

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 26 July 2018	Paper No: 18/43
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Title of Paper: Chief Executive's Report

Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision	✓	Information	✓
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Conflicts of Interest <small>(please delete tick as appropriate)</small>	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

Purpose and Executive Summary: To report updates to the Board on topical issues.

Engagement: clinical, stakeholder and public/patient: Not applicable.

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 and to agree adoption of the revised Scheme of Delegation.

OCCG Priorities Supported <small>(please delete tick as appropriate)</small>	
✓	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.

Author: Louise Patten, Chief Executive

Clinical / Executive Lead:

Date of Paper: 13 July 2018

Chief Executive's Report

1. Introduction

Since our last Board meeting:

I attended the fourth seminar in the Health and Care Studies Seminar Series at St Anthony's College; 'In Search of the Perfect Health system: Emerging Issues in Global health'. Mark Britnell, Chairman and Partner, Global Health Practice at KPMG and Sir David Nicholson, previous Chief Executive of the NHS talked about their experience of working in different countries and what we can learn from other global health systems.

The NHS Confederation conference took place in the middle of June; this is an annual opportunity for senior NHS colleagues to hear the latest thinking from NHS England and NHS Improvement. I attended with Kate Terroni, Director for Adult Services from Oxford County Council and Fiona Wise, STP Lead.

On 22 June I met with Oxfordshire MPs at Townlands Hospital; this was hosted jointly by John Howell MP and Oxford Health NHS Foundation Trust (OHFT). We had a tour of the facilities, including the Care Home next door. The key learning from this was the way in which all clinicians and professionals from different organisations worked together for the benefits of the patients. Dr Robbie Dedi, Deputy Medical Director at OHFT was keen to stress that the easier collaboration was primarily because services were all co-located.

I am regularly attending the Oxfordshire County and District Chief Executives and the Growth Board meetings. It is imperative that the NHS is present at these meetings, as so much of our future infrastructure (housing, transport) will directly influence the health and care service delivery.

Finally, on the day the NHS turned 70 years old, I was delighted to attend a service at Westminster Abbey to celebrate this great organisation.

2. Performance against National Standards

The April 2018 data for the Cancer targets is as follows:

- Two week wait (93% standard) – 95.3% achieved
- Two week wait breast (93% standard) – 93.8% achieved
- 31 day first treatment (96% standard) – 95.5% failed
- 31 day subsequent – Surgery (94% standard) – 97.1% achieved
- 31 day subsequent - Chemotherapy (98% standard) – 98.4% achieved
- 31 day subsequent – Radiotherapy (94% standard) – 97.2% achieved
- 62 day standard (85% standard) – 85% achieved
- 62 day screening (90% standard) – 78.6% failed

Referral to Treatment (RTT) Performance for May:

The RTT position for OCCG improved on the previous two months at 86.12% due to focus on long waiters. The RTT position for Oxford University Hospitals NHS Foundation Trust (OUHFT) also improved to 85.11%, the best since November

2017. There has been an overall reduction in the over 18 week waits but an increase in the total number.

52 week waits remain high with Gynaecology at 126 for OCCG and overall 140. For OUHFT as a whole there were 176 52 week waits in May with 162 of these being in Gynaecology.

Other specialties are also struggling particularly Urology for which OUH had seven 52 week waits five of which were Oxfordshire patients.

A&E:

A&E has switched to an over-performance in May with activity over plan by 453 attendances, (2.1%) with cost above plan by £178k, (5.9%). The cost variance is mainly driven by less activity flowing through the type 3 GP streamed service than planned (60% under).

Average daily attendances for May are running at 354 across all types, the highest average daily activity over the last 12 months, but are similar to June 2017. Compared to year to date, May 2017 activity is 3% higher overall.

3. Review of Scheme of Delegation

The Scheme of Delegation has been updated to include the Executive Committee as a committee of the Board and to give it the delegated authority to “Exercise or delegation of those functions of the CCG which have not been retained as reserved by the CCG, delegated to the Board or other committee or sub-committee or [specified] member or employee.”

Some changes were suggested within the Financial Limits/Authority section for consistency and to ensure prompt invoice payment is not jeopardised. The Audit Committee reviewed the proposed changes to the Scheme of Delegation. The revised document is available on request.

The Audit Committee recommended and endorsed the Board adoption of the revised Scheme of Delegation.

I personally welcome this decision as it ensures our clinical voice remains at the heart of our commissioning function.

4. Responding to Outcome of Referral to Secretary of State

At the April meeting of the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) we presented an outline approach to our plans to address the recommendations from the Secretary of State on the basis of the advice he had received from the Independent Reconfiguration Panel (IRP).

In addition the OJHOSC agreed to establish a new Joint Overview and Scrutiny Committee with Northamptonshire and Warwickshire. The powers of the new joint committee would be in regard to the proposals and consultation of consultant-led obstetric services at the Horton General Hospital and means:

- Only the new joint committee may respond to the consultation;

- Only the new joint committee may exercise the power to require the provision of information;
- Only the new joint committee may exercise the power to require attendance;
- The new joint committee would hold the power to refer to the Secretary of State only on the consultation of consultant-led obstetric services at the Horton General Hospital.

This proposal has now been agreed by all three Councils and is the process of being established. OCCG has been informed that it is unlikely that this new committee would meet before the end of September which unfortunately causes delay as we need to agree our proposed approach with the new Joint Committee before it can be taken forward.

In the meantime we are undertaking preparatory work such as reviewing birth information and housing/population projections. We have also met with Cherwell District Council officers and the Lead Member for Health and Wellbeing and contacted the South Warwickshire CCG and Nene CCG (and through them will link with South Northamptonshire and Stratford-on-Avon District Councils).

5. CCG Assessment Results 2017/18

The 2017/18 performance assessment of each CCG has now been published. I am pleased to report that in spite of a very challenging year OCCG has maintained its overall rating of “good”.

I would like to thank all staff across Oxfordshire for their hard work and commitment which contributed to this assessment.