NHS
Oxfordshire
Clinical Commissioning Group

MINUTES:

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING

25 May 2017, 09.00 – 11.30 Conference Room A, Jubilee House, 5510 John Smith Drive, Oxford, OX4 2LH

	Dr Joe McManners, Clinical Chair
	David Smith, Chief Executive
	Dr Stephen Attwood, North East Locality Clinical Director (voting)
	Dr Ed Capo-Bianco, South East Locality Clinical Director (voting)
	Dr Miles Carter, West Locality Clinical Director (voting)
	Dr David Chapman, Oxford City Clinical Director (voting)
	Dr Jonathan Crawshaw, South West Locality Clinical Director (voting)
	Mike Delaney, Lay Member (non-voting)
	Roger Dickinson, Lay Vice Chair (voting)
	Diane Hedges, Chief Operating Officer and Deputy Chief Executive (non-voting)
	Gareth Kenworthy, Director of Finance (voting)
	Dr Jonathan McWilliam, Director of Public Health Oxfordshire (non-voting)
	Catherine Mountford, Director of Governance and Business Process (non-voting)
	Dr Paul Park, North Locality Clinical Director (voting)
	Dr Guy Rooney, Medical Specialist Adviser (voting)
	Duncan Smith, Lay Member (voting) [from 09.50]
	Dr Louise Wallace, Lay Member Public and Patient Involvement (PPI) (voting)
	Helen Ward, Interim Deputy Director of Quality (voting) [for Sula Wiltshire]
In attendance:	Lesley Corfield - Minutes
Apologies:	Stuart MacFarlane, Practice Manager Representative (non-voting)
	Kate Terroni, OCC Director for Adult Services (non-voting)
	Sula Wiltshire, Director of Quality and Lead Nurse (voting)

Item No	Item	Action
1	**Chair's Welcome and Announcements** The Chair welcomed everyone to the meeting and reminded those present the OCCG Board was a meeting in public and not a public meeting. He welcomed Dr Ed Capo-Bianco and Dr Jonathan Crawshaw, newly appointed South East and South West Locality Clinical Directors, to the Board. The Chair advised the public would have the opportunity to ask questions under Item 3 of the agenda. The Interim Deputy Director of Quality read the Patient story and thanked the patient for their consent.	

2	**Apologies for absence** Apologies were received from the Practice Manager Representative; the OCC Director for Adult Services; and the Director of Quality and Lead Nurse.	
3	**Public Questions** The Director of Governance advised six questions had been received via the website. Five questions related to the Oxfordshire transformation programme and would be addressed at the Extraordinary Board meeting on 20 June 2017. The remaining question concerning a comment in the minutes of the last meeting around the Primary Care Framework would be picked up under the Locality Clinical Director Reports, Item 8. Responses would be posted on the website within 20 working days of the relative meetings. The Chair invited questions from members of the public but no questions were forthcoming.	
4	**Declarations of Interest** There were no declarations of interest relating to agenda items or over and above those already recorded.	

5	**Minutes of OCCG Board Meeting held on 30 March 2017**
	Subject to two minor amendments as detailed below, the minutes of the meeting held on 30 March 2017 were approved as an accurate record.
	• Item 10: Primary Care Framework
	  ○ End of the third paragraph – Oxford PPG to West Oxfordshire Locality Forum Steering Group
	  ○ Fourth line of paragraph 6 – neighbourhoods to community services.	

6	**Matters arising from the Minutes of 30 March 2016 – Action Tracker** The actions from the 30 March 2016 minutes were reviewed and updates provided where these were not covered under items later on the agenda or included in the Action Tracker. *Service for Carers* Budgets had been agreed and OCCG was working with Age UK on a pilot to link practices into provision to support carers. The pilot would be used to determine what would make a difference to carers. The action was closed. *Safeguarding Report* Assurance had been received around the process and the system had also been implemented in Berkshire and Buckinghamshire as well as five other counties. Implementing at scale had provided benefits and offered best value. The action was closed *Strategic Risk Register and Red Operational Risks* The Directors Risk Review meeting had reviewed all the risks on the Strategic and Red Operational Risk Registers. AF21 had been reviewed and the rating would remain at 16. The action was closed. *Information Technology: Digital Road Map and Risk Assessment* The Director of Finance advised a further discussion was due to be held at the next CCG Executive on 27 June 2017. The Lay Member PPI requested the Quality Committee be sighted on the IT work. After a brief discussion it was agreed to hold a short session at a Board Workshop. The Lay Vice Chair felt in light of the recent security system issues this area should also be picked up in the Workshop presentation. It was further agreed that the risk assessment element would also be included in the presentation. The Director of Finance advised the Audit Committee received cyber security reports and recommended inclusion in the Operational Risk Register. The Director of Governance was asked to check cyber security was included in the Risk Register. *Children's Trust Board* The Chief Operating Officer reported a meeting had taken place but further discussion was required. *Strategic Risk Register and Red Operational Risks* Underneath the overall strategic risk around performance were many different elements in the Operational Risks and the referral to treatment (RTT) element	**CM** **DH**

	would be picked up.	**CM**
Overview Reports		
7	**Chief Executive's Report** The Chief Executive introduced Paper 17/31 updating the OCCG Board on topical issues including performance against national targets, Quarter 4 Improvement and Assessment Framework meeting, the Oxfordshire transformation programme and the appointment of the South East and South West Locality Clinical Directors and reappointments of the Deputy Locality Clinical Directors in Oxford City and South East Localities. The Chief Executive highlighted the purdah period before the general election and subsequent need to hold two Extraordinary Board meetings around the transformation programme: 20 June 2017 to receive the responses to the consultation; and 10 August 2017 where any decisions on the Phase 1 consultation would be made. The Lay Member PPI noted the visit to the maternity and emergency departments of the John Radcliffe (JR) Hospital. She advised issues around the maternity departments in both the JR and Horton Hospitals had been discussed in the Quality Committee. The Lay Member PPI reported the Quality Committee remained concerned about the consultant cover and asked for a view from the Chief Executive around how the department appeared to be coping, his impression of how it was working, how the JR was moving toward achieving the consultant cover and the actions being taken. The Chair commented members of OCCG could not respond on behalf of the OUHFT and it would be necessary to raise this with the Trust. The Chief Executive stated the Board should not duplicate the work of the Quality Committee and he would be happy to respond through that medium. The Chief Operating Officer and Interim Director of Quality would pick up with the Director of Quality outside of the meeting. **The OCCG Board noted the Chief Executive's Report.**	**DH/HW /SW**
8	**Locality Clinical Director Reports** Paper 17/32 contained the Locality Clinical Director Reports. The North Locality Clinical Director apologised for a shorter report than normal advising due to the purdah rules the transformation sections could not be included on this occasion. The South West Locality Clinical Director drew attention to the community dermatology service which had been in place for sufficient time to allow an appraisal to be undertaken. The service had been a success and it was hoped to roll it out over South Oxfordshire in the next few months. The service was very good and provided treatment much closer to home. The Chair requested a thank you and congratulations should be passed on to GPs concerned. The West Locality Clinical Director commented on the transition of patients during the closure of Deer Park Medical Practice observing there had been a great deal of anxiety but the transfer had taken place quite smoothly. The transition had been helped by increasing the hub hours during the process. The North East Locality Clinical Director reported on the work around the place based plans which included a review of premises. A meeting had taken place with NHS England (NHSE) and NHS Property Services were due to present at a meeting attended by the Council on plans and options. A medium term solution to provide different options for providing services was required. The Chief Executive requested an updated schedule, possibly for the September Board meeting; around the Bicester Healthy New Town to highlight work being undertaken in Bicester. The North East Locality Clinical Director advised it would be included in the placed based plans but he was happy to undertake something for the Board.	**JC** **SA**

The Chief Operating Officer referred to the question posed in relation to attracting new investment providers. She assumed the language used had created a question around the provision of NHS services. The Chief Operating Officer explained the minute related to seeking a large amount of estates investment over and above that received from the national bidding process. There was a need to support primary care to provide services and a need for more and fit for purpose space. OCCG needed to look at what was possible without investment from the centre. Work had been undertaken, as could be seen from the Locality reports, and considering different ways of thinking about the estate. Work was also taking place with District Councils around creative thinking and planning. There might be a need for alternative private provision of estate which OCCG could support through revenue costs.

In terms of engagement with the public, within the transformation work where there was an impact on services patients needed to be involved. Where an opportunity for change was identified OCCG worked with practices and the practices worked with the patients. Practices were then required to evidence the engagement undertaken. The level of engagement would be dependent on the amount of change. The Chair commented patients would be involved in the place based plans. The Chief Operating Officer advised OCCG always worked with the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) and would discuss emerging changes with the HOSC Chair and Deputy Chair who would provide guidance on whether a change needed to go to a meeting of the full HOSC or could proceed with the engagement being proposed.

The Lay Member (non-voting) commented on all the Locality reports referring to the Primary Care Framework (PCF) and queried whether the Localities felt they had enough support to undertake the work. He observed there would be a great deal of commonality between Localities and an opportunity to share information, knowledge and plans. The Lay Member (non-voting) suggested the Board should ensure there were processes to cascade good ideas across the county. The North Locality Clinical Director advised good ideas were being collated and shared. There were also several lists of possible actions which was helpful. However, the North Locality Clinical Director stressed the need for multiple approaches and organic flexibility cautioning practices valued their independence and patients were also keen on the independence of a practice.

The Oxford City Locality Clinical Director stated practices did not have the resources to build a business case. Although the resource was lacking there was a great deal of excitement in the consideration of what could be achieved. The Oxford City Locality Clinical Director advised it was also the delivery of community services and not just general practice. Many community services were vacating general practice surgeries because the space was required by the GPs and as a consequence the different practitioners were separated. Within GP building plans the other services were often forgotten but there was a need for these to be tied in. Public involvement was vital but there were problems as there were usually particular cohorts of patients which were not representative of all patients. The Chair concurred observing the need for good representation from community services and stressing the importance of integrating together in the plans.

The Chief Operating Office stated resource and capacity had been a concern. Localities had been provided with the same framework in order to try and shape plans in a similar format but there had been a question around additional people resource to help shape plans. It had been decided to secure additional support to review the plans and provide advice on their strengths, where more development was required and to assist LCDs with their particular plans. The additional support would help with the writing of the business cases. The Chief Operating Office noted that some Localities might require some help with organisational

	development. The Director of Public Health reported parallel conversations had been held within Oxfordshire County Council (OCC). He suggested people within the OCC estates should connect with the CCG explaining it was not just adult social care but library services, advice services and broader issues. **The OCCG Board noted the Locality Clinical Director Reports.**	
Business and Quality of Patient Care		
	Finance Report Month 12 The Director of Finance presented Paper 17/33 providing the financial performance of OCCG to 31 March 2017. At 31 March 2017 OCCG had reported a forecast outturn surplus of £21.130m which was made up of £12.9m as per the final plan submission to NHS England (NHSE) plus £8.2m release of the 1% non-recurrent reserve to the bottom line as per national guidance in Month 12. The Director of Finance drew attention to the table on page 4 of the Report and the underspend on primary care explaining the figure contained the underspend on the primary care prescribing budget and some slippage from other programmes. The risk around the outturn on the contract with Oxford University Hospitals NHS Foundation Trust (OUHFT) had deteriorated to £4.3m overspend which presented a risk on the run rate. When the contracts had been agreed an outturn of £2.6m had been expected. As a result there was an increased risk to OCCG in achieving the 2017/18 financial plan. An invoice for £960k from Specialised Commissioning for Critical Care was the main cause of the overspend and OCCG was currently disputing the charge with NHSE. The Lay Member (voting) advised the Finance Committee had scrutinised the figures throughout the year and believed the figures were a good result in terms of compliance with the business rules. With regard to how much of the non-recurrent reserve and surplus could be taken forward in the current year, the Director of Finance advised the original plan for £12.9m, which included a stretch surplus of £4.0m, was to return the £4.0m to OCCG over four years at £1.0m a year; whilst the guidance around the £8.0m 1% non-recurrent reserve was not clear, it had been indicated this would be returned at some future point but there was no clarity around when. With the previous increases in allocation OCCG had moved from being a CCG whose allocation was one of the furthest away from fair share to 5% away and as this figure was deemed to be within tolerance by NHSE the Director of Finance did not anticipate any change. The Chief Executive explained the Specialised Commissioning budget could not be delegated to CCGs. Over the Buckinghamshire, Oxfordshire and Berkshire West (BOB) footprint work was underway with Specialised Commissioning in order to achieve more control over the spend across the footprint. There was a great deal of work taking place behind the scenes but it was not known when it would be possible to look at the totality of the budget and have some control over it. **The OCCG Board noted the Finance Report for Month.**	
	Oxfordshire Clinical Commissioning Group Annual Report 2016/17 The Director of Governance presented Paper 17/34 containing the Performance Report and Accountability Report sections of the OCCG Annual Report for 2016/17. The Director of Governance advised:	

- The Performance Report must contain:
    - A summary providing the public with information to understand the organisation, its purpose, key risks, objectives, achievements and how it had performed in the year
    - A Performance analysis – to report on the organisations most important performance measures
- The Accountability Report must contain:
    - A Corporate Governance Report
    - A Remuneration and Staff Report
    - A Parliamentary Accountability and Audit Report.

The Director of Governance thanked the team, particularly the two Heads of Communications and Engagement, for their efforts especially as the guidance changed every year. The Director of Governance also wished to thank the Lay Members and the Audit Committee for their helpful comments. The Annual Report had to be written as per the national guidance and some elements were subject to external audit. The Annual Report was due to be submitted the next week and would be assured by NHS England (NHSE). The Annual Report still contained a few gaps which were in the process of being completed. The Board was asked to approve the Annual Report. The Director of Governance requested if it was felt anything had been missed from the Annual Report she could be notified as soon as possible as there was still time to make minor changes. The final version would be published on the website at the end of June.

The Lay Vice Chair in his role as Audit Committee Chair advised the Annual Report had been received and reviewed individually by the Lay Members as well as at the Audit Committee meeting on 23 May 2017. The Lay Vice Chair recommended the Annual Report to the Board for adoption. He added that the guidelines were fairly tortuous and did not follow plain logic or style. On behalf of the Audit Committee he thanked the Communications Team, the Governance Team and the other individuals who had pulled the Annual Report together in a timely and efficient manner.

The Chair added his expressions of gratitude and requested Board members provide any additional comments to the Director of Governance as quickly as possible. **All**

The poor performance on the 62 week cancer waits and ambulance service were noted. The Chief Operating Officer advised there were two issues. On cancer it was clear there was a need to improve and there was an action plan in place with OUHFT. Although ambulance performance was not meeting the standard South Central Ambulance Service (SCAS) was one of the highest performing Trusts in the country. Whilst it was disappointing SCAS was not meeting the standards they were performing very well in comparison to other ambulance trusts.

The Chief Executive advised an attempt had been made to include in the covering piece some of the positive pieces of work that had been accomplished. The difficulty was that this tended to be hidden due to the constitutional standards not being delivered. There was a need for more effort and joint working across the system to meet the standards. The Chief Executive believed it must be possible to deliver the standards as there were trusts in other parts of the country that were able to do so.

The Chair commented on the importance of celebrating success. The Director of Public Health stated there were a lot of positives especially in integration of services but reporting was only around delayed transfers of care (DTOCs) and the public should be made aware of the good news stories.

	The OCCG Board agreed the report in its current form and noted minor amendments would be made to the report prior to submission.	
	Oxfordshire Clinical Commissioning Group Annual Accounts 2016/17 The Director of Finance presented Paper 17/35, the version of the draft accounts submitted on 26 April 2017 following review by the Audit Committee. An updated version of the accounts incorporating changes identified to date had been considered by the Audit Committee on 23 May 2017. Delegated arrangements were in place to authorise any changes between the Audit Committee on 23 May and the final submission date of 31 May 2017. The Director of Finance advised the Annual Accounts were unchanged to those reviewed by the Audit Committee. The external audit work had not found any changes at that point which needed to be reflected in the report. The Annual Accounts were presented for the Board to approve but external work was on going. It was hoped this work would be finished that day to allow sign off of the Accounts. The Director of Finance thanked the Finance Team, particularly the Deputy Director of Finance, and the Central, Southern and West Commissioning Support Unit (CSU) for their work on the Annual Accounts but more especially as he had been unable to be in the office as much as normal during the last couple of weeks. The Lay Vice Chair in his role as Chair of the Audit Committee reported there had been several opportunities for the Audit Committee to review the report. As with the Annual Report he was please to recommend adoption of the Annual Accounts by the Board. On behalf of the Audit Committee the Lay Vice Chair thanked the team under the Director of Finance led by the Deputy Director of Finance. He advised there had been much closer working relations with the CSU which had allowed the process to run more smoothly. The Lay Vice Chair advised the external auditors had stated it had been a pleasure to work through such a smooth process and he expressed his thanks to the CSU and the external and internal auditors. The Lay Member (voting) advised the Audit and Finance Committees had worked together on the Annual Accounts and whilst scrutiny had been through the Audit Committee he could confirm the Finance Committee had looked at the reconciliation between the management accounts and annual accounts and the figures were consistent. **The OCCG Board approved the Annual Accounts for 2016/17, noting the delegated arrangements and that any significant changes would be reported at the July OCCG Board.**	
	Integrated Performance Report The Chief Operating Officer introduced Paper 17/36 updating the OCCG Board on quality and performance issues to date. The Integrated Performance Report was designed to give assurance of the processes and controls around quality and performance. It contained analysis of how OCCG and associated organisations were performing. The report was comprehensive but sought to direct members to instance of exception. The Chief Operating Officer advised there had been an improvement in cancer performance at Month 12 but there was a continued risk on the 62 day standard. The Trust was working hard to deliver the standard but the OCCG Board needed to remain sighted on the risk. The Chief Operating Officer welcomed the work undertaken by the North Deputy Locality Clinical Director in this area acknowledging it had been contentious and she thanked the Locality Clinical Directors for their support to this work. In April A&E performance reached 88.8% out of the 95% target. The situation	

	was not helped by the complexity of patients' conditions but there were also staffing issues in the emergency department (ED) and difficulties with recruiting consultants. The Trust had set a standard of 98% for minors and was making another push to ensure this high volume stream was managed. A visit had been undertaken by the National Helping People Home team. It was helpful to the Trust if flow was maintained and there were many recommendations in the Helping People Home work. Issues continued with the 52 week waits but a conversation was required with the Trust around interpretation of the access policy and whether patients who had received several offers of dates should continue to be on the waiting list. The Deputy Director of Quality advised three trajectories had been agreed with the Trust on discharge test results and out and in-patient communications. This was challenging but the Trust was giving the issue high visibility. It was a small movement but in the right direction. The Lay Member PPI commented it was a slow incremental improvement on the three targets that the Quality Committee had been working on for a long time. The Quality Committee was cautiously optimistic for the future. The new Children and Adolescent Mental Health Service (CAMHS) was proving to be a benefit to patients. The Lay Member PPI felt it was an important development for OCCG to be piloting the new Improving Access to Psychological Therapies (IAPT) programme adding there was good research evidence to support the approach. The Lay Member PPI advised OCCG had been successful in joining the National Diabetes Prevention Programme around making improvements in healthy lifestyle which could make a big difference to people. The Chair felt it was good to see the progress with CAMHS advising the Clinical Director of Quality had been very involved. It was reassuring that the pathway had been changed to ensure patients were not discharged before having a consultation with a GP. Work was now underway to reduce the waiting times. The Lay Member (non-voting) highlighted the quality premium and the implications of not meeting the national standards leading to OCCG not receiving the premium. A lot of time was spent in identifying and developing projects and setting targets around improvement to trigger aspects of the quality premium but there were deductions for missing any or all of the constitutional targets. After all the work and effort it was frustrating not to receive the quality premium. The Chief Operating Officer advised the improvement in performance in the last month might give rise to some payment as, depending on the measurement periods, the CCG may have met the ambulance and cancer 62 day standards although at least half and probably more would be lost. The Lay Member (voting) felt workforce was a theme through the report with every area appearing to be challenged. He queried whether as a Board enough time was being spent on the workforce issue observing it was an area where the Board should be receiving assurances. On other aspects of the report, he noted the increased indicators around services in the Oxford Health NHS Foundation Trust (OHFT) performance; that the reasons behind the increased delayed transfer of care (DTOC) all seemed to be addressable and requested an update on actions to be taken; and felt it would be good for the Board to be able to monitor waiting times (RTT and hidden waits in mental health). The Chair observed workforce was a significant problem for the health and social care economy adding it was one of the items picked up by the National Helping People Home team. The Chief Operating Officer felt there was a degree of disappointment in the lack of progress. The A&E Delivery Board was considering	**DH**

	the recommendations; one of which had been a joint post funded between all organisations to focus on the workforce. OHFT, OUHFT, OCC and OCCG had all committed to this and a scope document had been submitted that morning. The Helping People Home Team had challenged organisations that they were not focussed enough or thinking creatively about alternative solutions. The Chief Operating Officer suggested looking at the student population, personal budgets, and micro providers as there were other options than employing home care workers through an agency. The Chief Operating Officer would ensure delivery on the joint piece of work but advised it would be focussed on home care workers. The Chief Executive stated there were challenges across a whole range of skills and although work was taking place, it was not joined up. RTT was a particular issue and following the roundtable with the regulators the system was due to produce an improvement plan by the end of May. The system had agreed to appoint an Improvement Director to deliver the RTT who would be accountable to the three Chief Executive Officers. The RTT backlog raised a financial issue and there would be a need to bring this back to the Board. The Oxford City Locality Clinical Director felt an appointment should be made at Board level to be responsible for workforce and to bring all the areas together. He added that the report contained very little on general practice performance and queried how this would be picked up as OCCG as a commissioner should be interested in the information. The Chair advised that general practice performance was being discussed at the Oxfordshire Primary Care Commissioning Committee (OPCCC). The Chief Executive felt organisations should be working as a system rather than individuals. He reported meetings to discuss accountable care system (ACS) methods of working had been arranged with organisation Chairs and Chief Executive Officers to look at problems system wide rather than individually. He stressed the need to use the talents of people across the system as there were senior people in the system who could work for the system as well as individual organisations adding many people were working across the BOB STP footprint. Workforce was an issue but care should be taken to ensure resolving something in Oxfordshire did not cause problems elsewhere across the footprint. The Chief Executive advised there was a workforce transformation workstream led by the OUHFT Director of Organisational Development and Workforce and the OCC Director of Adult Services. He suggested the workforce issue should be taken back and reflected in the next phase of the transformation. The Chief Executive expressed the hope the conversations with the Chairs and Chief Executive Officers would produce a more joined up view. The Chair requested a workforce report for the next Board meeting. The Director of Public Health observed there were societal issues and suggested undertaking some analysis within individual organisations to gauge the appetite to participate in the work. The Chief Operating Officer reported on an approach from NHS Improvement (NHSI) and NHSE regarding another round of capital for the A&E streaming project. Consideration was being given to whether a bid should be submitted by the end of the week for the John Radcliffe. The proposal was not without risk and the Trust had queried whether OCCG would subsidise any loss. OCCG had advised the costs would need to match the benefits. The submission would be discussed with the Director of Finance. The Chief Executive advised the RTT was work in progress and a report on the	**DH**

	RTT Plan would be brought to the July Board. He stated the need for an RTT item to be included in future Integrated Performance Reports. The Chief Executive and Chief Operating Officer would discuss outside of the meeting whether there was a need for similar items for the other targets. With regard to the cost implications of the RTT backlog, it was queried whether there was any flexibility around the use of the reserve. The Chief Executive confirmed there was no flexibility under the business rules; OCCG had to deliver a surplus. He commented there was an issue around how the money held was used and if committed to one area it raised the question of how other pressures would be addressed. The Chair felt any investment in meeting the backlog would have to be met by investment in changing the clinical pathways and equal effort to stop the backlog building up. The Chief Executive reported part of the plan being developed centred on the backlog and the need to ensure sustainability going forward. There was a need to consider demand management, pathways and productivity. The Chief Executive Officers had agreed the need for senior focus and hence the appointment of an Improvement Director. **The OCCG Board noted the Integrated Performance Report.**	**DH** **DS/DH**
Governance and Assurance		
	Corporate Governance report The Director of Governance introduced Paper 17/37 which reported on formal use of the seal and single tender action waivers. It also included details of hospitality and declarations of interest. **The OCCG Board noted the Corporate Governance Report.**	
	Strategic Risk Register and Red Operational Risks The Director of Governance presented Paper 17/38 and highlighted the change to the front sheets for the Board and Sub-committees particularly the risk section. More work with staff around what should be included in this section was required but it should explain to the Board (and its Committees) how papers related to areas of risk. The Directors Risk Review meeting had broadly agreed the Strategic Risks were in the right areas but not articulated correctly resulting in the wording being amended. No changes to risk ratings were proposed and there remained two Extreme/Red Strategic Risks. The Operational Risks were also reviewed. RTT had not yet been opened as a risk as there was a need to be able to articulate the particular issue and once this was clarified the risk would be opened. The Director of Governance acknowledged it was a fair comment to suggest workforce should be a specific Strategic Risk commenting currently workforce was part of many risks. She stated a risk could be opened if the Board felt it should be a separate risk. On the question of IT/cyber security, this would be an Operational Risk and would need to be developed by the Director of Finance. Any comments on the Strategic and Operational Red Risk Registers to be supplied to the Director of Governance or the Lay Vice Chair as Chair of the Audit Committee. **The OCCG Board noted:** • **Feedback from the Audit Committee meeting on 20 April and further discussions at the bi-monthly Directors Risk Review meeting on 3 May had resulted in a thorough review of the OCCG Strategic and Operational risk registers** • **All Strategic risk descriptions (except AF22 Quality) had been reworded and summary of current mitigation updated to reflect**	**All**

current status

- **Two Strategic risks had their titles reworded:**
  - **AF20 System Leadership Change is now System Leadership**
  - **AF25 Finance Allocation is now Achievement of Business Rules**
- **No changes to any Strategic risk ratings were proposed and OCCG continued to have two Extreme/Red Strategic risks:**
  - **AF19 Demand and Performance Challenges**
  - **AF26 Delivery of Primary Care Services**
- **The Extreme/Red Operational risks were:**
  - **769 Primary Care Capacity has been absorbed in Strategic risk AF26 Delivery of Primary Care Services**
  - **792 Legal Challenges in Service Change has been absorbed in Strategic risk AF21 Transformational Change**
  - **789 Primary Care Estate has reworded its risk description**
  - **Operational risk 758 DToC reduction is now an Extreme/Red risk**
- **The Directors had proposed new Operational risks and recommended closing/merging some Operational risks.**

Oxfordshire Clinical Commissioning Group Sub-Committee Minutes

Audit Committee

The Lay Vice Chair as Chair of the Audit Committee presented Paper 17/39a, the minutes of the Audit Committees held on 20 and 24 April 2017. The Lay Vice Chair drew attention to: the appointment of new internal auditors and recorded his thanks to TIAA; the reappointment of the external auditor, Ernst & Young; the Audit Committee self-assessment; and the meetings of the Committee Chairs of OCCG, OUHFT and OHFT around system risk governance.

Finance Committee

The Lay Member (voting) as Chair of the Finance Committee presented Paper 17/39b, the minutes of the Finance Committee held on 20 April 2017. The Lay Member (voting) drew attention to: the RTT briefing meeting and concern around the lack of involvement in the development of plans; the current year's financial risks and the length of time OCCG was required to carry reserves through the year; savings plans.

The Director of Finance advised the risks were reflected in the Risk Registers, plans were in place and mitigations were being worked through. He commented on the need to focus traction on those plans. Governance arrangements were in place and improving engagement was sought through those governance arrangements.

Oxfordshire Primary Care Commissioning Committee (OPCCC)

The Lay Member (voting) as Chair of the OPCCC presented Paper 17/39c, the minutes of the OPCCC held on 2 May 2017. The Lay Member (voting) highlighted: the quality performance dashboard had been reviewed at the Quality Committee and the Chief Operating Officer had been challenged to produce a dashboard for the OPCCC as secondary care performance was reviewed but not primary care, OPCCC was looking forward to receiving a second draft of the dashboard; feedback from the Secretary of State around the referral by HOSC of the Deer Park Medical Centre closure was awaited; the successful provision of a branch surgery at Kennington Medical Centre by Botley Medical Centre.

The Specialist Medical Adviser felt quality issues should be reviewed through the Quality Committee and it was noted that the quality dashboard had been presented to the Quality Committee. The Chair mentioned there were some issues around the age of the data. The Chief Operating Officer reported work around production of the quality dashboard was being taken forward. There were a series of issues as to why the work was not progressing as fast as would be

	wished. One of those issues was workforce and resource from the CSU had been secured to support the Assistant Clinical Director Quality. There was a question around what should be monitored. Consideration was being given to an annual review to identify if there were any particular concerns with any individual practices. This would be handled very sensitively and would be to highlight any cause of concern and enable support to be provided to any practice that emerged. The Chief Operating Officer felt OCCG had not been thinking creatively enough around how to perform quality assurance without having an unintentional negative impact on a practice. The Director of Governance and the Assistant Clinical Director Quality would continue work to create a dashboard. The next proposals would be presented to the OPCCC. The Oxford City Locality Clinical Director commented on the use of 'quality' but felt it was more difficult to judge how the primary care system worked. Other areas were measured on how many procedures were completed by a certain date. He suggested considering the number of urgent or routine appointments offered, access, etc. The Oxford City Locality Clinical Director stated the issues around data collection had led to the use of quality data and advised search and reporting was available from the CSU and this offered the opportunity to collect the data. To be picked up outside of the meeting. The Director of Governance drew attention to the revised Terms of Reference for the OPCCC and requested approval from the Board. *Quality Committee* The Lay Member PPI as Chair of the Quality Committee presented Paper 17/39d, the minutes of the Quality Committee held on 27 April 2017. The Lay Member PPI highlighted: maternity manpower at the John Radcliffe; the Warwick Maternity Unit receiving a "requires improvement" rating from the Care Quality Commission (CQC) which was a concern as Oxfordshire residents used the Unit, the Commissioning Team was working with the lead commissioner; pathways and care service reviews or the setting up of new services; primary care facilitating the uptake of influenza ('flu) vaccinations. The Chief Operating Officer endorsed the focus on 'flu advising the Infection Control Lead Nurse in the Quality Team was working with practices. The work had identified and focussed on practices that had the poorest performance and taking this focussed, positive, constructive approach had made a difference. **The OCCG Board noted the Sub-committee minutes and approved the revised Terms of Reference for the Oxfordshire Primary Care Commissioning Committee.**	**DH/DC**
	Oxfordshire Clinical Commissioning Group Sub-Committee Annual Reports *Audit Committee* The Lay Vice Chair as Chair of the Audit Committee presented Paper 17/40a, the Annual Report of the Audit Committee. The Lay Vice Chair drew attention to the section Looking Forward and the points around ensuring the system worked together; general consistency in reports for all organisations; and statutory responsibilities. **The OCCG Board approved the amended Terms of Reference (ToR) attached as an appendix to the Annual Report.** *Finance Committee* The Lay Member (voting) as Chair of the Finance Committee presented Paper 17/40b, the Annual Report of the Finance Committee. The Lay Member (voting) highlighted: the positivity of attendance at the Committee meetings by clinical directors whose perspective was much appreciated; the number of areas to help strengthen assurance; the pooled funds' performance reporting; and the forward view.	

	Oxfordshire Primary Care Commissioning Committee (OPCCC) The Lay Member (voting) as Chair of the OPCCC presented Paper 17/40c, the Annual Report of the OPCCC advising the Report demonstrated the Committee had discharged its duties in accordance with the Committee ToR but significantly understated the amount of work going through the Committee and in particular the work undertaken by the Deputy Director of Delivery and Localities, Head of Primary Care and Localities and her team. *Quality Committee* The Lay Member PPI as Chair of the Quality Committee presented Paper 17/40d, the Annual Report of the Quality Committee. She thanked the diverse membership of Committee explaining the Committee reviewed a wide range of issues and drew attention to the key duties. The Lay Member PPI highlighted the clinical effectiveness work undertaken particularly around clinical audits and innovation; and the future plans section. The Oxford City Locality Clinical Director advised the Datix feedback worked extremely well and provided almost instant feedback from GPs across the system. The information gleaned from Datix was fed back through the quality meetings held with providers. He commented Datix was a good early warning sign of issue areas. The North Locality Clinical Director observed a Datix Summary had not been issued for a while and reported GPs felt it was a valuable document. The Deputy Director of Quality advised a Datix Summary would be issued shortly. **The OCCG Board noted the Sub-committee Annual Reports.**	
For Information		
	Any Other Business There being no other business the meeting was closed.	
	Date of Next Meeting: **20 June 2017, Extraordinary Board meeting to receive the Phase 1 consultation reports, 09.30 – 11.30, Jubilee House, 5510 John Smith Drive, Oxford Business Park South, Oxford, OX4 2LH** **27 July 2017, OCCG Board meeting to receive normal business of the Board, 09.00 – 12.45, Sudbury House Hotel, London Street, Faringdon, SN7 7AA** **10 August 2017, Extraordinary Board meeting to make decisions on the transformation consultation, 09.30 – 11.30, Oxford Examination Schools, 75 – 81 The High Street, Oxford, OX1 4BG**	