Vaccination Programme

Covid-19 Vaccinations in numbers Oxfordshire

More than 1.3 million vaccinations delivered

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

94% take up
in Clinically Extremely Vulnerable Groups

93% take up
in 60-69 year old population

90% take up
in 50-59 year old population

82% take up
in 40-49 year old population

72% take up **(65% second doses delivered)**
in 30-39 year old population

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

57% take up
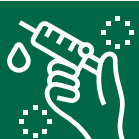in 16 and 17 year olds (currently single dose regime)

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 – this has commenced
- The booster does will be Pfizer/BioNTech

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 5 - 65-69
Cohort 2 - 80+, Health and Social Care workers	Cohort 6 - At risk (16+)
Cohort 3 - 75-79	Cohort 7 - 60-64
Cohort 4 - 70-74 + Clinically Extremely Vulnerable	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 asses 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
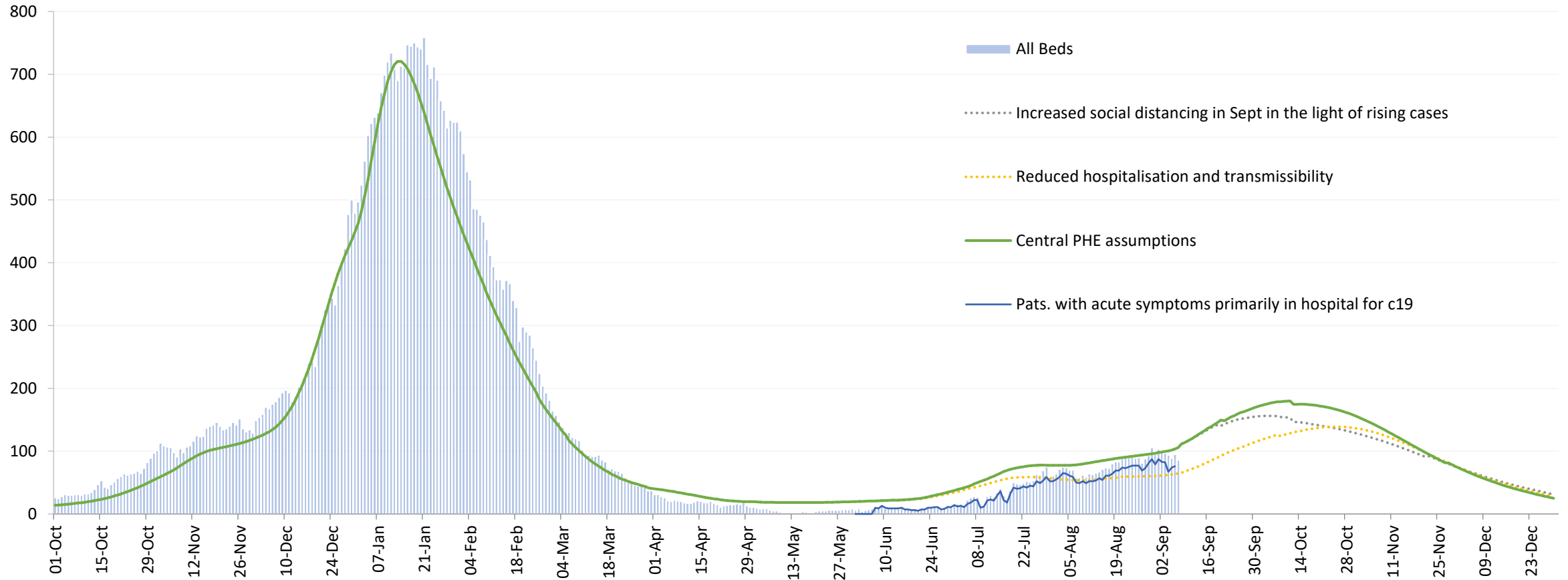
Urgent and Emergency Care Pressures

- 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)

NHS

Total Beds - Buckinghamshire, Oxfordshire And Berkshire West STP

Legend:
- All Beds
- Increased social distancing in Sept in the light of rising cases
- Reduced hospitalisation and transmissibility
- Central PHE assumptions
- Pats. with acute symptoms primarily in hospital for c19

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

NHS

Surge planning and vaccination	Single Point of Access	Community Services	Home First	Same Day Emergency Care	Children and Young People	Mental Health/LD&A
• Covid and viral pneumonitis surge plan and Non COVID related demand management • Flu & COVID vaccination and booster programme	• 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.	• Develop community services to meet the demand for the number of people who require assessment in their own home	• 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	• Continue to develop pathways to an acute or community assessment units • Establish capacity to support referrals in the late afternoon/evening	• 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	• 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

OUH RTT Waiting List Trend inc. 52wk+ and 104wk+
Apr 2019 to Aug 2021

Legend: 0-51wks | 52+ | 104+
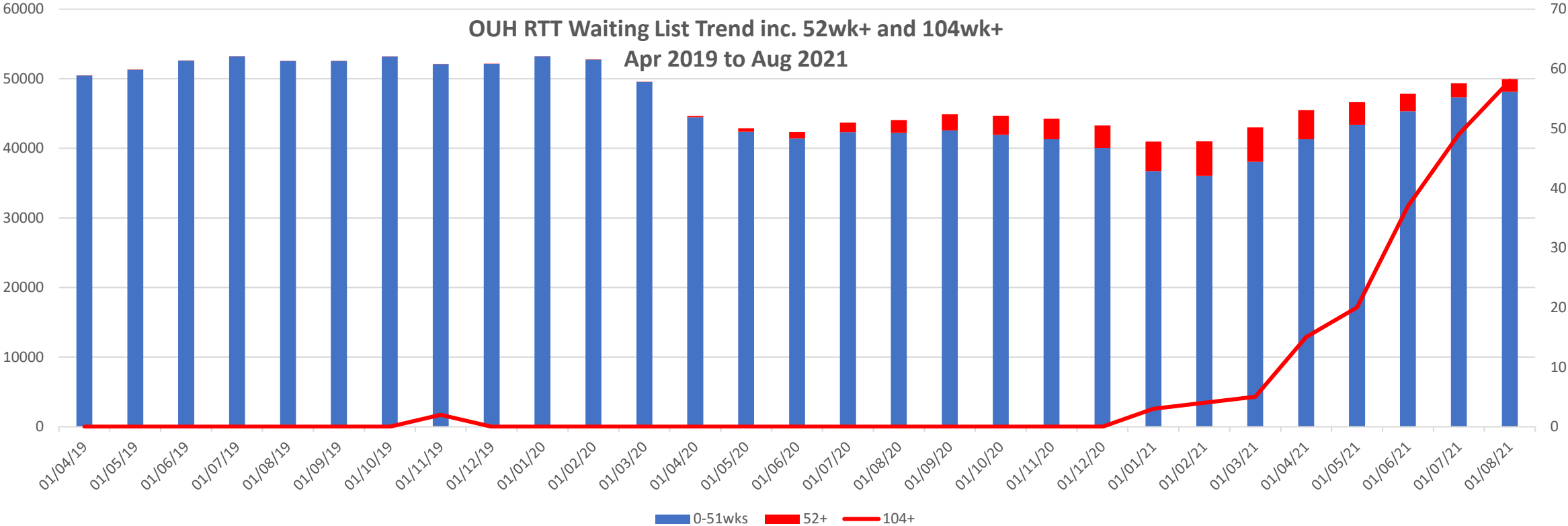
Total waiting list size has been steadily **increasing** since February 2021

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

	Ear, Nose & Throat	Oral & Maxillofacial Surgery	Cataract
Waiting List Size	1,509	814	320
52 weeks+	625	162	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