



MINUTES:

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING

28 March 2019, 09.00 – 12.45 John Paul II Centre, Bicester, OX26 6AW

	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)
	Roger Dickinson, Lay Vice Chair (voting) – Chair of the Meeting
	Dr Shelley Hayles, North Locality Clinical Director (voting)
	Gareth Kenworthy, Director of Finance (voting)
	Val Messenger, Interim Director of Public Health Oxfordshire (non-voting)
	Catherine Mountford, Director of Governance and Business Process (non-voting)
	Dr Will O’Gorman, North East Locality Clinical Director (voting)
	Dr Guy Rooney, Medical Specialist Adviser (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
	Jo Cogswell, Interim Director of Transformation
Apologies:	Dr Kiren Collison, Clinical Chair
	Heidi Devenish, Practice Manager Representative (non-voting)
	Diane Hedges, Chief Operating Officer (non-voting)
	Louise Patten, Chief Executive
	Duncan Smith, Lay Member (voting)

Item No	Item	Action
1	<p>Chair’s Welcome and Announcements</p> <p>The Lay Vice Chair welcomed everyone to the meeting and reminded those present the OCCG Board was a meeting in public and not a public meeting. He advised the public would have the opportunity to ask questions under Item 3 of the agenda.</p> <p>The Director of Quality read the Patient story and thanked the patient for their consent.</p>	
2	<p>Apologies for absence</p> <p>Apologies were received from the Clinical Chair, Practice Manager Representative, the Chief Operating Officer, the Chief Executive and the Lay Member (voting).</p>	

3 Public Questions

The Lay Vice Chair advised one question had been received via the website and as this did not relate to OCCG Board papers the response would be posted on the website within 20 working days. However, the Lay Vice Chair responded as the question related to surgeries in Bicester and was relevant to the location of the Board meeting today. He advised OCCG had been working with Practices and Cherwell District Council to understand the impact of housing growth in Bicester on primary care services. This determined that whilst the GPs welcomed the change to provide at scale services to the new population, current estates were not adequate to provide services. This had been explained really well by podcasts from each of the practices on their and OCCG websites – see <https://www.oxfordshireccg.nhs.uk/your-local-area/north-east/primary-care.htm>

The Finance Committee had considered a Project Initiation Document (PID) from the two practices: Alchester Medical Practice and Montgomery House. The PID did not contain details of the site. This would be expected in the Outline Business case. Many factors such as accessibility by car and public transport, availability and suitability and value for money for the public purse would determine the choice of site.

A full response would be uploaded to the OCCG website within 20 working days of the meeting.

The Chair invited questions from members of the public.

Steve Jones raised the issue of the new homes being built in Bicester, the location of GP practices which for some patients were on the other side of Bicester, the closure of surgeries and the relocation of patients at short notice, the case of a cancer patient who due to the closure of their registered practice had not been provided with the support they required, and the fact North Bicester Surgery had been purposely built as a GP practice and after being vacant for nearly a year had been repurposed as offices. He stated OCCG should look at whether providing a service from the North Bicester Surgery site was a viable option and if not, should explain why.

The Lay Vice Chair advised GP practices were independent businesses and sometimes situations arose but OCCG worked with the practices around a solution and tried to consult widely with patients and the public. A process was undertaken but it took time to resolve situations. OCCG needed to balance several things including views of patients.

The Director of Finance noted the concerns raised commenting there was significant population growth in Bicester and without change insufficient primary care capacity. The issue needed to be addressed but no decisions had yet been made. OCCG with the Bicester practices needed to balance the concerns of patients and the public with the availability of sites and what was affordable.

The North East Locality Clinical Director (LCD) explained there were difficulties in Bicester around the changes to the way general practice was funded which made it problematic for small practices to run and several were no longer economically viable due to their size, North Bicester was one of those practices. The new plan for the NHS was for practices to work in larger groups, Primary Care Networks (PCNs), which needed to be taken into account when looking at how to rehouse GPs and staff to provide care for the people in Bicester. Engagement events would be held in May when it was hoped more information would be available as well as details around transport links. OCCG and the Bicester practices were aware of the issues and distances to proposed sites from other parts of Bicester and were trying to take this into account.

4	<p>Declarations of Interest Pertaining to Agenda Items There were no declarations of interest pertaining to agenda items.</p>	
5	<p>Minutes of OCCG Board Meeting held on 31 January 2019 The minutes of the meeting held on 31 January 2019 were approved as an accurate record.</p>	
6	<p>Matters arising from the Action Tracker and Minutes of 31 January 2019 The actions from the Action Tracker and 31 January 2018 minutes were reviewed and updates provided where these were not covered under items later on the agenda.</p> <p><i>Integrated Performance Report</i> Those items for the Chief Operating Officer were held over to the next meeting. The Director of Quality advised the situation regarding the change in routine referral assessments from 28 to 56 days for mental health patients was being monitored and nothing of concern had been brought to the Quality Committee. Assurance around the capacity in the Oxford University Hospitals NHS Foundation Trust (OUHFT) to manage the cancer demand would be taken outside of the room.</p> <p><i>Developing OCCG's Approach to Public and Patient Engagement</i> The Director of Governance advised OCCG was working with Healthwatch who had taken a proposal to the Health and Wellbeing Board (HWB) where it had been accepted. OCCG would work within this overall framework as more emphasis was placed on system working. The HWB paper would be shared with members of the Board.</p> <p><i>System Governance</i> The Director of Governance reported this was work in progress.</p> <p><i>Locality Clinical Director Reports: Place Based Plans</i> Updates on Place Based Plans had been included under PCNs in the LCD reports. The item was closed.</p> <p><i>Locality Clinical Director Reports: Cost Pressures on GPs</i> The Director of Finance advised the cost pressure on GP practices during the time a new nursing home was setting up was being looked at outside of the meeting. The item was closed.</p> <p><i>EU Exit Operational Readiness</i> The Director of Governance reported all the actions had been completed. The item was closed.</p> <p><i>Corporate Governance Report: Single Tender Waiver (STW)</i> The Director of Governance reported she had discussed the circumstances for the STW with the Lay Vice Chair who was satisfied all the issues raised had been dealt with. The Lay Member PPI to be briefed outside of the meeting. The item was closed.</p>	<p>DH</p> <p>DH/SW</p> <p>CM</p> <p>CM</p> <p>GK</p> <p>CM/RD</p>
Overview Reports		
7	<p>Chief Executive's Report The Lay Vice Chair presented the Chief Executive's Report, Paper 19/15, highlighting the pieces on the Judicial Review advising the appeal by the interested party had been heard and the judgement was now awaited; the Long Term Plan (LTP) would be key to the way OCCG moved forward; the Operational Plan was on the agenda at item 10 and the cancer waiting times would be covered in the Integrated Performance Report.</p> <p>The Lay Vice Chair drew attention to the system performance A&E activity being over plan and queried whether the level of acuity was known and whether it was</p>	

	<p>of concern. The South East LCD advised the Trust was performing better than in the previous year although was not meeting the trajectory. It had been a milder winter with fewer 'flu cases but those there had been were more significant and required more complex care.</p> <p>The Lay Vice Chair advised it was the last Board meeting for the OCC Director for Adult Services. The Lay Vice Chair expressed thanks to the OCC Director for Adult Services for all her work in bringing OCCG and OCC together</p> <p>The OCC Director for Adult Services advised she would be leaving at the end of April to join the Care Quality Commission (CQC). Recruitment for the new director had started. In the interim the OCC Director for Children Education and Families would oversee the role and attend OCCG Board meetings until a successor was appointed. The OCC Director for Adult Services stated how much she had enjoyed working with the Board and wished everyone well for the future.</p> <p>The OCCG Board noted the Chief Executive's Report.</p>	
8	<p>Locality Clinical Director Reports Paper 19/16 contained the Locality Clinical Director Reports.</p> <p>The Lay Member PPI observed the reports contained several comments on gynaecology long waits and the concern patients were expressing about choice and the ability to be treated in Oxfordshire. The likelihood was treatment at a Trust outside Oxfordshire meant less choice and more travel for patients. The Lay Member PPI realised it was a short term situation but this did not change the current position for patients. The North LCD advised the decision had not been taken lightly and it had been realised it would limit choice and increase travel. Patients could still opt to attend in Oxfordshire but were being advised of the long wait if they chose to do so. It was planned to remove from suspension services which came back into line. The services had a three month flag and OCCG was working with OUHFT and would remove the flags as services came back in but there was a need to ensure that when a flag was removed the situation was sustainable. The gynaecology service at the Horton had been increased to help address the issue but this had not been sufficient to clear the back log.</p> <p>The Medical Specialist Adviser commented that the national agenda around PCNs had a very short timescale, practices were only at the beginning stage and PCNs needed to be completed by the end of May. It was agreed a paper would be brought to the next Board meeting on PCN development.</p> <p>The OCCG Board noted the Locality Clinical Director Reports.</p>	JCo
Strategy and Development		
9	<p>Older People's Strategy for Oxfordshire The OCC Director for Adult Services presented Paper 19/17 advising 'Living Longer, Living Better' had been drafted in 2018 with system partners, third sector and voluntary organisations and older people and their families and carers. A draft report was presented to the Health and Wellbeing Board (HWB) in November 2018 following which a consultation with the wider population was undertaken via the Talking Health web portal. The paper contained the final strategy which was submitted to the HWB in March 2019 for approval.</p> <p>Detailed analysis of the feedback from the consultation identified a series of recommendations for refining and enhancing the strategy and these fell into four themes:</p> <ul style="list-style-type: none"> • Theme 1: Being Physically and Emotionally Healthy • Theme 2: Being part of a strong and dynamic community • Theme 3: Housing, homes and the environment 	

	<ul style="list-style-type: none"> • Theme 4: Access to information and care. <p>The OCC Director for Adult Services advised during the consultation one of the main messages was plain English and there was a clear desire to turn the strategy into a delivery plan. There would be engagement around how people could be involved with work streams.</p> <p>The Lay Member PPI commented the document did not address loneliness and isolation. These were two different factors with different interventions and it would be important to differentiate those areas. Dying with dignity was included under the Being in Control section and about two thirds of the population had a death that was predictable but the uptake of directives was suboptimal and the Lay Member PPI felt there should be a more positive push to ensure mechanisms were in place for people to die well. She also observed there was a push in the NHS to move to more digital approaches but there were issues for the population in going digital and using digital tools and the challenges for people to engage in digital aspects needed to be addressed.</p> <p>The Director of Finance remarked on the links between the Older People’s Strategy and many other topics particularly finance but also performance and acuity. The graphs on page 9 showed an increase in the ageing population and there would be a need to work as system on the challenges this presented.</p> <p>The OCC Director for Adult Services observed if the system had the right strategy it would provide people with the information to look after themselves and with the right infrastructure there should be less demand on services.</p> <p>Responding to a query around the financial implications being no budgetary changes and whether the strategy could be delivered within existing Better Care Fund (BCF) resources, the OCC Director for Adult Services advised the position would become clearer when the delivery work streams had been worked up but it was about spending the Oxfordshire pound and suggested it should be discussed at the system group meeting.</p> <p>Another query was around supporting people with home care and how it was delivered. The OCC Director for Adult Services advised more home care was being purchased although OCCG and OCC needed to discuss with the market the long term models for home care. Feedback from the Care Quality Commission (CQC) review had included that there was too much of a transactional relationship with the market and there was a need to manage this differently. The number of people being supported in the community was being sustained.</p> <p>The OCC Director for Adult Services expected a three to six month turnaround to translate the strategy into a model and to have something available for the September HWB meeting and to be brought to the OCCG Board at a later date.</p> <p>The OCCG Board supported the final version of ‘Living Longer, Living Better: Oxfordshire’s Older People’s Strategy’ and the Report of the Older People’s Strategy Consultation.</p>	KT(LB)
10	<p>Operational Plan Draft Narrative and 2019/20 Financial Plan</p> <p>The Director of Governance presented Paper 19/18 providing the final draft of the 2019/20 Operation Plan submission for the 4 April 2019 which included a request for delegated authority for sign off prior to submission.</p> <p>The Director of Governance thanked the large number of people who had input into preparation of the Plan and advised the ‘ask’ had been for organisational plans with a strong emphasis on place. Discussions had been held with providers</p>	

<p>including the county council and Federations and the plan was in alignment with partners. The contract negotiations were outstanding at the point of publication of Board papers.</p> <p>The narrative also included a draft financial plan for 2019/20. The plan would be revised for the 4 April 2019 submission to include the outcome of contract negotiations, Quality, Innovation, Productivity and Prevention (QIPP) agreements and feedback on the draft submission.</p> <p>The Director of Finance advised the narrative had been written at a point in time and OCCG was very close to agreeing contracts with its two main providers. The Oxford Health NHS Foundation Trust (OHFT) contract was subject to discussion at their Board meeting on Wednesday 27 March. The OUHFT contract was a fixed value contract for 2019/20 which was the best way to manage the risk between the two parties. There was agreement to focus on the 52 week waits and cancer trajectories. In terms of the OHFT contract, it was proposed to invest resources over and above the mental health minimum standard required. This closed the risk around those two contracts but assumptions had been built in particularly around savings to be made. Continuing Healthcare (CHC) was a pressure and there was concern this trend would continue. Other areas of concern were the prescribing budget and the contracts with the other main acute providers that had been agreed on a payment by results (PbR) basis.</p> <p>The Director of Governance advised the overall narrative had been structured to demonstrate how it fitted with the Long Term Plan (LTP) and HWB strategy and to flow into the Sustainability and Transformation Partnership (STP) plan.</p> <p>The Oxford City LCD expressed some confusion around the section on primary care as it was more of a wish list with little around what would be delivered in in the first year. The interim Director of Transformation was happy to pick this up with any LCD who wished to contribute. She advised the milestones by quarter were supposed to be the initial objectives for year one of the LTP but she was happy to review.</p> <p>Other comments included:</p> <ul style="list-style-type: none"> • Vaccination was a key prevention tool which should be included as it could be used to prevent ill health • The inclusion of prevention was welcomed and certain areas were probably implicit but it was recommended smoking prevention should be specifically included as smoking was the cause of many deaths • There was no mention of deprivation. Resources should be focussed in areas of need and a focus on deprivation would tackle most inequalities • Urgent Treatment Centres (UTCs) was an ongoing piece of work led by the Chief Operating Officer with provider colleagues. There had been a policy change by NHS England (NHSE) and facilities needed to be standardised or equalised. The target was the end of the calendar year to designate UTCs. UTCs were quite closely aligned to Minor Injury Units (MIUs) and OCCG was working through requirements and workforce required before determining how to implement this policy in Oxfordshire • Reducing the suicide rate in Oxfordshire was an ambition. Oxfordshire did not have higher suicide rates than other areas; the current numbers were about 60 a year. There was a Public Health paper which could be shared with the Board and taken to the Quality Committee. It was agreed to rephrase ambition to reduce. The Director of Quality assured the Board actions and work was already in place. <p>The Director of Governance advised as various people signed off different</p>	<p>JCo/ LCDs</p> <p>SW</p>
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	<p>sections of the plan it was necessary to delegate authority to the CCG Chief Executive, Director of Finance, Chief Operating Officer and Deputy Chief Executive and the Director of Governance to sign off the final plan submissions for 4 April 2019.</p> <p>The OCCG Board:</p> <ul style="list-style-type: none"> • Noted the timescale and progress towards the final 2019/20 Operational Plan submission on 4 April 2019 • Agreed the proposed delegated authority for sign off and submission of final plans. 	
Business and Quality of Patient Care		
<p>11</p>	<p>Finance Report Month 11</p> <p>The Director of Finance presented Paper 19/19 providing the financial performance of OCCG to 28 February 2019; 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.</p> <p>The Director of Finance advised OCCG was forecasting to deliver all financial targets for the financial year and achieve a breakeven position. This was a significant success story bearing in mind a financial recovery process had been triggered earlier in the year. There might be some movement as year-end was approached around categories of spend in particular as the CCG became more assured it had been able to manage risks and headroom and the support for mental health.</p> <p>The Lay Vice Chair stated the Finance Committee had received the paper at its meeting the previous week and was pleased to note the financial position.</p> <p>The interim Director of Public Health congratulated the CCG on achieving a good financial position and for triggering the Financial Recovery Plan early, which had been key to the success, but queried whether the savings had been achieved through efficiencies or by not implementing any services that could have benefited patients. The Director of Finance confirmed OCCG had not been in the position where any services had been stopped or not implemented. Savings were achieved from unspent headroom or by pushing a little further on areas where savings had been identified. He added that it was difficult to quantify as spending money might have made a benefit and it would be necessary to continue to monitor as the CCG moved forward into 2019/20.</p> <p>The OCCG Board noted the Finance Report for Month 11 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.</p>	
<p>12</p>	<p>Integrated Performance Report</p> <p>The Director of Quality introduced Paper 19/20 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.</p> <p>The Director of Quality advised the 52 week wait situation was improving; cancer performance was disappointing and a concern; there was an improvement in delayed transfer of care (DTC) numbers. The stranded patient work had helped the DTC situation but there was concern around delays in community hospitals and work was underway with the Trust to understand the situation and try to relieve any problems. Ambulance handover performance was good; Continuing</p>	

Healthcare (CHC) was likely to be a growing pressure and it was a challenge to ensure good flow through the system. This would continue to be a pressure going forward. There had been some confusion in the Trust around the counting with regard to mixed sex accommodation where different messages had been given. It was believed this had been resolved and the situation was improving. In infection control the Clostridium difficile (C.diff) numbers were below projection but there had been four MRSA incidents during 2018/19. Mental Health referral assessments had been pushed out from 28 to 56 days with a resulting higher demand on primary care to keep patients safe until they were seen by the mental health service.

The Director of Quality reported a Cancer Programme Board had been set up by the Trust and OCCG had requested the organisations worked together. The Trust was in agreement but had not yet agreed when OCCG could start attending the Cancer Programme Board meetings. It was important for the diagnostics to be undertaken in a timely way and OCCG was working with the Trust on a 'one stop shop' to enable diagnostics and a consensus on the diagnosis to be obtained in a timely way.

The Director of Finance advised through the contract negotiations OCCG was encouraging clear agreement on priorities and these had been agreed as the 52 week waits and delivery of the cancer improvement trajectories. In the latest iteration of the plan the Trust aimed to hit the targets by Quarter 3 of 2019/20 (December).

The North LCD raised concerns around the cancer performance stating NHSE and NHS Improvement (NHSI) had been working closely with the provider looking at capacity but demand had remained static. GPs had been absorbing care in the community. She commented there had been little sharing of information to inform discussions. She felt the Board required some assurance things would improve. The North LCD expressed a desire to work more closely with the provider as she believed there were a number of initiatives which would make care better for patients.

The Director of Quality commented on the need for OCCG and OUHFT to get together to work on the capacity plan to enable understanding across the system.

The Lay Vice Chair stated on behalf of the Board OCCG was very dissatisfied with the state of play and there was a strong view this needed to be addressed on a faster time scale, that more joint working should be involved, that primary care should have an input, that there was a need for the work to be fully integrated, and a comprehensive plan was required.

The North LCD advised there was a Thames Valley Cancer Alliance and the failure in Oxfordshire to meet the targets affected the whole STP footprint.

The Specialist Medical Adviser report the national NHSE/I Medical Director had announced there would be changes to all the targets from April but the details were not yet available. He felt there was a need to bring information on these changes to the Board in order for the public in Oxfordshire to understand.

The Director of Finance commented there was a link between performance and contracts. OUHFT had agreed to meet these targets but there were targets in other areas such as incompletes. OCCG was monitoring the size of the waiting list and awaiting final clarification but the target would be to either keep incompletes steady or reduce the numbers. It had been agreed OUHFT had a good chance to reduce the numbers but this would require demand remaining flat. Another area was capacity constraints and the issues which the Trust would face

	<p>through the theatre refurbishments. Although the targets had been agreed regular performance meetings would continue in order to monitor the situation and it remained a risk.</p> <p>The OCCG Board noted the Integrated Performance Report.</p>	
<p>Governance and Assurance</p>		
<p>13</p>	<p>Safeguarding Children New Statutory Arrangements</p> <p>The Director of Quality presented Paper 19/21 outlining the proposed changes to the Safeguarding Children leadership and accountability within Oxfordshire. Under the new arrangements OCCG became a statutory partner with joint accountability and responsibility for safeguarding children in Oxfordshire.</p> <p>Within Oxfordshire the safeguarding board members agreed to retain the current partnership model. This partnership was evaluated over the past three years through peer reviews and inspections and found to be functioning well. As a result the arrangements had focused on retaining and strengthening the partnership.</p> <p>The guidance required local areas to publish the new arrangements by June 2019 together with an implementation plan. The paper was the draft document which would be published when signed by all parties.</p> <p>The safeguarding partners for Oxfordshire were:</p> <ul style="list-style-type: none"> • Oxfordshire County Council Chief Executive • Oxfordshire Clinical Commissioning Group Chief Executive • Chief Constable Thames Valley Police (delegated to the Assistant Chief Constable). <p>The three safeguarding partners had made arrangements to work together as an Executive Group and would work with relevant partners through the Oxfordshire Safeguarding Children Board (OSCB) under the leadership of an Independent Chair. The Executive Group had agreed ways to co-ordinate safeguarding services, act as a strategic leadership group in supporting and engaging others, and implement local and national learning including from serious child safeguarding incidents.</p> <p>There had also been changes in the child death review processes hosted on behalf of the partnership by OCCG. Child death review partners consisted of local authorities and CCGs. Oxfordshire and Buckinghamshire would be combining areas for the child death review process and the partners would be:</p> <ul style="list-style-type: none"> • Oxfordshire County Council Chief Executive • Oxfordshire and Buckinghamshire Clinical Commissioning Groups Chief Executive • Buckinghamshire County Council Chief Executive. <p>OCCG would continue to host the child death review processes on behalf of the Oxfordshire partnership and work closely with Buckinghamshire to maximise the opportunities to develop wider learning across a larger review area. The joint approach provided an opportunity to standardise review processes for lead providers including the hospitals and mental health providers.</p> <p>The changes included the introduction of a more proactive co-ordination of family bereavement support. The impact of the co-ordination of responsibilities and key worker role was currently being assessed by providers and existing systems were being updated.</p> <p>There was also a requirement for a child specific multi-professional, interagency</p>	

	<p>review of all child deaths (not just sudden or unexpected). In Oxfordshire the existing meetings, such as the trust mortality meetings, would be enhanced to fulfil the requirement.</p> <p>It was anticipated that a review of all the updated arrangements would be undertaken after a year.</p> <p>The Lay Vice Chair queried how under the new collective responsibility each organisation would know its responsibilities and how the Board could be assured OCCG was discharging its responsibility. The Director of Quality stated this was an important part of getting the three leaders together on a regular basis to ensure requirements were being met. Regular reports would be taken to the Quality Committee and brought to the Board. There would also be a standing item on the Safeguarding Board.</p> <p>The OCCG Board:</p> <ul style="list-style-type: none"> • Agreed the arrangements as detailed above • Noted the governance oversight described. 	
14	<p>Corporate Governance report</p> <p>The Director of Governance introduced Paper 19/22 which reported on formal use of the seal and single tender action waivers. It also included details of hospitality and declarations of interest. The Director of Governance advised since publication of the Board paper there had been a couple of changes to the Register of Interests. The Director of Finance and the Chief Operating Officer were both members of the Respiratory Board for the Integrated Respiratory Pilot Project. The Register of Interests had been revised and the updated version was available on the website.</p> <p>The Director of Governance reminded Board members to undertake their Conflict of Interest training.</p> <p>The OCCG Board noted the Corporate Governance Report.</p>	All
15	<p>Strategic Risk Register and Red Operational Risks</p> <p>The Director of Governance presented Paper 19/23 explaining there were no new Strategic Risks and no changes to Risk titles. There was one Red/Extreme Strategic Risk, AF19 – Demand and Performance Challenges; and two Extreme/Red Operational Risks, 797 – A&E Four Hour Wait and 798 – Performance of RTT and Cancer NHS Constitution Standards. A summary of all the live OCCG risks was presented in Appendix 1.</p> <p>The Oxford City LCD pointed out PCNs were a fundamental change to the way primary care worked and would have an effect on general practice. He suggested there was a need to review the risk particularly in relation to the amount of work that needed to be delivered in terms of a constrained workforce. It was agreed the risk would be considered through the Directors Risk Review meeting and the Oxfordshire Primary Care Commissioning Committee (OPCCC).</p> <p>The Medical Specialist Adviser felt there might be a need for a slightly different view on the finance risk for next year particularly as a system. The Director of Finance explained this was being dealt with at STP level. Each organisation had a control total but within the STP all the control totals were added together to give an STP control total. A transitional year had been agreed for 2019/20 due to the uniqueness of Buckinghamshire, Oxfordshire and Berkshire West (BOB) where finances were managed on a place based system but this would be an emerging issue beyond that. The Director of Governance advised a discussion had been held at the Directors Risk Review meeting around whether the score should reflect the year end position or a future position and it had been agreed the Board</p>	EDs

	<p>paper should reflect the year end position and the report to the May Board would be the position for 2019/20.</p> <p>The OCCG Board:</p> <ul style="list-style-type: none"> • Noted there were no new Strategic Risks and no changes to Risk titles • Noted the Red/Extreme Strategic Risk: AF19 • Noted the two Extreme/Red Operational Risks: 797 and 798. 	
16	<p>Oxfordshire Clinical Commissioning Group Sub-Committee Minutes <i>CCG Executive Committee</i></p> <p>The Director of Finance presented Paper 19/24a, the minutes of the CCG Executive Committee held on 18 December 2018 and 22 January 2019.</p> <p>The Lay Vice Chair stated a system had been agreed by which the minutes of the CCG Executive Committee were circulated in draft form to the Board providing early sight on decisions. The Lay Vice Chair commented this provided some assurance around management decisions and enabled the Board to place more reliance on the minutes going forward.</p> <p><i>Finance Committee</i></p> <p>The Director of Finance presented Paper 19/24b, the minutes of the Finance Committee held on 29 January 2019.</p> <p><i>Oxfordshire Primary Care Commissioning Committee (OPCCC)</i></p> <p>The Lay Vice Chair presented Paper 19/24c, the minutes of the OPCCC held on 5 March 2019.</p> <p>The Oxford City LCD expressed concern on the comments around the Deprivation Locally Commissioned Service as it seemed people did not understand what it was and through misunderstanding had misconstrued how it worked. He felt it should have been challenged as there was no double payment to GPs. The Director of Finance advised it had been covered in the most recent Finance Committee meeting where added clarity had been given and he believed the next set of minutes would reflect this.</p> <p><i>Quality Committee</i></p> <p>The Lay Member PPI advised the 28 February 2019 Quality Committee minutes should have been brought to the Board but there had been a delay in receipt of the minutes and two sets would be brought to the next meeting.</p> <p>The OCCG Board noted the Sub-committee minutes.</p>	
For Information		
17	<p>Confirmation of meeting quorum and note of any decisions requiring ratification</p> <p>It was confirmed the meeting was quorate and no decisions required ratification.</p>	
18	<p>Any Other Business</p> <p>There being no other business the meeting was closed.</p>	
	<p>Date of Next Meeting: Thursday 23 May 2019, 09.00 – 12.45, Jubilee House, 5510 John Smith Drive, Oxford, OX4 2LH</p>	