NHS
*Oxfordshire*
*Clinical Commissioning Group*

**MINUTES:**

**OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING**

**27 September 2018, 09.00 – 12.45 Jubilee House, 5510 John Smith Drive, Oxford, OX4 2LH**

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| | Dr Kiren Collison, Clinical Chair |
| | Louise Patten, 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 Locality Clinical Director (voting) |
| | Dr Jonathan Crawshaw, South West Locality Clinical Director (voting) |
| | Heidi Devenish, Practice Manager Representative (non-voting) |
| | Roger Dickinson, Lay Vice Chair (voting) |
| | Dr Shelley Hayles, North Locality Clinical Director (voting) |
| | Diane Hedges, Chief Operating Officer (non-voting) |
| | Gareth Kenworthy, Director of Finance (voting) |
| | Catherine Mountford, Director of Governance and Business Process (non-voting) |
| | Dr Guy Rooney, Medical Specialist Adviser (voting) |
| | Duncan Smith, Lay Member (voting) |
| | Kate Terroni, OCC Director for Adult Services (non-voting) |
| | Dr Louise Wallace, Lay Member Public and Patient Involvement (PPI) (voting) |
| | Sula Wiltshire, Director of Quality and Lead Nurse (voting) |
| In attendance: | Lesley Corfield - Minutes |
| | Sarah Breton, Head of Children's Commissioning (Item 12) |
| | Jo Cogswell, Director of Transformation |
| Apologies: | Dr Jonathan McWilliam, Director of Public Health Oxfordshire (non-voting) |



| Item No | Item | Action |
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| 1 | **Chair's Welcome and Announcements**<br>The Chair welcomed everyone to the meeting and reminded those present the OCCG Board was a meeting in public and not a public meeting. She advised the public would have the opportunity to ask questions under Item 3 of the agenda.<br><br>The Director of Quality presented a video of the Rapid Access Care Unit (RACU) at Townlands Hospital, Henley and thanked those involved for their consent. She commented the video contained clear messages around smoking and its implications. The Director of Quality felt the point made in the film was that a RACU service, and being an in-patient whilst an out-patient, was the right direction of travel. It was hoped to be able to change pathways to be more patient | |

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| | friendly whilst providing the care patients needed. The RACU video was available to view at: https://www.youtube.com/watch?v=gJN6dCmBiYM. | |
| **2** | **Apologies for absence**<br>Apologies were received from the Director of Public Health. | |
| **3** | **Public Questions**<br>The Chair advised no questions had been received via the website. The Chair invited questions from members of the public.<br><br>Julie Mabberley from Wantage: More than 1000 people had taken part in a demonstration in July to express concerns at the continued closure of Wantage Community Hospital. The reason given for the closure had been the risk of legionella but the Churchill Hospital had more severe problems with legionella but had not closed. Why was the Churchill allowed to remain open? The minor injuries unit (MIU) had closed temporarily in 2002 and the Physiotherapy service removed from the hospital in 2017. The removal of services was subject to statutory consultation but this had not happened. An engagement exercise was not the same as consultation. Until a consultation had taken place all services should be re-opened. Over 6000 homes were planned for the area and the population would grow. There were a number of people over 65 who after a spell in an acute hospital should go to a community hospital to recuperate. A local hospital allowed friends and family to contribute to the recuperation. Acute beds differed from community beds where patients were encouraged to get out of bed and gain independence. Oxford Health NHS Foundation Trust (OHFT) had only contracted for 142 community beds in Oxfordshire and had this capacity without Wantage Hospital. Where had this figure come from? The presentation from the Health Overview and Scrutiny Committee (HOSC) stating 142 -150 beds were required for the winter period had been welcomed. Wantage should provide 24 of those beds. The Friends of Wantage Hospital would help to re-open patient facilities in time for the winter. Why won't our hospital be opened immediately?<br><br>The Chief Executive advised OHFT ran the site and had been clear the Hospital needed to remain closed temporarily because of the legionella risk. This had been looked at in some detail at the HOSC meeting. OCCG recognised the Wantage population were not happy with the decision as it had been approximately two and a half years without progress. There was a planning process by which OCCG looked at the local population health and care needs identifying gaps and taking into account future needs, growth, service gaps and where services could be delivered. This process would look at the general area and not just Wantage as it would be about networking services. A task and finish group was being formed to help move towards a decision. There were statutory timescales around formal processes and OCCG could not be seen to side track these. The question concerning why the Churchill Hospital remained open whilst Wantage was closed would be followed up outside of the meeting.<br><br>The Chair stated the frustration of the local community had been heard and the uncertainty around the situation acknowledged. OCCG was looking at the needs for the population in and around Wantage and would work with all groups to take forward.<br><br>Barry Finch retired health service worker and pensioner: Concerned about access to information without access to a computer. There was a half hour limit at the local library and the cost to print the papers was prohibitive. A request had been made a couple of years ago for OCCG Board papers to be available in public libraries. The papers should be in libraries, the reception area of County Hall and at each and every District Council office. Confirmation was requested the Board papers would be available at least in libraries and Council offices.<br><br>The Chair explained OCCG was trying to go paperless for environmental reasons | **DH** |

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| | but there would always be exceptional circumstances and hard copies of the papers would continue to be made available. The Chief Executive added that OCCG would look at how to organise had copies of the papers being available elsewhere. | **CM** |
| **4** | **Declarations of Interest**<br>There were no declarations of interest over and above those already recorded. | |
| **5** | **Minutes of OCCG Board Meeting held on 26 July 2018**<br>The minutes of the meeting held on 26 July 2018 were approved as an accurate record. | |
| **6** | **Matters arising from the Action Tracker and Minutes of 26 July 2018**<br>The actions from the Action Tracker and 26 July 2018 minutes were reviewed and updates provided where these were not covered under items later on the agenda.<br><br>*Integrated Performance Report (IPR)*<br>All items under the IPR heading would be picked up during Item 11 of the agenda.<br>*Developing OCCG's Approach to Public and Patient Engagement*<br>The Director of Governance reported there had been agreement across the system and work commenced to develop a framework which would be presented to the Integrated System Delivery Board (ISDB) and the Health and Wellbeing Board (HWB).<br>*Locality Clinical Director Reports: Musculoskeletal (MSK) Service*<br>The Chief Operating Officer advised a paper had been taken to the CCG Executive Committee in August resulting in some matters arising for discussion with the provider, Healthshare. A report would be brought back once the discussions had concluded | |
| **Overview Reports** | | |
| **7** | **Chief Executive's Report**<br>The Chief Executive introduced Paper 18/54 updating the OCCG Board on topical issues including system performance, the System Assurance meeting for Quarter 1 and a follow-up review of the health and social system care in Oxfordshire by the Care Quality Commission (CQC).<br><br>The Chief Executive highlighted the Chair appointment process at OHFT and a visit to the Abingdon Hospital site. The Chief Executive reported OCCG was working well with County and District Council colleagues around planning projects and the health service as a collective was being asked about infrastructure requirements for new developments. OCCG was a member of the Growth Board and the NHS would be involved from the very start of a planning process to consider staff, hospitals, GP services and the co-location of services.<br><br>The Chief Executive commented on the follow-up review of Oxfordshire by the Care Quality Commission (CQC). The follow-up was sooner than had been expected and the system would report on progress and direction of travel. It was hoped this would be a positive experience whilst reflecting on work still to be undertaken.<br><br>The Lay Vice Chair advised a very profitable meeting had taken place between the Non-executive Directors (NEDS), Lay Chairs and Chief Executive Officers of OHFT and Oxford University Hospitals NHS Foundation Trust (OUHFT) around working together.<br><br>**The OCCG Board noted the Chief Executive's Report.** | |
| **8** | **Locality Clinical Director Reports**<br>Paper 18/55 contained the Locality Clinical Director (LCD) Reports.<br><br>The Lay Member PPI queried progress on the Integrated Front Door (IFD) service in the North, the disquiet and concern raised and whether the IFD would be a truly | |

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| | integrated approach given the range of services involved. The North LCD advised the IFD was a pilot and learning would be applicable to Oxford City and other areas. Some profitable meetings had been held with providers and the aim was for GPs and OHFT clinicians to work together to set up the service which would be designed around peoples' needs. It was hoped to have a working model in October. The South East LCD added that the work would define the clinical model and streaming piece. There was a need to bear in mind there was an estates issue with the out of hours (OOHs) aspect and a question around where it could be located to be more closely aligned. The North LCD explained the North Oxfordshire Locality Group meeting had been central in working through and forming the model. The IFD would sit astride primary and secondary care. The Chair requested an update at some point in the future.<br><br>Following a query around learning from a Kings Fund conference, the North LCD undertook to circulate the papers.<br><br>Concern was expressed around issues with care packages. The South East LCD advised many providers and community hospitals in particular, were experiencing difficulties in getting people home. Other options were being explored such as a patient being at home with a physiotherapist during the day and for safety reasons, returning to the hospital during the night. The OCC Director for Adults Services advised the new winter team would be responsible for reablement and other services and capacity would be mapped and thought given to access to improve flow.<br><br>It was observed the HART service could take people out of hospital but frequently the patient package was not available. The OCC Director of Adult Services reported the contracts for enablement and contingency home care were being joined with the expectation HART would deliver on both. There were real challenges and a finite workforce but with the winter team directing resources it would be possible to decide which HART packages were prioritised. A significant number of people were oversubscribed care. Reablement and Outreach Teams were supplementing HART to ensure people were not being oversubscribed packages.<br><br>**The OCCG Board noted the Locality Clinical Director Reports.** | **SH**<br><br>**SH** |
| **Business and Quality of Patient Care** | | |
| **9** | **Finance Report Month 5**<br>The Director of Finance presented Paper 18/56 providing the financial performance of OCCG to 31 August 2018; the risks identified to the financial objectives and the current mitigations. Detailed scrutiny of the full Finance Report had been undertaken at the Finance Committee.<br><br>The Director of Finance advised this was the first report since the Board had approved an internal Finance Recovery Plan (FRP) exercise triggered by the over-performance on the acute contract with OUHFT. At Month 2 the over-performance was £2.4m; extrapolated in terms of activity this would be an over-performance of £12.0 – 14.0m. Good progress had been made on the FRP and OCCG was still forecast to achieve its breakeven control total. None of the actions taken had involved any decommissioning decisions. There was still a net risk for OCCG of £4.0m.<br><br>Work needed to continue and focus had moved to the Activity Management Plan (AMP) in order to be able to understand the driving force for the activity and hold broader discussions on the contract. A joint review was being undertaken checking treatment was appropriate; the capturing, recording and charging of activity was correct; and commissioning a more formal piece of work on counting and coding work of acuity of elective admissions. | |

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| | The Lay Member (voting) reported as Chair of the Finance Committee on the scrutiny around the performance and over-performance advising the Committee had signed off the governance and process for the FRP, had received good assurance on delivery from the FRP and assurance around the year end position and achievement of financial targets.<br><br>The Chair observed there was a lot of good information from the FRP process which might help with planning and managing patient timescales. The Director of Finance reported the current financial recovery was around short term actions but the framework and criteria would be looked at to take forward into budget setting for the next year.<br><br>**The OCCG Board noted the Finance Report for Month 5 and considered sufficient assurance existed that OCCG was managing its financial performance and risks effectively, that it could mitigate any risks identified and that it was on track to deliver its financial objectives.** | |
| **10** | **Integrated Performance Report**<br>The Chief Operating Officer introduced Paper 18/57 updating the OCCG Board on quality and performance issues to date. The IPR 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.<br><br>The Chief Operating Officer advised the system wide approach was being strengthened and winter planning was further ahead than last year. Oxfordshire was not meeting the constitutional standards but the approach had been strengthened across the system. Additional resilience in bed capacity had been identified. Performance remained below 100 for delayed patients and there was confidence around creating capacity in the system through the stranded patient work. The A&E Delivery Board (AEDB) workstreams were continuing and the system had agreed to use the Verto project management system which would enable all partners to view and track project progress. Patient needs were being met as well as could be in the circumstances but more work was required to meet the constitutional standards.<br><br>The Director of Quality reported there had been no 12 hour trolley wait incidents but work would continue in this area as winter was approaching. OCCG was working with the Trust around the 52 week waits to ensure patients were not coming to harm whilst on the waiting list. All patients were reviewed internally by OUHFT to determine if there was a level of harm due to the wait. If any patient was identified as moderate or severe harm their care would be further reviewed through a serious incident process. To date no patients had been identified as coming to harm. OCCG would review the work and a sample of care to ensure consistency and that patients were not coming to harm. Infection control continued to be an area of great focus. There had been five Never Events at OUHFT. The Trust had undertaken a lot of work with national team support and was implementing human factor training to ensure process were followed.<br><br>The three clinical areas of discharge summaries, test results and patient letters remained a concern and it was felt an executive lead within OUHFT was required. The issue was discussed at the OUHFT Quality Committee but there was a need for some agreed trajectories.<br><br>Following a CQC visit OHFT had received an overall rating of ‘good’.<br><br>Referring to the items on the Action Tracker, the Director of Quality advised patients at 16 weeks on the Child Adolescent and Mental Health Service | |

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| | (CAMHS) waiting list were being contacted. OCCG had asked to see the standard operating procedure or script used when talking to patients. OCCG had not been made aware of any patients coming to harm. The Chief Operating Officer reported there were three services providing Hospital @ Home. Discussions were underway around one contract and one specification from next year. More composite reporting would be available from next year.<br><br>Concern was expressed around the referral to treatment (RTT) for elective care backlog which was now affecting primary care as GPs needed to hold these patients in the community. GPs were unable to do anything further for these patients as they were referred when nothing more could be undertaken in primary care. The Chief Operating Officer advised she had attended the Elective Care Delivery Programme Board where requests for further information and highlight reports were made by the Trust of themselves. This degree of ownership felt different. The NHS Improvement (NHSI) Cancer review had also given a strong message to the Trust on the need to change. The concern was shared but the Trust was starting to take ownership. The Chief Operating Officer reported some optimism about the level of leadership, responsibility and accountability that seemed to be being taken. Discussions had been held with the Trust around outsourcing more work to the Manor and Ramsey Hospitals which would include gynaecology and urology. The Trust was also considering a waiting list review including contacting and having conversations with patients at 46 weeks.<br><br>The Chief Executive advised there was greater collaborative working at scale through the sustainability and transformation programme (STP) which was looking at capacity across the system. There was also greater transparency in OUHFT and some significant senior staff changes. The Chief Executive had also been invited to attend the OUHFT regulatory meetings.<br><br>The Director of Finance warned more elective activity would cost more money. There was very little resource available and choices would have to be made on moving money around to cover priorities. The Lay Member (voting) advised the Finance Committee had been assured through discussions about outsourcing and validation but felt the Board would need assurance. He noted that some good graphs had been included in the IRP but suggested work should commence on plotting what would happen over the next few months for patients and the end of year position.<br><br>The Chief Operating Officer advised the Trust was achieving better than the trajectory for the 52 week waiters and numbers were reducing. She felt there was room for confidence things were moving in the right direction. The growth in the 2 week wait referrals was raised and observed if these were prioritised other people would be displaced which would affect the non-admitted RTT target.<br><br>The OCC Director for Adult Services reported conversations had been held between OUHFT and Oxfordshire County Council (OCC) around the HART service. Once there was confidence in delivery the contract would be amended and approval given to sub-contract. The service was being discussed during the weekly Chief Executives' escalation calls and would continue to be picked up.<br><br>The South East LCD advised the GP Streaming service had only been running for a couple of weeks and a six week report would be brought to the next Board meeting.<br><br>The North East LCD shared the concerns raised around the under delivery of elective care commenting this would be a hidden activity deficit that would be carried forward to the next year. The Director of Finance advised the challenge was recognised. There was a backlog problem and the increase in urgent care | **ECB** |

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| | had led to an increase in A&E and non-elective which was consuming all the resources.<br><br>The Lay Member PPI reported the Quality Committee had taken time on the triumvirate of problems (discharge summaries, test results and patient letters) and was waiting for a change of leadership in the OUHFT to take more interest and control in the core communication of a hospital to its primary care services. She was pleased to see the improvement in Healthcheck numbers from 16 to 66% whilst noting the target was 75%; expressed concern over the continuing poor performance on children's and young people eating disorders being below target requesting a report back on how this could be improved; and commented long standing issue did not appear to be getting better.<br><br>**The OCCG Board noted the Integrated Performance Report.** | **DH** |
| **11** | **Integrated Respiratory Team Pilot**<br>The Chief Operating Officer introduced Paper 18/58 explaining the project had been approved by the CCG Executive and Finance Committees, and by Boehringer Ingelheim Ltd Human Pharma Leadership Team. OCCG would be the signatory to the Joint Working Agreement but the launch of the project would also be subject to confirmation of support from OUHFT and OHFT as their staff would be delivering the project.<br><br>An OCCG governance review had been undertaken on the project following an enquiry from some South East Locality practices. There were four recommendations from the review which specifically related to the project and detailed in Paper 18/58 together with the actions to be taken to address. The project had also been loaded onto OCCG's new project management system, Verto. The Audit Committee would continue to consider the result of the governance review and ensure recommendations were enacted as appropriate. This work would be reported to the Board through the Audit Committee minutes.<br><br>The Chief Operating Officer reported:<br>• The general report was available as part of the Board papers. Board members had also received the Project Initiation Document (PID) and the Joint Working Agreement (JWA). Neither of these documents could be released in public until they had been agreed by all parties<br>• An intense piece of work had been undertaken in partnership with OUHFT and OHFT and for this project there would also be a wish to work with Business Intelligence<br>• Insufficient patients were being identified. OUHFT, OHFT and OCCG were working to establish how to identify patients in order to take a more proactive approach to respiratory management<br>• The service would benefit patients and help with non-elective admissions<br>• There was a strong case based on prevalence and readmission to look at the respiratory pathway<br>• This was a good opportunity to explore the benefits from this type of partnership working<br>• The proposal was to commence the pilot in Oxford City and Banbury<br>• All angles in the joint working agreement had been explored to ensure there was a clear balance of risk between all organisations<br>• The commissioning team had worked with the Federations, OHFT and OUHFT to design the multi-disciplined respiratory team. Through the PID OCCG would nominate people for the project board and consideration was being given to a provider presence on the project board<br>• Identifying the correct patients should not take a long time<br>• Legal advice had been received<br>• An outstanding issue was support from the Trust as there was a need to | |

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| | work in partnership. Discussions had been held with OUHFT to explore sufficient sign-up and a verbal conversation with the OUHFT Director of Finance indicated written commitment would be forthcoming.<br><br>The South East LCD reported the Locality had accepted the governance report although some GPs and the patient group still had reservations. It had been commented that if the project was to be funded a 'go active campaign' through the County Council should be considered. The Locality endorsed the scheme as a clinical project.<br><br>The Lay Member PPI remarked it was a significant project and it would be important to build-in formal evaluation which should have a level of independence as the project had the potential to be sensitive. There was also a level of comorbidity measures which needed to be tracked as these could make a difference to the outcomes achieved. To be picked up by the Chief Operating Officer outside of the meeting.<br><br>The Director of Governance reported although OCCG had worked in line with the policy, the governance review had indicated areas that could be strengthened and highlighted that the policy was not fit for purpose for a project of this scale and complexity.<br><br>**The OCCG Board approved:**<br>• **OCCG entering into a Joint Working Agreement with Boehringer Ingelheim Ltd to deliver the Integrated Respiratory Team Joint Working Project**<br>• **The pilot and mobilisation to commence from November 2018 in Oxford City and North Oxfordshire Localities, subject to the formal agreement of health care providers**<br>• **The development and agreement of contract variations and memorandums of understanding with all providers to deliver the pilot.** | **DH** |
| **12** | **The Oxfordshire Children and Young People's Plan (CYPP)**<br>The Head of Children's Commissioning presented Paper 18/59. The CYPP was a key partnership strategy and the plan articulated the shared vision for children and families. The CYPP identified four priorities for partnership working over the next three years: be successful; be happy and healthy; be safe; be supported.<br><br>The CYPP had been produced in collaboration with young people and parents and had strong engagement from the voluntary and community sector, multi-agency workshops and an online consultation. Strategic oversight for delivery of the CYPP would be through the Children's Trust and the Health and Wellbeing Board (HWB).<br><br>The CYPP had been endorsed by the CCG Executive Committee although recommendations had been made such as closer alignment between the Health Improvement Board and the Children's Trust particularly around childhood obesity and self-harm; and a desire to see greater recognition of the known impact of deprivation. The CCG Executive Committee also agreed to nominate Dr Miles Carter to replace Dr Matthew Gaw as OCCG representative on the Children's Trust. The recommendations were reported to and agreed at the Children's Trust meeting on 20 September 2018.<br><br>The Head of Children's Commissioning advised it was the fourth CYPP and was different to previous plans by being shorter, more focussed and had received more buy-in from parents, carers and the voluntary sector. The areas of focus had been agreed after considering the Joint Strategic Needs Assessment (JSNA) | |

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| | and the feedback from engagement. Partnership working would make the biggest difference to delivering the priorities: poor education led to poor outcomes for children; wellbeing was more about partners support to schools for children with mental health; domestic abuse was a new priority supported by Voice of Oxfordshire's Youth (VOxY). The difference made by the partnership would be audited and conversations held with young people and parents to see if the services had improved. The Children's Trust would hold organisations to account to deliver on the priorities and report to the HWB.<br><br>The OCCG Board welcomed the plan but commented:<br>• The statutory role of the OCCG Board was not clear<br>• There were no measures for some of the 'Be Healthy' actions<br>• The implementation plan was for 12 months but the plan covered three years<br>• There appeared to be a financial commitment need for some of the priorities. Although there was no financial requirement for 12 months there would be a need to consider any requirement from the budget in the future<br>• The Children's Board was a sub-committee of the HWB. The HWB monitored the Children's Board for the system<br>• The work by Dr Matthew Gaw was acknowledged. The appointment of the West LCD as the GP Lead provided the direct connection to the OCCG Board which had been missing<br>• Although monitored through the HWB an annual report could be brought to the OCCG Board<br>• As part of the changes to the HWB the subgroups and reporting were being considered for consistency around reporting to the various organisations.<br><br>The Head of Children's Commissioning remarked the slimming down of the plan focused on the areas which could best be undertaken in partnership but there was other work going on advising deprivation and prevention would be looked at through the refresh of the HWB strategy.<br><br>The Lay Member PPI expected the CYPP report to come to the Quality Committee where it could be given more time and the right mix of people would be in the room to give it scrutiny. She pointed out that there was evidence for peer abuse taking place and linkage to online abuse. Often the abuse was undertaken by someone already known to a young person. She anticipated there would be some joined up work through domestic abuse and sexual abuse with activity reporting coming to the Quality Committee as this would be a good place to provide more scrutiny in the future.<br><br>**The OCCG Board approved the Children and Young People's Plan.** | |
| **13** | **Oxfordshire Workforce – Update**<br>The Director of Quality introduced Paper 18/60 updating the Board on the current workforce challenges and system responses. An Oxfordshire Workforce Strategy focussing on the short to medium term workforce challenges in four key areas (Urgent and Emergency Care, Mental Health, Unregistered/Support Workforce and Primary Care) was being developed. The strategy would be revised to incorporate a longer term view of workforce to support a new model of care linked to an agreed way of working within an Integrated Care System. Key themes within the strategy would be recruitment and retention, enabling a 'workforce without walls' and developing integrated teams.<br><br>Points raised included:<br>• Each organisation had its own internal workforce plan and was working on attracting and retaining staff | |

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| | • The plan focussed on integration with the aim for a more fluid workforce working across boundaries and being less rigid<br>• There had been a successful bid to Health Education England (HEE) which would be used to attract young people into health and social care and upskilling other staff<br>• Work was being taken forward with the Winter Director around the workforce skills required to enable patients to remain in the community or their normal place of residence<br>• A joint recruitment campaign had been undertaken and this would be revisited as well as outreach into schools to inform pupils of the opportunities to work in health and social care<br>• Consideration would also be given to the use of technology for routine tasks, for example reading x-rays<br>• It was important to see the work as a subsector of the STP Buckinghamshire, Oxfordshire and Berkshire West (BOB) work. There was a collective sense more could be undertaken in a joined up way. The Chief Executive Officers had agreed to appoint a system workforce lead similar to replicating the Winter Director post. A job description was being worked up<br>• Other health professionals and educators should be considered. The point was acknowledged. Although not reflected in the paper the group was working closely with the Deanery for primary care and Oxford Brookes University for nurse associates<br>• Integration not just joint working should be considered. Organisations' Terms and Conditions were barriers when staff had the potential to work in different roles with common skill sets and should be able to move seamlessly – it was reported there was a piece of work being led by the HR directors at BOB level to get consistency and the ability for people to move between organisations<br>• Workforce was more of a limiting factor than money. If the system accepted the workforce would stay stable but demand would increase, there was a need to consider how to enable the workforce to be more productive<br>• The ISDB was finalising its Terms of Reference and it was recognised there needed to be tighter control. Who would lead the workforce work and be the senior responsible officer was under consideration. The OCCG Director of Transformation was undertaking a piece of work on behalf of the ISDB and would be taking a report to the October meeting<br>• The work on workforce needed to be mapped and if sensible to be undertaken at scale, led by the STP<br>• When reported back to the Board there would be a need for clarity on work being done and at what level. Organisations needed to commit to undertaking work and sharing the outcomes<br>• Carers were another important aspect. Linking with and providing training to informal carers could ease some of the pressures on the workforce<br>• There had been no progress as yet with an 'Oxford waiting' to help people live in Oxford.<br><br>**The OCCG Board noted the progress being made to develop an Oxfordshire Workforce Strategy alongside implementing initiatives to directly impact on current workforce pressures.** | |
| **Governance and Assurance** | | |
| **14** | **Corporate Governance report**<br>The Director of Governance introduced Paper 18/61 which reported on formal use of the seal and single tender action waivers. It also included details of hospitality and declarations of interest. | |

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| | **The OCCG Board noted the Corporate Governance Report.** | |
| **15** | **Strategic Risk Register and Red Operational Risks**<br>The Director of Governance presented Paper 18/62 explaining it was the standard report and contained information on Risk AF27, the new risk replacing AF20 and AF21 and changes and updates since the last Board meeting.<br><br>The Lay Member (voting) advised following the Finance Committee meeting the score for AF25 could be reviewed and requested the score for AF26 be reviewed in the context of the challenges being faced.<br><br>**The OCCG Board:**<br>• **Noted the recent updates to the OCCG risks**<br>• **Noted the new Risk AF27 – System Sustainability which replaced AF20 and AF21 which had been closed**<br>• **Noted the two Red/Extreme Strategic Risks: AF25 – Achievement of Business Rules and AF19 – Demand and Performance Challenges**<br>• **Noted the four Extreme/Red Operational Risks: 762 – Pooled budget Arrangements-Financial Reporting; 789 – Primary Care Estate; 797 – A&E Four Hour Wait; 798 – Performance of RTT and Cancer NHS Constitution Standards.** | **CM** |
| **16** | **Oxfordshire Clinical Commissioning Group Sub-Committee Minutes**<br>*CCG Executive Committee*<br>The Chief Executive as Chair of the CCG Executive Committee presented Paper 18/63a, the minutes of the CCG Executive Committee held on 24 July 2018. The Lay Vice Chair was pleased to see the Committee in place and felt the work would cascade down and put less pressure on management.<br>*Finance Committee*<br>The Lay Member (voting) as Chair of the Finance Committee presented Paper 18/63b, the minutes of the Finance Committee held on 17 July 2018. The Lay Member (voting) advised the Finance Committee had reviewed the FRP and considered the mitigations for the cost pressures.<br>*Oxfordshire Primary Care Commissioning Committee (OPCCC)*<br>The Lay Vice Chair as Chair of the OPCCC meeting held on 4 September 2018 presented Paper 18/63c, the minutes of the meeting. The Lay Vice Chair reported areas covered in the meeting were: the Quality Dashboard; workforce, amongst GPs and other areas; property, currently there was not a clear view of the property or how it was held, a piece of work was being undertaken to gather information; delegated funds and direct funds, recognising those direct from OCCG overlapped in Committees and this together with where decisions were made, would need to change in time; development of the Committee with a feeling that it should be more strategic in its activities. On this latter point the Lay Vice Chair reported a sub-committee had been created to look at more detailed issues. The membership of the Committee had also been reviewed and there was an outstanding offer to a HWB member to join the Committee which had not been taken up and a question around the impact on the Committee and its work from integration of the system in Oxfordshire.<br><br>The Oxford City LCD expressed concerns around the working of the Committee remarking the OCCG Board was unsighted on the Committee's operation commenting decisions of this nature should come to the OCCG Board. The Lay Member (voting) advised a meeting would be held to discuss the next steps and the outcome would be brought to the OCCG Board. He reported the Terms of Reference (ToR) were mandated but the membership, voting and areas of responsibility would come to the Board after discussion at the CCG Executive Committee.<br><br>The Director of Governance advised all the areas raised were issues discussed at | |

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| | the Committee workshop. The OPCCC had to consider the delegated budget and there was a query as to whether the scope of the Committee should be restricted to this area. The workshop considered issues raised at the OCCG Board and in other areas. Any changes to the ToR would be brought to the Board but the Committee was not at that stage as yet. The Lay Member (voting) hoped it would be the next Board meeting as long as there was sufficient time to engage with the CCG Executive Committee first.<br><br>**The OCCG Board noted the Sub-committee minutes.** | |
| **For Information** | | |
| | **Confirmation of meeting quorum and note of any decisions requiring ratification**<br>It was confirmed the meeting was quorate and no decisions required ratification. | |
| | **Any Other Business**<br>The Oxford City LCD expressed concern at the number of other bodies where it appeared decisions were being made which members of the OCCG Board were not sighted on citing as examples the AEDB, the Winter Pressures Board and the ISDB. He requested information on the relationships between the various meetings.<br><br>It was advised a piece on system governance would be brought to a Board meeting. This linked to reporting methodology from system boards into the Board and was important as was how the workstreams fitted with each other.<br><br>There being no other business the meeting was closed. | **CM** |
| | **Date of Next Meeting: Thursday 29 November 2018, 09.00 – 12.45, John Paul II Centre, Bicester, OX26 6AW** | |