

## Oxfordshire Clinical Commissioning Group Board Meeting

<b>Date of Meeting:</b> 25 January 2018	<b>Paper No:</b> 18/04
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<b>Title of Paper:</b> Chief Executive's Report
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<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b>		<b>Decision</b>	✓	<b>Information</b>	✓
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<b>Purpose and Executive Summary:</b> To report updates to the Board on topical issues.
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<b>Financial Implications of Paper:</b> Financial information within but paper is for information, no direct financial implications.
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<b>Action Required:</b> The OCCG Board is asked to note the contents of the report. .
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<b>OCCG Priorities Supported</b> (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

<b>Equality Analysis Outcome:</b> Not applicable.
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<b>Link to Risk:</b> 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:** 15 January 2018

## **Chief Executive's Report**

### **1. Introduction**

I am very pleased to be writing my first report as the interim Chief Executive Officer of Oxfordshire CCG. My responsibility for the organisation commenced on 1 January 2018 and my first few days have been spent getting to know the great team of staff, working my way around the local area and talking to key partners and stakeholders across the health and care system. As I have been working in the Buckinghamshire CCGs for the past few years I already have many established relationships with Oxfordshire commissioners and providers, which have helped me take up the reins of the responsibilities at a slightly faster pace.

For my first 30 days I intend mainly to observe the workings of the organisation and the wider system. This means I have spent most of my time getting out and about to all our Member Practices and our external partners, listening to their views and ways of working.

To date, I have met with our Members in the North Oxford, North East Oxford and Oxford City Locality Groups where we have had some good discussions about the need for more joined up system working and the concerns around primary care resilience. I have met with the OxFed Board to understand their business strategy and will be meeting the other GP Federations within the next couple of weeks. I have met the Chief Executive Officer of Cherwell District Council; we had a very productive conversation about lessons learned and how we might move forward through much closer working.

I have met our key health CEO colleagues from across the Oxfordshire system; we have discussed the need for improved system working and co-production of new ways of working initiatives; this was a similar theme when I met the Board Members of Oxford University Hospital Foundation Trust. I have attended my first Governing Body workshop and Primary Care Commissioning Committee and continue with 1:1 staff meetings as part of my induction into the organisation and the system.

I wish to express my gratitude to all staff and stakeholders as I have been made to feel very welcome and look forward to a busy but exciting time within the Oxfordshire System.

### **2. Performance Against National Targets**

For November there has been a slight improvement in performance against the referral to treatment (RTT) standard for Oxfordshire at 87.2% against a standard of 92% (87.3% for Oxford University Hospitals NHS Foundation Trust (OUHFT)). Gynaecology continues to struggle with the 52 week standard at the OUHFT with 16 this month, all Oxfordshire patients. Overall there were 20 for Oxfordshire from all providers; 1 from Bristol for Trauma and Orthopaedics and 3 "Others" all OUHFT.

OCCG Cancer Waiting Time targets for November 2017 were met for standards. Specifically, performance was as follows:

- 2 week wait (2ww) (96.80% against a 93% target)
- 2ww breast (98.01% against a 93% target)
- 31 day wait for first treatment (96.52% against a 96% target)
- 31 day surgery (95.08% against a 94% target)
- 31 day anti-cancer drug treatment (100% against a 98% target)
- 31 day radiotherapy treatments (99.10% against a 94% target)
- 62 day standard (83.73% against a 85% target) - failed
- 62 day screening (95.83% against a 90% target)

### **3. Oxfordshire Transformation Programme (OTP) Update**

Whilst the OCCG Board took decisions on the OTP Phase 1 on the 10 August 2017 these were subject to challenge (two referrals to the Secretary of State and a Judicial Review). The status of these challenges is summarised below.

#### Judicial Review

The application for the Judicial Review was lodged by Cherwell District Council, South Northamptonshire District Council, Stratford upon Avon District Council and Banbury Town Council as the Claimants. Keep the Horton General was an Interested Party to the Judicial Review. The Judicial Review covered a number of grounds including the split of the public consultation, the adequacy of the public consultation and the additional NHS England Bed Test.

The Judicial Review Hearing was held at the High Court on 6 and 7 December 2017. Both sides presented their arguments to Justice Mostyn and the judgement was published on 21 December 2017. Justice Mostyn did not uphold any of the grounds by the Claimants and refused leave to appeal his ruling. The Claimants have agreed not to appeal the judgement and the Interested Party has until 22 January to advance reasons why leave to appeal might be permitted; a verbal update will be given at the Board meeting.

#### Referrals to the Secretary of State

In August 2017, the Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC) referred the OCCG proposals on a permanent change to Obstetrics services to the Secretary of State for Health and Social Care. The Secretary of State has now asked the Independent Reconfiguration Panel (IRP) to advise him on whether a full review is required. In his letter to the IRP the Secretary of State also references the referral made by Stratford-on-Avon District Council in April 2017. The IRP will provide their advice to the Secretary of State by 9 February 2018.

Whilst the challenges are underway no permanent changes to services will be made, though the temporary closures of the obstetric unit at the Horton General Hospital and the 110 acute hospital beds remain in place. After their November Board meeting the (OUHFT had confirmed that they would not take action to implement the changes until the challenges were resolved. However discussions are ongoing with the Trust to agree an increase in the amount of elective surgery undertaken at the Ramsey Treatment Centre during 2018/19; this is part of the contract discussions for the next year.

#### **4. CCG Improvement and Assessment – Quarter 3**

The Quarter 3 Improvement and Assessment meeting had been due to take place on 8 January 2018 but these meetings will now be system wide and NHS England is looking to find a new date.