
COVID-19 UPDATE

Oxfordshire Health Overview & Scrutiny Committee

23 September 2021

Health System Gold

Contents

Data and Intelligence

COVID Response – Winter Plan

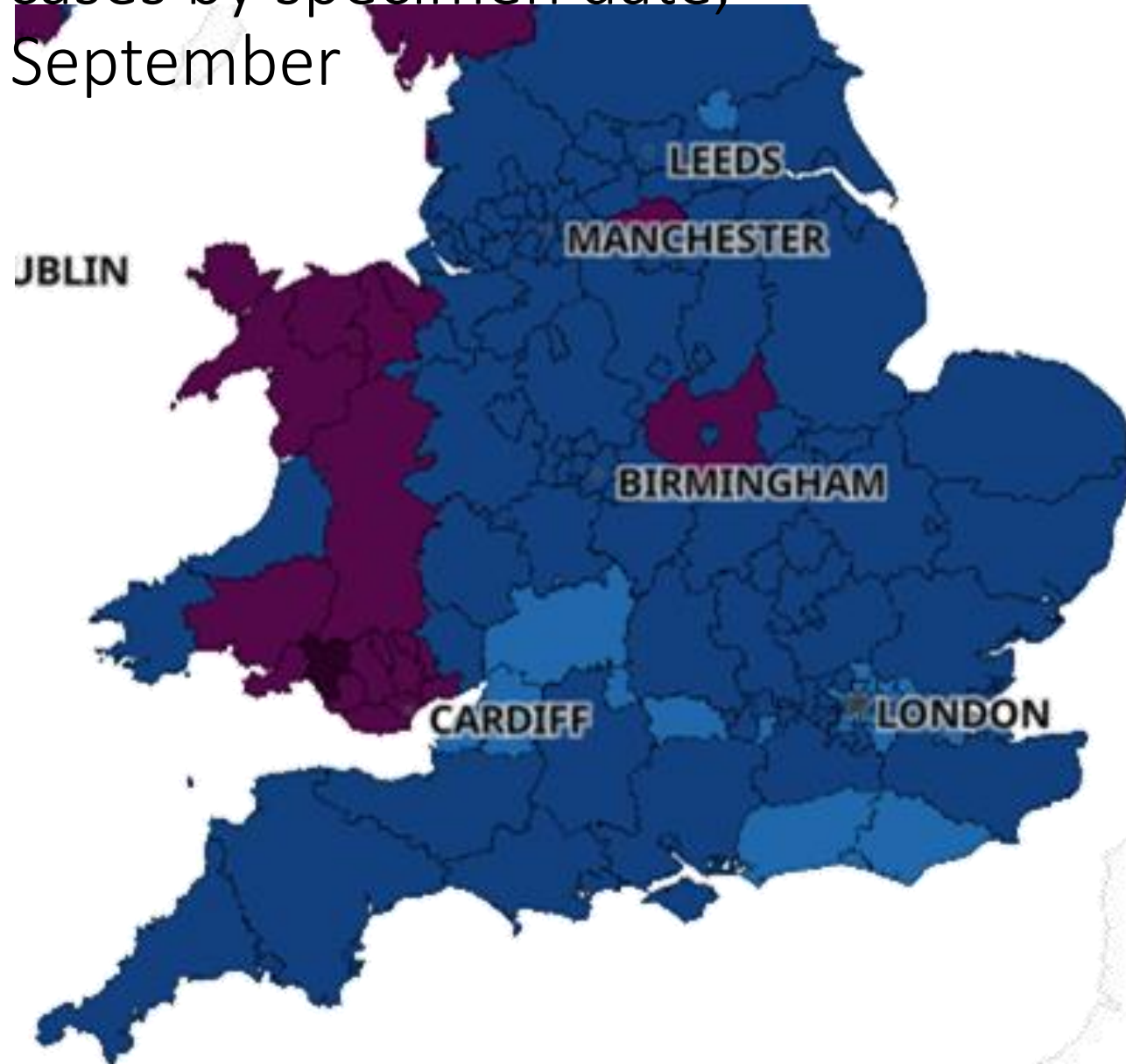
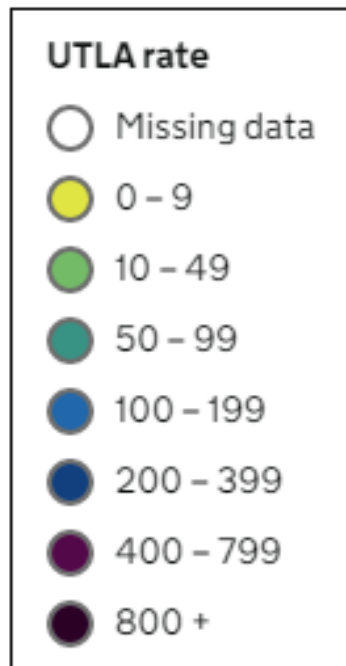
Vaccination Programme

Health & Care: Urgent and Emergency Care and on Elective Care Recovery



Data and Intelligence

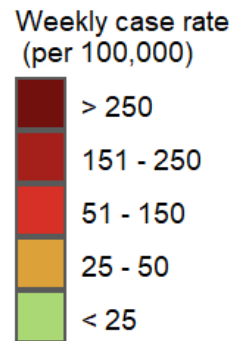
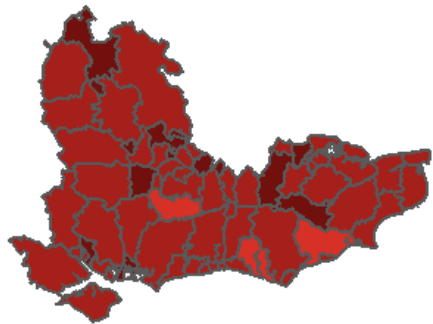
Rate of new cases by specimen date, 7 days to 15 September



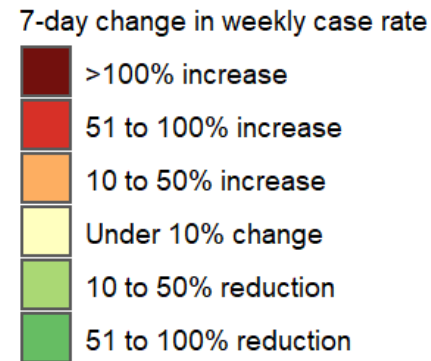
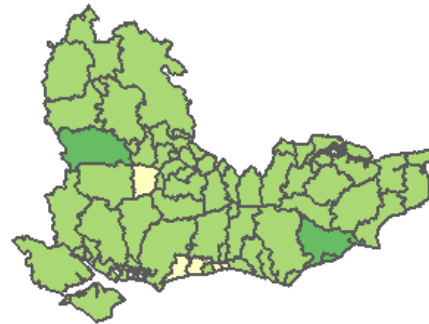
Regional SAR South East

Reporting on 8 – 14 Sept 21

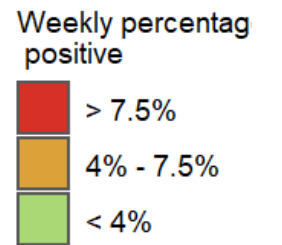
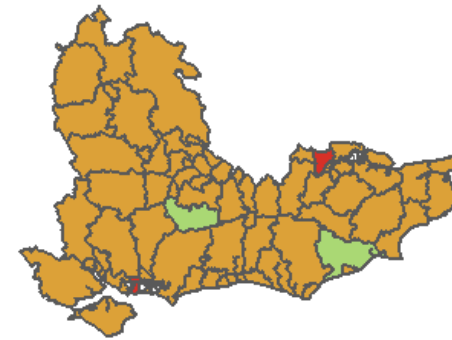
Case rate



Case rate change



Positivity



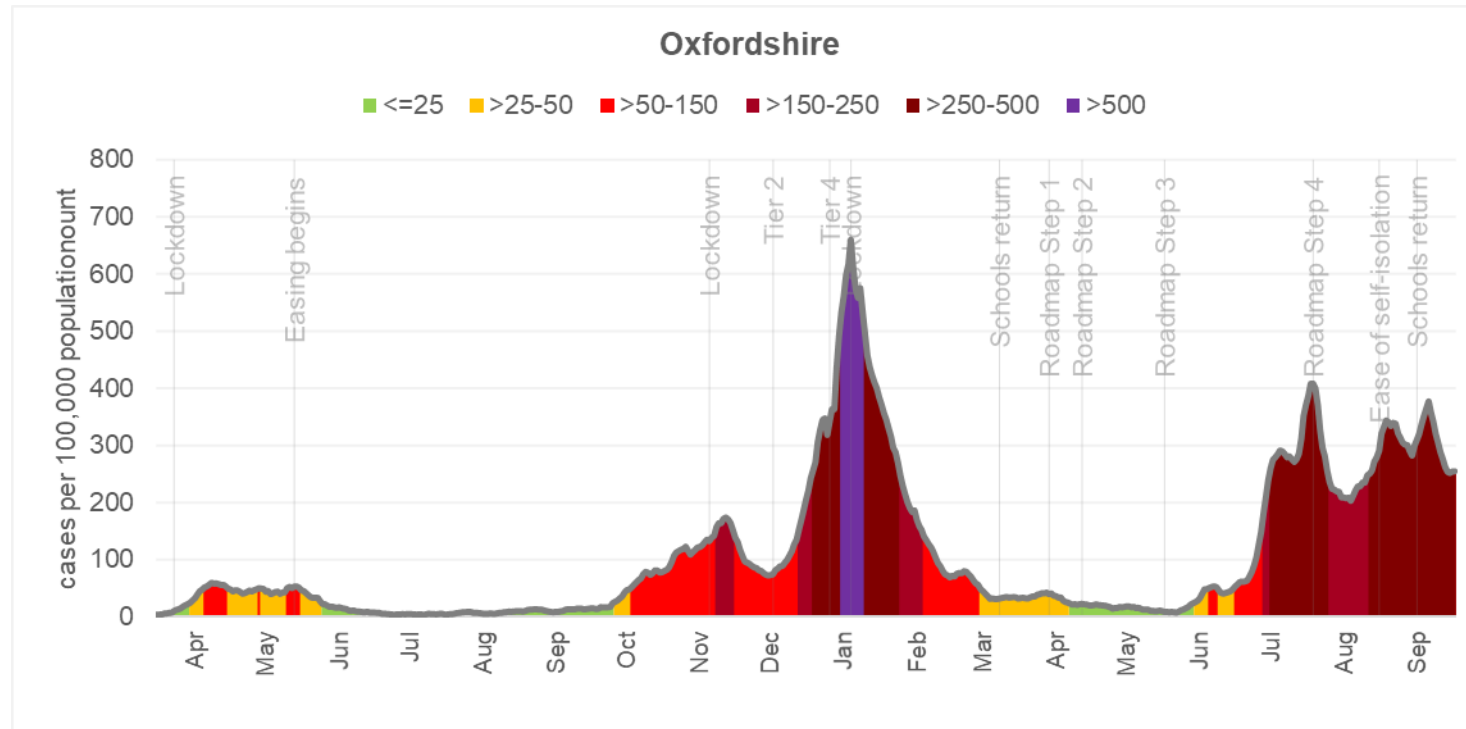
COVID-19 Cases in Oxfordshire

In the 7 days up to 17 September there has been a total of 1,765 confirmed COVID-19 cases in Oxfordshire.

This is equivalent to a weekly rate of new cases of 255 per 100,000 residents.

Area name	Cases in 7 days up to 10/09	Rate per 100,000 population	Cases in 7 days up to 17/09	Rate per 100,000 population
Cherwell	622	413.3	437	290.4
Oxford	415	272.2	426	279.4
South Oxfordshire	330	232.3	303	213.3
Vale of White Horse	354	260.3	335	246.3
West Oxfordshire	386	348.9	264	238.6
Oxfordshire	2107	304.6	1765	255.2

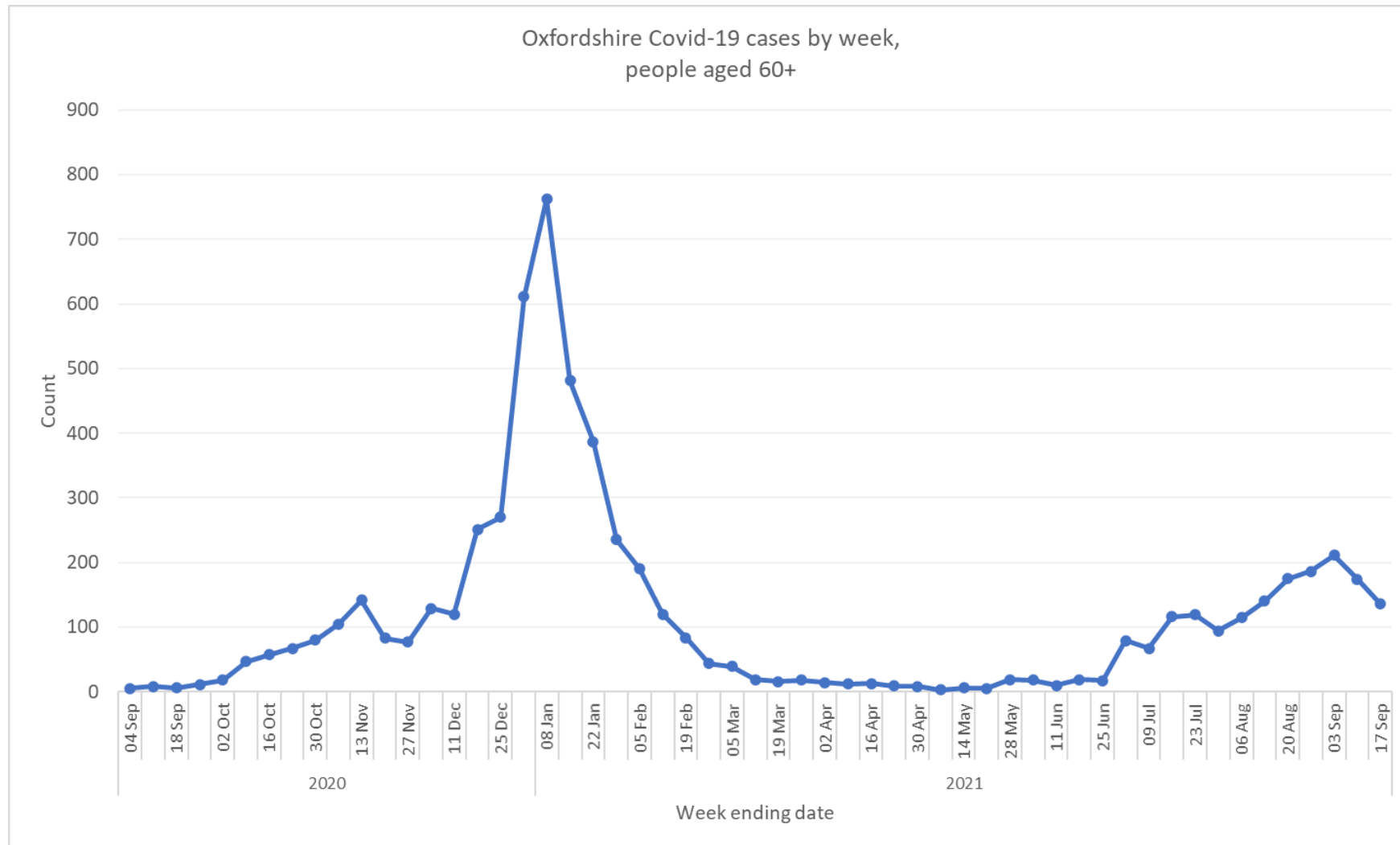
Cases: rate per 100,000 population



Cases in over 60s

Area name	Cases in 7 days up to 10/09	Rate per 100,000 population	Cases in 7 days up to 17/09	Rate per 100,000 population
Cherwell	57	158.3	31	86.1
Oxford	26	103.9	37	147.8
South Oxfordshire	29	75.8	27	70.5
Vale of White Horse	31	88.0	18	51.1
West Oxfordshire	31	100.5	23	74.6
Oxfordshire	174	105.2	136	82.2

Cases in over 60s by week



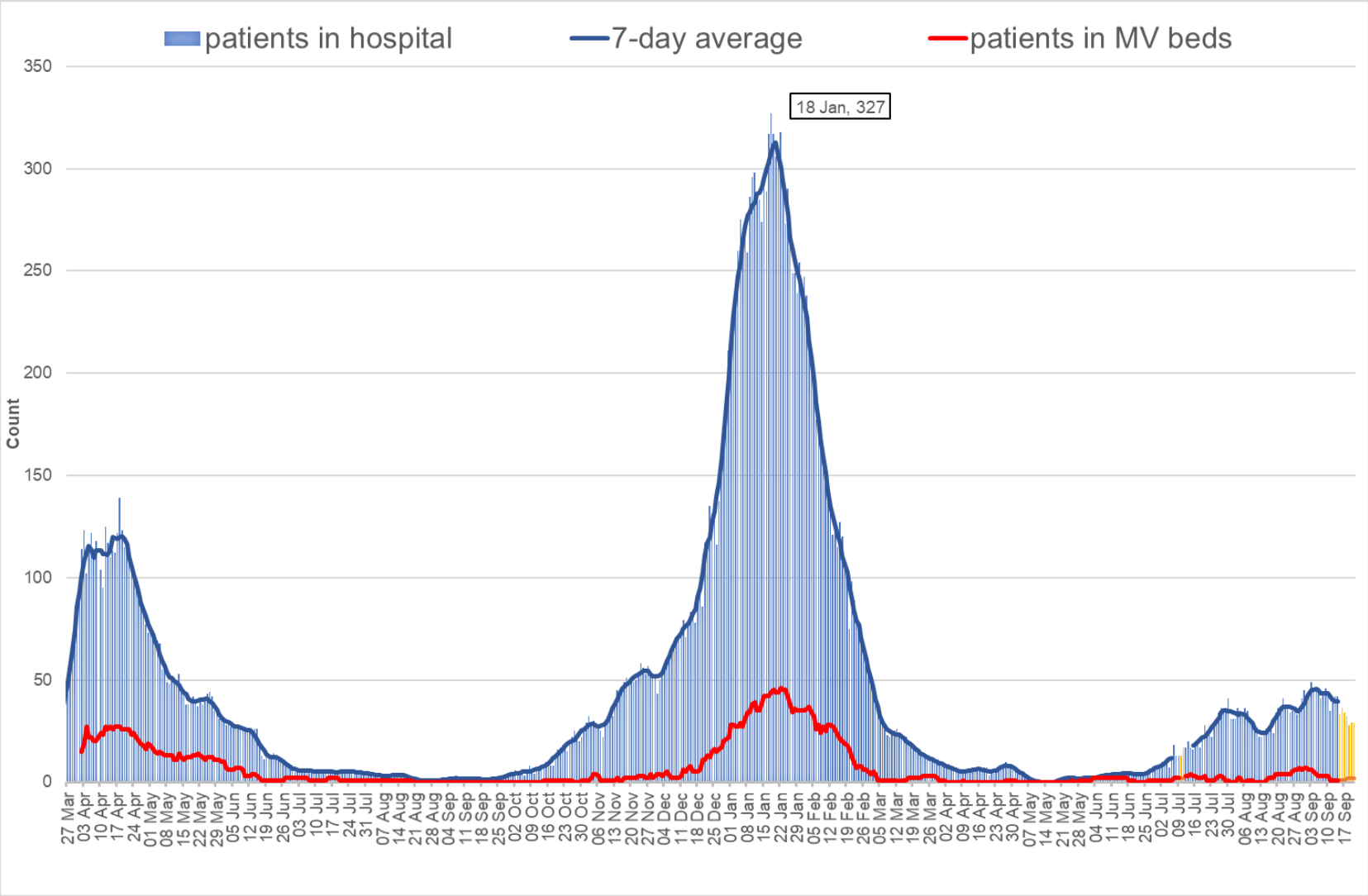
Heatmap, Oxfordshire

Cases: weekly rates per 100,000 population, 5 year age bands

District: (All)

Age group	Week ending:																												Age group									
	2021																																					
	08 Jan	15 Jan	22 Jan	29 Jan	05 Feb	12 Feb	19 Feb	26 Feb	05 Mar	12 Mar	19 Mar	26 Mar	02 Apr	09 Apr	16 Apr	23 Apr	30 Apr	07 May	14 May	21 May	28 May	04 Jun	11 Jun	18 Jun	25 Jun	02 Jul	09 Jul	16 Jul		23 Jul	30 Jul	06 Aug	13 Aug	20 Aug	27 Aug	03 Sep	10 Sep	17 Sep
0-4	150	198	147	119	79	56	56	48	10	28	28	25	38	10	5	0	8	18	5	5	3	28	13	20	28	71	66	81	124	71	81	71	114	109	124	195	122	0-4
5-9	161	107	105	91	40	47	16	30	9	16	40	42	12	7	5	9	2	5	5	0	12	35	14	30	51	123	168	242	231	128	123	200	179	242	315	424	566	5-9
10-14	306	143	151	97	90	27	32	19	24	41	44	107	58	17	24	32	27	27	19	12	36	46	58	102	104	284	473	532	471	257	221	238	435	413	612	745	939	10-14
15-19	588	326	254	172	132	77	95	77	52	55	55	72	62	55	35	55	35	32	15	12	42	97	105	142	344	735	889	982	728	797	563	590	1507	742	1228	723	566	15-19
20-24	776	607	382	244	124	73	95	67	41	49	20	30	51	28	39	30	16	20	6	10	32	114	97	217	522	1511	857	889	560	512	530	522	633	514	378	298	118	20-24
25-29	903	644	463	288	201	108	108	73	51	40	33	33	33	35	18	20	22	20	24	20	35	133	86	144	177	458	547	711	487	341	421	580	525	423	321	259	170	25-29
30-34	860	626	441	277	185	135	126	114	55	47	57	71	57	52	33	26	31	21	12	14	33	73	50	90	64	249	320	604	467	289	367	434	346	398	294	308	220	30-34
35-39	736	503	404	231	197	124	146	124	29	49	53	95	35	27	40	24	42	29	11	16	35	60	47	38	53	142	211	426	355	220	215	237	266	304	317	271	211	35-39
40-44	696	544	411	259	185	102	105	100	43	55	52	55	48	38	26	21	21	12	14	19	21	40	43	59	71	145	233	337	328	230	226	285	257	297	409	371	290	40-44
45-49	649	407	319	258	160	87	85	42	42	39	39	37	55	20	28	15	13	4	9	7	15	44	42	33	59	133	181	295	300	146	162	179	300	291	332	352	249	45-49
50-54	695	560	348	219	139	67	62	71	33	44	33	25	23	19	21	19	17	15	19	2	10	25	42	19	50	112	150	271	194	162	167	204	233	316	306	296	200	50-54
55-59	706	462	311	193	140	84	84	56	29	24	29	29	31	18	11	16	24	13	9	4	16	24	22	20	47	78	162	198	167	95	138	164	229	278	266	226	153	55-59
60-64	583	389	263	156	134	86	73	40	21	21	19	11	19	13	8	11	5	3	3	5	19	19	0	19	16	62	67	129	124	89	113	129	161	185	193	177	118	60-64
65-69	385	241	205	154	102	63	48	27	12	18	18	9	18	9	12	9	9	0	3	3	6	9	9	6	18	45	36	72	81	63	69	120	117	123	169	99	90	65-69
70-74	287	201	115	110	83	53	50	18	24	3	3	12	3	3	6	6	3	3	3	0	6	9	3	12	9	38	18	68	71	38	74	68	118	104	101	77	62	70-74
75-79	299	180	185	98	90	57	25	8	16	4	4	8	0	4	12	0	0	0	4	4	0	12	16	21	0	41	37	57	29	37	37	57	45	78	90	103	94	75-79
80-84	464	300	224	93	87	49	22	22	11	0	0	11	0	5	0	0	11	0	0	5	16	5	5	5	0	33	33	22	44	66	44	49	55	87	93	87	55	80-84
85+	879	483	521	261	223	141	76	43	71	16	5	16	0	5	5	0	0	5	11	0	27	5	5	0	11	65	49	16	38	33	43	33	81	33	54	43	43	85+

Patients at Oxford University Hospitals NHS FT testing positive

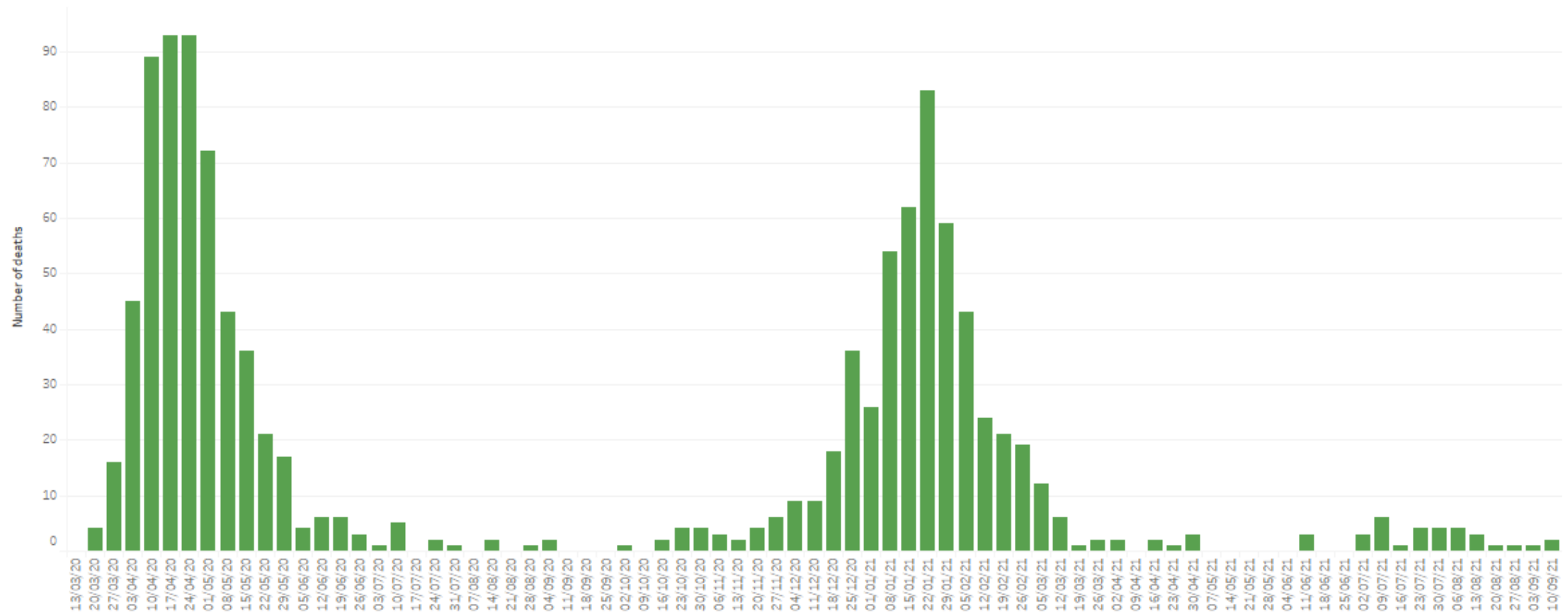


Latest data: 21 Sep
Total patients: 29
Patients in MV beds: 1

Source: [Covid-19 Gov.UK](https://www.gov.uk/covid-19) ; local sitrep data

Covid deaths per week

Occurred up to 10/09/2021 but registered up to 17/09/2021



OFFICIAL SENSITIVE

Testing in numbers across Oxfordshire



17,343 total tests delivered through the 4 asymptomatic community testing sites between March - June 2021



7,843 tests collected from the 4 asymptomatic community testing sites between April - June 2021.



38 libraries currently distributing LFD test kits to the community



928 test kits handed out by libraries up to 5 September 2021



103 pharmacies signed up to 'Pharmacy Collect', offering residents collection services for LFD test kits



20 community organisations participating in the Targeted Community Testing Programme



7 Daily Contact Testing Sites established in approved workplaces across Oxfordshire



11,000 tests delivered in 5 weeks through surge testing in Oxford City, identifying **622 positive cases**



COVID Response – Winter Plan

Autumn and Winter Plan 2021 | High-level Overview

On 14 September, the government announced their plans for managing COVID throughout the Autumn and Winter to ensure the NHS does not come under unsustainable pressure. As part of these announcements, two plans have been announced.

Plan A	Plan B
<p>The aim of Plan A is continue using pharmaceutical interventions like booster vaccines, antivirals and other drugs to "build our defences".</p> <p>The key measures under Plan A are outlined below:</p> <ul style="list-style-type: none">• Ministers will work to continue the roll out of the vaccination programme specifically through:<ul style="list-style-type: none">◦ Encouraging the unvaccinated to be jabbed.◦ Offering vaccines to 12 to 15-year-olds.◦ Beginning a booster jab programme specifically for over 50s and younger vulnerable adults.• Ministers will ask people to think about face coverings, washing hands and getting tested.• The test, trace and self-isolate programme will continue.• Businesses will be encouraged to consider using the NHS Covid Pass to check the vaccination status of customers. <p><i>Under plan A, there are a number of measures that will be held in reserve eg. mandatory vaccine passports for certain settings.</i></p>	<p>If the NHS begins to struggle, plan B will be activated.</p> <p>Plan B involves urging people to be more cautious and potentially introducing some mandated measures.</p> <p>The key measures under Plan B are outlined below:</p> <ul style="list-style-type: none">• The public will be urged to act more cautiously.• Mandatory vaccine passports will be required for nightclubs, crowded indoor venues with more than 500 attendees, crowded outdoor events with more than 4,000 people, such as festivals, as well as any settings with more than 10,000 people.• Face coverings could be legally-mandated in some places.• The public may be asked to work from home.

The shift from Plan A to Plan B | Key factors to consider

The shift from “Plan A” to “Plan B” will be considered based on 3 key factors as outlined below:



The rate of people going into hospital



The rate of change of these hospitalisations



The overall state of the NHS



Vaccination Programme

Covid-19 Vaccinations in numbers Oxfordshire



More than 1.01 million vaccinations delivered



71% take up (65% second doses delivered)
in 30-39 year old population



96% take up
in over 80's, 75-79 and 70-74 year old population



67% take up (51% second doses delivered)
in 18-29 year old population



94% take up
in Clinically Extremely Vulnerable Groups



52% take up
in 16 and 17 year olds (currently single dose regime)



93% take up
in 60-69 year old population



Latest position

- 12-15 year olds with underlying conditions are being vaccinated
- Schools based programme for all 12-15 year olds will begin next week
- Autumn Booster programme has now been confirmed – a single third dose administered no sooner than 6 months after the second dose
- JCVI cohorts 1-9 will receive the booster, in the order that was originally followed
- The booster does will be Pfizer/BioNTech



90% take up
in 50-59 year old population



82% take up
in 40-49 year old population

Autumn Booster Programme

- NHSEI confirmed the approach on 15 September
- JCVI [advises](#) booster vaccination to priority groups 1-9

Cohort 1 – Older Adult Care Home residents and staff

Cohort 2 - 80+, Health and Social Care workers

Cohort 3 - 75-79

Cohort 4 - 70-74 + Clinically Extremely Vulnerable

Cohort 5 - 65-69

Cohort 6 - At risk (16+)

Cohort 7 - 60-64

Cohort 8 - 55-59

Cohort 9 - 50-54

- The booster vaccine – a single dose will be offered no earlier than 6 months after completion of the primary vaccine course
- PCN sites, the Kassam and local pharmacies will offer boosters
- Government target of 1 November to complete older adult care homes

Vaccination of healthy children and young people aged 12-15

- NHSEI published [letter](#) on 15 September
- The approach will be primarily delivered through schools by the School Age Immunisation Services (Oxford Health)
- Parental consent being sought in line with SAI approaches
- Guidance docs published for parents
- There will be mop up clinics after half term for any children missing the in school service
- GPs are not part of this aspect of the vaccination programme
- Schools flu programme will continue



Health and Care including

- Urgent & Emergency Care
- Elective Care Recovery

Urgent and Emergency Care

We have taken the approach that the system's surge planning should be governed by the following key principles.

- **Prevention** - Infection Control: build on COVID-19 lessons regarding PPE / Handwashing etc, Flu Planning etc.
- **Assessing people in the most appropriate setting** The provision of suitable and safe alternatives to hospital attendance to be utilised or enhanced.
- **Maintaining people in their own home**- The use of various streaming, Same Day Emergency Care (SDEC) and pathway initiatives to both alleviate A&E use and avoid unnecessary admissions will be vital to patient flow.
- **Reducing LOS**- supporting people going directly home, or to a discharge to assess bed or rehabilitation bed
- **Maintaining Elective Care** – Aiming to ensure continuation of our core elective programme

Our focus is to develop integrated care across Oxfordshire to meet increase demand and reducing delays to people in bed based care

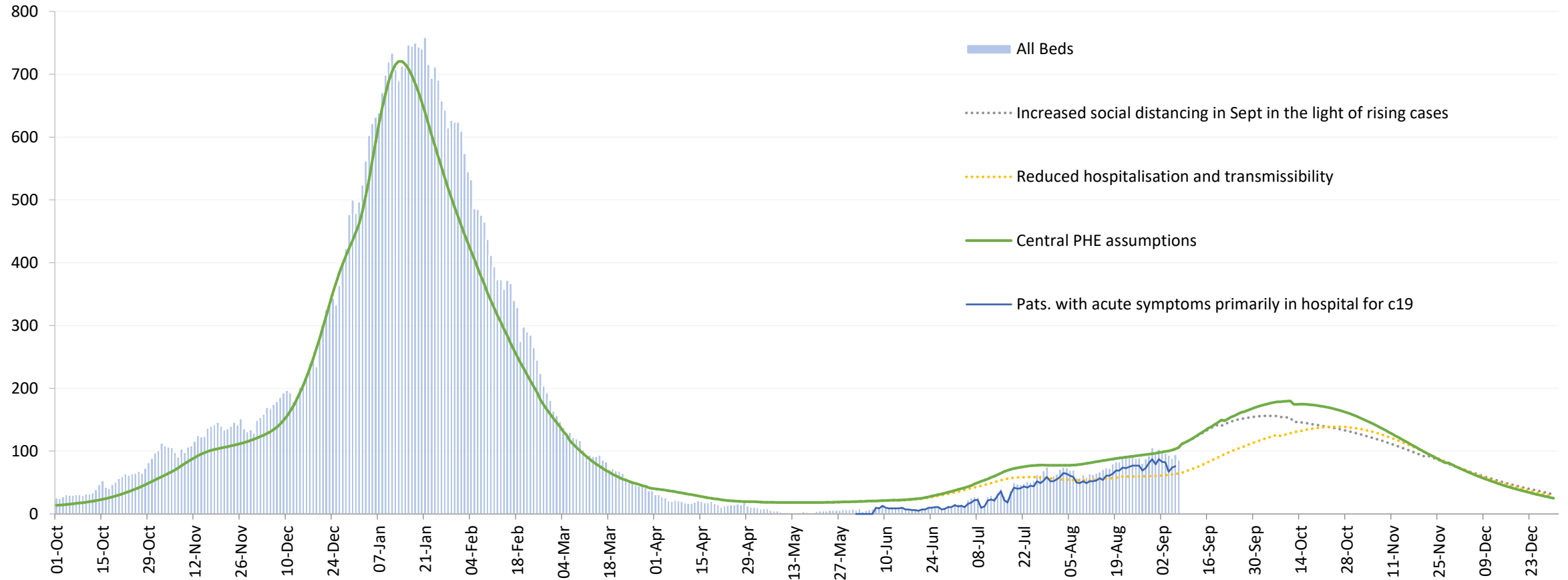
Urgent and Emergency Care Pressures

- Assuming ongoing surges of Covid present peak forecast in mid October
- Increased flu and viral presentations in Children & Young People and amongst the wider population from August
- Negative impact on staff wellbeing with potential for increasing levels of sickness absence if demand levels are sustained into the Autumn combined with circulating infections in local communities
- Ongoing and increasing pressures across sectors of acute mental health presentations –adults and children
- Unknown impact of long Covid in the community. For Long Covid we have estimated we will have a cohort of some 1300-1600 in the community and have included post Covid readmissions in our Secondary Care bed occupancy forecast

Covid Actuals & Current Draft Forecasting (September 2021)



Total Beds - Buckinghamshire, Oxfordshire And Berkshire West STP



Assurance and monitoring Urgent and Emergency Care

Tactical monitoring

- Daily situation report seven days a week
- Issues of escalation from bed based care and system partners through daily system calls

Example triggers for Escalation

- Number of patients in the Emergency Departments and any issues with capacity to see more
- Intensive care capacity covid and non-covid
- Specific performance or quality concerns e.g.
 - Ambulance handover delays,
 - Significant bed closures due to IPC and
 - Workforce
 - Capacity issues

Workforce Urgent and Emergency Care

- We have an understanding of workforce pressures and opportunities to enable the most effective deployment of workforce resource. With the anticipated large numbers of COVID-19 patients, this will allow us to support staff, maximise availability and remove routine burdens or non-business essential work to facilitate and contribute to a safer, more sustainable workforce system-wide.
- Efforts are under way to improve the resilience of the workforce due to the demands over last 6 months. Like in other systems staff are tired and trying to “recover” from First and Second Wave of COVID.
- Access to key worker (and their families) testing has helped us to keep absence due to self isolation to a minimum; however, closures of schools and childcare impact are considered significant risks.
- Close working with primary care and all partners creating MDTs in support of Care Homes.
- Each organisation regularly review the updates on the mental wellbeing of the workforce and discuss best practice.

Key issues in Urgent and Emergency Care

Emergency Departments (ED's)

- Oxfordshire has seen an increase in peoples level of needs, presenting to both the John Radcliffe and Horton General Hospital ED's
- Similar attendances to 2019, but both Emergency Departments (ED) are seeing an increase in the attendances and level of need in the evening

System issues

- Workforce constraints across all disciplines. The Oxfordshire system works well together but further integration will improve care for individuals and reduce duplication in assessments
- There is an increase in children and young people presenting with eating disorders to community and hospital teams
- Increase in the number of patients presenting both in the community and ED's in Mental Health crisis

Surge planning summary and focus areas

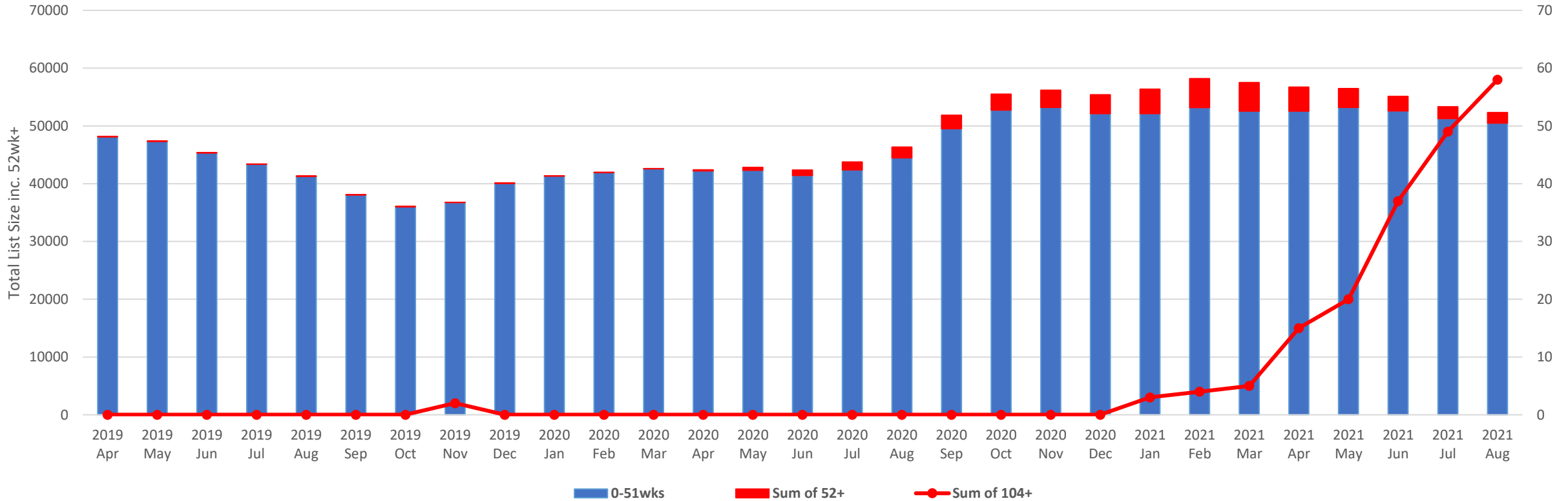


Surge planning and vaccination	Single Point of Access	Community Services	Home First	Same Day Emergency Care	Children and Young People	Mental Health/LD&A
<ul style="list-style-type: none"> • Covid and viral pneumonitis surge plan and Non COVID related demand management • Flu & COVID vaccination and booster programme 	<ul style="list-style-type: none"> • Develop Single Point of Access workforce 24/7 to triage referrals from NHS 111, 999 and Primary Care to provide an initial assessment with local knowledge to ensure the patient is assessed in the most appropriate setting. 	<ul style="list-style-type: none"> • Develop community services to meet the demand for the number of people who require assessment in their own home 	<ul style="list-style-type: none"> • Aim for people to return Home in the first instance • People's care needs are assessed in their own home • People who are unable to return home are assessed in a discharge to assess or interim bed 	<ul style="list-style-type: none"> • Continue to develop pathways to an acute or community assessment units • Establish capacity to support referrals in the late afternoon/evening 	<ul style="list-style-type: none"> • CYP who require additional daily follow up are jointly cared for by acute Paediatricians and Children's Community Nursing (CCN) team • Virtual ward with joint care with acute and CCN. • Develop primary referrals to CCN 	<ul style="list-style-type: none"> • MH crisis services expansion • Expand Safe Haven services • In reach MH service into Minor Injury Units • Early identification and management of CYP with eating disorders

Workforce support to meet demand
 Infection prevention control
 Public communications and social marketing
 Demand modelling

System Recovery – Strategy (Maintaining elective capacity)

Elective Care RTT Total Size and Trend inc. 52 week



Total waiting list size has been steadily **increasing** since February 2021

52 week+ open pathways overall have begun **reducing** in 2021/22

104 week+ open pathways are a small cohort yet growing **focus** is given in detailing plans for individual pathways

Specialties closed to referrals

31st August Reported

Waiting List Size

52 weeks+

Ear, Nose & Throat

1,509

625

Oral & Maxillofacial
Surgery

814

162

Cataract

320

3

- OUH remains closed to routine referrals for these three specialties due to ongoing significant capacity constraints.
- Plans are being formulated to secure additional capacity to enable specialties to re-open
- Patients can be referred to alternative providers within the Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care System and to local independent sector providers
- Oxfordshire CCG are working closely with Healthwatch to identify the number of patients who have declined referral
- OUH CEO to meet with patients to hear of their experiences and to understand concerns regarding accessing alternative providers

Progress Update



Success

- **Demand Management** prioritisation for Cancer and Urgent
- **Reduced 52wk+** open pathways from 5,000 at end of March 2021 to less than 1,823 by August 2021
- **Royal College of Surgeons Clinical Prioritisation** for elective admissions has maintained near 80%
- **Diagnostic prioritisation** in place for endoscopy except cystoscopy
- **BOB Integrated Care System Task & Finish Group** in place
- **Breast Cancer Pathway** will show an improved 2WW performance
- **Patient Self-Assessment** for longest waiting patients
- **Harm Review Group** in place



Focus

- **Planning** for Q3 and Q4
- **Demand Management** for Routine referrals
- **Enablers to continue reducing 52wk+** pathways with emphasis on ensuring nil 104wk+ pathways by end of March 2022.
- **Digital solutions** to enable Elective Improvement Workstreams including new prioritisation workflow in the Electronic Patient Record
- **Collaboration** with Independent Sector Providers
- Detailed **Demand & Capacity** Modelling
- Business Planning Rounds by ERF enablers and overall planning
- **Rapid Diagnostic Services** and **Pathway Analytics** for Cancer

Clinical Prioritisation

**Elective Inpatient
Prioritisation**
under further
development to
improve near 80%
position

Awaiting guidance
on **Outpatient
Prioritisation** –
Trust participated
in national
meeting

Harm Review
Process in place

**Diagnostic
Prioritisation**
under
development to
mirror Inpatient
workflow

Priority has been
on **lapsed Priority
2's and 104wk+**

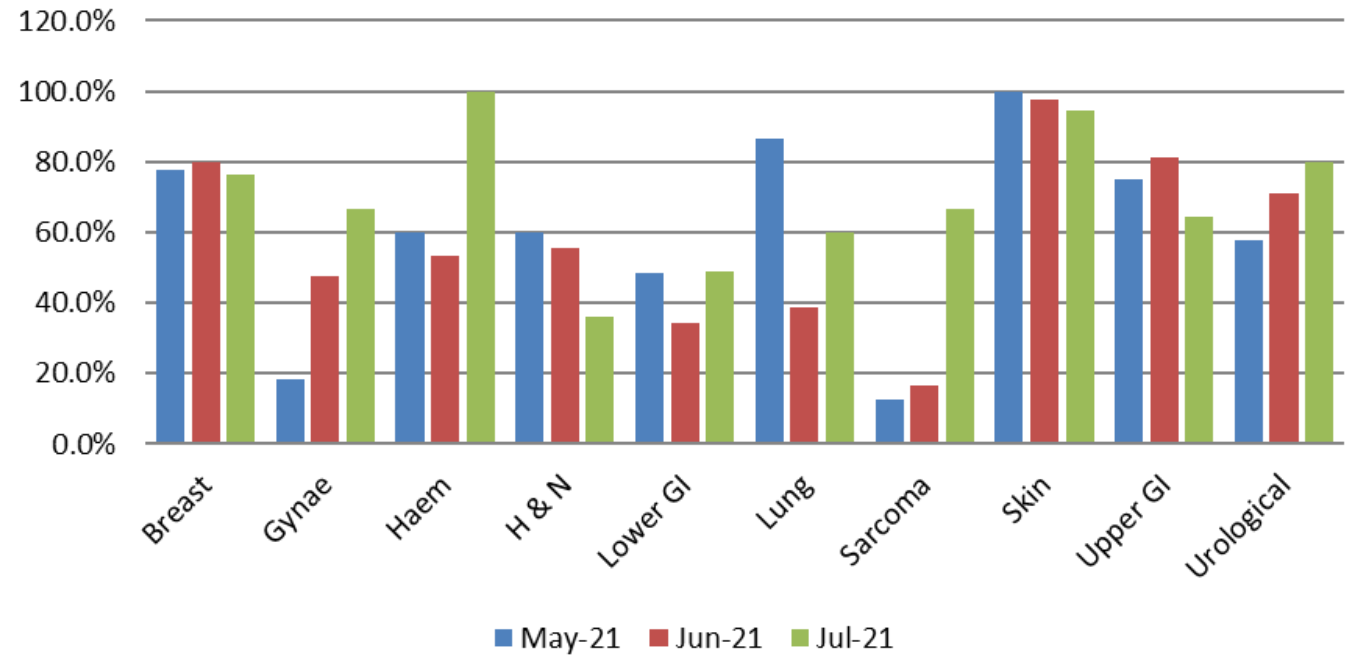
**Patient
Engagement and
Self-Assessment**
soft launched

Cancer Waiting Time Standards:

Indicator	Metric	May 21	No of breaches May-21	Jul 21	Jul 21
2 WW for suspected cancer	93%	70.6%	575/1954	74.5%	499/1958
2 WW for Breast Symptoms	93%	3.5%	166/172	21.8%	169/216
28 Day Faster Diagnosis Standard	75%	78.6%	373/1742	81.7%	322/1764
31 Days Decision to first treatment	96%	95.80%	20/473	94.8%	23/455
31 Days Decision to subsq treatment (surgery)	94%	88.0%	12/100	91.1%	8/90
31 Days Decision to subsq treatment (drugs)	98%	98.2%	4/217	100%	0/144
31 Days Decision to subsq treatment (radiotherapy)	94%	96.9%	7/226	95.6%	10/229
62 Days GP referral to first treatment	85%	69%	69.5/224	73%	50/185
62 Days Screening service to first treatment	90%	77.8%	6/27	83.9%	5/31
62 Day incomplete pathways >62 days	Count	134	n/a	162	n/a
62 Day incomplete pathways >104 days	Count	28	n/a	28	n/a

July 2019	July 2020
94.5%	70.3%
95.8%	27.4%
81.3%	81.9%
94.1%	94.7%
96.9%	86%
96.3	100%
98.6%	98.1%
71.4%	75.6%
48.1%	23.1%

62 day performance Target 85%



Note that the 2 week wait Breast symptoms performance is addressed in the 62 performance target to first treatment

Most significant 62 day breach reasons:

- Complex pathways - requiring repeated diagnostic tests
- Co-morbidity - delaying diagnostic procedures or synchronous primaries diagnosed
- General Anaesthetic diagnostic procedures and capacity for treatment
- Faecal Immunochemical Testing
- Patient Choice