Key Lines Of Enquiry (KLOE)

These KLOE are designed to be used by subject matter experts in NHSE DCO teams to support the review and assurance of CCG operational plans. They are not exhaustive, may be added to on a local level and should be used in conjunction with the planning guidance; in particular the 2017/18 and 2018/19 nine 'must dos.' Particular focus should be on robust evidence that plans can be delivered, identifying risks and mitigating them across the health system and agreeing contracts to deliver plans.

Activity – 'Must dos' number 1, 4, 5, 6, 7	
Does the activity submitted with the operational plans directly reflect years 2 and 3 of the relevant STP? Does the plan set out clear and reasonable growth assumptions, using IHAM as a default starting point? Does the plan clearly describe the evidence and assumptions that enable activity to be reduced from the 'do nothing' scenario and the impact of transformational change (e.g. BCF, vanguard, local contractual changes)? How will planned activity enable performance to be delivered and how are risks related to deviating from the activity plan mitigated? Does planned activity enable achievement of constitutional standards and reflect agreed trajectories? Is there clear evidence of activity modelling that supports the plan? What is the evidence that activity has been jointly mapped with commissioner and provider and that capacity is available? Where capacity in the NHS cannot meet demand, what actions are in place to source additional capacity? What is the evidence to show that risks in relation to activity been jointly identified (commissioner and provider) and mitigated through agreed contingency plan and show consistency between activity, workforce and finance plans?	NHSE SE team have confirmed that we are not required to complete this section as it will be covered in general assurance of the plans and through conversations with NHSE (email from Siobhan Kelly 1Nov16).

Is there a clear link between finance and activity plans, is planned activity budgeted for and affordable?	
Overall Constitutional Standards – 'Must do' number 4, 5, 6, 7	
From current baseline does the CCG have a trajectory agreed with providers to meet all constitution standards in 2017/18? Are trajectories realistic, reflecting past performance, seasonality and planned changes? What is the level of risk that they will not be delivered and how will this risk be mitigated? Does the CCG have in place monitoring system to collect the necessary performance data for current and new standards? What independent sector capacity has been identified to support delivery of constitutional standards? Does the plan reference the CCG IAF position and identify and describe improvements to achieve the standards?	NHSE SE team have confirmed that we are not required to complete this section as it will be covered in general assurance of the plans and through conversations with NHSE (email from Siobhan Kelly 1Nov16).
STP – 'Must do' number 1	
What is the evidence of the plan being based on a shared, open-book process to deliver performance and improvement?	*To be completed*
How does the operational plan align with STP objectives and planning assumptions? Do they share the same 'direction of travel'? What is the CCGs contribution to achieving the STPs overall reduction in activity?	*To be completed*
Has the plan clearly articulated how the CCG will support delivery of their STP, including clear and credible milestones?	*To be completed*
Does the plan identify the CCGs contribution to achieving the agreed trajectories against the STP core metrics set for 2017-19? [*Note, some trajectories will be*	*To be completed*

collected as part of operational plans, others will be collected in January]	
How do transformation and efficiency plans in the operational plan, including activity growth moderation plans, relate to the STP? Does the contribution of each organisation deliver the STP?	*To be completed*
How do governance processes ensure clarity as to how the CCG contributes to an agreed system way of working, how progress will be tracked, and how they will work with other organisations to manage transformational activity?	*To be completed*
Is there evidence that improvements in operational productivity are being accelerated at an individual organisational level to reduce unwarranted variation in quality and costs?	*To be completed*
Primary Care – 'Must do' number 3	
[We are expecting to receive a national set of KLOE soon. This will be provided by the Regional Primary Care Team as soon as they receive them]	
Do the planned Primary Care trajectories for 17/18 and 18/19 clearly articulate CCG's aspirations to meet the requirements against the four key areas set out in General Practice Forward View?	Yes – see Oxfordshire GPFV (supporting document 7 – to be provided with final submission)
Do the planned Primary Care trajectories for 17/18 and 18/19 provide a clear articulation of the CCG's performance and financial projections to meet these aspirations?	Yes – see Oxfordshire GPFV (supporting document 7 – to be provided with final submission)
Urgent Care – 'Must do' number 4	
How does the plan demonstrate that 7 day services and the four priority standards within that will be delivered by November 2017?	A&E Delivery Board improvement Plan (draft supporting document 18, 'improvement plan' tab)
How will the Urgent and Emergency Care review and be fully implemented by 2020?	Through the Transformation Programme – see Oxfordshire Transformation PCBC (draft supporting document 6)
How does the CCG plan to deliver a reduction in 999 calls and reduced conveyance to A&E?	A&E Delivery Board improvement Plan (draft supporting document 18, 'improvement plan' tab)
Does the plan reflect a cross system approach to preparing for the forthcoming waiting time standard for urgent care and those in mental health crisis?	We have a local standard in place, with a target of 1 hour. This standard is currently being met.
How will the 5 elements of the A&E improvement plan be implemented?	A&E Delivery Board improvement Plan (draft supporting document 18, 'improvement plan' tab)
How does the plan demonstrate a sustained recovery of A&E performance	A&E Delivery Board improvement Plan (draft supporting document

including attendance avoidance?	18, 'improvement plan' tab)
How does the plan demonstrate a sustained recovery of Ambulance response time performance including increasing 'hear and treat' and 'see and treat' rates?	A&E Delivery Board improvement Plan (draft supporting document 18, 'improvement plan' tab)
Elective Care – 'Must do' number 5	
How are activity plans aligned in terms of referral demand being modelled through to outpatient and inpatient activity (conversion rates are understood)?	Activity plans reviewed in conjunction with approved projects which outline reduction at POD level. Increased capacity in Neuro and Cardiac at cheaper than tariff rate Diabetes prevention (NDPP) and patient empowerment (improving control) to reduce diabetes complications.
Is there enough planned activity commissioned from either NHS or the Independent Sector to reduce any backlogs and achieve agreed RTT trajectories throughout the two year operational plan based on the IHAM data?	Yes – *to include evidence*
What are the risks that contracts won't be agreed and signed with providers to achieve the agreed activity within the specified timeframe? How are these mitigated to ensure activity is delivered through contracts?	Medium risk Plans well established and shared with Trust. Regular meetings held to discuss potential gaps. Analysis of year to date activity to establish where over performance is real or due to other changes e.g. change in plan, coding etc
How will improvements, changes to pathways and improvements in performance described in the planning guidance 'must-do' number 5 be managed and delivered, with risks mitigated?	Risks mitigated with close monitoring and clear trajectories and actions plans to ensure positive results. All pathway changes modelled to streamline patients care and to provide more within the community to both increase capacity and to avoid unnecessary repeat appointments
Cancer – 'Must do' number 6	
[We expect these to be further developed to reflect key regional priorities]	
How will the CCG deliver the requirements of Annex 7 of the planning guidance?	OCCG will be liaising with Public Health Teams on improving smoking cessation services, building on recent successes which have shown that prevalence is reducing. OCCG are working with colleagues at NHSE and PHE to improve uptake in cervical screening as well as improve communication and pathways in this area.

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	OCCG are driving earlier diagnosis by: • Implementing NICE referral guidelines within GP 2ww referral pro-formas • Implementing the SCAN project and re-tendering diagnostics within the community setting to Increase provision of GP direct access to key investigative tests for suspected cancer OCCG have reviewed diagnostic capacity within the community and will be re-tendering services to ensure equitable and sufficient capacity across the county within FY 17/18. OCCG are working in partnership with Macmillan and OUHFT to ensure all parts of the Recovery Package are available to all patients including. We currently have this running is Breast, Lung and Gynae specialties and will be continuing to work to extend this across all areas.
How will improvements, changes to pathways and improvements in performance described in the planning guidance 'must-do' number 6 be managed and delivered, with risks mitigated?	Regular clinician and manger OCCG meetings with providers to establish an agreed goal, in terms of best practice. Service redesign encouraged, where appropriate, to ensure best practice is met whilst addressing capacity issues e.g. community based diagnostics. Regular audit of performance with feedback at the appropriate level to achieve targets.
Mental Health – 'Must do' number 7	
[We expect these to be further developed and augmented by a national set of KLOE]	
How will the CCG deliver the requirements of Annex 8 of the planning guidance?	This is set out in section 3.2.3.6 of the Operational Plan
How will improvements in performance and increased capacity described in the planning guidance 'must-do' number 7 be managed and delivered, with risks mitigated?	This is set out in section 3.2.3.6 of the Operational Plan

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Does the plan demonstrate a strategy for improving reporting and learning from incidents?	This is set out in section 3.2.3.6 of the Operational Plan
Transforming care – 'Must do' number 8	
How is the requirement to meet the needs of people with LD/autism included in plans?	This is set out in section 3.2.3.6 of the Operational Plan
What processes are in place to include the requirement in contracts? How are these processes monitored to demonstrate delivery?	This is set out in section 3.2.3.6 of the Operational Plan
What cross system mechanisms are in place to monitor the risk of/prevent admission for people (children and young people and adults) who have complex needs including learning difficulty and/or autism and behaviours that challenge?	This is set out in section 3.2.3.6 of the Operational Plan
Where admission may be necessary what systems and processes are in place to ensure efficient and timely discharge planning is not interrupted by funding discussions or hand over between services where a young person is transitioning into adulthood?	This is set out in section 3.2.3.6 of the Operational Plan
What examples of innovative practice can you demonstrate?	This is set out in section 3.2.3.6 of the Operational Plan
How will improvements, changes to pathways and improvements in performance described in the planning guidance 'must-do' number 8 be managed and delivered, with risks mitigated	This is set out in section 3.2.3.6 of the Operational Plan
Does the plan demonstrate a strategy for improving reporting and learning from incidents?	This is set out in section 3.2.3.6 of the Operational Plan
Quality & Safety – 'Must do' number 9	
What workforce planning is in place to deliver quality care in line with demand?	Oxfordshire Transformation PCBC (draft supporting document 6)
Does the plan demonstrate how the CCG will meet statutory safeguarding requirements?	Operational Plan section 3.4.6
Is there evidence that plans include learning from complaints, incidents and serious incidents?	Operational Plan section 3.4
What evidence is there that Quality Impact Assessments are undertaken against changes in commissioning and pathway redesign?	Completed Quality Impact Assessments for recent redesign projects led by OCCG
How will improvements described in the planning guidance 'must-do' number 9 be managed and delivered, with risks mitigated?	See clinical assurance framework (supporting document 17). Also supporting providers with mortality reviews
Technology, Research, Innovation & Growth	

Key Lines Of Enquiry (KLOE)

How does the operational plan support the objectives within the Local Digital Roadmap? How will critical technology projects identified in the STP be delivered?	Section 3.2.4.3 of the Operational Plan identifies the key projects from the LDR and STP which are supported through funding in 2017/18. These projects will be governed by the LDR Delivery Group and the delivery will be managed through this group.
Does the operational plan include delivery of the Universal Capabilities required within the LDR programme and how do these support operational plans?	Section 3.2.4.3 of the Operational Plan includes delivery of the Universal Capabilities outlined in the LDR. The Universal Capabilities support integrated working across health and social care clinical pathways. The delivery of these capabilities will improve clinical safety and joined up working between health and social care.
Do plans set out the CCG's approach to data sharing, developing interoperable systems, data sharing agreements and consent models?	The OCCG data sharing approach is detailed within the LDR (draft supporting document 11) and is supported by the Operational Plan.
Screening & Immunisation	
How does the plan set out working with NHS England public health commissioning teams to increase uptake of screening and immunisations in the context of devolved primary care commissioning but not devolved public health commissioning? How does the plan set out working with NHS England public health commissioning teams to increase uptake of vaccinations in the context of local resilience planning (influenza, pneumococcal, rotavirus etc.)? How does the plan set out working with NHS England public health commissioning teams in respect of priority areas such as cancer and learning disabilities to ensure appropriate screening to treatment pathways are in place?	NHSE SE Team have confirmed that we are not required to complete this section (email from Siobhan Kelly 1Nov16).
Prevention	
Is the commitment to the prevention agenda evident and does the plan demonstrate a quantified shift to evidence based interventions to support the prevention and self help agenda?	*To be completed*
Diabetes	

Key Lines Of Enquiry (KLOE)

How will the CCG be developing and implementing plans to tackle obesity and diabetes? How will the CCG deliver the following requirements of the national diabetes priorities for type 1 and type 2 diabetes patients? **Treatment targets**: Improving the achievement of the three NICE-recommended treatment targets ((HbA1c <=58mmol/mol (7.5%); Cholesterol <5mmol/L; Blood pressure <=140/80 mmHg) for adults and one (HbA1c) for children with diabetes. GP practices to maintain or improve performance to ≥40.2% (current national median) Understanding the reasons why their populations, at CCG and GP practice level, are not sufficiently achieving the treatment targets (i.e. demographics, co-morbidities, age, ethnicities etc.) and develop an action plan and deliver improvements in performance in line with the IAF deliverables' **Structured Education**: To increase the percentage of people with diabetes (diagnosed less than a year) who attend a structured education course. An additional 10% of newly diagnosed people with diabetes attending structured education Gaining an accurate understanding of the level of take-up of structured education through improving records of attendance/completion of structured education courses. Understanding why structured education take-up is low and develop an action plan and deliver improvements in performance in line with the IAF deliverables'	• Working with BOB on obesity and LA re-procurement of obesity services • Diabetes have dedicated input for weight management • NDPP bid successful and working with BOB • Oxfordshire participation in NDA was 91% in 2016 and will increase participation to 100% in 2017. • Implementation of diabetes dashboard across Oxfordshire to compare adherence to NICE-recommended targets and locality demographics to then drive improvements. • IAF deliverables will be achieved through diabetes transformation project outlined in paragraph above. • Implementation of dashboard which will show more accurate recording of structured patient education uptake. This will then inform strategy to improve uptake of structured education. • Implementation of tiered curriculum-based education for clinicians.
Maternity	
Does the CCG have a Better Births implementation plan?	Yes, through the Transformation Programme (draft supporting document 6)