



A Principles Framework to assist the
NHS in Wales to return urgent and
planned
services in hospital settings during
COVID-19

NHS Wales

June 2020

Purpose

- The NHS has created unprecedented surge capacity, including HDU and ITU, to treat and care for patients with confirmed COVID-19 infection.
- The challenge now facing the NHS as it begins the second phase of its response to the outbreak is to maintain the capacity to provide high quality services for patients with COVID-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery.
- Local healthcare systems and individual providers have already started planning for this. A key objective in executing these plans must be to minimise the transmission of COVID-19 infection within hospitals, also referred to as hospital-onset infection or nosocomial transmission.
- Delivery against the national expectations and principles set out in this framework will require strong and focussed leadership from local healthcare systems, underpinned by excellent clinical judgment and patient communication.
- Whilst this guidance is focussed on hospital settings, including acute, community and mental health, many of the principles will be relevant to other healthcare settings and connecting services, including ambulance, primary and community care. There is an expectation that Health Boards will consider this framework across all their systems.

Framework

1. Careful planning, scheduling and organisation of clinical activity
2. Scientifically guided whole system approach to COVID-19 testing.
3. Excellence in Infection Prevention and Control (IPC)
4. Rigorous monitoring and surveillance
5. Focus on continuous improvement

1. Careful planning, scheduling & organisation of clinical activity

Planned & Elective and **Urgent & Emergency** care pathways present different opportunities and challenges for minimising hospital transmission of COVID-19 requiring careful planning, scheduling and organisation of clinical activity.

Planned & Elective Care

- Patients should only be required to attend hospital where clinically necessary- maximise all opportunities for remote, multi-professional virtual consultations.
- **Admission:** Plans will need to be agreed for self-isolation and testing arrangements pre-admission based on type of procedure / treatment to be received. These should ideally be agreed with consistency across specialty / between Health Boards and Trusts.
- **Outpatient:** only patients who are asymptomatic should attend, ensuring they can comply with normal social distancing requirements.
- Enhanced planning and protection for patients who are clinically extremely vulnerable (shielded) from COVID-19.
- Ensure any patient who subsequently tests positive or shows symptoms can be immediately isolated.

Urgent & Emergency Care

- On arrival, ensure patients are immediately identified as either i) asymptomatic; ii) symptomatic for COVID-19; iii) COVID+ and apply appropriate Infection Prevention and Control procedures.
- Ensure within the Emergency Department and Urgent Access Clinics asymptomatic patients can comply with normal social distancing requirements.
- Ensure any patient who subsequently tests positive or shows symptoms can be immediately isolated or managed in a COVID+ cohorted area.
- Enhanced planning and protection for patients who are clinically extremely vulnerable (shielded) from COVID-19, identified from Summary Care Record or by referring clinician pre-arrival where possible.

In ALL Areas

- Maximise opportunities for creating physical and / or visible separation between clinical and non clinical areas used by patients on a Planned & Elective care pathway and those on an Urgent & Emergency care pathway.
- Solutions must be flexible and sustainable as demand and activity levels change over the next few months.
- Maintain consistency in staff allocation where possible and reduce movement of staff and the cross over of care pathways where feasible between Planned & Elective care pathways and Urgent & Emergency care pathways.
- Ensure planned activity aligns with other dependencies, including:
 - testing capacity,
 - medicines supply,
 - consumables
 - PPE.
 - Staffing Levels

2. Scientifically guided whole system approach to COVID-19 testing

A scientifically guided approach to **testing the right patients and staff, at the right time and frequency** (updated as the evidence evolves) will underpin efforts to minimise COVID19 transmission in hospitals and other care settings as part of a whole system approach to COVID-19 testing in Wales. [WG COVID-19 Testing Policy](#)

Patients	<p>Work is underway to agree a whole system testing approach for Wales – testing policy will evolve as the evidence evolves. At present:</p> <p>Emergency Admissions: all patients should be tested on admission. For patients who test negative, further testing should be undertaken if COVID-19 symptoms are present / develop.</p> <p>Elective Admissions (including day surgery): Plans should be developed for patient self-isolation and pre-admission testing* (conducted a maximum of 72 hours in advance) taking into account the type of procedure / treatment to be undertaken.</p> <p>Inpatients: any inpatient who becomes symptomatic, who has not previously tested positive, should be immediately tested as per current practice</p> <p>Outpatients / diagnostic interventions: testing and isolation to be determined locally, based on patient and procedural risk.</p> <p>Discharge: all patients being discharged to a care home or a hospice should be tested prior to discharge.</p> <p>Hospital Discharge Service Requirements Wales: COVID-19</p>
Staff	<p>Symptomatic: all staff or members of their household who are symptomatic should be tested as per current practice.</p> <p>Asymptomatic: additional available NHS testing capacity should be used to routinely and strategically test asymptomatic frontline staff as part of infection prevention and control measures. Local health systems should work together with their labs and regions to agree the use of available capacity.</p>
Serology	<p>Access to antibody testing, as part of the Welsh Government’s testing programme, will also begin to be made available to NHS staff and patients during this next phase. The results will be used to build our understanding and knowledge of COVID-19 and inform the clinical approach. More details will be set out in due course.</p>

*Pre-admission testing should not require a patient to break isolation requirements

3. Excellence in Infection Prevention & Control (IP&C)

- **Follow the UK COVID-19 IPC guidance:**

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

Wales specific guidance via the [Public Health Wales Information for Health and Social Care Professionals](#)

- **Ensure that general IP&C measures and training are optimal** – refer to the National Infection Prevention & Control Manual (NIPCM) for Wales <https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/>
- **Ensure patient placement / zoning and cohorting arrangements across services supports infection prevention measures.**
- **Use the appropriate level of Personal Protective Equipment (PPE)**, in line with the latest UK IP&C guidance
- **Minimise potential COVID-19 Health Care Worker (HCW) transmission** (including HCW to HCW) through supporting staff with:
 - Good hand and respiratory hygiene; keeping hands away from face when wearing any face protection.
 - Declaring all COVID-like symptoms, however mild, and not attending clinical areas for work.
 - Risk assessments of vulnerable staff with appropriate mitigation actions (link to risk assessment tool when available?)
 - Wherever possible, reducing movement between different areas – consider allocating staff to same areas / clinical pathways.
 - Social distancing (2 metres) inside & outside of clinical areas e.g. during work breaks and when in communal areas.
 - Understanding the risk of surface contact transmission and frequently cleaning any shared equipment e.g. mobile phones, desk phones and other communication devices, tablets, desktops, keyboards etc.

[IP&C for the use of mobile devices in healthcare](#)
- **Ensure environmental decontamination protocols are in place and include regular cleaning of high touch surfaces.**
- **Ensure that recommended IPC measures are being reliably implemented and audited within & across the organisation.**

4. Rigorous monitoring and surveillance

Rigorous monitoring and surveillance will be central to understanding COVID-19 transmission within hospitals, providing transparency on performance and supporting a focus on continuous improvement.

- **Public Health Wales in collaboration with partner organisations across the UK have established routine data collection systems on COVID-19.**
 - A standard definition for 'healthcare onset' COVID-19, has been agreed across the 4-Nations, which will enable rates of nosocomial transmission to be identified and tracked weekly.

Community-Onset – First positive specimen \leq 2 days after admission to healthcare.

Hospital-onset, indeterminate hospital-associated COVID infection: COVID-positive sample taken >2 days and ≤ 7 days after admission;

Hospital-onset, probable hospital-associated COVID infection: COVID-positive sample taken >7 days and ≤ 14 days after admission;

Hospital-onset, healthcare-acquired COVID infection: COVID-positive sample taken >14 days after admission.

- The admission data in ICNET will allow categorisation of the data according to the agreed definitions.
- PHW will provide further information on this surveillance in due course.
 - COVID-19 Wales Data Dashboard can be accessed [here](#)

5. Focus on continuous improvement

Measure for Improvement

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graph TD; A[Measure for Improvement] --> B[Improvement Methodology]; B --> C[Clinically Led Pathway Improvements]; C --> D[Build Local Learning Systems];
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Capture organisational data and measure for improvement

Improvement Methodology

Use an established improvement methodology to identify changes and measure their impact

Clinically Led Pathway Improvements

Ensure a focus on clinically led pathway improvements / redesign to eliminate unnecessary hospital attendances and further reduce risks for patients requiring hospital care and treatment

Build Local Learning Systems

Build local learning systems to capture and share best practice and support the use of peer review