

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 26 January 2017	Paper No: 17/02
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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 OCCG Board is asked to note the contents of the report.
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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			

Author: David Smith, Chief Executive	Clinical Lead: Dr Joe McManners, Clinical Chair
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Chief Executive's Report

1. Introduction

Since the last meeting:

- I attended the launch of the Health Inequalities Commission Report
- In December with the Trusts I met with five of the six Oxfordshire MPs
- In January the Trusts and I met with Victoria Prentis MP, Robert Courts MP and The Rt Hon Andrea Leadsom MP and I also met separately with Robert Courts MP and Ed Vaizey MP
- With the Chief Operating Officer met with the Chipping Norton Hospital Action Group; Robert Courts MP; Stuart Bell, Oxford Health NHS Foundation Trust Chief Executive; and the Chairs of the North and West Locality Forums
- I attended the NHS England Staff Away Day and with Rachel Pearce, Director Commissioning Operations South Central, presented Introducing our STPs, their priorities and support needs
- With the Clinical Chair attended the Healthwatch Oxfordshire Board and gave a presentation on Health Transformation.

2. Performance Against National Targets

The latest reported data for Cancer Waiting Time targets across Oxfordshire is October 2016 whereby the 31 day anti-cancer drug treatment (100%), 31 day surgery (94.12%), 31 day radiotherapy treatments (98.18%) and the 62 day screening (100%) targets were all met. However, the 2 week wait (92.47% against a target of 93%), 2 week wait breast (91.75% against an 93% target), 31 Day diagnosis to treatment (93.90% against a 94% target) and the 62 day (70.42% against an 85% target) all breached. The majority of these breaches are attributed to the Oxford University Hospitals NHS Foundation Trust (OUHFT).

OCCG continue to struggle with the Incomplete standard which is set at 92% of patients being seen in 18 weeks (both outpatients and patients waiting for surgery). OUHFT achieved 89.5% and Buckinghamshire Healthcare Trust 88%. Other Trusts treating Oxfordshire patients achieved the standard in Month 8 (November).

3. Quarter 3 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 3 review meeting was held on 5 January 2017. 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. NHSE confirmed that progress had been made in the leadership domain since the Q2 discussions but that the confirmed rating would have to await the regional and national moderation discussions.

The clinical focus of the meeting covered cancer and our Dr Shelley Hayles (GP lead) and Laura Carter (Commissioning lead) demonstrated the range of work the CCG is undertaking to improve cancer service delivery.

4. Oxfordshire Transformation Phase 1

Following receipt of a letter from NHS England (NHSE) confirming the Oxfordshire Transformation Phase 1 scheme was fully assured against the Four Key tests of service change, we launched on 16 January 2017 our phase 1 consultation into a number of service changes:

- Changing the way we use our hospital beds and increasing care closer to home in Oxfordshire
- Planned care at the Horton General Hospital (planned care includes tests and treatment planned in advance and not urgent or emergency care)
- Acute stroke services in Oxfordshire
- Critical care (critical care helps people with life-threatening or very serious injuries and illnesses) at the Horton General Hospital

- Maternity services at the Horton General Hospital including obstetrics and the Special Care Baby Unit (SCBU).

The consultation will run for 12 weeks to 9 April 2017. A copy of the consultation document can be found on our website at:

<https://consult.oxfordshireccg.nhs.uk/consult.ti/BigconsultationPhase1/consultationHome>, together with a number of supporting documents.

We have arranged a number of public meetings to listen to views of patients and the public. Details are on our website. We have also provided a survey for responders to complete and submit to us with their views.

We will provide an update on the consultation at our next Board meeting on 30 March 2017.

A copy of the letter from NHSE is appended to my report.

David Smith
Chief Executive
Oxfordshire Clinical Commissioning
Group
Jubilee House
5510 John Smith Drive
Oxford Business Park
Cowley
Oxford
OX4 2LH

NHS England (South)
Premier House
Caversham Road
Reading
RG1 7EB

By Email
David.Smith@oxfordshireccg.nhs.uk

10th January 2016

Dear David,

Re: Stage II assurance – Oxfordshire Transformation Phase 1

My thanks to your colleagues for the constructive manner in which you have addressed the points arising from the discussions with our local service reconfiguration assurance panel, chaired by Rachel Pearce, Director of Commissioning Operations for South Central on Monday 5th December 2016 and our subsequent questions.

Statement of assurance:

Following consideration of the evidence presented and the discussion at the assurance meeting and subsequently, it has concluded that this scheme is fully assured against the Four Key tests of service change:

- clear clinical evidence base;
- consistency with current and prospective need for patient choice;
- strong public and patient engagement;
- support for proposals from clinical commissioners.

Assurance has also been gathered against finance best practice tests.

I am content for the phase one of the Oxfordshire Transformation Scheme proposals to proceed to consultation.

For the avoidance of doubt, my agreement to proceed to consultation does not constitute approval or sign-off for:

- The Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Plan.
- Capital expenditure or confirmation of capital availability. This is a particularly significant point given the nature of the capital ask and the constrained national capital funding position.
- Control totals for the trusts or surplus/deficit for the CCG for future years.
- Funding from the Sustainability and Transformation Fund for future years, either for provider deficits or policy/transformation.
- Any other funding beyond routine allocations to cover under delivery of planned savings or failure to achieve financial balance for any other reason.

I wish you and colleagues every success over the coming years in taking forward these proposals.

Yours sincerely



Jennifer Howells
Interim Regional Director South
NHS England

CC: Anne Eden
Executive Regional Managing Director NHSI (South Region)
Rachel Pearce
Director of Commissioning Operation South Central NHSE