

# Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting:	25 May 2017	Paper No:	17/31
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Title of Paper: Chief Executive's Report

Paper is for: (please delete tick as appropriate)	Discussion		Decision		Information	✓
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## **Purpose and Executive Summary:**

To report updates to the Board on topical issues.

# **Financial Implications of Paper:**

Financial information within but paper is for information, no direct financial implications.

### **Action Required:**

The OCCG Board is asked to note the contents of the report.

OCCG Priorities Supported (please delete tick as appropriate)		
✓	Operational Delivery	
✓	Transforming Health and Care	
✓	Devolution and Integration	
✓	Empowering Patients	
✓	Engaging Communities	
✓	System Leadership	

# **Equality Analysis Outcome:**

Not applicable.

#### Link to Risk:

The paper does not link directly but items contained within the paper may link to risks on the Strategic Risk Register and/or Red Operational Risk Register.

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**Clinical / Executive Lead:** 

**Date of Paper:** 15 May 2017

#### **Chief Executive's Report**

#### 1. Introduction

Since the last meeting I have:

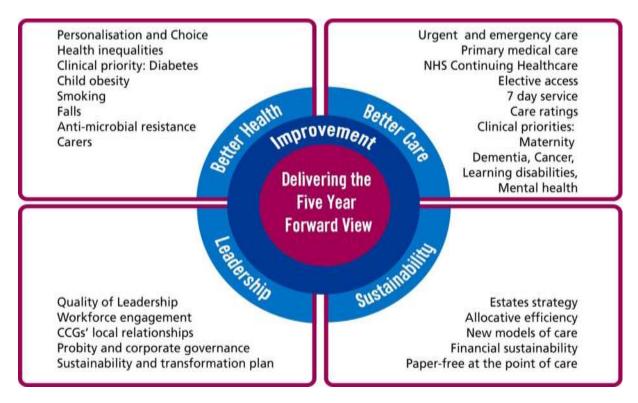
- Presented at the Managing the Interface Between Hospitals and Social Care event organised by the Nuffield Trust
- With the Director of Quality visited the Maternity and ED units at the John Radcliffe Hospital
- Presented at the King's Fund Sustainability and Transformation Plan Conference.

# 2. Performance Against National Targets

The system continues to struggle to achieve the A&E, referral to treatment (RTT) and the 62 day cancer target. Delayed transfers of care (DTOC) also remain well in excess of our planned numbers. A number of roundtable meetings have been held with the regulators, NHS England (NHSE) and NHS Improvement (NHSI), and recovery plans are being formulated. Addressing these long-standing issues will only be possible through sustained system wide action which has to involve our NHS providers, primary care providers and adult social care. Further detail is in the Integrated Performance Report (Paper 17/36).

## 3. Quarter 4 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 <u>CCG improvement and assessment framework 2016/17</u>.

The Quarter 4 review meeting was held on 8 May 2017. NHSI and Oxford University Hospitals NHS Foundation Trust (OUHFT) attended the meeting and participated in a discussion on delivery of the national standards.

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 ratings will be confirmed by NHSE following the regional and national reviews.

The clinical focus of the meeting covered maternity and Sarah Breton (Commissioning lead) demonstrated the range of work the CCG is undertaking to improve maternity services.

#### 4. Oxfordshire Transformation Programme Update

As a consequence of the calling of the general election and the requirements of purdah, we have had to review the dates for taking decisions on the Phase 1 consultation. We will hold two new Board meetings – the first on 20 June 2017 will be a presentation of the responses received to our consultation and the second, on 10 August 2017, will be the decision making meeting.

## 5. Locality Clinical Director Appointments

I am very pleased to report to the Board the appointment of Dr Ed Capo-Bianco as the South East Locality Clinical Director and Dr Jonathan Crawshaw as the South West Locality Clinical Director. I would also like to congratulate Dr Amar Latif who was re-elected as the Deputy South East Locality Clinical Director and Dr Karen Kearley and Dr Merlin Dunlop who have been re-elected as the Deputy Oxford City Locality Clinical Directors.