

Agenda Item 8

Meeting: Buckinghamshire, Oxfordshire and Berkshire West CCGs Governing Bodies Meeting in common (in public)

Date of Meeting	13 January 2022
Title of Paper	Accountable Officer and Directors Update
Lead Director	Dr James Kent, Accountable Officer
Author(s)	Dr James Kent, Accountable Officer and Directors
Paper Type	For Discussion
Action Required	The Members of the Governing Bodies are asked to note the contents of the report

Executive Summary

This update outlines the focus of the ICS and CCGs over the last month and the key actions.

Vaccination Programme

1. We have delivered over 3m vaccines across the system and our coverage metrics continue to be higher than the national average and leading nationally in some cohorts (eg 12-15 year olds BW). A stakeholder summary of the programme is now being produced and circulated to communications leads every 2 weeks. Place infographics are also sent on a weekly basis – a system one is shown in Annex 1.
2. Further changes to the programme following the emergence of the new Omicron variant were announced during the first week of December. The Joint Committee for Vaccinations and Immunisation (JCVI) recommended:
 - a. Booster vaccination eligibility should be expanded to include all adults aged 18 years to 39 years.
 - b. Booster vaccination should now be offered in order of descending age groups, with priority given to the vaccination of older adults and those in a COVID-19 at-risk group. Booster vaccination should not be given within three months of completion of the primary course.
 - c. Severely immunosuppressed individuals who have completed their primary course (three doses) should be offered a booster dose with a minimum of three months between the third primary and booster dose. Those who have not yet received their third dose may be given the third dose now to avoid further delay. A further booster dose can be given in three months, in line with the clinical advice on optimal timing.
3. These changes require us to double our capacity between now and the end of January. We are working with all our providers to plan this capacity. Within the CCG the vaccination work is a priority compared to other work that may be occurring so, where possible (and ensuring this does not create risk in another area), we are asking CCG staff to redeploy to the programme for 5-10 days over this period.

System Operating Centre (SOC)

4. We are required to put in place a SOC in response to the emerging framework for the South-East Regional Operations Centre (SE ROC) and building on the established Incident and Vaccination models. It is envisaged it will operate 8am to 7pm, 7 days a week as we get into winter.
5. The SE ROC is the single point of access for regional systems, ICS and National teams to escalate issues, report service changes, request support and to receive communication regarding national policy/guidance change and subject matter expert support from the regional UEC, Incident Coordination Centre, planned care and regional vaccination teams. The ROC will facilitate effective regional direction, coordination, communication and operational management of regional and national issues.

6. As a system we are progressing the SOC as follows:
 - Appointed an interim SOC Director (Steve Haynes)
 - Expanded the daily performance reporting and established consistent morning data feeds to inform duty directors attending daily ROC calls
 - Identified key phase 1 roles and starting recruitment to co-ordinator roles to support expanded operating hours
 - Involved system level subject matter experts on relevant daily ROC call around key areas including urgent and emergency care, Elective Care, Discharges and Child and Adolescent Mental Health Services (CAMHs)
 - Established regular engagement with system Chief Operating Officers to help effectively frame the development of the BOB SOC

Integrated Care System development

7. A general update is included in the papers. The ICS development board met on the 24 of November and reviewed the draft constitution highlighting the further work required to finalise the selection and nomination process, the need to carefully manage any conflicts of interest and understanding the mechanism for oversight of the ICB performance.
8. A draft submission of the constitution was made to NHSE on 3 December. There are only limited elements that are subject to local discretion including selection and nomination processes and terms of office. Importantly, most areas that would be subject to relatively frequent change and flex, such as place based governance arrangements, will be included in a separate governance handbook where changes will be approved by the Audit Committee to avoid potentially cumbersome NHSEI constitutional changes approval processes. The draft constitution has been circulated to Governing Body members and will be shared more widely over the next few weeks.

Performance and quality oversight and reporting

9. The monthly Integrated Quality and Performance Report (IQPR) contains validated information that is made available to the public. As a result, the data does have a considerable time lag.
10. Daily (as part of the system operations centre) and weekly performance packs are now produced but are subject to Control of Patient Information (COPI) processes and therefore distribution is more limited at this stage.
11. We will continue to develop the system-wide metrics as part of work on system priorities and as we develop the necessary oversight and assurance mechanisms of the ICB.

H2 Planning

12. A more detailed report on the H2 finance plan submission is included on the agenda for this meeting.
13. The activity plans submitted demonstrate the recovery of overall elective activity at a level close to the levels in 2019/20 (92%). In terms of waiting lists the system is forecasting:
 - a. 75 over 104 week waits at the 31st March 2022 (Oxford University Hospitals NHS Foundation Trust (OUH)) against a national target of zero
 - b. An increase in 52 weeks waits of 1303 (Royal Berkshire NHS Foundation Trust (RBFT)) by March 2022 compared to September 2021 against a national target of no increase
 - c. An increase in the total waiting list of 13,878 (RBFT, Buckinghamshire Healthcare NHS Trust, OUH) by March 2022 compared to September 2021 against a national target of no increase

System Priority: CAMHS

14. CAMHS project work is progressing with identified leads for each workstream.
 - a. **Digital-** A review and scoping of current and potential Digital providers has been initiated with the support of the Oxford AHSN. This work will be completed in the following three stages with an aim for stage 1 to be completed by the end of 2021: 1. A review of potential providers for specialist CYP-MH services, 2. A focus on primary care and early help, 3. A focus on self-help and horizon scanning for new tools. Once full understanding of market, specification and volume assessment are understood/agreed a process for collaborative procurement will be required.
 - b. **Workforce-**CAMHS has been highlighted for targeted support from the ICS People Plan Programme. This will consist of an initial and detailed scoping document identifying all CAMHS staff, staff demographics, core professions, length of time in service, areas of high vacancy and specific areas to target. Potential for CAMHS Academy and 'grow your own' option has been identified to support recruitment, retention, and improved clinical skills. If this option is approved, it will require dedicated time for planning and development.
 - c. **Neurodevelopmental:** Three Rapid Improvement events have been agreed for the new year: 1. Pre-assessment support, 2. Diagnosis, 3. Post-assessment support. Leads for each session have been identified and they will liaise with ICS partners and parent-carer groups. Transformational outcomes will be driven by a BOB ICS CYP Autism pathway development manager (recruitment underway).
 - d. **Data analytics-** All existing workstreams, and emerging workstreams/targeted pieces of work, will be informed by a detailed review of benchmarking, population health data and current CAMHS activity and transformation. First draft planned for completion at the end of 2021.

System Priority: Urgent and Emergency Care

15. All providers across the ICS are currently experiencing unprecedented pressures with significant demand and heightened acuity of patients. The UEC and operational teams in health and care are working on trying to better manage flow and overcoming the staff shortages. A more detailed paper is included later in the agenda.

System Priority: Elective Care Recovery

16. The Governing Bodies have previously considered the challenges we are facing in restoring elective activity and reducing both the size of the waiting lists and the waiting times currently being experienced by our population. Importantly there is asymmetry in lists and theatre capacity (NHS and IS availability to NHS) across our three Places.

17. Elective recovery is priority for the system and work on the three highest volume specialities is being led by a BOB Elective Care Programme Board co-chaired by Steve McManus (Chief Executive, RBFT) and James Kent with Raghuv Bhasin (Director of System Partnerships, RBFT) as SRO. The aim is to ensure we use all our elective capacity to best effect to reduce waiting times and ensure our residents can access services in a timely way.

18. The Governing Bodies have been concerned at the impact on the population of some services at Oxford University Hospitals (OUH) not being open to routine referrals although alternative provision has been in place.

On 1 December all specialties at the OUH were open to routine referrals.

19. The Governing Body is asked to note that we are currently analysing both list size, historic / expected referrals and theatre capacity with a view to confirming whether we need to encourage referrals of patients from some Oxfordshire post-codes to Reading for these highest volume specialties so patients can be seen earlier without significant changes in travel times. This is a COVID measure related to managing the backlog. We will further update the Governing Body once analysis and communications plan are further developed.

BOB Covid-19 Vaccinations in numbers



Over 3.2 million vaccinations delivered across BOB



84.8% take up

in people aged 18 and over and 81.8% are fully vaccinated



69.9% take up

in 16 and 17 year olds



70.9% take up

in 12-15 year olds (90% schools visited at least once)



70% take up

of booster vaccination for those eligible



All immunosuppressed offered third primary dose

Vaccinations being delivered by GPs and mass vaccination centre



94.9% take up

in Healthcare workers (74.7% booster uptake)



98.5% take up

in Nursing Homes (76.6% booster uptake)



96.6% take up

in Clinically Extremely Vulnerable people and 84.9% having had their booster vaccination