

#### PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD:	30 June 2020
DATE OF MEETING:	
TEITL YR ADRODDIAD:	NHS Wales COVID-19 Operating Framework
TITLE OF REPORT:	
CYFARWYDDWR ARWEINIOL:	Andrew Carruthers, Executive Director of Operations
LEAD DIRECTOR:	
SWYDDOG ADRODD:	Andrew Carruthers, Executive Director of Operations
REPORTING OFFICER:	

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

#### ADRODDIAD SCAA SBAR REPORT Sefyllfa / Situation

The purpose of this report is to provide the People, Planning and Performance Assurance Committee (PPPAC) with an update in respect of the NHS Wales COVID-19 Operating Framework 2020/21.

Cefndir / Background

Welsh Government (WG) issued three sets of guidance to the NHS in Wales on how to manage services during the COVID-19 pandemic.

- 1. On the 13<sup>th</sup> March 2020, guidance issued by WG required Health Boards to suspend a range of services and take a number of actions. By implementing the guidance, as a University Health Board (UHB), it enabled us to prepare, both in terms of service redesign and to plan for staff training to ensure we could meet the imminent and significant surge in COVID-19 demand that we believed we were facing.
- On the 4<sup>th</sup> May 2020, Maintaining Essential Health Services during the COVID-19 Pandemic' guidance was issued. It broadly defined services that are lifesaving or life impacting i.e. where harm would be significant and irreversible, without a timely intervention.
- 3. On the 6<sup>th</sup> May 2020, WG issued a third set of guidance; NHS Wales COVID-19 Operating Framework for Quarter 1 (2020/21). The Operational Framework outlines not only the need to deliver essential health services for our population, but where possible recommence more routine care. The Framework states the NHS needs to do this progressively and with caution, through short planning cycles that will maintain the flexibility and agility that was witnessed over recent months.

# Asesiad / Assessment

PPPAC requested to receive an update specifically on the following subject matters in order that it can be assured that robust plans and services are in place, or are actively being progressed:

- NHS Wales COVID-19 Operating Framework 2020/21
  - Quarter 1 feedback on submission
  - Quarter 2 areas being addressed

- Update on private hospitals and planned care
- Field hospital plans.

# NHS Wales COVID-19 Operating Framework 2020/21

The Coronavirus (COVID-19): NHS Wales Operating Framework (Quarter 1 2020/2021) outlined the requirements to put in place to ensure the health and care system remains both prepared for any future peaks, and effectively provide essential services and other high quality care and treatment for the people of Wales.

## Quarter 1 (2020/21)

The UHB Quarter 1 response report to the NHS Wales COVID-19 Operating Framework submitted to WG and subsequently retrospectively approved at Public Board in May 2020 included:

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

As part of the submission, WG undertook an 'informal and rapid review' of the submission, noting there was no formal assessment. Hywel Dda University Health Board (HDdUHB) received extremely positive feedback from WG. WG reported that the response was good to read, comprehensive, and particularly called out the Escalation framework for care homes. It did, however highlight a number of areas where they would like to see further detail which was discussed at a meeting on 10<sup>th</sup> June 2020, with key risks identified in the plan with comments for each of the action areas from the Operational Framework drawn out.

At the meeting on 10<sup>th</sup> June 2020, HDdUHB received notification that the Quarter 2 (Q2) Operating Framework draft submission was expected by the end of June 2020. The draft framework was released on 12<sup>th</sup> June 2020 (subject to final amendments by the Chief Executive of NHS Wales) advising that NHS organisations were to develop local operational plans for Q2 that as a minimum included:

- Progress update on compliance with Essential Services and key quality and safety issues;
- Progress on implementation of guidance on infection prevention and control, including environmental factors and social distancing (new action for Q2);
- 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;
- Update on unscheduled care and planning for winter preparedness (new action for Q2);
- Progress update regarding routine services, including paediatrics;
- Workforce plans including use of additional temporary workforce;
- Support plans for care homes and social care interface (new action for Q2);
- Financial implications;
- Risks to delivery and mitigations;

• Mechanisms for stakeholder engagement, including staff side and Community Health Councils (CHC) (new action for Q2);

# Quarter 2 (2020/21)

In developing the Q2 response, further dialogue will be required with the CHC regarding temporary service change(s) and this discussion is scheduled to be undertaken at their Service Planning Committee meeting in July 2020.

## Update on Field hospitals

There are currently nine Field Hospitals across seven sites offering a 921 bed capacity across the three Counties (Carmarthenshire, Ceredigion & Pembrokeshire), all of which are entering the final build stages in terms of estates and equipment. However, following the new modelling assumptions and deductions from these figures, it is highly unlikely that HDdUHB will see the peak model numbers initially published by Public Health Wales (PHW). HDdUHB is now following PHW version 2.4 (40%), which suggests flatter peaks for COVID-19 demand over an extended period. WG have advised that Health Boards should plan against the assumptions in PHW version 2.4 (40%). A number of assumptions in that model may over-inflate the anticipated model for HDdUHB as a region, and therefore a modelling cell within the HDdUHB continues to review actual demand data in an attempt to develop a model that more accurately forecasts local expectations based on the live experience both locally and nationally.

As HDdUHB remains at critical incident level 4 and as the revised modelling indicates, there may be a significant demand and capacity challenge as winter commences. HDdUHB has continued to work on the premise that all nine field hospital sites may be required and thus should be ready for operationalisation as and when required at seven days' notice. This approach also supports the pre-existing organisational strategy to maintain acute sites at approximately 80% occupancy rate, which has subsequently been confirmed as an expectation within the Annual Operating Framework and allows the additional capacity to be considered within a winter planning context.

As part of reviewing the ongoing potential implications of COVID-19 through 2020/21, HDdUHB is scoping all alternative uses for the field hospitals in order to support the wider acute, community and social care system. Developments will continue through our Q2 response with respect to demand and capacity modelling; the potential reverting of some sites to their original usage; and any workforce, contractual, and equipping issues. To aid this process, weekly calls are now taking place with WG and we are developing both hibernation and decommissioning plans although there are no current plans in place to decommission any sites. Each field hospital now has its own risk register in place.

### Update on Private Hospitals and Planned Care

Private hospital capacity arrangements remain in place to support the following acute services, due to non-urgent clinics cancelled until 26<sup>th</sup> June 2020:

 Outpatient and treatment services for Urgent Suspected Cancer (USC) and other urgent patients for General Surgery, Colorectal, Breast, Urology, Gynaecology and Ophthalmology.

The above may change however as HDdUHB reviews its capacity plans for the restarting of elective services within acute hospitals. Plans will also need to consider the ability to step up response services to COVID-19, which in respect of the re-emergence of the disease, requires interventional care in both a primary and secondary setting. Maximising surgical activity in the presence of these processes will require streaming patient flows using patient shielding before admission and testing, to ensure appropriate use of COVID-19-positive and COVID-19-

negative pathways. All Standard Operating Procedures for surgical services, operating theatres and critical care will require careful review and adjustment as necessary. This in part will be dependent on WG Guidance as to whether patient shielding is seven or 14 days. Initial assessment based on social distancing guidelines means an impact of a reduction of approximately 200 beds across HDdUHB sites. This in turn will have a knock-on effect to other services, as well as understanding the implications for our winter planning.

The People, Planning and Performance Assurance Committee is requested to note the current planning and progress in respect of the Coronavirus (COVID-19): NHS Wales Operating Framework 2020/21.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)		
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.4 Provide assurance to the Board that all plans put forward for the approval of the Health Board for improving the local population's health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are identified at service level and monitored through service risk registers and escalated to corporate risk register through governance	
Safon(au) Gofal ac lechyd: Health and Care Standard(s):	All Health & Care Standards Apply	
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable	
Amcanion Llesiant BIP: UHB Well-being Objectives: <u>Hyperlink to HDdUHB Well-being</u> <u>Objectives Annual Report 2018-2019</u>	9. All HDdUHB Well-being Objectives apply	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth:	Included within the report
Evidence Base:	
Rhestr Termau:	Included within the report
Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd	Hywel Dda University Health Board Bronze Group
ymlaen llaw y Pwyllgor Cynllunio	Chairs
Pobl a Sicrwydd Perfformiad:	

Parties / Committees consulted prior	
to People Planning and Performance	
Assurance Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable