role in supporting the health service in maintaining essential services during the COVID pandemic.

Work is already underway with partners in NHS Wales and other key stakeholders to communicate overall messages around essential services being safe and available during the pandemic. Specific conditions or departments have been identified through the Essential Services group and will be targeted with bespoke communications. The work has been developed in conjunction with partners in

health and care and key stakeholders including the Community Health Councils and third sector organisations, such as the Wales Cancer Alliance.

5. Essential services in outline

It is important to note that not all specific services under the broad headings below are deemed to be essential. Further, more specific, definitions will be set out in service/condition specific guidance issued under this framework where required.

In providing all essential services patient and staff safety must always be paramount. This includes ensuring that all appropriate steps are taken in respect of maintaining infection prevention and control including social distancing, guidance on PPE, procedure specific requirements and testing as appropriate. This also includes continued use of remote working including video consultations.

Over the past quarter, further advice on infection prevention and control has been published following the establishment of the Nosocomial Transmission Group:

- The NHS Principles Framework to assist the NHS in Wales return urgent and planned care services in hospital settings during COVID-19
- Operational guide for the safe return of healthcare environments to routine arrangements following the initial COVID-19 response.

These are available at: http://howis.wales.nhs.uk/sitesplus/407/home

This and any subsequent guidance issued by the group will be relevant and underpin the provision of essential services.

The latest WHO guidance also provides advice based on life course stages. This is being mapped to the guidance issued to support the essential services detailed below.

Access to primary care services (providing *essential*, *additional* and a limited range of *enhanced* services that fulfil the WHO high priority categories, including immunisations)

Primary care services are fundamental to ensure the continued management of patients; albeit those with the most urgent needs during the period of the pandemic. Primary Care services remain the front door to the health service, with 90% of patient contact taking place in these settings. Clinicians will be required to consider the necessity of appointments for whatever issue is presented at this time and there is no exhaustive list. As far, as is reasonably practicable, patients should be triaged and consulted remotely to avoid unnecessary face-to-face contact. Providing services that maintain people's health and well-being of those with a known chronic condition, as well as urgent new health issues which require time sensitive medical intervention

should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high-risk and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and reactive intervention to prevent hospitalisation. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how primary care services have been traditionally provided; including supporting the cluster hub model, as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care.
The following must be maintained:

General Medical Services

Those essential services which must be provided under a general medical services contract in accordance with Regulation 15 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

Enhanced Services to continue are the childhood immunisation scheme, pertussis immunisation for pregnant and rubella for post-natal women and oral anti-coagulation.

WG guidance issued:

- COVID-19 update for GP in Wales **issued 11/03/20- http://howis.wales.nhs.uk/sitesplus/407/home**
- Temporary Primary care Contract changes **issued 17/03/20 http://howis.wales.nhs.uk/sitesplus/407/home**
- Referral guidance primary-secondary **issued 31/3/20- http://howis.wales.nhs.uk/sitesplus/407/home**
- Repeat prescriptions and COVID-19: guidance for primary care **issued 20/03/20- https://gov.wales/coronavirus**
- Joint letter to the GP Profession from Welsh Government and BMA issued on 5 June - http://www.wales.nhs.uk/sites3/Documents/480/Letter%20to%20the%20GP%20profession%20-%20Recovery%20Plan%20June%202020.pdf

- Link to Annex A of the letter - http://www.wales.nhs.uk/sites3/Documents/480/GMS%20Contract%20Changes%20-%20Recovery%20Annex%20A.pdf

Community pharmacy services

Dispensing services, emergency medication service and emergency contraception and advice and treatment for common ailments (dependent on time and being able to maintain social distancing eg consultation by telephone); supervised consumption, discharge medicine reviews, needle & syringe service, smoking cessation and end of life care.

WG guidance issued:

- COVID 19 pharmacy weekly bulletin **23/03/20** and **30/03/20-** additional advice embedded in bulletin- **http://howis.wales.nhs.uk/sitesplus/407/home**
- Support for community pharmacies **issued 18/03/20- https://gov.wales/coronavirus**
- Repeat prescriptions and COVID-19: guidance for primary care https://gov.wales/repeat-prescriptions-and-covid-19-guidance-primary-care
- Coordination of medicines delivery during the COVID-19 pandemic https://gov.wales/coordination-medicines-delivery-during-covid-19-pandemic
  Community Pharmacy Toolkit to Support COVID-19

Dental Services

Emergency dental care including severe swelling, trauma, bleeding and urgent suspected cancer.

Red Alert urgent/emergency dental services

WG Guidance issued:

- Dental Amber Alert – stop AGPs **issued 17/03/20**
- Dental Red Alert Urgent care only principle guidance **issued 23/3/20- http://howis.wales.nhs.uk/sitesplus/407/home**

- Dental care during the COVID-19 pandemic: guidance for teams- **issued 08/04/20- https://gov.wales/coronavirus**

- Restoration of dental services following COVID-19: guidance **issued 04/06/20 - https://gov.wales/restoration-dental-services-following-covid-19-guidance**

- Standard Operating Process for non-COVID-19 Dental Centres Providing Aerosol Generating Procedures in Wales issued 10/06/20

Optometry services

Those essential services, in accordance with their Terms of Service outlined in the National Health Service (General Ophthalmic Services) Regulations 1986 and Wales Eye Care services for urgent and emergency care in accordance with the Wales Eye Care Services Legislative Directions (Wales) regulations 2015.

WG Guidance issued:

- Optometry correspondence and guidance **issued 17/03/20 and 19/03/20- http://howis.wales.nhs.uk/sitesplus/407/home**

- Ophthalmology guidance **issued 07/04/20- http://howis.wales.nhs.uk/sitesplus/407/home**

- NHS Wales Eye Care Services payments during the COVID-19 Pandemic) (Wales) Directions 2020 **issued 22/05/20- https://gov.wales/nhs-wales-eye-care-services-payments-during-covid-19-pandemic-wales-directions-2020**

- Statement on NHS eye care services payments during the COVID-19 pandemic **issued 27/05/20- https://gov.wales/statement-nhs-eye-care-services-payments-during-covid-19-pandemic**

- Optometry recovery guidance (amber phase): COVID-19 **issued 08/06/20- https://gov.wales/optometry-recovery-guidance-amber-phase-covid-19**

Community Nursing and Allied Health Professionals services

Providing services that maintain people's health and well-being of those with a known long-term condition, as well as urgent new health issues which require time sensitive nursing and / or AHP intervention, should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high risk, and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and nursing and /or AHP intervention to prevent hospitalisation or loss of independent living skills. Palliative care services to enable people to stay at home and out of hospital must be maintained, enabling people to die with dignity in the place of their choice. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how community nursing and AHP services have been traditionally provided; integrated community rehabilitation, reablement and recovery are essential to maximising recovery and discharge from hospital. This includes supporting the cluster hub model, working in hospital at home or virtual ward community resource multi-professional teams as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care.

Urgent eye care including services that prevent loss of sight or irreversible damage

Diagnosis and treatment of potentially blinding disease. In particular, these concern Glaucoma and Macular patients requiring intra-vitreal injection therapies. In both cases, delays to review and/or treatment may result in irreversible sight loss. See separate letter and guidance issued on 7th April 2020 by the Chief Optometric Adviser and Deputy CMO.

WG guidance issued:

- Optometry correspondence and guidance **issued 17/03/20-** **http://howis.wales.nhs.uk/sitesplus/407/home**

- Ophthalmology guidance **issued 07/04/20-** **http://howis.wales.nhs.uk/sitesplus/407/home**

Urgent surgery including access to urgent diagnostics and related rehabilitation

The Royal College of Surgeons issued revised guidance on 10 June: https://www.rcseng.ac.uk/coronavirus/surgical-prioritisation-guidance/

The guidance continues to classify patients requiring surgery during the pandemic into five categories:

- Priority Level 1a Emergency – operation needed within 24hours
- Priority level 1b Urgent – operation needed with 72 hours
- Priority level 2 Surgery that can be deferred for up to 4 weeks
- Priority level 3 Surgery that can be delayed for up to 3months

Priority level 4 Surgery that can be delayed for more than 3 months

The guide notes that these time intervals may vary from usual practice.

The guidance also contains a table of procedures by priority level

Guidance on obstetrics and gynaecology and ophthalmology is not included but links to specific advice are included.

Please note where this guidance links to NHS England guidance, the relevant NHS Wales advice should be followed as appropriate e.g. cancer.

It is also an imperative that patients do not get lost in the system and clear records of patients whose care is deferred must be held and coordinated through Health Board systems. Consideration should be given to providing pre-habilitation to those whose surgery is deferred in order to ensure they remain as fit and prepared as possible for when the surgery is scheduled.

It is expected that mutual aid support will be enacted between Health Boards where needed and surgical services (categories 1a and 1b in particular) that are currently provided on a regional/supra regional basis must be maintained. The whole surgical pathway must be provided, including the rehabilitation required as a result of surgery.

Hip Fracture Surgery

Prompt, high quality care of all people with hip and fragility fracture is a key component of improving patient outcomes and reducing acute bed occupancy during the coronavirus pandemic. Essential services guidance will be issued shortly but health boards should aim to:

- Maximise and sustain capacity for the continued delivery of those hip and fragility fracture services though a coordinated escalation and de-escalation approach both regionally and nationally;
- Focus on maintaining surgical intervention and rehabilitation as prompt surgery is the ideal analgesic, is humane and aids good nursing care;
- Only consider conservative management on an individual basis and within an ethical framework;

- Ensure that hip and fragility fracture patients are managed in a timely and efficient manner, despite the potential for reduced theatre capacity for this group;

Major Trauma

Prompt identification and effective treatment of major trauma can save lives, prevent complications, speed recovery and allow an earlier return to active life. The ability to provide high quality care to major trauma patients should be maintained to the greatest possible extent. This includes access to:

- Immediate resuscitation and stabilisation (including blood management)
- Imaging and diagnostics
- Urgent and emergency surgery
- Critical care (where required)
- Transfer to tertiary centre or major trauma centre (where appropriate)
- Repatriation to local services
- Rehabilitation

Wales Trauma Network will be producing further guidance.

Urgent Cancer Treatments, including access to urgent diagnostics and related rehabilitation.

The Chief Executive of the NHS in Wales has written to all Health Board and Trust Chief Executives stating that urgent cancer diagnosis, treatment and care must continue as well as possible during this period to avoid preventable mortality and morbidity. The Wales Cancer Network has produced a further guidance document, which provides a prioritisation and list of services that need to continue.

In addition, a Framework for the reinstatement of cancer services in Wales has been produced. The Framework recognises that whilst it is vital that access to urgent and emergency treatment is maintained during this phase, it is also important that health boards resume additional 'normal' activity and start to address the rapidly growing backlog of tests and treatments. Such decisions should be clinically led, based on risk stratified patient cohorts, individual patient assessment of risk and according to available capacity.

WG guidance issued:

- Maintaining cancer treatment during the COVID-19 response – **issued 1/4/20- http://howis.wales.nhs.uk/sitesplus/407/home**

- Cancer guidance- **issued 9/4/20-** **http://howis.wales.nhs.uk/sitesplus/407/home**

- A framework for the reinstatement of cancer services in Wales during Covid-19 – issued 11/5/20 - **http://howis.wales.nhs.uk/sitesplus/407/home**

Cardiac Services

Services need to be maintained for patients needing essential cardiology or cardiac surgery intervention. This includes the following conditions:

- myocardial infarction
- class IV heart failure
- arrhythmias (such as uncontrolled AF or VT)
- acute coronary syndromes –(such as Non-STEMI or unstable angina)
- endocarditis
- aortic stenosis

Services must include access to:

- Rapid access clinics can prevent admission or facilitate early discharge
- Admission and ongoing management with pathways expedited to allow rapid treatment and discharge.
- Appropriate and timely level of essential diagnostics
    - ECG
    - ECHO
    - 24 Hour ECH or event monitoring
    - CT coronary angiogram
    - Invasive coronary angiogram
    - Stress/exercise tolerance test
    - Doppler stress echo (DSE)
    - Myocardial perfusion scanning
    - Cardiac CT/MRI
- Appropriate intervention:
    - cardiac surgery
    - ICD implantation
    - CRT implantation
    - Cardiac ablation
    - PCI
    - NSTEMI
    - Primary PCI (PPCI)
    - congenital heart surgery

    - TAVI
- Rehabilitation

The Wales Cardiac Network are producing additional guidance but service should take account of guidance already published listed below.

WG guidance issued:

- Cardiac Specialised Services guidance – **issued 07/05/20- http://howis.wales.nhs.uk/sitesplus/407/home**

NICE guidance issued:
https://www.nice.org.uk/guidance/ng171

Stroke

Maintaining integrity of stroke services and patient outcomes are important alongside acute COVID-19 care.

- Patients should be encouraged to seek emergency attention when they experience symptoms of a stroke as almost all acute stroke treatments should be available during the pandemic and can reduce disability.
- Healthcare providers should strive to deliver high quality stroke and TIA care, aiming to adhere to national guidelines for acute treatments and secondary prevention.
- Maximise and sustain capacity for the continued delivery of stroke services though a coordinated escalation and de-escalation approach both regionally and nationally.
- To ensure that there are clear pathways into diagnostic, primary care and secondary care follow-up services for stroke patients.
- To maintain secondary prevention, rehabilitation to minimise long-term disability and life after stroke services.
- Maintain research participation in both stroke and COVID-19 projects as resources allow.

WG guidance issued:

- Stroke services in Wales during COVID-19 – issued 18/5/20- **http://howis.wales.nhs.uk/sitesplus/407/home**

Other Life-saving medical services including access to urgent diagnostics and related rehabilitation

Services will need to be maintained for patients needing a life-saving intervention. The resultant rehabilitation required to maximise the effectiveness of interventions must also be made available. Services include but not limited to:

- gastroenterology including diagnostic endoscopy

- Diabetic care including:
  - Diagnosis of new patients
  - DKA / hyperosmolar hyperglycaemic state
  - Severe Hypoglycaemia
  - Newly diagnosed patients especially where insulin control is problematic
  - Diabetic Retinopathy and diabetic maculopathy
  - Emergency podiatry services and limb at risk monitoring
- Neurological conditions, including dementia
- All supporting rehabilitation

Rehabilitation

- Rehabilitation complements medical, surgical and psychiatric interventions for people of all ages, helps achieve the best outcome possible and is a key strategy for achieving care and sustainability.

- The interdependence of rehabilitation within the essential service pathways is therefore a critical component of quality and high value care and patient survivorship. For example, an individual within the Major Trauma pathway may require tracheostomy weaning; dietetic support; cognitive intervention; splinting prosthetics; positioning and seating input, and psychological support.

  WG Guidance issued:
  https://gov.wales/health-and-social-care-services-rehabilitation-framework-2020-2021

Life-saving or life-impacting paediatric services including time critical vaccinations, screening, diagnostic and safeguarding services

Although children are fortunately not as affected by COVID-19 as older patients there are a range of services that will need to be maintained both in an emergency situation but particularly for children where delaying treatment could impact on the rest of their lives.

Many specialist paediatric services are already provided on a supra regional basis - for the South Wales population at UHW, Cardiff and for the North Wales population at Alder Hay Hospital Liverpool. Powys children access a range of providers in England including Birmingham Children's Hospital.

Services that need to be maintained include:

- Paediatric intensive care and transport
- Paediatric and neonatal emergency surgery and all related rehabilitation
- Urgent surgery (such as cardiac, transplantation etc)
- Urgent illness
- Emergency paediatric surgery (including for major trauma)
- Chronic conditions such as organ failure (including renal dialysis)
- Immunisations and vaccinations
- Screening – blood spot, hearing, new born and 6 week physical exam
- Community paediatric services for children with additional / continuous healthcare needs including care closer to home models and community hubs

Care will be underpinned by RCPCH guidance:
https://www.rcpch.ac.uk/resources/COVID-19-guidance-paediatric-services

WG guidance issued:

- Continuation of immunisation programmes during the COVID-19 pandemic letter from CMO **issued 06/04/20**
  https://gov.wales/coronavirus

Paediatric Diabetes

Access to paediatric diabetes services needs to be maintained. The guidance takes account of overarching guidance from RCPCH as well as *The Lancet Child & Adolescent Health* (https://doi.org/10.1016/S2352-4642(20)30108-5) published on 9 April 2020.

WG guidance issued:

- Paediatric Diabetes services during COVID-19 **issued 20/04/20 - http://howis.wales.nhs.uk/sitesplus/407/home**

Paediatric Specialist Services

There is a need to maximise and sustain the capability of paediatric specialised services to deliver:

- paediatric cardiology
- cystic fibrosis
- Sleep service
- Neurology and neurorehabilitation
- paediatric neurosurgery
- neonatal and paediatric surgery,
- Neonatal services
- Oncology services, including paediatric radiotherapy
- cleft Lip and Palate services,
- rheumatology services,
- renal services,
- endocrinology services,
- gastroenterology,
- inherited metabolic disease
- cochlear implants for paediatrics
- transplantation

WG guidance issued:
Paediatric specialised services surge guidance – **issued 11/06/09- http://howis.wales.nhs.uk/sitesplus/407/home**

Termination of Pregnancy

Access to termination of pregnancy services needs to be delivered in line with the guidance from the RCOG. Specific guidance has been issued to Health Boards:
https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-01-coronavirus-COVID-19-infection-and-abortion-care.pdf

This guidance confirms that women and girls wanting to terminate an early pregnancy will be prescribed two pills at home instead of going to a hospital or clinic, avoiding social contact and the unnecessary risk of exposure to

coronavirus. The prescription of medication will follow a remote consultation with a medical practitioner via video link or telephone conference.

WG guidance issued:

- Temporary approval of home use for both stages of early medical abortion **issued 31/03/2020- https://gov.wales/coronavirus**

Maternity Services

Access to maternity services for antenatal, intrapartum and postnatal care, will include provision of community services on a risk-assessed basis. Care will be underpinned by RCOG guidance: https://www.rcog.org.uk/coronavirus-pregnancy

WG guidance issued:
Maternity services in Wales during COVID-19 – **issued 11/05/20- http://howis.wales.nhs.uk/sitesplus/407/home**

Neonatal Services

Access to special care baby units, including neonatal intensive care units, will be provided on the same basis as usual. This will include:

- Surgery for neonates
- Isolation facilities for COVID-19 positive neonates
- Usual access to neonatal transport and retrieval services.

WG guidance issued:

- Neonatal services in Wales during COVID-19 – **issued 16/4/20- http://howis.wales.nhs.uk/sitesplus/407/home**

Mental Health, NHS Learning Disability Services and Substance Misuse including:

A letter was sent to health boards on 15 April by Dr Andrew Goodall setting out the Welsh Government's expectations for mental health services to continue to provide safe and sustainable responses for individuals who need access to mental health support during this period. This includes recognising the relevant legal safeguards and requirements that are in place. To support this, all the key functions of all age mental health services (including NHS led Learning Disability and Substance Misuse Services) that are considered

essential and need to continue during the pandemic period have been set out in the following link: **http://howis.wales.nhs.uk/sitesplus/407/home**

To provide assurance on the capacity of services to fulfil the key functions a Mental Health Covid-19 monitoring tool has been developed. Health boards are required to complete and return the monitoring tool on weekly basis. The forms are submitted to the Mental Health Co-ordination Centre, which is facilitated by the National Collaborative Commissioning Unit, and discussed at weekly meetings with Covid-19 Mental Health Leads and CAMHS clinical leads. A copy of the mental health monitoring tools can be found on Mental Health and Learning Disability Co-ordination Centre Website

Guidance has been developed to support services during the pandemic:

- Services under the Mental Health (Wales) Measure: COVID-19
- Mental Health Act 1983 hospital managers' discharge powers: coronavirus
- Guidance for substance misuse and homelessness services **issued 19/03/20- https://gov.wales/coronavirus**
- A range of advice and support is also available on the Mental Health and Learning Disability Co-ordination Centre Website: http://www.wales.nhs.uk/easc/nhswalesmhcc
- Essential Mental Health, Learning Disability and Substance Misuse Services during Covid 19 Epidemic issued **11/06/20 - http://howis.wales.nhs.uk/sitesplus/407/home**

Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions

In the provision of routine care, the NHS will need to pay particular attention to the availability of medicines that support delivery of specific types of procedure or care.

Guidance will be issued shortly describing a Wales wide strategic approach to maintaining supplies of medicines to support increasing levels of routine care, whilst balancing the need to retain adequate supplies of some medicines, particularly those used in critical and palliative care. This is particularly important for those medicines which are used both in routine and critical and or end of life care and which remain in short supply as a result of increased global demand.

The guidance will be available at -
http://howis.wales.nhs.uk/sitesplus/407/home

Comprehensive therapeutic guidance on a range of issues associated with prescribing, therapeutic drug monitoring and medicine use are available at the All Wales Therapeutics and Toxicology Centre's (AWTTC's) COVID Therapeutics hub - **https://www.awttc.org/coronavirus-covid-19-therapeutic-advice.**

Advice on the management of specific medicines shortages is available at **https://www2.nphs.wales.nhs.uk/contacts.nsf**
and **http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=428&id=501373**
(NHS intranet users only)

Renal care - dialysis

Dialysis is a life maintaining treatment and without regular therapy, normally at least three times a week over a 4 hour session, patients will die in a matter of days. Although some patients dialyse at home, the majority of dialysis is delivered in the form of haemodialysis at out-patient units by specialist dialysis nurses. Irrespective of location or modality of treatment, there are a range of dependencies to enable dialysis to be delivered safely including access surgery, uninterrupted supply of dialysis fluids, consumables and medications. Renal services across Wales have plans developed regional plans to ensure the delivery of essential renal services including outpatient dialysis.

Services should take account on NICE COVID-19 rapid guidelines: dialysis service delivery - https://www.nice.org.uk/guidance/ng160

Blood and Transplantation Services

Blood and Blood components:
The Welsh Blood Service provides a range of essential services to ensure that NHS Wales has access to blood and blood components to treat patients. The provision of blood and blood components for customer hospitals across Wales will need to be maintained to ensure patients requiring blood transfusion and blood components for life saving treatments can continue during the COVID-19 outbreak.

Platelets are a critical product in the treatment plan for a number of acute health conditions including blood cancer and neonatal blood disorders. WBS is liaising with Health Boards and NHS Trust to assess the demand for blood products to treat COVID-19 patient (including plasma products) and non-COVID-19 essential services. Further guidance will be issued from WBS and Welsh Government in relation to blood collections and supply.

Bone Marrow and Stem Cells Transplantation:
Provision of blood stem cell services for acute blood cancers is time critical and essential to ensure patient status does not deteriorate beyond the treatment window into palliative care.

Services should be provided in accordance with:
European Society for Blood and Marrow Transplant (EBMT):
https://www.ebmt.org/sites/default/files/2020-04/EBMT-COVID-19-guidelines_v.6.1%282020-04-07%29.pdf

NICE COVID-19 rapid guideline: haematopoietic stem cell transplantation
https://www.nice.org.uk/guidance/NG164

Solid Organ Transplantation:
The safety of organ and tissue donation and patients in need of a transplant is paramount and deceased organ donation should be considered on a case by case basis. Organs are still being donated where possible and offered to the hospitals that are still performing transplants. Consideration needs to be given to maintaining donation and transplantation services, in particular for those patients on the urgent and super-urgent transplant waiting lists. Transplant teams will need to balance the patient's need for transplant against the additional challenges of being immuno-suppressed at this time. Transplant services should ensure they take account of the latest advice:
https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/

In addition a NICE COVID-19 rapid guideline has been developed for renal transplantation and will shortly be published.

Retrieval services should be maintained to ensure the sustainability of the National Organ Retrieval arrangements.

Wherever possible, health boards should work with transplant centres to ensure referral for screening/assessment and follow-up pathways are maintained and transplant centres can access local services for any investigations or tests required to facilitate treatment.

Welsh Transplantation and Immunogenetics Laboratory (WTAIL)

The Welsh Transplantation and Immunogenetics Laboratory (WTAIL) along with the Welsh Bone Marrow Donor Registry (WBMDR) provide critical laboratory testing and donor stem cell provision for blood cancer patients in Wales, UK and worldwide. They are also responsible for the provision of laboratory testing for solid organ transplantation including supporting the National solid organ allocation scheme by testing deceased donors from Wales for allocation of organs to national patients. In addition, it is responsible for the regular monitoring of patients post-transplant providing information on transplant rejection and informing on requirements for time critical clinical intervention, as well as the provision of specialist screening and genetic testing of blood products including platelets.

Palliative and End of Life Care

This should occur where possible in the patient's home under the responsibility of the patient's general practitioners and community staff, supported where necessary by palliative specialists and third sector. Palliative care is specifically mentioned in the General Medical Services contract. Access to admission for palliative care purposes where necessary, to inpatient specialist palliative care expertise, and to palliative interventions should be preserved where it is possible and safe. This must be judged according to the local context. The palliative nature of the goals of care may make access more urgent. Access to the full range of allied health professionals to support end of life care is essential, including community assistive equipment, nutrition, communication and psychological care and to facilitate death in location of choice is essential.

WG guidance issued:

- Palliative Care Information and Resources Guide – published 11/05/2020

http://howis.wales.nhs.uk/sitesplus/407/home

Guidance

The service/speciality areas described above highlight where guidance has already been produced (as at 12 June 2020). NHS Wales specific guidance has generally been produced from existing sources including Royal Colleges, NICE and drawing on NHS England guidance.

Essential services clinical guidance for NHS Wales will continue to 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

NHS WALES

SIX GOALS FOR URGENT AND EMERGENCY CARE

GETTING READY FOR WINTER DURING THE PANDEMIC

GOALS		OUTCOME*	PROPOSED KEY DELIVERABLES 2020/21**
1	**Co-ordination, planning and support for high risk groups**	Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care	1. Each cluster should enhance planning and protection for patients who are clinically extremely vulnerable (shielded) from COVID-19, identified through risk stratification / electronic frailty index / Patient Care Record / clusters (LOCAL / REGIONAL) care home residents and patients with three or more chronic conditions should be prioritised in Q2. 2. Each cluster should achieve the influenza vaccination uptake target (60%) for at risk populations (LOCAL) by the end of Q3 3. Each cluster should achieve 100% compliance with national enhanced service for care home residents (LOCAL) by the end of Q3.
2	**Signposting, information and assistance for all**	Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place, first time.	4. To support care in the right place and enable social distancing in Emergency Departments, a 'phone first before attending ED' or 'phone and walk' concept targeted at patients who could be safely assessed elsewhere or through a planned approach will be developed and tested by the end of Q2 (NATIONAL / LOCAL) 5. Out of hours urgent care pathways will be adapted for local use, and will be available to 111/Out of Hours primary care for urgent respiratory, dental and mental health crisis services pathways

			(LOCAL). Given the challenge of COVID-19, out of hours pathways for respiratory and mental health services should be prioritised in Q2. 6. Health Boards should deliver the 'Choose Pharmacy' system and common ailments service locally to enable patients to access an appropriate service for their minor ailments in a timely manner, and to receive NHS treatment from the community pharmacy, preventing the need for presentation at hospital (LOCAL)
3	**Preventing admission of high risk groups**	Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.	7. Consultant connect should be fully embedded in all health board areas to support the reduction of ambulance conveyance from care homes to hospital through the provision of specialist clinical advice and guidance by the end of Q2 (LOCAL) 8. Alternative community pathways for respiratory conditions should be well established in each Health Board area (LOCAL) by the end of Q3. 9. Enhanced plans will be developed for same day intermediate care services – multidisciplinary community health and social care services that help people to stay well at home and be as independent as possible by the end of Q2. These services should be delivered consistently across Wales and provide support and rehabilitation to people with mental and physical health complaints at risk of hospital admission (LOCAL / REGIONAL)
4	**Rapid response in crisis**	The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.	10. Direct access pathways for respiratory, palliative care, stroke, STEMI and #NOF will be established and consistently delivered to support improved outcomes, and reduce unnecessary crowding and ambulance patient handover delays by the end of Q3 (LOCAL / NATIONAL)

			11. Health Boards should work with police and Local Authorities to deliver urgent care pathways to enable access to 24/7 mental health crisis in each HB area by the end of Q3 (LOCAL). Given increase in prevalence of emotional distress over the course of the pandemic, this should include consideration of national triage (LOCAL / REGIONAL / NATIONAL). 12. A 'wait and care' service concept is developed to prevent unnecessary conveyance to Emergency Departments, limit crowding, unnecessary ambulance patient handover delays, enable faster diagnostics and improve patient experience by the end of Q2 (NATIONAL / LOCAL / REGIONAL)
5	**Great hospital care**	Optimal hospital based care for people who need short term, or ongoing, assessment/treatment for as long as it adds benefit.	13. Given the requirement to conserve acute bed capacity during the pandemic, same day emergency care' (or Ambulatory Emergency Care) without need for an overnight stay will be rolled out across all acute hospitals with approx. 30% of medical take to be treated via AEC / SDEC, increasing the proportion of people typically discharged on day of their attendance to around 90% where possible. Timely rehabilitation/ reablement interventions must be consistently available to support rapid, sustainable discharge by the end of Q3 (LOCAL) 14. From Q2, Health Boards should maximise opportunities for creating physical and / or visible separation between clinical and non clinical areas used by patients in Emergency Departments. Solutions must be flexible and sustainable as demand and activity levels change over the next few months. 15. In Q2, Health Boards should develop robust capacity and demand plans, that include surge capacity in independent sector and field hospitals at a regional level if value is added, to enable

			occupancy levels in acute hospital sites to remain below 85% throughout 2020/21 (LOCAL / REGIONAL)
6	**Home first when ready**	A home from hospital when ready approach, with proactive support to reduce chance of readmission	16. HBs and LAs, working with the third sector and independent providers, should adopt a 'home first' approach to enable more people, who have attended an Emergency Department or have been admitted to hospital, to be assessed and recover in their own homes to avoid unnecessary long stays in hospital beds. This will be achieved through delivery of four 'discharge to recover and assess' active therapeutic pathways, embedded locally. Plans should be included in Q2 responses. (LOCAL / REGIONAL) 17. HBs and LAs working with the third sector will increase the focus on the provision of rehabilitation, reablement and recovery in Q2 plans, and ensure there is sufficient capacity to support the increasing number of people who will need support during the pandemic, with long term conditions, and frailty, who require support to prevent: - permanent disability; - greater reliance on care and support; - avoidable readmissions to hospital; and - delayed discharge from hospital (LOCAL / REGIONAL)

Commented [AH(1]: This needs to clearly link to the national modelling work - surge is about unscheduled care, essential and COVID

* Health Boards, NHS Trusts and partners should continue to adhere to national guidance (pre-pandemic and COVID-19 specific) and nationally agreed pathways throughout the course of the pandemic.

**Health Boards and partners should ensure all activity aligns with other dependencies, including testing capacity, medicines supply, consumables and PPE.

MEASURES	Daily Covid Demand Number of staff referred for the Community Testing Unit and number awaiting results Contact tracing and antibody testing measures Daily complaints, incidents and risks related to Covid Daily PPE Stock Staff absence levels due to sickness/shielding/isolation	NHS Wales Delivery Measures for USC Daily ED demand Daily Available and occupied beds and critical care beds HCAI rates Daily Medically Fit for Discharge numbers Daily number of mortuary spaces Daily number of deaths and discharges Hospital bed occupancy Care home resilience RAG rating
PRIORITIES	Maintain PPE supplies Roll out Test Trace and Protect and antibody testing Start work on Rehabilitation Social Distancing Maintain readiness to respond to Covid-related guidance and response triggers Continue work on workforce supply, engagement and wellbeing	Maintain ability to respond to surge Maintain additional critical care capacity Maintain Field Hospital readiness Infection Prevention and Control Winter Planning Expedite work on Single Medical Take Operate Rapid Discharge Guidance Support social care including care home resilience
HARMS	**Harm from Covid itself**	**Harm from overwhelmed NHS and social care system**
	Harm from reduction in non-Covid activity	**Harm from wider societal actions/lockdown**
PRIORITIES	Maintain and increase outpatients activity on a risk-assessed basis, in line with the Outpatients Modernisation Programme Maintain and increase diagnostics activity Maintain and increase urgent and cancer surgery in line with NHS Wales guidance Maintain and increase other Essential services in line with guidance Continuously review functional capacity plans	Maintain Essential services in Mental Health and Learning Disabilities including monitoring suicide rates Maintain Essential services for children and young people including restarting immunisation programme Undertake Primary Care Recovery Plan
MEASURES	NHS Wales Delivery Framework measures for cancer, RTT and diagnostics Surgical, outpatients, diagnostics and cancer activity Number and proportion of virtual consultations PROMs and PREMs Patient Feedback	Vaccination and Immunisation rates Suicide rates MHLD and Children's services activity Primary care measures Use of Consultant Connect and Ask My GP systems