

Agenda Item: 10

Meeting: Oxfordshire CCG Board

Date of Meeting	16 March 2021
Title of Paper	Performance and Quality Report
Lead Director	Debbie Simmonds, Berkshire West CCG Karen West, Buckinghamshire CCG Diane Hedges, Oxfordshire CCG
Author(s)	Service and performance leads across the three CCGs
Paper Type	For information and discussion.
Action Required	Board Members are asked to note the current performance

Executive Summary

The report is an ICS wide perspective on key performance aspects including elements relating to the incident response, recovery activities and constitutional targets. As the NHS has been focusing on response to the second wave of the pandemic and vaccination roll out certain elements of performance reporting have been stood down. Therefore the report does not include the usual level of detail on all quality and performance metrics. As we develop our joint working across the CCGs and re-establish full reporting we will be looking to develop the concept of one report that balances strategic insight through an ICS wide lens with sufficient information on place performance for governing bodies.

Key Messages:

- Through the pandemic the system has focused on responding to the additional demands from patients with COVID and delivering urgent care. This has resulted in increased waiting times and a reduction in non-urgent elective care.
- All elements of the BOB system recovered well after the first wave and return towards historic levels of activity and treatment.
- The response to the pandemic has been supported by innovative approaches to care delivery, the commissioning of additional capacity and a systematic approach to clinical prioritisation and assessment of clinical harm.
- The system has also made excellent progress in delivering the largest vaccination programme in history and is achieving good coverage for all the relevant cohorts at this stage.

1. Context and Introduction

Elements of performance and quality reporting and some committee meetings have been stood down during the last two months in response to the pandemic. As a result this broader report represents an ICS wide perspective on key performance aspects including elements relating to the incident response, recovery activities and constitutional targets. It does not reflect the usual level of detail on quality metrics and has not flowed through the standard committee structures.

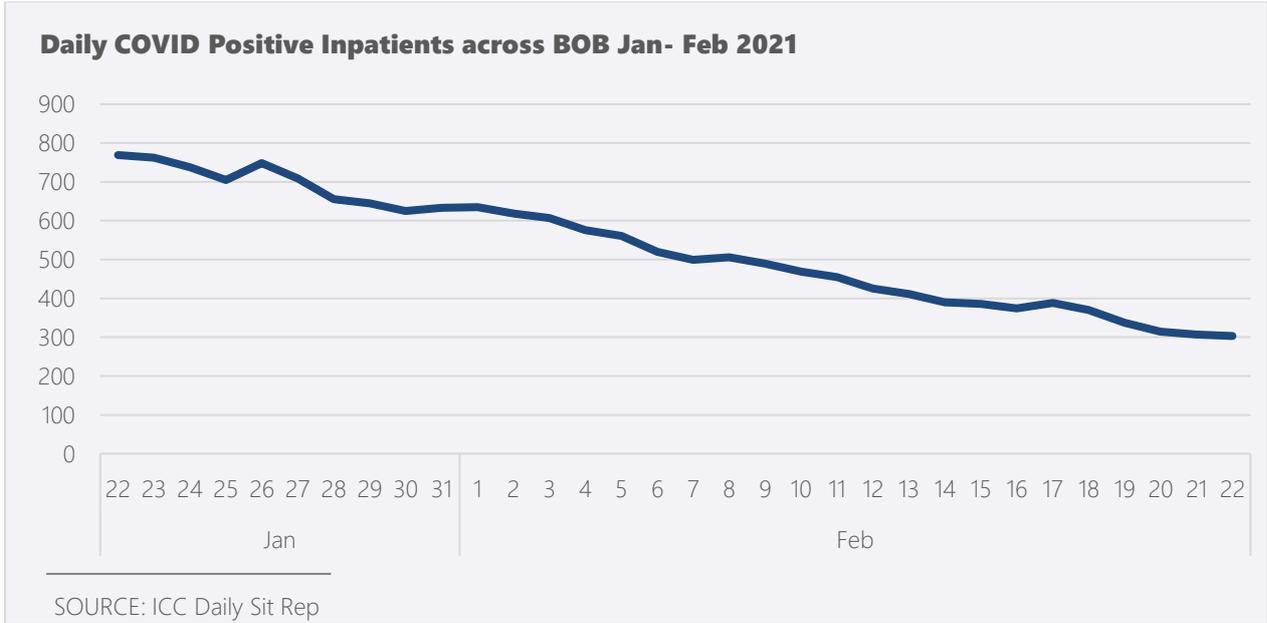
As we progress our joint working across the CCGs and re-establish full reporting we will be looking to develop the concept of one report that balances strategic insight through an ICS wide lens with sufficient information on place performance for governing bodies. As this is implemented we will need to work through the correct flow of information to both place based committees and ICS wide structures.

All the elements of incident response and recovery should acknowledge the pressure on the NHS and Social Care workforce, the need to focus and address inequalities, and embrace the increased use of digitalisation and innovation to transform and restore services. NHS services in BOB have faced unprecedented pressures over the course of the pandemic and responded to a dramatic increase in demand on Primary, Community and Acute services as well as delivering the biggest vaccination programme in history.

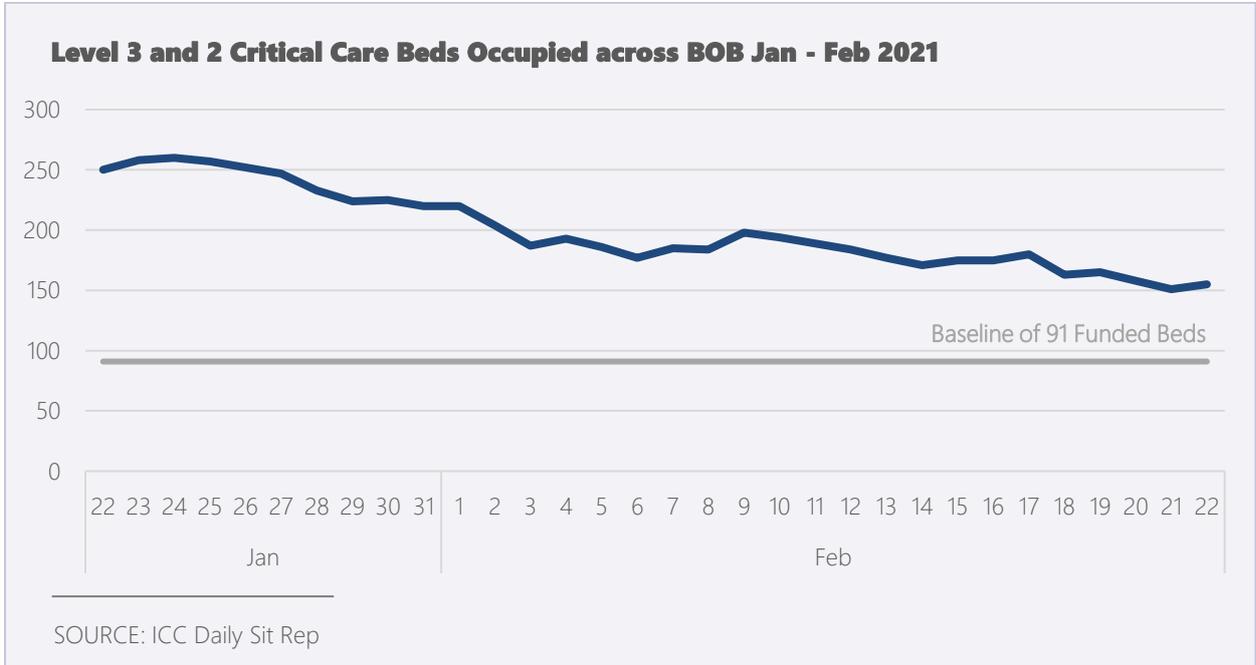
The BOB system made excellent progress in re-establishing most services and activity levels after the first wave although inevitably waiting lists numbers increased and the delivery of a number of performance standards was impacted. These challenges further increased through the second wave and we know need to start working towards a more stable position and addressing some of the waiting times highlighted. Whilst we were in the response phase for the second wave the NHS nationally was asked to prioritise COVID response, delivery of the vaccination programme and ensuring that patients with life threatening or urgent clinical needs were treated. This inevitably has led to increased waiting times for more routine services. Throughout the pandemic our providers have had a clear focus on minimising clinical harm and making decisions based on clinical prioritisation.

2. Incident Management

COVID prevalence and admissions increased in the autumn/winter and created a second wave of the pandemic. From this point NHS services have focused on responding to this increased demand. Across the system additional COVID and critical care surge capacity has been established across providers. COVID demand generally peaked in mid to late January and has been falling since this point.



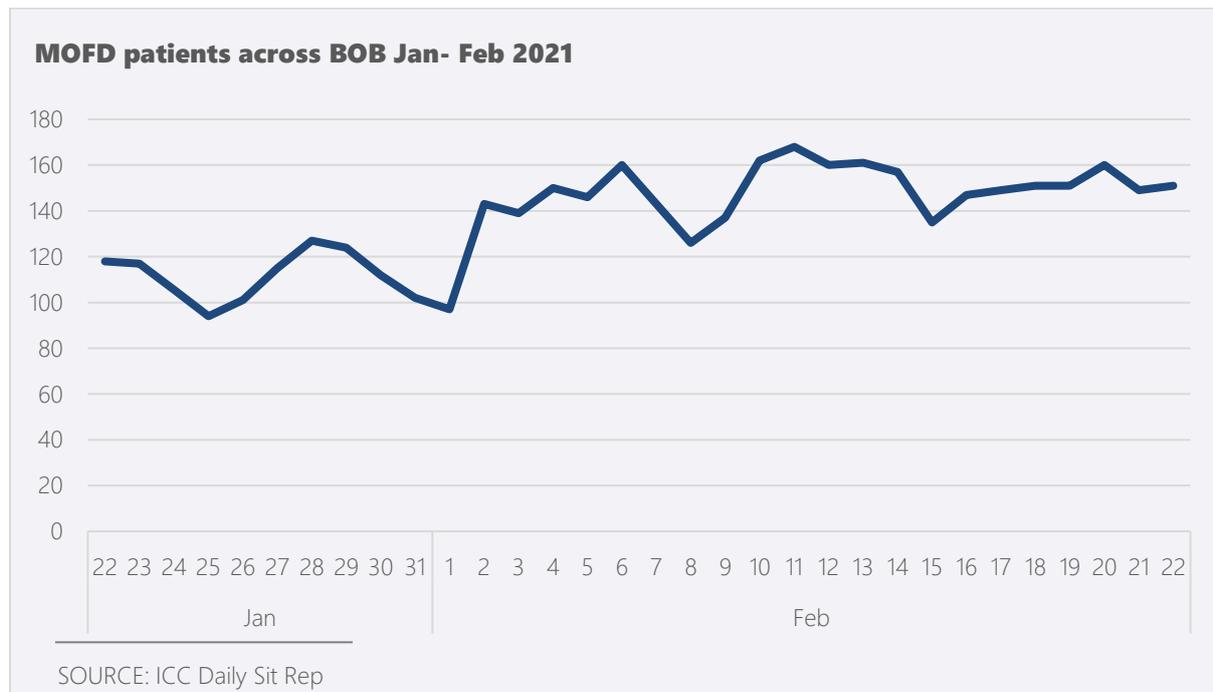
Critical Care beds have been under considerable pressure, operating well above baseline capacity and operating mutual aid both within BOB and across integrated care systems. As the demand has reduced from COVID positive patients, capacity has been rebalanced to support additional urgent elective work.



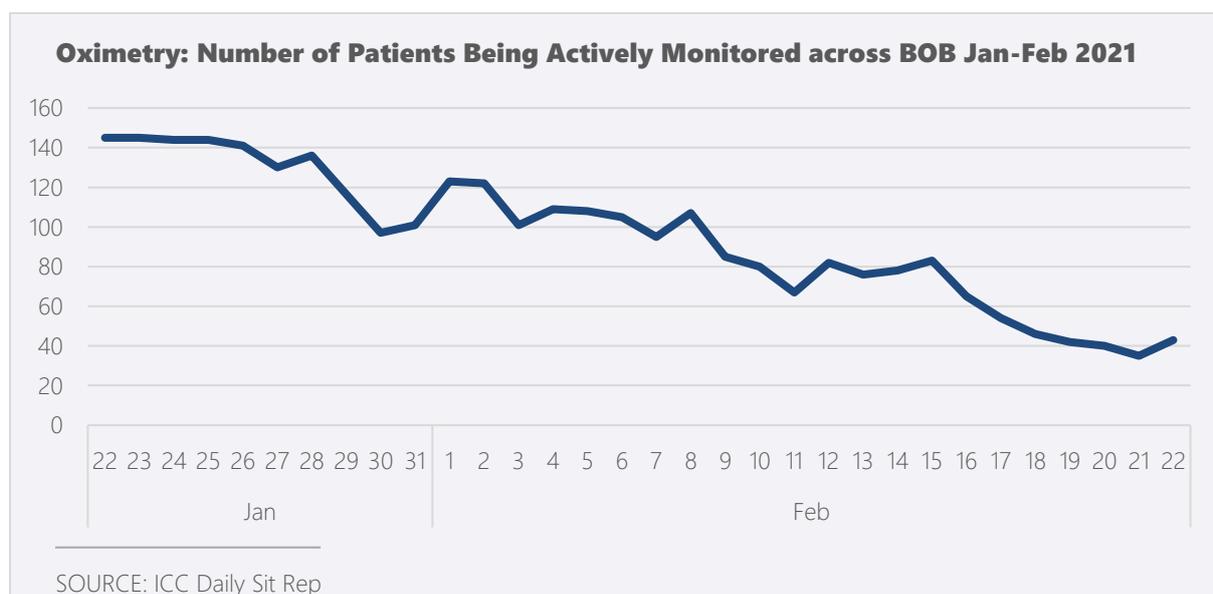
Maintaining **patient flow and community capacity** to support COVID patients has been critical and additional capacity to support discharges has been created across the ICS. This has resulted in the purchase of additional bedded capacity in the

community including the use of hotels, additional home care capacity and establishing COVID positive discharge pathways.

This has enabled the system to maintain flow to support capacity across the ICS. Ensuring support for these discharge pathways has been helped by the explicit funding identified through the national hospital discharge programme. The position during January and February 2021 reflects a clear improvement on previous winters but has been showing a slight increase recently.



New Innovative approaches have been used to support patients in the community with all areas introducing **Oximetry models** to enable patients to be managed and monitoring outside of the acute setting.



Incident key actions next steps

- Plan rest and recovery breaks for workforce
- Plan for appropriate COVID pathways and demand over the medium term
- Maintain system flow as we move towards recovery

3. Vaccination programme

The BOB vaccination programme was established at the beginning of November 2020. The team have been responsible for working with the SE Region, provider organisations and local authority colleagues to deliver vaccinations to the population of BOB against the JCVI guidelines.

Mobilisation

The initial stages of the programme focused on the planning and mobilisation of the key components of the model including

Capacity and demand modelling – Built from the demand projections and the initial phased delivery of each model component. That work has continued through the programme adapting as the vaccination stock has become available and the deadline for vaccination of key cohorts is brought forward. This will continue as further vaccine becomes available and sites alter.

Estates – Identification of and support to mobilise for all the vaccination sites ensuring site readiness, delivery and set up of vaccination pods and IT equipment. Support with lease.

Sustainable Workforce - Our lead provider Oxford Health has set up a “Master Vendor” arrangement with a third party provider, Medacs. Medacs coordinate the staffing supply at our three large vaccination sites and supply additional staff as needed.

This workforce includes:

- 321 Band 5 vaccinators
- 53 NHS staff returners
- Clinical leads, pharmacists and operational managers

PCNs can call on us for staffing and we are able to flex staff levels up and down as required. Volunteer support is available through an arrangement with St Johns Ambulance but most PCN sites have utilised local groups through the Thames Valley Local Resilience Forum (TVLRF).

Operational support - BOB System Vaccination Operations Centre (SVOC) is the local hub which supports the 60+ sites (Primary Care, pharmacy, hospital hubs and large vaccination centres.)

Query management – The high profile nature of the programme including public interest

Resulted in the need to establish mechanism by which to manage queries and interest. To date the team have dealt with 800 logistics related queries for site setup and delivery providing support and advice and resolved 350 queries from residents and received 200 offers of help from local people.

Communications – the need for robust communications has been essential whether that has been in managing resident expectations and or publicising the achievements, with BOB championing new sites, the arrival of Astra Zeneca and high profile visitors with the following highlights

- National/international coverage of the world’s first patient vaccinated with the Oxford AstraZeneca vaccine at OUH
- Myth busting vaccine fears by hosting Facebook and webinar events with a range of community leaders/NHS colleagues

Launch of large vaccination sites – showcased their work to Simon Stevens, SoS Matt Hancock and local MP visits.

Delivery

The following models in BOB have been key to delivery of the vaccinated cohorts to date. The model has taken into account capacity and access reflecting that residents should not need to travel more than 15 minutes to a Local Vaccination Site (LVS) and 45 minutes to a Vaccination Site (VS).

	BCCG	BWCCG	OCCG	BOB Total	Main Focus To Date
Hospital Hubs	2	2	5	9	Health & Social Care Workers (H&SCW) Commencing second doses – intention to close afterwards
PCN /GP Led Local Vaccination Service	9	12	21	42	Care homes, Housebound, Clinically extremely vulnerable, over 70s, 16 - 64 with appropriate underlying health conditions Expected to continue until all second doses
Community Pharmacy Led Local Vaccination Service	5	1	0	6	Through national booking service - outstanding H&SCW, carers from cohort 6, cohorts 5 & 7 Intention still to increase capacity through this model – new sites expected in coming weeks
Vaccination Centres	1	1	1	3	Through national booking service - outstanding H&SCW, carers from cohort 6, cohorts 5 & 7

Using these services we have achieved the following as at the 25th February (Source Foundry):

- 465,514 Individuals have received their first dose vaccinations
- 100% of care homes have been visited
- All frontline health and social care workers have been offered the vaccine
- Over 90% of our over 80s have been vaccinated
- Over 90% of our 75-79s have been vaccinated

- Over 90% of our 70-74s have been vaccinated
- Over 90% of our clinically extremely vulnerable have been vaccinated
- Over 75% of our 65-69s have been vaccinated

The teams are currently working at place to ensure that we continue to drive improvements in the achievements seen above so that every person is offered vaccination and we continue to drive vaccination rates even higher. Specific work on inequalities is underway to identify and vaccinate hard to reach groups in the most appropriate and effective way. This may warrant a further discussion at a later Governing Body. Releasable data to the general public can be found at [Statistics » COVID-19 Vaccinations \(england.nhs.uk\)](https://www.statistics.gov.uk/COVID-19/Vaccinations)

Acceleration

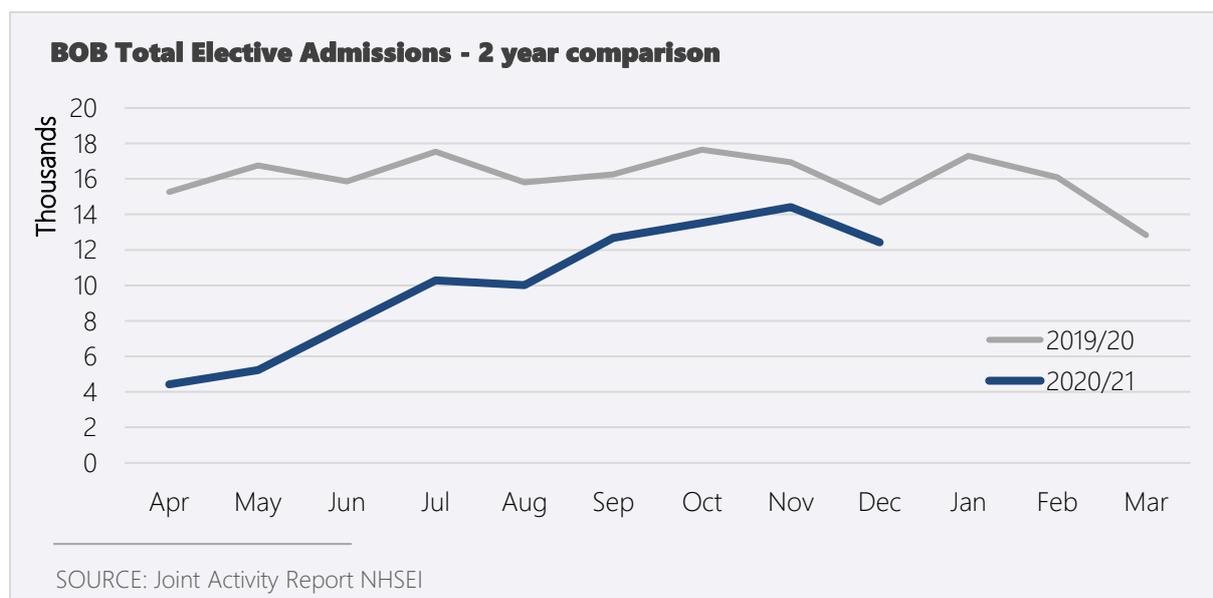
The team are now planning for an extensive period of accelerated delivery in order to take us through first and second doses and to maximise pace in order to get all first doses complete by July/August in all cohorts. This could see vaccinations rise to 150,000 per week. The team are working to confirm maximum site capacity and ensuring they are not only ready but have sustainable plans in place to deliver, including over Easter. Support offers will be considered with regards to workforce, estates utilisation and mutual aid to enable the teams to maintain provision. Current projections would see us completing all first doses by July 2021 and second doses by the end September / early October.

4. Constitution Targets and Priorities for Recovery

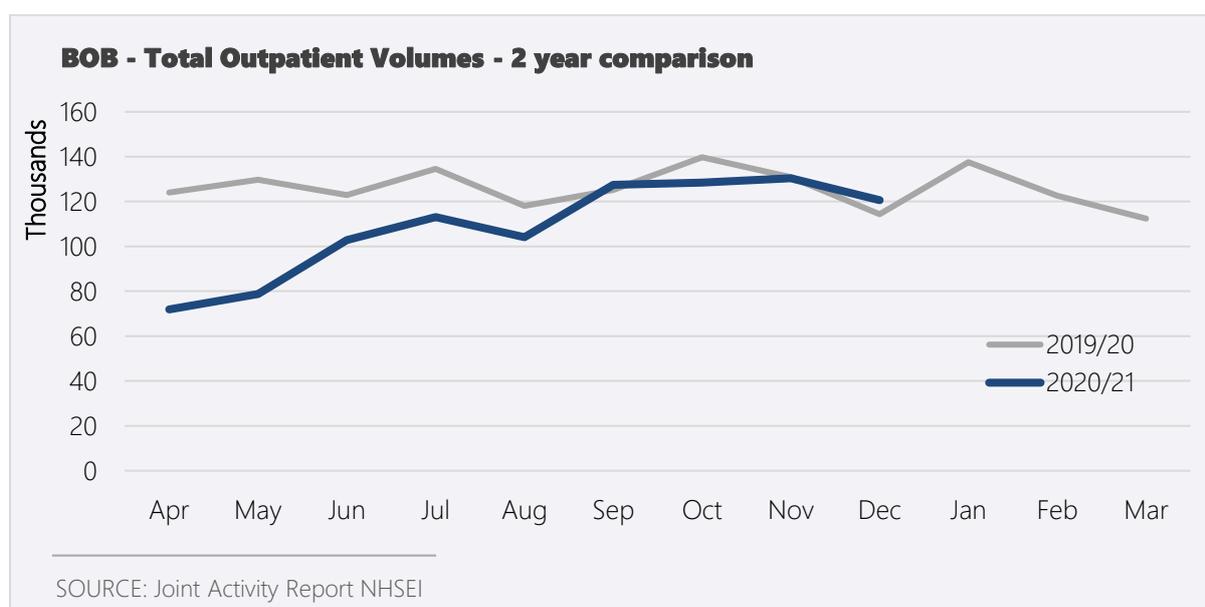
Appendix 1 and 2 contain both the key constitutional standards performance and also a perspective against the recovery targets after wave 1 of the pandemic.

Elective Care

Up to the end of December elective in-patients had reached 80% of the level the previous year and day cases 85%.



First outpatient attendances recovered to 92%.



Despite these efforts 7,516 patients were waiting over 52 weeks as at the end of December. The increased number of long waiting patients is a result of system capacity restrictions during the pandemic. Routine elective procedures across the system have been limited to ensure available capacity is utilised for cancer and urgent patients, as well as those classified as a priority in line with national surgical prioritisation during the Coronavirus pandemic guidance detailed in the table below:

Priority Level	Treatment Timescale
1a Emergency	operation needed within 24 hours
1b Urgent	operation needed with 72 hours
2	Surgery that could be deferred for up to 4 weeks
3	Surgery that could be delayed for up to 3 months
4	Surgery that could be delayed for more than 3 months

Activity levels have reduced further since December and are expected to be operating around 50% for day case and elective care and 80% for outpatient compared to previous year's levels during January and February. Throughout the pandemic commissioners, supported by NHSEI, have sourced additional capacity at independent providers.

To support the acute providers, community capacity has also been commissioned with intermediate providers for MSK, ENT, Ophthalmology, Gynaecology and Cardiology. In addition to this a cataract Vanguard has remained on site at Stoke Mandeville to continue with cataract procedures and reduce waiting lists.

One of the challenges is public willingness to attend hospital with as high as 30%, of older patients having declined treatment due to anxiety or waiting for 2nd vaccination dose. To provide reassurance providers are producing patient information in a

variety of mediums to demonstrate the measures being taken to ensure patient safety enabling them to access services.

Capacity and the run rate of services will continue to be restrained by the requirement infection control measures, social distancing and staff sickness levels due to COVID and fatigue. Modelling of capacity and resource continues in the providers across the system create prioritisation and recovery plans.

Elective Care key actions and next steps

- Development of provider and system recovery plans with a focus on capacity, demand and resources
- Monitor the volume of long waiting patients in conjunction with the risk of clinical harm
- Continue to review patients at risk of clinical harm are reviewed at appropriate intervals

Independent Sector

In response to COVID and to support NHS Trust capacity for urgent care, Independent Sector Provider (ISPs) sites were commandeered by NHSE under a national contract and financial arrangements to assist all regions and protect capacity for elective services (including cancer).

In BOB, this equated to the following ISPs:

- Berkshire West – Circle Reading, Spire Dunedin, Ramsay Berkshire Independent Hospital.
- Oxfordshire – Oxford Nuffield Manor, Foscote Hospital, Ramsay Horton.
- Buckinghamshire – BMI Chiltern, BMI Shelburne.

All sites provided a range of elective activity, in partnership with NHS Trust sites to ensure patients were prioritised accordingly. Furthermore, capacity was enabled through shared use of staff between NHS and ISP sites.

Activity undertaken includes (and is not exhaustive):

- Outpatients
- Surgical procedures
- Cancer care, including use of wards and chemotherapy
- Cardiovascular care
- Trauma care
- Diagnostics (e.g. MRI, CT and X-Ray)

Throughout the course of this financial year (FY20/21), multiple plans have been developed that seek to utilise ISP capacity. Plans have evolved as systems (locally and nationally) have been required to respond to COVID demands. Plans were developed in partnership with NHSE, CCGs, Acute NHS Trusts and ISPs.

Existing arrangements were due to end in December, but the second surge in COVID and system pressures, extended this until 31st March 2021 (identified as “Q4 arrangements”). During this time (January and February), ISPs in BOB have

supported surge which enables NHS access to 100% of available ISP capacity and access some additional staffing support for NHS Trusts . This is ending in phased approach during February which then enables the NHS access to the equivalent of activity undertaken in October and November 2020.

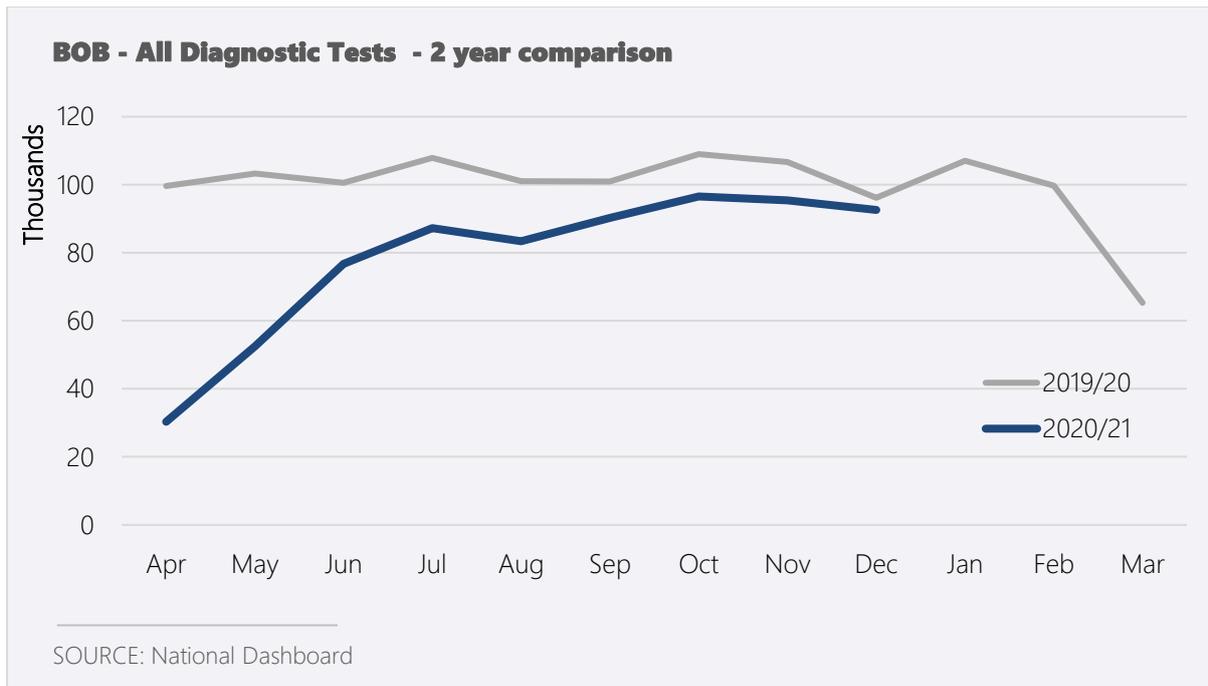
Overall, BOB has utilised activity above plan. Of greatest significance is the utilisation of outpatient activity. This has been largely driven by ISPs ability to schedule and flexibly utilise their resources for low complex but prioritised patients, such as those in outpatients. Where slots have been identified between other prioritised work (such as surgery), ISPs have been able to utilise this effectively and beyond that initially anticipated.

ISP providers key actions and next steps:

- Support providers (NHS and ISPs) in delivering activity under the Q4 arrangements.
- Work with local leads to ensure hosted services (example: Trauma provision a Horton Ramsay; Step Down beds and cardiology care at Manor Nuffield; and Cancer ward operating out of BMI Shelburne) are repatriated or have local arrangements in place for 1st April 2021.
- Work with CCG and Trust leads to reinstate previous CCG contracts (prior to COVID) that will be utilised from 1st April 2021
- Work as an ICS with CCG and Trust leads to ensure long and short term system needs are defined and then included within existing contracts or a new national framework is utilised to bring in additional capacity to support recovery

Diagnostics

Access to all diagnostic services across the system is being prioritised in line with the national surgical prioritisation guidance, as with all elective procedures. Across the system 90% of activity is being maintained with 10% of patients choosing not to attend acute sites and this as generally been maintained through January and February.



Some of the actions that have been taken to support diagnostics delivery have included:

- Additional MRI and X-ray capacity at Independent providers is being utilised to support the demand at the acute providers
- Replacement programme of the MRI scanner at Stoke Mandeville Hospital. Mobile scanners are currently based at Wycombe and OUH during the COVID period.
- Sufficient capacity for endoscopy continues to be an issue which is being reviewed across the ICS and in conjunction Thames Valley Cancer Alliance (TVCA) and potential new capacity being identified.
- All providers are experiencing high staff vacancy rates within diagnostics especially radiographers
- Due to capacity issues in CT it is difficult to achieve normal patient flow across all providers. Activity is currently being carried out at additional temporary mobile scanners in some areas preventing waiting lists developing.
- Waiting times in ultra-sound services across the system are increasing due to staffing issues and to manage this services are being delivered by independent providers. Additional resource is provided by agency staff where available.

The ICS diagnostics group has identified the requirements for the development of the services in line with the national Richard Review and a system strategy is currently in development

Diagnostics key actions and next steps:

- Development of strategic plan to incorporate the proposals of the Richard Review in line with national guidance
- Develop recovery plans to utilise available capacity to maximum capability and available resources.

- Identify ways to strengthen and maintain sustainable staffing levels

Cancer

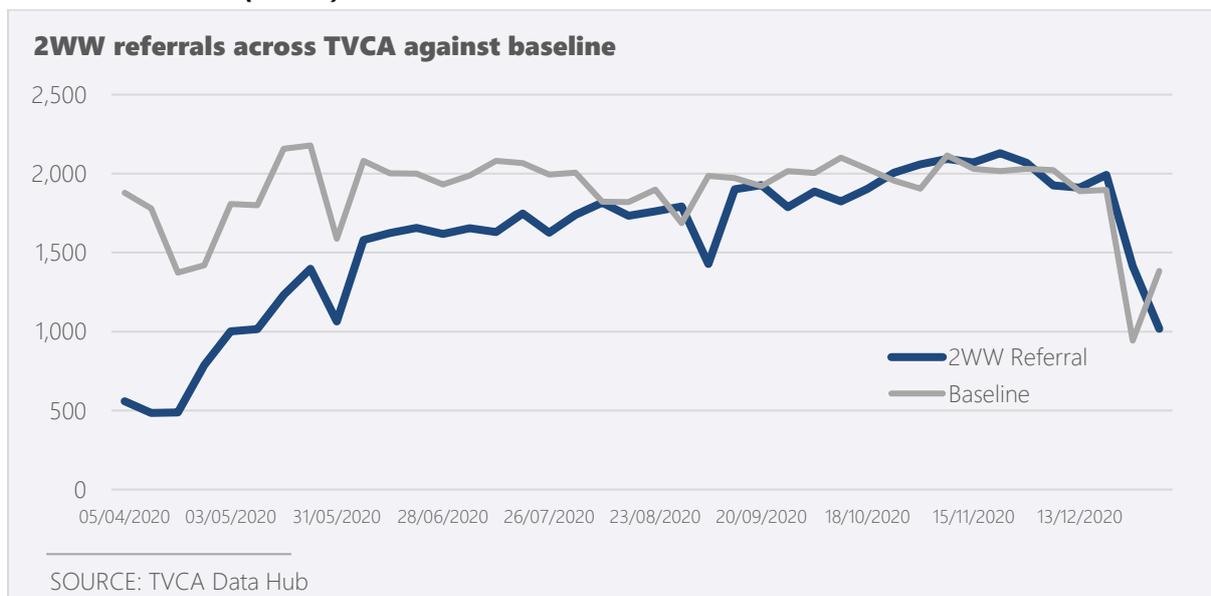
During the COVID pandemic, cancer systems have been under significant pressure to deliver cancer treatment for all patients. All trusts have worked according to a prioritisation framework in line with national guidelines to respond to the pandemic.

Trusts across BOB and the wider Thames Valley cancer alliance have worked as a system to modify pathways, share and align approaches, support each other and as required seek mutual aid to support timely access to treatment throughout the initial COVID-19 peak in March – May 2020 and the more recent subsequent peak of December 2020 – to current.

Significant learning following the first peak which enabled sound recovery and improved the response to the second most recent peak. Whilst the pressure on critical services has been greater during peak 2, the drop in 2WW referrals has been less profound. The green (COVID lite) pathways have ensured ongoing access to cancer diagnostics and treatment according to the prioritisation framework and this has enabled ongoing access to chemotherapy and radiotherapy. Critical care capacity has been constrained and therefore access to cancer surgery has been provided on a priority basis, with safe alternative treatment pathways utilized according to national guidance. As capacity is once again increasing trusts are now ensuring greater access to surgery to provide access for all cancer patients.

As a system one of the key successes in the maintenance of cancer services has been the roll out of the FIT (faecal immunochemical test) in primary care pathway. This new pathway ensures any patients referred on a lower GI pathway complete a FIT test in primary care. This impact of this pathway is twofold. It enables those with a very low score to be reassured and supported in primary care and not attend secondary care, and for those with an elevated FIT score they can be prioritised to ensure early access to endoscopic services.

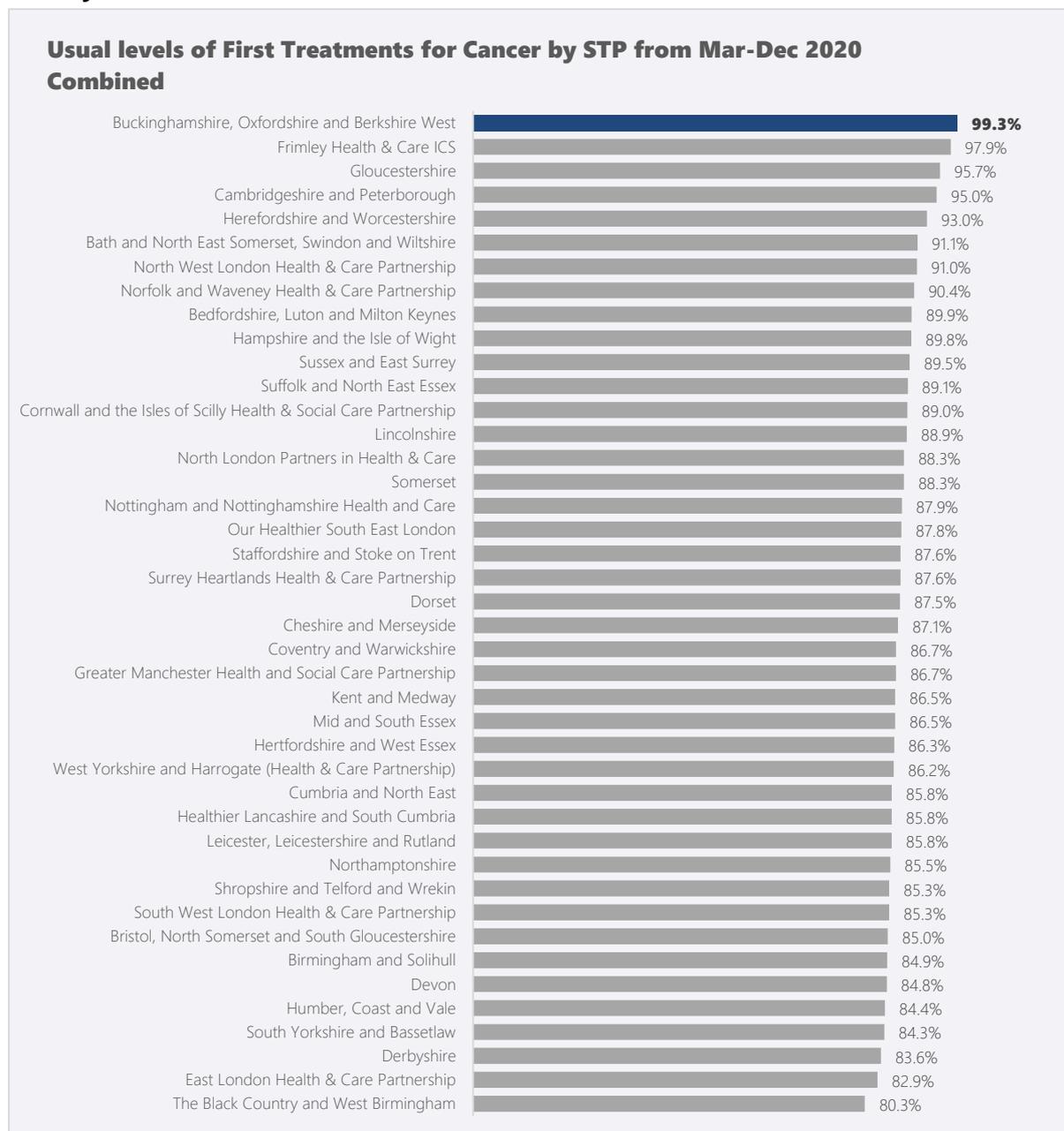
Two Week Wait(2WW)



2WW referral trend has been on an upward recovery trend following peak 1, with a return to 2019 baseline from August 2020 which has been maintained through to December 2020. Whilst this is good news and indicates improved patient confidence, there are two tumour sites where recovery to baseline, continues to be a cause for concern. At BOB ICS level, the lung pathway currently sits approx. **35.3% below baseline (April 20 – Dec 20)** in comparison to the same period in 2019. The urology pathway is also of concern seeing a **26.8% below baseline (April 20-Dec 20)**. To support the pathways of concern the Alliance undertook a Prostate Awareness Campaign during November and December 2020 to promote the signs and symptoms of prostate cancer, targeting key harder to reach groups. More recently the National Lung national campaign that went live w/c 15.02.21, the Alliance is running a 6 week communication and public awareness campaign including GP Education Packs, a GP Education Session to support Primary Care, while using targeted approaches to engage the public, locally developed resources, including translated videos for the harder to reach communities, lung awareness banners in vaccination centres and working with pharmacy colleagues as well as Radio, GP websites and screens within practices to promote the signs and symptoms of lung cancer.

Compliance of the 2WW standard has remained challenged since June 2020 following a complaint position in May 2020. A further decline in the non-compliant position in **December (86% against the 93% standard)** was driven by an increase in breast referral numbers following the national breast awareness month campaign in October, which saw **the pathway recording a 163% to referral baseline at its peak in mid-November 2020**.

62 day wait



The 62 day pathway continues to be a key area of work to ensure patients receive timely access to treatment. During this 2nd wave, the alliance has been working closely with providers around the prioritisation of patients ensuring capacity is available for cancer treatments to go ahead. Whilst the GP 62 day performance has not been compliant, hospital trusts have worked together to ensure patients have been treated where it has been safe to do so. This is reflected in comparison above, which has seen the BOB ICS (STP) providing **99.3% (Mar – Dec 2020) usual levels of first treatment** for cancer in comparison to the same period in 2019. While December 2020 saw the **ICS deliver 111.3% usual levels of first treatments**. In addition, considering the ongoing recovery of screening programmes, a complaint (93.4% against the 90% standard) position was recorded in December 2020 for the 62 day screening standard.

Cancer key actions and next steps:

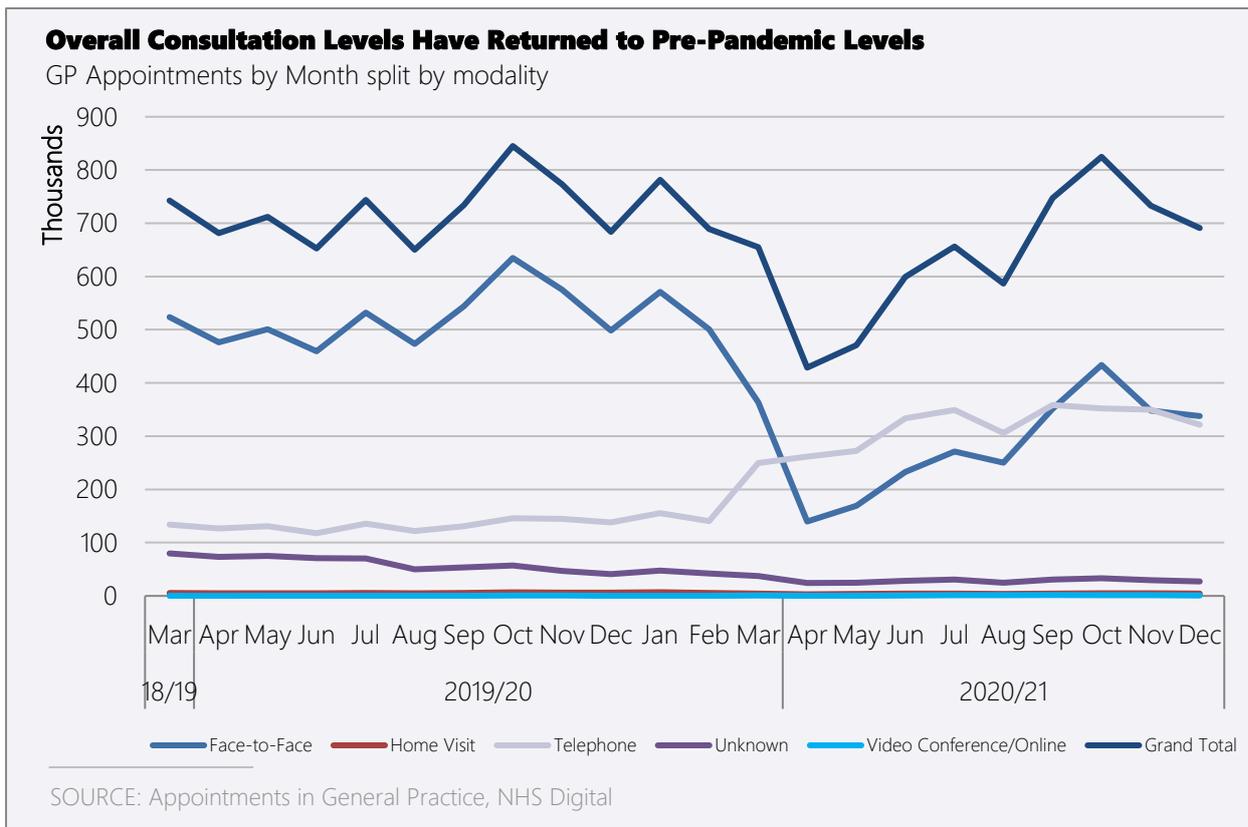
- 1) **Restore and optimise urgent cancer referrals** - Reducing unmet need and tackling health inequalities to ensure equity of access and return to 2WW baseline, with specific focus on lung and urology pathways. Closely monitor the impact of FIT in primary care referral patterns.
- 2) **Managing larger volumes within the cancer system**, balancing the clinical prioritisation alongside any long waiting patients with the introduction of system wide green rapid diagnostic pathways for colorectal and lung pathways. Ensuring sufficient capacity for endoscopy.
- 3) **Embed the COVID learning** – optimise virtual solutions for consultations and MDT meetings, supported self-management pathways for patients including patient initiated follow up.

5. Primary Care

Primary Care has been pivotal to the pandemic response with practices working under new Standard Operating Procedures based on hot/cold streams underpinned by the total triage model and supporting Response Hubs in each of the three places. Capacity in these hubs is now being reduced as case numbers fall. The Berkshire West hub will be stood down from 1st April 2021 with the Oxfordshire and Buckinghamshire hubs running at lower capacity pending further review.

Practices across BOB are currently providing remote pulse oximetry for COVID positive patients in at-risk groups. Focussed work is also underway to increase level of Learning Disabilities and Severe Mental Illness health checks and improve ethnicity recording. Practices and PCNs are also heavily involved in the delivery of the Covid-19 vaccination programme and at 25th February had delivered 336,549 vaccinations. PCN site vaccination activity is expected to increase further over the coming weeks with primary care focussing on vaccinating those aged under 65 in at-risk groups.

Overall consultation levels had recovered to almost pre-pandemic levels by September. As in the previous years there was a reduction in November and December from a peak in October associated with the flu campaign however December 2020 activity exceeded December 2019 by around 20,000 consultations. Telephone consultation numbers remain much higher than pre-COVID however there has not been a significant increase in online consultations. Approximately 50% of consultations were provided face-to-face in December 2020 compared to 69% in February 2020. This is an increase from a low of 35% in April 2020. These trends are replicated across the three CCG areas.



Following a South East Region NHSEI review, a new primary care SitRep has been introduced to allow for a consistent comparison between areas and a total view. This is replacing previous local SitReps however there remain some issues with the National Workforce Survey data which affects the denominator and therefore the RAG rating. Work is underway to address this but ongoing dialogue with practices has also enabled CCG support to be put in place and/or buddying arrangements invoked where COVID-19 outbreaks have resulted in significant staffing shortages. These situations have been small in number typically affecting 3-4 practices over the winter period in each CCG area.

Primary Care key actions and next steps:

- Support PCN and practices in balancing vaccination programmes with business as usual responsibilities
- Support primary care build on and embed the innovation and new service models developed through the COVID response

6. Mental Health and Learning Disabilities

The second wave of COVID has impacted on referral numbers either by an increase for some services such as Children and Young People’s Eating Disorder and decreased for others such as memory clinics.

The reduced availability of in-person appointments due to resource constraints and extra clinical safety measure has been addressed by providing a virtual service

where possible whilst recognising that this is not always appropriate for the service or accessible by the population.

The focus by Primary care on vaccinations has also impacted on the delivery of Annual Health Checks for people with a learning disability and for people with a serious mental illness.

Long-Term Plan Targets for Mental Health Services

Dementia Diagnosis target 66.7%: Q3: 59.9% across BOB

- Across BOB, memory clinics reopened from September 2020 for in-person appointments; however, take-up is still challenging especially with new shielding guidance. Home visits recommenced (BW in July) and virtual screening (assessment and diagnosis) is being offered where viable. Discussions have taken place with care homes, primary care and acute trusts to enable screening in these settings.
- In Buckinghamshire, assessment capacity has increased, post diagnostic support service commissioned, memory support leaflet included as part of NHS health check pack, additional memory information sessions to patients waiting for diagnosis, delirium project in place which could identify additional patients with a dementia diagnosis.
- In Oxfordshire, working with CCG to help the recording of diagnosis in Primary Care and the Brain Health Centre will reopened w/c 22/2 so will support increased appointments for diagnosis and also able to scan patients as part of the assessment rather than the patient requiring scan at OUH prior to memory clinic appointments
- Berkshire West reported that referral to assessment wait times are actually better than pre-COVID for Reading (6 weeks) and Wokingham (11 weeks). Newbury faces a greater challenge (28 weeks) due to a historical shortage of medical staff. New Consultant has joined the team and Memory Clinic Nurses are working to implement the new dementia pathway which in release resource to conduct new assessments, so wait times should gradually improve.

Children and Young People (CYP) Eating Disorder 95%, Q3 Routine (20 days): 78.6% Q3 Urgent (5 days): 83.7%

- BOB has seen a significant service increase across all places in numbers and acuity. First Episode Rapid Early Intervention for Eating Disorders implementation commences in FY2021. Face to face clinics are used for assessments for high risk cases and to ensure quality and engagement and rapid access to physical health stabilisation when required. A range of measures are in place across BOB to improve the position including increased capacity, using digital format, parents groups for CYP who are deemed low risk, focus on avoiding in patient admission by home treatment and crisis support

Improving Access Psychological Therapies (IAPT): waiting times on track: IAPT access target: high risk

- Throughout BOB, suppressed numbers have been reported due to COVID. BOB IAPT successfully applied for innovation funding and there is joint

working for 5 new, short-term projects (BAME in-reach, access for under-represented communities, self-booking system, live chat therapy option, long COVID training. Increased capacity has been addressed through recruitment initiatives to increase capacity and the needs of the BAME communities have been addressed by enhancing established pathways. Staff Mental Health and Wellbeing hubs are in development across BOB

SMI Health checks target 60% by end of March 2021: off track Q3: 18.1%

- Recognising primary care prioritisation and focus on flu and COVID vaccinations. BOB remains significantly below target for SMI health checks and is recovering this position with support from the winter discharge funding to maximise physical health checks and flu vaccinations aligning to QOF in 21/22. Community Mental Health transformation and funding from 21/22 will further enhance health check completions and outcomes management.

Long-Term Plan Targets for Learning Disability and Autism Services

Annual Health Checks for people with a learning disability

- Performance target 67% by end of March: Feb 2021 - Buckinghamshire CCG 50.8%; Oxfordshire CCG – 43%; Berkshire West CCG 62%
- Across BOB, recovery plans are in place and having an impact on recovery of the AHC target. Each CCG has deployed a range of actions to help primary care such as Practice and PCN level dashboards extra training for practices, increased frequency of reporting to enable targeting of practices with a low uptake

Learning Disabilities Mortality Reviews (LeDeR)

- Across BOB, we are on track to deliver our LeDeR targets and complete all reviews by 31 March 2021

Reduction in In-Patient Numbers

- The reduction in in patient numbers has been affected by individual activity plans not being fully enabled due to lockdown, limitations on activities due to lack of staff in placements, community services, limitations on visitors amongst other factors linked to pressures of COVID, MH decline and behavioural changes, outbreaks in services have delayed planning discharges in Q3 and Q4 as many providers are not open to referrals until they are in a stable position.
- Buckinghamshire CCG Currently has 10 inpatients, which is much higher than expected. Trajectories were set prior to COVID and there was an expectation to be at 4 inpatients by end of March 2021, however, this will be higher at 6 without any further long-term admissions.
- Oxfordshire CCG is on target to deliver CCG funded inpatient target of 6 at the end of Q4
- Berkshire West CCG currently has 7 inpatients and expects to be on target with 3 in patients at the end of Q4

7. Continuing Healthcare

COVID discharge arrangements (Hospital Discharge Programme 1) was implemented during wave 1 and caused a backlog of CHC assessments, which in some areas were compounded by an underlying pressure through business as usual processes. The funding of HDP1 switches from a national stream to local streams (CHC / Councils / Self-Funding) once the assessment has been completed and implemented. Hospital Discharge Programme 2 (HDP2) funds “discharge to assess” for up to six weeks through a separate funding process. This has replaced HDP 1 and finishes at the end of March 2021. Additional funding was allocated to CCGs to complete the backlog of assessment by 31st March 2021. As at the end of December:

- Oxfordshire CCG had invested £534K with Oxford Health and Oxfordshire County Council to clear the backlog of 167;
- Berkshire West CCG had engaged CHS to undertake retrospective reviews supported by social care £388k. Backlog of 115;
- Buckinghamshire CCG investment approx. £830K with Oxford Health and Buckinghamshire Council with a backlog is 250.

All CCGs submitted trajectories to clear the backlog and as at the end of February have already cleared the backlog or are on track to clear by the end of March.

8. Urgent and Emergency Care

A&E performance against the national standard remains challenged across all Emergency Departments in the ICS. The number of patients attending A&E was lower when compared to previous months; however, the acuity of patients attending ED was high.

A&E conversion rates have also been higher than usual across the providers with OUH having the highest rate of 67% and RBFT the lowest at 38% in January. This is still significantly higher than usual when compared to previous months.

Ambulance arrivals to the ED department were also higher and this has led to higher number of handover delays in January and February across all acute providers. RBFT have reported long waits for COVID test results, particularly during the evenings, which leads to increased numbers of breaches during the out of hours period.

No patients have waited 12 hours from the decision to admit to reaching a bed at RBFT and OUH.

Provider	A&E 4-hour Performance (All Types)	Total Attendances	Attendances Over 4 Hours	Emergency Admissions	4-12 Hour Waits*	Over 12 Hour Waits*
Royal Berkshire NHS Foundation Trust	76.69%	8,746	2,039	3,345	472	0
Buckinghamshire Healthcare NHS Trust	76.69%	7,829	1,825	4,074	712	31
Oxford University Hospitals NHS Foundation Trust	71.24%	9,210	2,649	6,186	713	0

Urgent and Emergency Care key actions and next steps

- RBFT: Focus remains on patient flow through the hospital through the Rapid Community Discharge Scheme. In response to the worsening handover position at RBFT, an ambulance handover area was created in the ED Observation Ward allowing crews to safely leave patients and move onto other calls.
- OUH: Regular and consistent use of ED huddles are to be introduced 24/7 to maintain patient flow and reduce long waits. Medicine, Rehabilitation and Cardiac division is reviewing/redesigning clinical shifts to provide additional support during latter half of the day when demand is higher. Work has commenced on the virtual head injury pathway to support early intervention for specific pathways. Paediatric Clinical Decision Unit is now open 24 hours a day which has led to a reduction in breaches on the Paediatric pathway.
- Buckinghamshire Healthcare Trust: A Same Day Emergency Care (SDEC) unit was set up in November to enable alternative pathways to ED attendance but due to capacity challenges the Trust had to open this as a bedded escalation area. A number of actions have been taken by the Trust to improve ED performance in recent weeks including increased speciality input to ED, early escalation of delays and a greater emphasis on admission avoidance with new community capacity being accessed. SDEC and frailty SDEC have reopened which will support better flow for patients away from ED going forwards. An additional area was created to enable the earlier safe handover of patients and real time communication between South Central Ambulance Service (SCAS) and ED has been improved to support periods when delays start to escalate.

Ambulance (999): SCAS have maintained good performance through Q4 and reported at the BOB Urgent and Emergency Care Programme Board that they are consistently the second best performing ambulance trust nationally. Hear and treat and see and treat rates have been good supporting a non-conveyance rate of approximately 50%. Handover delays are increased in January and is expected that it would remain challenged in Q4.

111: SCAS have been part of national contingency arrangements during much of the pandemic response so it is difficult to comment on performance. The referral rate onto 999 has been particularly high with over 15% of callers receiving a 999 disposition during January. The referral rate to ED has stayed steadier and was maintained at fewer than 6% during January for the contract.

The CCGs has funded an additional GP to work in the Clinical Assessment Service to support validation of 999 and ED dispositions until the end of March. Call abandonment rates were also running high at around 10% during Jan and Feb but recent daily data shows a marked improvement as the SCAS service returns to a more normal service.

Bucks were an early implementer of 111 First which has been successfully implemented and from 1st February there are now 48 ED appointment slots which 111 can book directly into.

Appendix I: Performance Statistics

	Month	Standard	BOB Performance		Bucks CCG Performance		Oxford CCG Performance		Berks West CCG Performance		OUH Performance		BHT Performance		Royal Berkshire Performance	
			Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD
Cancer																
2 Week Waits	Dec 20	93%	86%	89%	95%	96%	73%	78%	92%	93%	68%	76%	97%	97%	93%	93%
2 WW Breast		93%	52%	62%	100%	79%	9%	31%	98%	96%	1%	25%	N/A	77%	100%	96%
31D 1st Treatment		96%	97%	95%	96%	96%	98%	96%	96%	94%	96%	95%	96%	95%	96%	95%
31D Sub - Drug		98%	100%	100%	98%	99%	100%	99%	100%	100%	100%	99%	98%	98%	100%	99%
31D Sub -Radio		94%	97%	95%	99%	97%	96%	97%	98%	89%	97%	98%	100%	100%	96%	88%
31D Sub - Surgery		94%	91%	90%	88%	90%	90%	90%	96%	88%	92%	89%	84%	87%	100%	84%
62D Urgent Referral		85%	80%	80%	84%	80%	77%	80%	80%	81%	75%	77%	86%	82%	80%	80%
62D Screening		90%	93%	80%	96%	94%	92%	79%	93%	70%	91%	77%	94%	93%	93%	71%
62D Upgrade		86%	89%	83%	93%	86%	75%	70%	80%	85%	80%	68%	92%	85%	60%	87%
RTT - Incomplete																
RTT <18 wk waits	Dec 20	92%	65%		59%		70%		66%		72%		55%		63%	
RTT > 52 Week			8,034		3,376		2,621		2,037		3,229		3,046		2,570	
Diagnostics																
< 6 weeks	Dec 20	>1%	17%	26%	21%	27%	16%	26%	13%	25%	13%	24%	26%	30%	11%	24%
A&E																
< 4 Hour Waits	Jan-21	95%	79%	89%	81%	89%	76%	90%	81%	93%	71%	87%	77%	84%	77%	91%
Mental Health - IAPT																
Access*	Nov-20	**5.87%	5.42%		5.35%		5.47%		5.43%							
Moving to Recovery		50%	57%	54%	62%	57%	49%	51%	61%	56%						
6 Week Wait		75%	98%	97%	97%	97%	98%	98%	98%	95%						
18 Week Wait		95%	100%	100%	100%	100%	100%	100%	100%	100%						
Dementia																
Dementia Diagnosis Rate	Dec 20	67%	60%		59%		61%		59%							

*Access = Performance (entering treatment)

**Standard = monthly target

	Month	Standard	TV North Cluster		Bucks CCG		Oxford CCG		Berks West CCG	
			Month	Q3	Month	Q3	Month	Q3	Month	Q3
Ambulance Response Times										
Cat 1 - Mean	Dec 20	7 mins	00:06:53	00:06:32	00:07:00	00:06:53	00:06:53	00:06:41	00:06:54	00:06:15
Cat 1 - 90th Percentile		15 mins	00:12:45	00:12:06	00:12:55	00:13:04	00:13:07	00:13:05	00:12:04	00:11:03
Cat 2 - Mean		18 mins	00:19:17	00:16:37	00:20:34	00:17:58	00:17:02	00:15:03	00:18:46	00:15:54
Cat 2 - 90th Percentile		40 mins	00:38:17	00:32:32	00:40:10	00:33:59	00:32:34	00:28:13	00:37:24	00:31:36
Cat 3 - 90th Percentile		120 mins	02:36:18	02:06:13	02:34:29	02:13:21	02:04:24	01:36:28	02:50:41	02:12:41
Cat 4 - 90th Percentile		180 mins	03:23:49	02:49:57	03:47:11	02:55:24	02:40:12	02:04:47	03:35:00	02:57:39

Thames Valley North figures include: Oxfordshire, Buckinghamshire, Milton Keynes, Berkshire West and Berkshire East CCGs

Appendix II: Recovery Statistics

	Month	Phase 3 Target	BOB In Month		Bucks CCG In Month		Oxford CCG In Month		Berks West CCG In Month		OUH In Month		BHT In Month		Royal Berkshire In Month	
			Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan
Elective Indicators																
Incomplete pathways at month end Against Last Year	Dec 20	-	103,094	98,051	33,855	31,835	31,346	28,856	37,893	37,360	43,284	41,223	30,624	31,832	41,737	35,000
Incomplete Pathways over 52 weeks at month end against last year		-	7,960	6,994	3,360	2,678	2,605	3,802	1,995	514	3,229	5,400	3,669	2,635	2,570	350
Total GP Referrals Against Last Year		-	78%	96%	73%	73%	86%	112%	71%	95%	85%	86%	67%	101%	68%	116%
Total Other Referrals Against Last Year		-	134%	106%	87%	76%	110%	139%	187%	100%	94%	96%	70%	369%	193%	101%
Total All Referrals Against Last Year		-	96%	99%	77%	74%	92%	120%	116%	97%	89%	90%	68%	178%	119%	110%
Total First Attendances against last year		100%	112%	110%	90%	107%	132%	114%	108%	109%	140%	136%	90%	103%	113%	125%
Total Follow-up Attendances against last year		100%	102%	102%	100%	102%	105%	101%	100%	104%	106%	137%	98%	156%	100%	144%
Total Attendances against last Year		100%	106%	105%	96%	104%	116%	106%	103%	106%	118%	137%	95%	135%	105%	137%
Percent Day Case Admissions Against Last Year		100%	84%	102%	86%	95%	80%	110%	86%	101%	81%	128%	77%	95%	88%	98%
Percent Ordinary Elective Admissions Against Last Year		100%	89%	95%	83%	96%	90%	90%	94%	101%	89%	156%	77%	100%	91%	107%
Percent Total Elective Admissions Against Last Year		100%	85%	101%	86%	95%	82%	108%	87%	101%	82%	132%	77%	95%	88%	99%

In the Above table In-Month Activity is RAG rated based on the In-Month Plan. Metrics achieving In-Month Plan are green, Metrics within 3% of In-Month Plan are Amber, Metrics outside of this are red. Please see Metrics List for detail.

	Month	Target	BOB In Month		Bucks CCG In Month		Oxford CCG In Month		Berks West CCG In Month	
			Activity	YTD	Activity	YTD	Activity	YTD	Activity	YTD
Primary Care Indicators										
% GP appointments compared to same month in previous year	Dec 20	100%	100%	87%	95%	85%	102%	87%	104%	88%

	Month	BOB In Month		Bucks CCG In Month		Oxford CCG In Month		Berks West CCG In Month		OUH In Month		BHT In Month		Royal Berkshire In Month	
		Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan
Diagnostic Indicators															
Percent of Diagnostics Waiting list 6 weeks or more	Dec 20	17%	2%	21%	2%	16%	2%	13%	3%	13%	3%	26%	2%	11%	2%
Percent of Diagnostic Tests Against Last Year		96%	100%	88%	100%	102%	100%	97%	100%	100%	100%	85%	100%	102%	100%
Percent of Current MRI list waiting 6 weeks or more		13%	2%	8%	2%	19%	4%	8%	1%	19%	6%	5%	0%	3%	1%
Percent of MRI Tests Against Last Year		104%	49%	95%	43%	117%	54%	96%	50%	104%	64%	104%	54%	102%	53%
Percent of Current CT list waiting 6 weeks or more		3%	0%	4%	0%	2%	0%	4%	0%	2%	0%	1%	1%	3%	0%
Percent of CT Tests Against Last Year		112%	50%	103%	48%	121%	52%	109%	50%	118%	55%	103%	41%	109%	54%

Covid-19: Vaccinations in numbers across BOB



Total of first dose given
465,514



All frontline Health & Social Care workers - offered the vaccine



Over 90%
of our over 80's population vaccinated



Over 90%
Of clinically extremely vulnerable vaccinated



Care homes
100% of care homes visited



Vaccination centres

- 3 Large vaccination centres
- 9 Hospital hubs
- 43 GP-led and
- 6 Pharmacies + 1 opening w/c 1 March



Over 90%
of our over 75-79 population vaccinated



Projected vaccine uptake

Increasing to 150,000 vaccinations per week
Maximising uptake
Focused on inequalities
To deliver first dose vaccination to all cohorts by July 2021



Over 90%
70-74 year olds vaccinated



Over 75%
65-69-year-olds vaccinated

Covid-19: Managing the local vaccine delivery programme



BOB System Vaccination Operations Centre (SVOC)

is the local hub which supports our 60+ sites (Primary Care, pharmacy, hospital hubs and large vaccination centres.)

The SVOC ensures sites can operate effectively and works with the national/regional team to unlock issues raised.



SVOC queries

- Over 800 logistic related queries for site set up and delivery of vaccine
- provided strategic advice
- Stakeholder advice and support



BOB vax inbox

- 350 queries from residents
- 200 offers of help e.g. venues, fridges, staffing and volunteers



Workforce model:

Unlike other systems, our lead provider Oxford Health has set up a “Master Vendor” arrangement with a third party provider, Medacs. They coordinate the staffing supply at our three large vaccination sites and supply additional staff as needed.

This workforce includes:

- 321 Band 5 vaccinators
- 53 NHS staff returners
- Clinical leads, pharmacists and operational managers

PCNs can call on us for staffing and we are able to flex staff levels up and down as required



Communications highlights

- World's 1st patient vaccinated with AZ vaccine at OUH
- Myth busting Facebook events & webinars with community leaders/NHS colleagues
- Showcased large sites to Simon Stevens, SoS Matt Hancock and local MPs