

## Oxfordshire Clinical Commissioning Group Board Meeting

<b>Date of Meeting:</b> 29 November 2016	<b>Paper No:</b> 16/74
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<b>Title of Paper:</b> Chief Executive's Report
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<b>Is this paper for</b>	<b>Discussion</b>	<b>Decision</b>	✓	<b>Information</b>	✓
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<b>Purpose of Paper:</b> To report updates to the Governing Body on topical issues.
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<b>Financial Implications of Paper:</b> Financial information within but paper is for information, no direct financial implication.
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<b>Action Required:</b> The Governing Body is asked to: <ul style="list-style-type: none"> <li>• Note the contents of the report</li> <li>• Approve the Scheme of Delegation and Reservation and the Conflict of Interest and Bribery Policies as recommended by the Audit Committee.</li> </ul>
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<b>NHS Outcomes Framework Domains Supported (please tick ✓)</b>	
✓	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

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

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## **Chief Executive's Report**

### **1. Introduction**

Since the last meeting I have:

- Given the keynote address, an Overview of STPs, at the Health Education England Thames Valley Annual Event
- Been part of the panel for the Westminster Health Forum Keynote Seminar: Next steps for devolution of health and social care services in England
- Attended with Dr Joe McManners the NHS Clinical Commissioners national members' event: Delivering for local populations.

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

The latest reported data for Cancer Waiting Time targets across Oxfordshire is August 2016 whereby the 2 week wait (2ww) (95.30%), 31 day anti-cancer drug treatment (100%) and 31 day radiotherapy treatments (98.18%) targets were all met. However, the 2ww breast (92.76% against a 93% target), 31 Day diagnosis to treatment (92.11% against a 94% target), 31 day surgery (91.89% against a 94% target) and the 62 day (79.12% against an 85% target) all breached. These were attributed to the Oxford University Hospitals NHS Foundation Trust (OUHFT) except the 31 day surgery target which was breached by Buckinghamshire Healthcare NHS Trust and University Hospitals Bristol NHS Trust

OUH continue to struggle to meet the referral to treatment (RTT) incomplete standard. We have met with the Trust and as a result have agreed with them the top three actions that we will take to support them and the top three actions they will take to rectify the position and meet the standard. They intend to meet the incomplete standard in December 2016.

The performance recovery plans are included with the Performance Report under Item 15.

### **3. Quarter 2 Improvement and Assessment Framework Meeting**

For 2016/17 the Improvement and Assessment Framework (IAF) has four domains (Better Health, Better Care, Sustainability and Leadership) including six clinical priority areas (Mental Health, Dementia, Learning Disabilities, Cancer, Diabetes and Maternity). The outline of the framework is demonstrated in the diagram below.



More information can be found at [CCG improvement and assessment framework 2016/17](#).

The Quarter 2 review meeting was held on 3 October 2016. We self-assessed ourselves as “Requires Improvement” in the Better Care domain given our on-going performance challenges and “Good” in the other three domains. The meeting was changed to concentrate mainly on performance against NHS constitution standards and we were joined by Oxford University Hospitals NHS Foundation Trust for this part of the meeting. As I have said on many occasion it is not acceptable that we are not delivering some of the NHS Constitution standards and this is not the level of service we wish to commission for the people of Oxfordshire.

NHS England has written to us following regional moderation with the outcome of the Q2 meeting; they have assessed us as requires improvement in both Better Care and Leadership. This is obviously disappointing and I wish to assure the Board that the Executive team are focused on working with providers to improve performance (the action plans are included as part of Item 15 on today’s agenda).

Overall ratings have been published for four of the six clinical areas (which have also been referred to in the Integrated Performance Report) and these are:

- Maternity – Needs improvement
- Dementia – Top performing
- Cancer – Performing well
- Learning Disability- Needs improvement
- Mental Health – Needs improvement

#### **4. Sustainability and Transformation Plans Update**

An updated version of the BOB STP was sent to NHS England (NHSE) on 21 October. We have had the formal feedback and are considering this. A copy of the submission has been sent to our trust and council chief executives. We will be updating the STP document with the feedback from NHSE and along with the other STP footprints we are expected to follow the national process set out by NHS England. We plan to publish a summary later this month and, as the full plan requires further work, expect this to be published in early in 2017.

#### **5. Scheme of Delegation and Reservation, Conflict of Interest Policy, Bribery Policy**

Following the publication of statutory guidance from NHS England in June 2016, the Conflict of Interest Policy has been updated to ensure compliance with the new requirements. The Audit Committee, at its October meeting, reviewed the revised Policy noting the Implementation Plan which has been developed to ensure all required actions are undertaken by the organisation. The new Policy also includes a provision with respect to the publication of individual declarations of gifts or hospitality and a register has now been published.

The Audit Committee reviewed the proposed changes to the Scheme of Reservation and Delegation. The changes were aimed at minimising ambiguity and bringing together rules for commissioning and contracting for primary care services, health care services and non-health care services.

A revised Counter Fraud, Bribery and Corruption Policy was also presented to the Audit Committee. The previous version contained unnecessary information which was removed with the remaining information being updated to maintain compliance with the NHS Protect guidance.

All of these documents are available on request.

The Audit Committee recommended and endorsed the Board adoption of all three amended documents.