



## SLG feedback

1. We asked for feedback through a survey at the end of the last meeting – thank you to those who answered the five questions. We took some heart from ‘we’re getting there’ but there were some improvement themes:
  - More strategic, less operational;
  - Fewer discussions but with more depth to shape decisions;
  - Greater clarity on priorities in papers, less jargon, more data.
2. The Provider Chief Executives have also asked for an update paper that could go through Trust Boards with minimum tailoring. As a result, are looking to adjust as follows:
  - Make this paper a broader update suitable for wider use;
  - Structure this update around system development and priorities;
  - Create a ‘spotlight’ update each month
  - Create space in the agenda for strategic discussions.
  - Keep working on paper clarity.
3. From next month, we will also look to add an Annex of key National and Regional strategy / policy publications / updates. This month we have the White Paper Integration and innovation: working together to improve health and social care for all later on the agenda.

## System development

4. **ICB recruitment:** we had 55 applicants for NED roles, interviewed 11 and are looking to appoint over the coming week. The three statutory ICB Exec roles are out to national advert – CFO, CNO, CMO – with interviews planned for March. We will reach out to partners to support the interview process.
5. **Interim positions:** we are finalising Interim arrangements for Digital leadership to help create the system digital plan and shape the permanent role. We are also looking to fill some roles with Interim appointments (if good candidates are available) and have set up meetings with leaders in each Place around the Place Executive Director positions (Interim options and final shaping of job descriptions / needs).
6. **Governance:** following NED recruitment and once we have received awaited guidance, we will clarify the role descriptions and processes to establish the Board Partner members (LA, Primary Care, Trust). We are also starting to work through ICP Foundation membership and ICB committee structures including Place-based Partnerships.
7. **Safe transfer of functions:** work was reviewed by a former ICS Lead and supported our view that we are on track, despite the complexity of three CCGs. No major issues were identified.

8. **System Development Plan and 18-month roadmap:** further progress on the 18-month plan (see Paper 6.2) which will form the basis of creating the updated System Development Plan (SDP) due by 31<sup>st</sup> March 2022. We will look to take both these documents through the Place architecture through March and April to gather feedback.
9. **Provider collaboratives:** the paper on an acute collaborative (SLG February) is going through Trust boards. We are also aware of good progress on discussions of formal collaborative working between OUH/OH a collaborative on a broader footprint to BOB that aligns with the cancer pathways.

## System Priorities

10. **COVID incident:** we remain in Level 4 under instructions and tracking key metrics daily. Hospitalisation rates are not rising (~220 patients) and those in ICU very low (<10). Staff absences have fallen back below 6% in all Trusts except SCAS. We continue to issue daily operational data but will look to reduce frequency once out of Level 4.
11. **Vaccination programme:** activity reduced in February (average of 13,000 vaccinations / week) – reflecting national position – but we continue to have very high coverage, continue to work to reach the seldom heard groups, and are planning for the new cohorts (children and 4<sup>th</sup> dose for over 75s / immunosuppressed). Overall, we have delivered 3.8m vaccines over the course of the programme.
12. **Planned care:** there is good collaboration, joint working and mutual aid across the three high volume low complexity specialities. As a result, we are ahead of our plan on 104 week waits position for end March and anticipate we will (only) have between 20-30 complex spinal patients waiting over 104-weeks at the end June (national target). We are now looking at how to meet the 78-week target of March 2023 (national target). In addition, we have a McKinsey team supporting us (and all other systems) to create a three year elective recovery plan.
13. We have been bidding for elective capital from the Region to support recovery. The system has submitted a revised bid for elective capital to NHSE/I region to support recovery. Our bid included an amount to £60m of capital over the next three years, based on the elective strategy developed through the ICS elective care board and included new theatres at the John Radcliffe Hospital, an Ophthalmology hub at Amersham and expansion of outpatient and procedure capacity at Bracknell, Townlands, West Berkshire Hospital and Royal Berkshire. This process is still on-going, and we will update with any progress on the day. The plans outlined the potential treatment of an additional 124,000 non-admitted patients and 42,000 admitted patients. We will continue to work with regional and system colleagues to develop the details of these bids and confirm the level of capital available given priorities across the South-East. This process is still on-going, and we will update with any progress on the day.

14. **UEC:** this remains challenging. System focus is on trying to get discharge flow working with at times nearly 300 patients medically fit for discharge. This topic is covered in more detail later in the agenda.
15. **CAMHS:** the work is on-going to improve access times particularly for neurodevelopment and eating disorder. There has been recent positive progress the neurodevelopmental diagnostic pathways through rapid improvement events across the system. The outcome is the development of specific action plans including autism waitlist reduction.
16. **Temporary Staffing:** this covers BOB and Frimley ICSs and is looking at a go-live date in July 22. Ahead of that, the Programme Board - clinicians, CPOs and FDs – have signed off terms of an MOU for how the Board will operate, in particular, how to deliver harmonised reward. The Board expects to receive worked up proposals in March on aligned agency nursing rates as well as SOPs (policy and procedures including escalation processes). Finance colleagues will be engaged in the detail as well as clinicians ahead of sign off at BOB SLG and Frimley Partnership Boards in April and May leading to go live in July 22.
17. Surrey Heartland Colleagues have indicated in principle agreement to joining the programme which benefits Trusts in that patch as well as the interdependency with Frimley Trusts due to flow and availability of staff between the geographies.

### Spotlight: cancer

18. Context: oversight of the cancer performance is done by the Thames Valley Cancer Alliance (TVCA) which is managed by Ruth Wilcoxson and chaired by Bruno Holthof. It covers a broader footprint than BOB – including Milton Keynes and Great Western Hospital Swindon to cover long standing cancer pathway flows.
19. Through Wave 3 of COVID cancer services have continued to be delivered based on clinical prioritisation with priority 'P2' surgery, radiotherapy and chemotherapy all continuing uninterrupted.
20. Latest performance (December 2021) places the TVCA compliant at 75% to the new 28 day faster diagnostic standard and 5<sup>th</sup> of 21 nationally to 62 day (non-compliant 73.6% to the 85% standard). See Annex 1.
21. Greatest challenge remains in the high-volume pathways – lower GI, skin, and breast - which have been above pre pandemic baseline for 2 weeks wait referral levels. Whilst a challenge it does indicate we are closing the gap on 'hidden backlog' as more people come forward.
22. TVCA on behalf of BOB ICS is leading the plan for cancer in 22/23 focused on introducing the tele dermatology led skin pathway, achieving the national ambition of 80% of all lower GI referrals referred with a FIT test completed in primary care, and delivering 75% population coverage of NSS (nonspecific symptom) pathways to deliver faster diagnosis and improved performance to the

constitutional standards for cancer. TVCA will also focus on earlier diagnosis by identifying the second site for TLHC (targeted lung health checks) based on areas of highest deprivation, inequality and known poorer outcomes within the BOB ICS geography.

### **Preliminary April SLG agenda**

- i) ICS Lead Update – spotlight on Maternity
- ii) Submission sharing
  - i. Draft Financial and Operational Plan
  - ii. System Development Plan
  - iii. Learning Disabilities & Autism 22/23 Plan
- iii) System strategy and 5 year-plan – update
- iv) Place-based partnerships – principles
- v) Priorities: UEC and hospital discharge programme unwind plans
- vi) Buckinghamshire strategy

### **Actions from last meeting not completed / covered today**

- 23. Nominations from SLG members for the Strategy Steering Group are yet to be received.



Thames Valley  
Cancer Alliance



# Thames Valley Cancer Alliance

## Performance December 2021

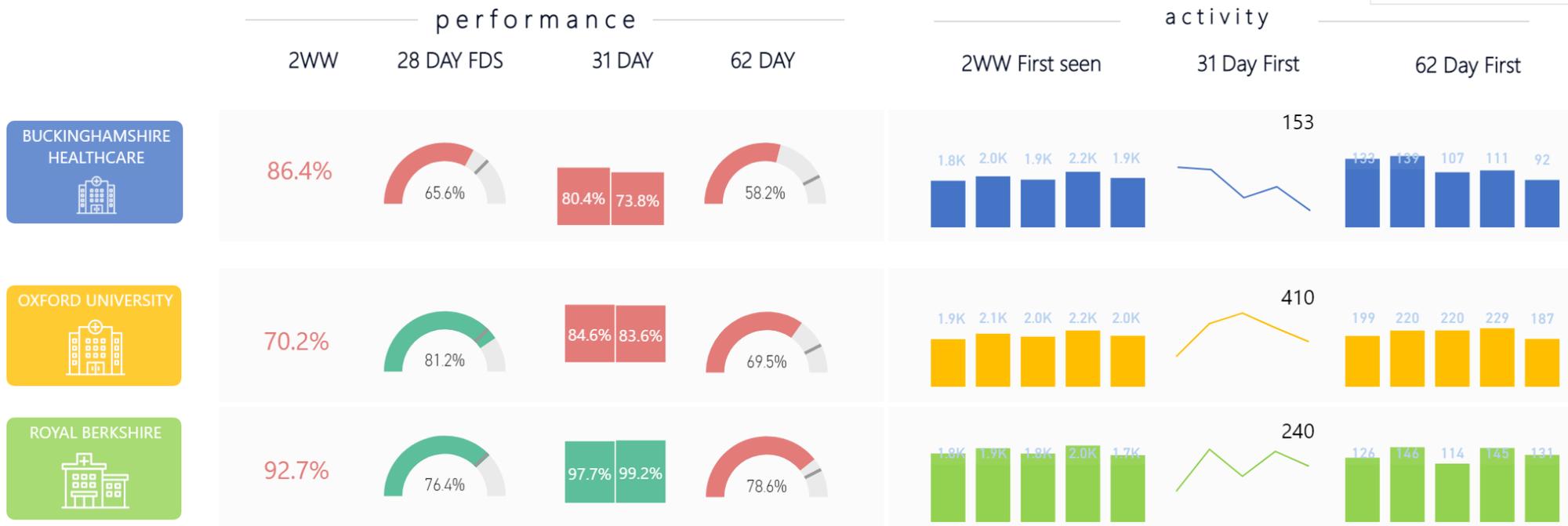


[thamesvalleycanceralliance.nhs.uk](https://thamesvalleycanceralliance.nhs.uk)



[@ThamesV\\_Cancer](https://twitter.com/ThamesV_Cancer)

# PERFORMANCE | LATEST MONTH DEC 21



# PERFORMANCE | LATEST MONTH DEC 21

Buckinghamshire  
Healthcare

2WW Breast symptomatic  
No Data

31 day subs (drugs)  
92.9%

31 day subs (radio)  
No Data

31 day subs (surgery)  
59.5%

62 day (Screening)  
52.2%

62 day (upgrade)  
63.2%

Oxford  
University

2WW Breast symptomatic  
37.1%

31 day subs (drugs)  
100.0%

31 day subs (radio)  
74.4%

31 day subs (surgery)  
82.2%

62 day (Screening)  
65.5%

62 day (upgrade)  
58.1%

Royal  
Berkshire

2WW Breast symptomatic  
83.1%

31 day subs (drugs)  
98.7%

31 day subs (radio)  
98.1%

31 day subs (surgery)  
94.4%

62 day (Screening)  
96.1%

62 day (upgrade)  
66.7%

