

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 27 July 2017	Paper No: 17/46
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Title of Paper: Chief Executive's Report

Paper is for: (please delete tick as appropriate)	Discussion		Decision	✓	Information	✓
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Purpose and Executive Summary: To report updates to the Board on topical issues.
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Financial Implications of Paper: Financial information within but paper is for information, no direct financial implications.

Action Required: The OCCG Board is asked to note the contents of the report and to approve delegation of the implementation and management of the process of appointment of the Chief Executive to the Remuneration Committee.
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OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome: Not applicable.
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Link to Risk: The paper does not link directly but items contained within the paper may link to risks on the Strategic Risk Register and/or Red Operational Risk Register.
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Clinical / Executive Lead:

Date of Paper: 14 July 2017

Chief Executive's Report

1. Introduction

Since the last meeting I have:

- Spoken at the Sustainability and Transformation Plan Conference held at the Kings Fund
- Attended the Oxfordshire System Development Workshop with Chief Executives from the NHS and local government
- Attended the NHS Confederation annual conference
- Met the Oxfordshire MPs with Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust

2. Performance Against National Targets

OCCG Cancer Waiting Time targets for May 2017 were met for the following: 2 week wait (2ww) breast (96%), 31 day wait for first treatment (96.10%), 31 day anti-cancer drug treatment (100%), the 31 day radiotherapy treatments (99.2%) and 62 day screening (100.00%). The failed targets for May include the 2ww (92.2% against a 93% target), 31 day surgery (93.1% against a 94% target) and the 62 day GP referral standard (84.27% against an 85% target).

In May OUHFT missed the incomplete target of 92% by 1.96% (90.04%) which is an improvement on April at 89.93%, but lower than March which was 90.37%. The Quarter 2 plan to achieve the referral to treatment (RTT) standard is now underway with work ongoing to agree a plan for Quarter 3 by 1 September 2017.

A&E performance in March was 87.1%, in April this increased to 88.8% before slipping back to 86.4% in May. Attendances increased by 1.6% in April and May of 2017/18 compared to the same two months of the previous year.

3. CCG Improvement and Assessment Framework

The national outcomes of the Q4 reviews are expected to be published on 21 July 2017 and a verbal update will be given to the Board.

The Quarter 1 Assurance meeting will be held on 26 July 2017.

4. Oxfordshire Transformation Programme Update

A decision making business case for the Phase 1 consultation will be received at the Extraordinary OCCG Board meeting on 10 August 2017. A period of engagement will commence soon around Phase 2 of the Transformation Programme looking at:

- Acute hospital services
 - Urgent care in Oxfordshire
 - Children's services
- Community hospitals including Midwife Led Units.
- Primary care and community services

The aim through this engagement is to develop a short list of options which will be evaluated with a set of criteria (to be developed) which will include areas of safety,

clinical outcomes, access and financial viability. Following an evaluation process a list of options will be produced for consultation.

5. Learning Disability Service Transfer

I can confirm the Learning Disability Service transferred from Southern Health NHS Foundation Trust to Oxford Health NHS Foundation Trust on 1 July 2017.

6. Lay Member Appointment

I am delighted to announce that Mike Delaney, the Lay Member (non-voting), has been re-appointed to the Board for a further four year term.

7. Chair and Chief Executive Appointment Process

The Remuneration Committee is working on the process for appointing a new Clinical Chair and Chief Executive for OCCG. The appointment processes will include an assessment centre and interview panel. It is hoped to conclude the process for the appointment of a Clinical Chair by the end of November 2017. The process for the appointment of a Chief Executive will probably conclude by the end of the calendar year. It is likely that interim arrangements will be required for a short period and the Remuneration Committee, Clinical Chair and Executive Team will consider the most appropriate measures in consultation with NHS England.

The appointment of the Chief Executive and ratification of the appointment of the Chair are responsibilities reserved to the Board. The Board is asked to delegate the implementation and management of the process of appointment to the Remuneration Committee to be undertaken in line with Standing Orders and the summary outlined above. The Board will be asked to ratify appointment of the successful individuals.