

**Oxfordshire Clinical Commissioning Group
Governing Body**

Date of Meeting: 24 September 2015	Paper No: 15/81
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Title of Paper: Chief Executive's Report

Is this paper for	Discussion		Decision	✓	Information	✓
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Purpose of Paper: To report updates to the Governing Body on topical issues.
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Financial Implications of Paper: Financial information within but paper is for information, no direct financial implication.
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Action Required: The Governing Body is asked to: <ul style="list-style-type: none"> Note the contents of the report.

NHS Outcomes Framework Domains Supported (please tick ✓)	
✓	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed (please tick and attach)	Yes	No	Not applicable ✓
Outcome of Equality Analysis			

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Chief Executive's Report

1. Introduction

Since the last meeting:

- Joe McManners and I visited Bruno Holthof, the new Chief Executive of Oxford University Hospitals Trust (OUHT), in Antwerp (see below)
- With other system leaders met with Oxfordshire MPs on two occasions to discuss delayed transfers and system transformation
- Joe McManners spoke at an Oxfordshire County Council (OCC) event on New Models of Service Delivery and Change Management
- Joe McManners and I attended the HSJ Commissioning Summit and I took part in a panel discussion on Letting providers lead: Contracting for integration and outcomes
- I attended and spoke at the South Central Leadership Forum.

2. OCCG Governing Body Practice Manager Representative

The Oxfordshire Practice managers have finished running their process to replace Fran Butler as the Practice Manager Representative on the Governing Body. The new representative will be Stuart McFarlane who is the Practice Manager at Bury Knowle in Headington, Oxford. I am pleased to welcome Stuart to the Governing Body.

3. Visit to Antwerp

Joe McManners and I undertook a visit to Antwerp to meet Bruno Holthof, the newly appointed Oxford University Hospitals Trust Chief Executive. We extend our gratitude to Bruno and all those involved in organising an extensive programme for our visit. We visited five of the six hospitals in the network called ZNA which were a mixture of formerly state, church or private hospitals. ZNA is an arms-length trust separate from the city council and the board was a mix of governors: city councillors formed about two thirds with business men filling the remaining posts. Bruno Holthof had overseen the closure of some hospitals and the reconfiguration of others from a district general type model to being more specialised. Delayed transfers of care had reduced from 120 to none. There were no waiting lists for treatment. Consultants were paid by treatment and procedure and a patient non-attendance meant no payment. The overall atmosphere was very calm and organised and the personnel were all very enthusiastic and proud of what they were doing. The lead clinicians were supported by management in providing clinical leadership. We look forward to working closely with Bruno when he takes up his post on 5 October.

3. Quarter 1 Assurance Meeting

The Q1 Assurance meeting with NHS England took place on 15 September 2015. As highlighted in my last report the assurance domains and process has changed. There are now five domains that reflect the key elements of a well led effective clinical commissioner and underpin assurance discussions between CCGs and NHS England, whilst identifying on-going ambitions for CCG development. The components include being well led; performance; financial management; planning; and delegated functions.

The definitions and key indicators for each of these components can be found at [CCG Assurance Framework 2015/16: Operating Manual](#).

Overall and for each component the CCG can be assessed as outstanding, good, limited assurance or not assured. As part of the preparation for the Assurance meeting we self-assessed ourselves as:

Overall – “good” made up of “good” for well led, delegated functions, financial management and performance and then “limited” in performance. The “limited” for performance is predominantly driven by the failure to deliver NHS Constitution standards (A&E, cancer 62 day, Improving Access to Psychological Therapies (IAPT) access rate and Methicillin resistant Staphylococcus Aureus (MRSA) zero limit not met for the quarter).

Whilst the final assurance outcome is subject to national moderation following discussion NHS England South (South Central) confirmed that they agreed with our self-assessment and acknowledged the continued improvement.

The remainder of the discussion focused on looking forward and we highlighted the areas we would be focusing on in the next quarter including taking forward the engagement work on the overall strategy and moving forward the discussion on health and social care integration.

4. Performance Against National Targets

Cancer Waits

All Cancer Waiting Time targets were achieved across Oxfordshire during June 2015 with exception of the Breast Symptom 2 week wait. This was not met by Royal Berkshire Foundation Trust who achieved 90.91% against a 93% target. This represents a significant improvement across all Cancer targets compared with previous months.

Oxford University Hospitals Trust (OUHT)

Referral to treatment times (RTT) improved in July; the only area of concern was 8 patients waiting longer than 52 weeks of which 2 had incomplete pathways, none were from Oxfordshire. The admitted standard was met for Oxfordshire at 90.2% for the first time since December 2014. All other RTT standards were met by OUH.

Royal Berkshire NHS Foundation Trust (RBH)

RBH continues to underperform against the RTT standards; the admitted standard was 78.3% against the standard of 90%, with 2 incomplete patients (Ophthalmology and General Surgery) for Oxfordshire.

Urgent Care Standards

OUHT have met the 4 hour standard for A&E in the last 3 reported months (May, June and July). Performance in August has not been as consistent.

South Central Ambulance Service (SCAS)

Performance has been challenging for July. Demand has increased in rural areas for Red 2 and performance for rural calls has also fallen. Overall demand has dropped but Red 2 demand increased. There is a national shortage of paramedics and SCAS are finding it difficult to recruit.

5. Contracts

We anticipate signing the Mental Health Outcome Based Contract before our Governing Body meeting. The service contract with Oxford Health NHS Foundation Trust (OHFT) has still not been signed.

6. Commissioning Intentions

OCCG is in the process of producing the Commissioning Intentions. These will be completed by the end of September and brought to the November Governing Body for information.

7. Learning Disability Board

We have established a Transformation Board to oversee the transfer of learning disability NHS services from Southern Health to Oxford Health. The Board will have an independent chair, Ian Winter, and will report to our Governing Body. We are finalising a Memorandum of Understanding which will detail the agreements reached with all constituent agencies. A more detailed report will be provided to our next Governing Body meeting.

8. Health Inequalities Commission

In conjunction with the Health and Wellbeing Board we are establishing a Health Inequalities Commission which will be chaired by Professor Sian Griffiths. The commission has been tasked with providing a set of recommendations as to how the inequalities which exist across Oxfordshire can be reduced.

9. Devolution

An Expression of Interest (EOI) has been sent to Government by the County Council, the Districts and City Councils, the Local Enterprise Partnership (LEP) and OCCG. The EOI seeks devolvement of powers and funding from Government to local bodies. Part of this EOI proposes the integration of health and adult social care and the devolvement of budgets currently held by national bodies to the CCG. This is an expression of interest and we await the response of Government. Should the proposal be favourably received much work will need to be done on how this might work in practice. As a result of engaging with local government in this proposal, Joe McManners and I have accepted an invitation to join the Oxfordshire Growth Board.