

**OXFORDSHIRE CLINICAL COMMISSIONING GROUP (OCCG) BOARD**  
**Action Tracker - May 2019 for July 2019 Meeting**

Meeting Date	Item	Action	Owner	Update	Status
	Integrated Performance Report (IPR)	A report on the below target performance around children's and young people eating disorders to be brought to the Board.	DH	29/11: The deadline for reaching the 95% eating disorders target was 2020. The pilot collected data calculated on a 12 month moving average. For any given month it covered approximately 10 patients. The way eating disorder data was calculated would be considered on a national basis. There were six referrals in August: two were seen within the time frame; three breached due to patient choice (offered appointment with four weeks but chose not to take it up). In September there were 10 referrals: two seen within four weeks, four cancelled and the four breaches were seen in 4.4 weeks. 23/05: Performance in January had improved but target not yet being met. Issues with recording data. Individual cases being reviewed at assurance meetings and issues escalated.	Closed
29/11/2018		The status of a bid for a new service model through schools to be checked and reported back outside of the meeting. Cancer: assurance on capacity to manage demand to be provided for the next meeting.	DH	28/03: Items for the Chief Operating Officer to be held over until the May meeting. 23/05: Model had gone live in 34 trailblazer schools. Oxfordshire had been invited to bid for a second wave of national funding. Bid to be submitted to NHSE on 23/05/2019. <b>XXX</b> to be brought to the Board.	Open
31/01/2019		The Quality Committee to monitor the situation regarding the change in routine referral assessments from 28 to 56 days for mental health patients in order to provide assurance to the Board	DH/SW	28/03: To be picked up outside of the meeting. 23/05: Covered under Item 11, the Integrated Performance Report.	Closed
31/01/2019		Whether payment was made for travel time between patients under home care hours to be checked.	SW/LW	28/03: The situation was being monitored by the Quality Committee and nothing of concern had been raised. 23/05: The Quality Committee continued to monitor and there was nothing negative to report.	Closed
31/01/2019		Data in the IPR to be checked against the Trust Board Briefings as there were discrepancies.	DH	23/05: The contract covered care hours and travelling expenses. A review of the contract was underway as the service was a joint responsibility of care to enable OCCG to influence and coproduce the way the service was commissioned. The action was being picked up elsewhere.	Closed
23/05/2019		Information to be obtained on community delayed transfers of care having an impact on beds and patient experience; reports from the CAMHS; falling indicators; the Royal Berkshire RTT performance and the OHFT contract and waiting times.	DH		Open
		The HART reablement service issues to be picked up with the lead commissioner.	DH		Open

24/05/2018	Developing OCCG's Approach to Public and Patient Engagement	Timescales and detail are what the process would like like and where drafts would be taken back to, to be added to Section 4.	CM	<p>26/07: Work was on-going and links were being formed to both the ISDB and the HWB. How to take forward would be picked up with the OCC Director of Public Health and the Public Health Specialist.</p> <p>29/11: Approaches on different aspects of the work were being developed.</p> <p>23/05: A proposal from Healthwatch to develop a wider stakeholder network with themed events to cover the whole work of the HWB had been agreed by the HWB together with the Director of Governance working with the Healthwatch Executive Director to make the proposal a reality. This would provide an overall approach rather than a number of separate pieces of engagement.</p> <p>31/01: HWB framework was being developed and the CQC review was awaited. Consideration had been given to the early engagement of patients, setting up reference groups and key individuals being involved in pieces of work. The HWB and Older People's strategies were going out for consultation.</p>	Closed
27/09/2018	System Governance	A piece on system governance would be brought to the Board. Discussions to take place outside of the meeting on when and to which fora pieces of work should be taken.	CM LP/CM	<p>28/03: The work was continuing.</p> <p>23/05: Discussions had taken place following publication of the NHS Plan and the timescales around when to bring pieces of work to the Board and in which fora would be picked up outside of the meeting. System Governance would be discussed at a Board Workshop. The STP Independent Chair was expected to be appointed after interviews on 24/05/2019. There would be a need for layers of governance from the STP through to the ICP.</p>	Open
28/03/2019	Locality Clinical Director Reports: Primary Care Networks (PCNs)	<p>A paper on PCN development to be brought to the next Board meeting.</p> <p>A report on the improvements being achieved in the gynaecology service at the OUHFT and in particular waiting times to be brought to the Board</p>	JCo WOG	23/05: Updates on PCN development were in each of the LCD Reports. A culmination report would be brought to the next Board meeting. There was confidence of 100% population coverage. A stronger narrative on how PCNs were being delivered and worked with partners towards integrated care was expected for the next meeting.	Open Open
28/03/2019	Older People's Strategy for Oxfordshire	The model to be brought back to the Board at a later date.	KT (LB)	23/05: Held over to the next meeting.	Open
28/03/2019	Operational Plan Narrative	<p>Revision to the section on primary care to be considered.</p> <p>The provider cancer plan to be reviewed outside of the meeting.</p>	JCo/LCDs SW	<p>23/05: The final Operational Plan 2019/20 had been submitted.</p> <p>25/03: To be considered under the Integrated Performance Report.</p>	Closed Closed
28/03/2019	Strategic Risk Register and Red Operational Risks	The primary care risk to be reviewed at the Directors Risk Review meeting and the OPCC to reflect the work required to establish PCNs and the effect on general practice.	EDs	23/05: The work required to establish PCNs and the effect on general practice would be picked up as part of the Risk Register review.	Closed