



AGENDA ITEM

7.4

CTM BOARD

OPERATIONAL RESILIENCE AND WINTER PLANNING

Date of meeting

29 July 2021

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Clare Williams, Deputy Director of Strategy and Transformation

Presented by

Linda Prosser, Director of Strategy and Transformation

Approving Executive Sponsor

Executive Director of Strategy and Transformation

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

Executive Team

19/07/2021

SUPPORTED

Management Board

21/07/2021

APPROVED

ACRONYMS

RSV

Respiratory Syncytial Virus

CTM

Cwm Taf Morgannwg University Health Board

1. SITUATION/BACKGROUND

- 1.1 Good practice emergency planning indicates that planning pre-response is as important as the actions taken during the response. For the remainder of 2021 and into 2022, Cwm Taf Morgannwg

communities and the services the health board provides, will be impacted by the continuing COVID-19 pandemic. This risk presents not just from COVID-19 itself, but also in the form of large, delayed outbreaks of endemic diseases which, as a result of lockdowns and social distancing, were not seen during 2020/21. This is all within the context of waiting lists which have inevitably grown during the course of the pandemic.

- 1.2 Current COVID-19 modelling from Welsh Government <https://gov.wales/sites/default/files/publications/2021-07/technical-advisory-group-policy-modelling-update-12-july-2021.pdf> suggests that a further wave of COVID-19 is underway, with a likely peak of COVID-19 hospitalisations in August 2021.
- 1.3 Respiratory Syncytial Virus (RSV) infection is a common cause of bronchiolitis and acute respiratory illness in children under 5 years. Based on observed patterns in the Southern Hemisphere where significantly higher-than-expected numbers of cases have been reported, it is considered likely that this is replicated across the UK from August 2021 into 2022, with the peak estimated in November 2021. The stated Welsh Government 'most likely scenario' is an earlier outbreak than typically observed, with 20-50% increase in total number of RSV cases / admissions.
- 1.4 Surveillance of all Acute Respiratory Infection (ARI), continues through weekly Public Health Wales reporting. Included in this are Rhinovirus, Parainfluenza and Influenza.
- 1.5 The Public Health Wales report for week 27 (ending 11/07/2021) states, "the numbers of confirmed cases of RSV in children aged under 5 years continued to increase, mainly in north Wales, whilst cases of Parainfluenza are elevated but stable and there are no reports of Influenza".

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Whilst wintering planning has commenced across the Health Board, and will be undertaken in conjunction with Local Authority teams, it is now necessary to ensure an agile governance structure is in place which will ensure appropriate resilience across the Health Board for a 'winter pressures' period which is likely to start in August 2021.
- 2.2 This work is running alongside the Planned Care recovery programme which seeks to address increased waiting lists across the Health Board and is at risk if significant service capacity issues are experienced.
- 2.3 Learning for the previous Health Board COVID-19 responses indicates that having clear aims and objectives for a response programme is

key for clarity of purpose and responsibilities. The strategic aims of the CTM Resilience Programme are:

- Protect the health of people in our communities;
- Prevent deaths from surging respiratory disease and from the impact of a surge on core services; and
- Protect the health and well-being of staff.

2.4 To enable a proportionate governance structure during pre-response and response phases, it is helpful to have an agreed set of triggers which will allow the organisation to have a clear understanding of the operation situation. The following surveillance metrics and triggers have been developed in draft:

Community indicators	Community triggers	Hospital capacity indicators	Hospital capacity triggers
Rolling 7-day cumulative COVID incidence per 100,000	>100 per 100,000 pop	Community acquired COVID inpatients	>10 across all sites or >3 in any DGH site
Rolling 7-day cumulative COVID incidence per 100,000 in >60s	>80 per 100,000 pop	Staff absence due to need to isolate	>10% above baseline as of 13/07/21
COVID test positivity rate in community over seven days	>10%	COVID positivity rate amongst staff over seven days	>10%
Sentinel GP consultation rate for influenza-like illness	MEM threshold (11 per 100,000)	ICU admissions for COVID	>3 across all sites or >1 in any DGH site
RSV	Season underway	TBC	TBC

2.5 The Cwm Taf Morgannwg University Health Board (CTM) COVID-19 position as at 15 July 2021, indicates that cases and admissions are tracking on the Welsh Government modelling scenario of low delta transmissibility and low adherence.

2.6 This scenario indicates a peak in bed occupancy at the end of August. In order to ensure that the Health Board is fully prepared for this and the wider challenges of the coming winter, Gold, Silver and Bronze structures will be stood up week commencing 26 July 2021, initially in a pre-response phase. The strategic aims set out above, mean that through this governance, the impact of any surge on our ability to deliver our planned care recovery programme can be monitored and minimised.

2.7 To ensure an appropriate system wide response to the predicated RSV scenario, Welsh Government have requested response plans from Health Board's. These have been submitted within the requested timeframe and further work will continue through the Gold, Silver and Bronze structures.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Without a governance structure to bring together all aspects of planning to respond to the likely challenges of the coming months, there is a risk that plans will be developed, and actioned, in silos. Establishing a Gold, Silver and Bronze will reduce this risk.
- 3.2 Initially it is not proposed that wider Health Board governance structures are stood down, however this will form a regular review through Gold.
- 3.3 GOLD will be chaired by the Director of Strategy and Transformation and membership will comprise of the Executive Team and the Directors of Social services from each of the local authorities, with support from the Deputy Director of Strategy and Transformation.
- 3.4 SILVER will be chaired by the Chief Operating Officer, with membership from each Integrated Locality Group Bronze, the Primary Care Bronze, local authority head of service and the functional planning cells, eg digital, workforce, finance and procurement etc. Support will be provided by the Director of Winter and the Assistant Director of Planning. The Planned Care Programme Director and the Unscheduled Care Programme Director will attend to ensure aligned decision making.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability Safe Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
Legal implications / impact	EIA will need to be developed as There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

- 5.1 **NOTE** the CTM Resilience Programme strategic aims:
- Protect the health of people in our communities;
 - Prevent deaths from surging respiratory disease and from the impact of a surge on core services; and
 - Protect the health and well-being of staff.
- 5.2 **NOTE** standing up Gold, Silver and Bronze in pre-response phase, noting that at this point wider governance structures are not being stood down.
- 5.3 **NOTE** the draft surveillance metrics and triggers.