NHS
Oxfordshire
Clinical Commissioning Group

MINUTES:

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING

26 September 2019, 14.00 – 17.30, Jubilee House

	Dr Kiren Collison, Clinical Chair (voting)
	Louise Patten, Chief Executive (voting)
	Dr Ansaf Azhar, Director of Public Health (non-voting)
	Dr Ed Capo-Bianco, South East Locality Clinical Director (voting)
	Stephen Chandler, Director of Adult Services (non-voting)
	Dr David Chapman, Oxford City Locality Clinical Director (voting)
	Jo Cogswell, Director of Transformation (non-voting)
	Dr Jonathan Crawshaw, South West Locality Clinical Director (voting)
	Heidi Devenish, Practice Manager Representative (non-voting)
	Dr Neil Fisher, North Locality Deputy Clinical Director (voting)
	Diane Hedges, Chief Operating Officer (non-voting)
	Gareth Kenworthy, Director of Finance (voting)
	Dr Amar Latif, West Locality Deputy Clinical Director (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)
	Duncan Smith, Lay Member (voting)
	Dr Louise Wallace, Lay Member Public and Patient Involvement (PPI) (voting)
	Helen Ward, Deputy Director of Quality (non-voting)
In attendance:	Ros Kenrick - Minutes
Apologies:	Dr Miles Carter, West Locality Clinical Director (voting)
	Roger Dickinson, Lay Vice Chair (voting)
	Dr Shelley Hayles, North Locality Clinical Director (voting)
	Sula Wiltshire, Director of Quality and Lead Nurse (voting)

Item No	Item	Action
1	**Chair's Welcome and Announcements** The Chair welcomed the Director of Public Health and the Director of Adult Services for whom this was the first OCCG Board meeting. She thanked the South West Locality Clinical Director, who was attending his last Board meeting, for his work with OCCG and wished him well for the future.	

	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. The Deputy Director of Quality read the patient story and thanked the patient for her consent.	
2	**Apologies for absence** Apologies were received from the West Locality Clinical Director, the North Locality Clinical Director, the Director of Quality and Lead Nurse, who each sent a deputy, and the Lay Vice Chair.	
3	**Public Questions** The Chair advised no questions had been received via the website. The Chair invited questions from members of the public. Councillor Andrew McHugh read a statement on behalf of Victoria Prentis, MP and the Cherwell District Council. He highlighted the following: • The hope that OCCG Board would not accept the recommendations in Paper 19/54; • That should the Board accept the recommendations; the decision would be reviewed annually. The reviews should include the participation of significant and regional stakeholders. Victoria Prentis, MP, had offered to chair the annual reviews; • The business plan for the use of the proposed additional clinical space at the Horton should be published and work should begin as soon as possible; • That a decision to confirm Recommendation 2 would undermine the trust of the people in the Banbury area in the Oxfordshire Population Health and Needs Framework. Acceptance of the proposal for robust annual reviews would help to mitigate this loss of trust. Mr Barrie Finch asked that, having attended the Health and Wellbeing Board earlier in the day and now the OCCG Board, staff remember in their communications with members of the public to explain acronyms and avoid jargon. He noted that it was difficult for him to ask this through his Patient Participation Group (PPG) because they held only virtual meetings. Councillor Jenny Hannaby asked a question about Wantage Community Hospital, noting that had money been made available to repair the pipework, the extra beds available could have helped with the Delayed Transfers of Care (DTOC) problem. She asked how much money had been spent on DTOCs. The Chair noted that as this question did not relate to agenda items today, it would be answered on the OCCG website within 20 working days. Mrs Jenny Jones asked a question of each of the GPs on the Board. She gave an example of a patient in labour who had experienced difficulties on transfer from Banbury to the John Radcliffe hospital. Mrs Jones asked whether the GPs would support the decision to have one obstetric unit if this had been one of their patients or family. The Chair responded that all had sympathy for the particular patient, but that the Board could not comment on an individual case and Board members would not answer questions individually. This question would be covered at item 9.	
4	**Declarations of Interest** The Medical Specialist Adviser advised that through the Academic Health Science Network (AHSN), he had attended a Thames Valley senate meeting at which the issues presented in Paper 19/54 had been discussed. He had declared his position on the OCCG Board and this had been noted in the Senate Council's	

	minutes. It was confirmed that this was not a material conflict and that the Medical Specialist Adviser could participate in discussion and decision making on this item. Other than the above declaration there were no declarations of interest over and above those already recorded.	
5	**Minutes of OCCG Board Meeting held on 25 July 2019** The minutes of the meeting held on 25 July 2019 were approved as an accurate record.	
6	**Matters arising from the Action Tracker and Minutes of 25 July 2019** The actions from the Action Tracker and 25 July 2019 minutes were reviewed and updates provided where these were not covered under items later on the agenda. *Integrated Performance Report (IPR)* Data in the IPR to be checked against the Trust Board Briefings as there were discrepancies: JC unable to find discrepancies in data. Action closed Information to be obtained on community delayed transfers of care having an impact on beds and patient experience; reports from the Child and Adolescent Mental Health Service (CAMHS); falling indicators; the Royal Berkshire Referral to Treatment Time (RTT) performance and the Oxford Health NHS Foundation Trust (OHFT) contract and waiting times: information in Integrated Performance Report (IPR). Action closed The Home Access Reablement Team (HART) service issues to be picked up with the lead commissioner; Information in IPR. Action closed *Locality Clinical Director Reports: Primary Care Networks (PCNs)* A report on the improvements being achieved in the gynaecology service at the Oxford University Hospitals NHS Foundation Trust (OUH) and in particular waiting times to be brought to the Board: Information to be included in the IPR. Action closed *Older People's Strategy for Oxfordshire* The model to be brought back to the Board at a later date. Stephen Chandler to take this action. *Long Term Plan Implementation Framework* Discussion held. Action closed. *Locality Clinical Director Reports* Look at whether the problems encountered in the West Locality over 2ww bureaucratic barriers exists for the whole county. The problem concerned administrative, not clinical processes. The Planned Care team is working with OUH. Action closed Discuss PCNs' funding weighting with the Head of Primary Care with reference to underfunding for additional staff. This is a national contract and is not a CCG decision. The CCG recognises the limitations and will do all it can to support PCNs and practices. *Horton Hospital Maternity Services update* Send financial analysis to Finance Committee for scrutiny before September Board meeting. Action closed *Integrated Performance Report* Bring more assurance around CAMHS to Board. On agenda. Action closed	

	Look into the issues of consultants drawing back from providing extra NHS hours because of tax and pension concerns. Assurance had been sought from the Trust. This was a high priority and a national problem. OUH was looking at incentives and would send an update towards the end of October. This remains a significant risk. *Proposed new Strategic Risk Register* Review the overlap between Risk 3 and Risk 6: Risk paper on agenda. Action closed.	
Overview Reports		
7	**Chief Executive's Report** The Chief Executive introduced Paper 19/52 updating the OCCG Board on topical issues including the Positron Emission Tomography – Computed Tomography (PET-CT) service at the Churchill hospital. This service would remain on site, with additional sites in Swindon and Milton Keynes. The Chief Executive highlighted: • The intention to engage Member Practices and Stakeholders on a proposal to merge the three Clinical Commissioning Groups (CCGs) across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) in line with the NHS Long Term Plan; • The interim report on the development of the BOB ICS five year plan; The Chair noted that good progress was being made in the rolling out of a Population Health Management (PHM) approach across Oxfordshire which would be helpful to the new Primary Care Networks (PCNs). **The OCCG Board noted the Chief Executive's Report.**	
8	**Locality Clinical Director Reports** Paper 19/53 contained the Locality Clinical Director Reports. The Chair asked for any highlights or comments on the paper. The Lay Member for Patient and Public Involvement said that she thought the Bicester Healthy New Town project was maturing well. The South West Locality Clinical Director informed the Board that no GP had offered to take his post when he left at the end of October, but that the South West GPs would continue to meet and send feedback to the OCCG Board. He asked that OCCG kept the South West GPs informed of any issues. The Lay Member for Finance said that he found the Locality Clinical Director Reports interesting and had noted the social prescribing and frailty pilots in the City and the lessons learned and wondered whether these would be extended to the whole of Oxfordshire. He was concerned about how to maintain the network of patient voices. The Chief Executive Officer said that this question was being addressed through Healthwatch Oxfordshire, who would support the presence of the patient voice in the development of the PCNs. The City Locality Clinical Director praised the work done by the Mind wellbeing workers in the City and noted that City practices had Care Navigators in place. The frailty pilot was providing services to prevent admission to hospital where possible. The multi-disciplinary teams (MDTs) were working well. The social prescribing and frailty pilots were reporting into the Primary Care workstream of the Oxfordshire Integrated System Delivery Board (ISDB). The Medical Specialist Adviser asked that a patient story on social prescribing was brought to Board. **Action: The Deputy Director of Quality to source a patient story on social**	**HW**

prescribing

The Chair summarised the theme in Paper 19/53 of a changing landscape and providers working together. There was a key question of how to work with Localities to keep the commissioning aspect, yet also support PCN development.

The OCCG Board noted the Locality Clinical Director Reports.

Strategy and Development

9 Horton Hospital Maternity Services

The Chair asked Professor Meghana Pandit, the Chief Medical Officer of the OUH to the table to present the OUH's response to Paper 19/54.

The Chair reminded the Board members that there were two items upon which they would be asked to vote:

1. To agree that they were assured the work plan presented to the Horton Joint HOSC to cover all IRP requirements has had ongoing oversight through presentation of the work back to the HOSC and that the plan has been delivered and the Board has received the information required to support decision making.

2. To confirm the decision made in August 2017 to create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the John Radcliffe Hospital and establish a Midwife Led Unit (MLU) at the Horton General Hospital, for the foreseeable future.

The Chair acknowledged that the recommendation would be disappointing to residents in the wider Banbury area. She said that the stories presented at the Horton Joint Health Overview and Scrutiny Committee (Horton JHOSC) had been difficult to hear, but that OCCG and OUH were committed to working together on an action plan should the Board uphold the decision made in 2017. She thanked the mothers and partners for their courage in sharing their difficult to hear experiences.

The Chief Executive introduced the paper, recognising that the proposed recommendation would be hugely disappointing to the people in north Oxfordshire and beyond who want to see obstetric services return to the Horton.

She acknowledged that whilst two obstetric units would have improved access and experience for women and families, this would only be possible to deliver if the Commissioners could be certain that both units could be safely staffed so they were both clinically safe and sustainable. If the number of births was significantly higher and growing rather than falling, if the availability of suitably trained and experienced obstetricians was better and if the facilities were better she felt OCCG would have been in a different position.

The Chief Executive highlighted the following points to the Board:

- The programme had been delivered through working with stakeholders including those from north Oxfordshire, south Warwickshire and south Northamptonshire. The process was open and information shared publically at every stage. The plan was set out at the start, agreed by the Horton JHOSC, and progress reported at every one of the Horton JHOSC meetings.
- All information generated from this work had been shared and the papers were on the OCCG website.
- The process had been thorough and complicated at times due to the complex detail of staffing models, recruitment, patient experience, clinical safety and national guidance.

- Public stakeholders had been directly involved in various stages of the programme including designing the survey, selecting the company to deliver the survey, weighting the criteria to be used to score the options and in scoring the actual options.
- OCCG and OUH were open to considering additional options and conducted research on other small obstetric units in an effort to leave no stone unturned in the search for a safe and sustainable model. The work undertaken by Keep the Horton General Campaign on small Obstetrics units was acknowledged.
- The impact of the temporary closure of the Horton obstetric unit on the population affected has been acknowledged. OCCG and OUH were grateful to women and their partners for sharing their difficult to hear experiences in the Horton JHOSC forum and through the survey and focus groups. The Trust had found the feedback extremely valuable and was determined to act on as many of the issues raised and improvements suggested as possible. OCCG would work with OUH on an action plan for the implementation of whatever decision OCCG made.
- It must be acknowledged that since the temporary closure of the Obstetric Unit at the Horton, overall patients rated the maternity care they received from OUH positively on the majority of aspects. This included patients from North Oxfordshire and South Northamptonshire. Importantly, over the past three years the clinical outcomes for mothers and babies in Oxfordshire has improved.
- Last week, OCCG received written confirmation from NHSE/I that they were assured that the process followed had delivered what had been asked by the IRP and this letter has been published on the OCCG website.
- The CEO then pointed out that the recommended option (if agreed) would be a very different decision to that taken by the OCCG Board in 2017, because:
    - Last time the decision was linked to the potential closure of A&E and Paediatrics at the Horton. OCCG had overturned that proposal and had the full support of System Leaders in agreeing that the Horton provided a significant suite of services to the people of Banbury and the surrounding areas and that this was to be built on rather than taken away.
    - This recommendation to the OCCG Board was not for a permanent closure of obstetrics at this point in time, but because of the balance in favour of the sustainability and therefore clinical safety, the recommendation had to be to maintain closure at present.
    - A process exists for reviewing population health and care needs, which was agreed at the Health and Wellbeing Board, so that the decision could be reviewed if critical factors changed.

The Chief Medical Officer, OUH then spoke on behalf of the OUH Chief Executive and Board.

Clinical safety is the highest priority for OUH. The current service could be maintained, the birth rate was down, and the number of ill babies had also gone down. Positive feedback on care at the John Radcliffe site maternity services had been received from patients, including those from the Banbury area.

The Chief Medical Officer, OUH, also explained that two obstetric units would present workforce challenges, not only for obstetricians, but also anaesthetists and nurses. Intensive efforts had been made to recruit, but these had not been successful. OUH could not be certain that it could sustainably staff this model into the future.

One obstetric unit was sustainable. Negative patient feedback would be acted upon to continue to improve the service. The antenatal and postnatal clinics at the Horton would be expanded into a maternity assessment unit. OUH would work with local partners to minimise any negative impact on patients. A larger waiting area would be made available at the John Radcliffe. The permanent ambulance on standby at the Horton General Hospital would remain.

The Chief Medical Officer, OUH, highlighted the plans for the future for the Horton General Hospital. The hospital remained an important part of OUH. There would be investment to expand services and improve those already there. Working with local stakeholders a master plan for significant capital investment would be developed. OUH would build in flexible clinical space so that an obstetric unit could be accommodated if feasible in the future.

The Director of Governance reported that this had been a joint project for OCCG and OUH. She thanked the project team for all their work.

The Director of Governance reported that the Horton JHOSC committee, sitting on 19 September had been very disappointed with the recommendations and did not feel that OCCG had complied with the Independent Reconfiguration Panel (IRP) requirements. The Horton JHOSC Chair's report (and the CCG response) stating that the recommendation was not in the best interests of health services had been shared on the OCCG website.

The Director of Governance then talked through the paper highlighting the main points:

- The Board needed to confirm it was assured that the requirements of the Secretary of State/Independent Reconfiguration Panel (IRP) had been fulfilled. The paper included a summary of the requirements and work undertaken on pages 7-9. The letter from NHSE/I (appendix 1b) stated "Our conclusion is that all the actions requested by the Secretary of State for Health and Social Care have been completed."
- As agreed with the Board and the Horton JHOSC the two highest scoring options were worked up in more detail and key points were:
    - Option Ob6, the single obstetric unit at the John Radcliffe. This service had been running for nearly 3 years and had indicated it was delivering safe services with good and improving outcomes. The main challenges of this option were access and the OUH had proposed an expansion of services to create a Maternity Hub at the Horton to increase service available locally. The on-site ambulance would remain to support this service expansion. This was in addition to the wider work being undertaken to improve access to the Oxford hospital sites.
    - Ob9, two obstetric units. This scored highly on access and patient experience. The main challenges for this option were workforce across all disciplines including obstetrics, anaesthetics, midwifery and neonatal nurses. It was already a struggle to recruit in these areas to maintain the current service level and an expansion would be challenging.
    - Whilst not a driving factor it was also important to highlight to the Board the difference in cost of the two options which was driven by the increase in staffing.
    - The priority had to be to ensure a safe sustainable service and balancing this with access and patient experience. It was the significance of the workforce challenges that had led to the recommendation that at this point in time a second unit could not

be re-opened.

The Chair asked for any questions and comments from Board members.

The Medical Specialist Adviser informed the Board that recruitment was a major problem for the NHS now and in the future and that it was important for the Board to understand the very real pressures this created in acute hospitals. There could be safety issues if agency staff were used often to fill rotas (as was the case at OUH and many other hospitals) and if they cancelled shifts at short notice it was becoming more difficult to get these filled by permanent members of staff. He reiterated that the sustainability of a rota to ensure clinical safety was paramount.

The City Locality Clinical Director asked what would be the implications for the other parts of the county if the Horton obstetric unit were to be staffed. He believed there would be a reduced service in Oxford. The Chief Medical Officer, OUH replied that this was possible; if staff were to rotate through the Horton, the tertiary and quaternary level obstetric services at the John Radcliffe would be adversely affected.

The City Locality Clinical Director also asked whether investment in the Horton obstetric unit would affect other services, such as mental health, that were already under-funded. The Director of Finance agreed that, as all OCCG money had been committed in year, this would impact on other services as the additional costs identified would have to come from within current CCG allocations.

The Lay Member for Patient and Public Involvement said that she had previously voted against a permanent withdrawal of services at the Horton. As Chair of the OCCG Quality Committee she noted the need for ongoing scrutiny and monitoring of the transfer times, clinical outcomes and effect on services. She highlighted:

- The strong preferences of women in the survey to give birth at the Horton, and the difficulties patients' relatives had in accessing and staying over at the John Radcliffe unit;
- That the permanent ambulance at the Horton was very important and should remain;
- That there had been no significant harm to date but some clinical data such as perineal injury and all patient experience information was reported Trust-wide rather than by site;
- She felt that OCCG had not visited enough of the small units in its investigation which successfully used hybrid rotas as supported by the Royal College of Obstetricians and Gynaecologists (RCOG);
- It was her understanding that the Deanery had not been approached about Trust wide accreditation;
- That birth numbers were an estimate and that the cost of an obstetric unit at the Horton would not all fall to Oxfordshire as women from other CCG areas would use the service, as they continue to do for other services provided on the site;
- There are suggestions in the report for South Warwickshire General Hospitals Foundation Trust (SWGHT) to provide some antenatal/post-natal care outreached to the Horton which is welcomed.
- She recommended that monitoring through the OCCG Quality Committee continued and included choice and actual place of birth. Data on safety outcomes for mother and infant, patient experience, number, reason and the range of transfer times including any "outliers" where there may be greater risks, should be broken down by place of birth and discussed at least annually.
  Data on birth rates and housing should continue to be collected and

presented at least annually across the catchment area as part of a health needs “Place based” assessment.

The Director of Governance replied:

- All the work, including estimated birth numbers had included data from South Northamptonshire and Warwickshire and this would continue as part of our ongoing monitoring;
- The visits made to the small units were difficult to arrange and some units did not agree to be visited;
- The OUH had liaised with the Deanery about trust-wide accreditation and would continue to pursue this.

The Chief Medical Officer, OUH replied:

- To aid some of the problems that mothers and partners were encountering, the new maternity assessment unit at the Horton would take patients in early labour and with ruptured membranes so that they would not have to travel to the John Radcliffe if it was not necessary. The Chief Finance Officer, OUH was looking at improved access at the John Radcliffe;
- Patients were asked to telephone when in labour and a dedicated hotline would be set up to support access to the JR site;
- The dedicated ambulance would remain based at the Horton;
- Clinical outcomes were monitored across the county, particularly in maternity where the three MLUs’ data would be collected by site;
- The maternity dashboard of clinical data was scrutinised monthly and she would look to split this by site and continue to share this with the OCCG.

The North Locality Deputy Clinical Director replied as the representative of the North Locality GPs:

- He had wrestled with the decision to remove the obstetric unit from the Horton, but as a clinician he agreed that clinical safety was the priority;
- He had been involved in the short-listing of the options. Two units would be the ideal, but it would be more dangerous to patients if there was suddenly no obstetrician on site at the Horton resulting in an emergency transfer to Oxford;
- The Care Quality commission (CQC) had visited the Trust’s maternity services and declared the service ‘good and safe’, and one should trust professional independent views;
- If OUH had declared staffing of a second obstetric unit unsafe, then we all should trust that. He asked whether any other provider had been approached to provide an obstetric service at the Horton. The Director of Governance replied that neither Northamptonshire nor Warwickshire had been interested in doing so and that the staffing challenges would still remain.

The Director of Transformation said that the application of our system Health and Care Needs Framework would build on the work done and be a basis for future options.

The Chair noted an email from the Lay Vice Chair who agreed that OCCG and OUH would need to develop plans and identify key milestones. He had thanked the team for their work and he supported the recommendations in the paper.

With regard to investment in the Horton, The Chief Medical Officer, OUH, said that OUH had invested £3.6m in endoscopy, increased the trauma beds by eight, installed a new CT scanner and upgraded the theatres at the Horton. A business case would be submitted for future investment. The Chief Executive reminded the

	Board that until March there had been an outstanding judicial review appeal which, if upheld, would have meant that all services previously at the Horton would have to return. As a result, the development of a master plan for the Horton had had to be delayed. The Chair drew the discussion to a close, summarising the points made and thanking the women who had submitted their experiences and the OUH team for looking into these. There were 12 voting members present at the Board meeting. They were asked to vote: 1. That they had been assured the work plan presented to the Horton Joint HOSC to cover all IRP requirements has had ongoing oversight through presentation of the work back to the HOSC and that the plan has been delivered and the Board has received the information required to support decision making. **11 members voted that they had been assured that the work plan covered all IRP requirements and 1 member voted no.** 2. Confirm the decision made in August 2017 to create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the John Radcliffe Hospital and establish a Midwife Led Unit (MLU) at the Horton General Hospital, for the foreseeable future. **11 members voted to confirm the closure of the obstetric unit for the foreseeable future and 1 member voted no.** **The OCCG Board:** • **Approved the recommendations in the Horton Maternity Services paper.** • **Noted that the decision was for the 'foreseeable future' rather than a statement of permanency** • **Agreed to work with OUH on an implementation plan to improve mothers' and partners' experience and enhance access to maternity services (particularly for the population in the Horton catchment area).** • **Agreed to develop a process for on-going monitoring via the Quality Committee** • **Noted that it was important for women, their families and healthcare staff that OCCG finalised and implemented this decision to remove uncertainty and enable OCCG to plan for the future of Horton General Hospital and actively pursue the opportunity of capital investment.** • **Agreed to work closely with the OUH and local stakeholders to further develop the masterplan for the Horton General Hospital, ensuring it included high quality, flexible clinical space that could be used for different services over time, including obstetric services if circumstances demand.** • **Agreed to actively pursue with OUH the need for significant capital investment in the Horton Hospital, in clear recognition that this can improve recruitment and ensures the site is fit for its future as a thriving 21st century hospital for the whole of North Oxfordshire and beyond.** **Actions:** • **Work with OUH on an implementation plan to improve mothers' and partners' experience and enhance access to maternity services (particularly for the population in the Horton catchment area** • **Develop a process for on-going monitoring via the Quality Committee** • **Work closely with the OUH and local stakeholders to further develop**	**LP** **SW** **LP**

	the masterplan for the Horton General Hospital, ensuring it included high quality, flexible clinical space that could be used for different services over time, including obstetric services if circumstances demand. • **Actively pursue with OUH the need for significant capital investment in the Horton Hospital, in clear recognition that this can improve recruitment and ensures the site is fit for its future as a thriving 21st century hospital for the whole of North Oxfordshire and beyond.**	**LP**
10	**Long Term Plan 5 Year Strategy – Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System submission** The draft submission for the BOB ICS was to be sent to NHS England/Improvement (NHSE/I) on 27 September and had been presented to the Health and Wellbeing Board this morning. Deadlines for submissions did not align with OCCG's governance meetings; therefore the Board was asked to delegate oversight of the final submission draft to the OCCG Executive Committee on 22 October 2019. The Board was also asked to note that the Chief Operating Officer would be the Oxfordshire place-based link. The Board was asked to delegate approval of the full draft submission to the Accountable Officer (Chief Executive Officer) and Clinical Chair. There was a high level strategy and technical document for each area of work. All Chief Executive Officers had agreed that it would be unrealistic for Boards to scrutinise the submission within the timeframe, with the final draft submission due on 1 November. In discussion, Board members agreed that the responsibility for the Oxfordshire input remained with the Board. They were therefore not content to delegate oversight to the Executive Committee, but agreed to attend the Executive Committee meeting on 22 October for a full discussion of the draft submission. **Action: RK to invite Board members to the Executive Committee meeting on 22 October** **The OCCG Board noted that the Chief Operating Officer (as the Place lead on the BOB ICS Delivery Oversight Group) has ensured that there has been a review of all draft Chapters by the Oxfordshire system (including clinical leads and appropriate system level groups). This draft technical submission will be shared with all Board members so that they can provide input to the next stage.** **The OCCG Board declined to delegate oversight of the final submission draft to the CCG Executive Committee on 22 October 2019 (a pre-existing diary commitment).** **The OCCG Board agreed to delegate approval of the full draft submission to Louise Patten as Accountable Officer and Dr Kiren Collison as Clinical Chair, taking into account discussion and feedback received.**	**RK**
Business and Quality of Patient Care		
11	**Finance Report Month 5** The Director of Finance presented Paper 19/56 providing the financial performance of OCCG to August 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. The Director of Finance highlighted a forecast outturn on plan, but noted that significant risk in-year had been offset against headroom. OCCG was now at the limit of the risk it could manage and would need to implement a financial recovery plan should any further risk materialise in-year. Looking ahead to 2020/21 the	

	Director of Finance was concerned that a deficit was indicated unless mitigations and savings could be found. The Oxford Health contract had not yet been signed; the delay linking to investment in mental health services. There had been an underspend on the Ramsay Healthcare contract. This appeared to be due to patient choice, but the Chief Operating Officer would be working with Ramsay to understand fully the impact of the Healthshare MSK contract. OCCG was currently awaiting the publication of new Rightcare data. OCCG had been asked by NHSE/I to investigate the situation of patients waiting more than 26 weeks for treatment and to find opportunities to offer earlier appointments with other providers. This could be an extra financial risk. **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.**	
12	**Integrated Performance Report** The Chief Operating Officer introduced Paper 19/57 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. • RTT remained a challenge, particularly in diagnostics in cancer and in theatres. The drivers in each specialty were different; • Though the A&E 4 hour standard was not being met Oxfordshire was not an outlier nationally; • Stranded patients and delayed transfers of care numbers were not dropping as they had been. The Home First service was now a priority; • The CAMHS waiting lists were being reviewed regularly with the provider and were improving slowly. Oxfordshire was performing well nationally, but not as well as hoped. The South West Locality Clinical Director asked why the 62 day screening figure had a 44 per cent change. The reason was the small numbers of patients. The Chief Operating Officer would send the actual numbers to the South West Locality Clinical Director. The Lay Member for Patient and Public Involvement asked about the lower number of delivered learning disability health checks. The City Locality Clinical Director had noted a discrepancy between the figures collected in primary care and the national figures. Patients could decide not to share their own information, but he also expected the numbers to rise later in the year. GPs did receive reminders to action the health checks. The Chair asked that practice-level data were reviewed at Quality Committee. **Action: DH to send 62 day screening numbers to JC** **Action: SW to ensure that practice-level data on learning disability health checks were reviewed at Quality Committee** **The OCCG Board noted the Integrated Performance Report.**	**DH** **SW**
Governance and Assurance		
13	**Corporate Governance report** The Director of Governance introduced Paper 19/58 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 highlighted one single tender waiver for the OCCG website provider. **The OCCG Board noted the Corporate Governance Report.**	
14	**Strategic Risk Register and Red Operational Risks** The Director of Governance presented Paper 19/59 noting the changes to the strategic risks. Board members discussed the rating of Risk AF34, Delivery, being high enough at 12. Were these risks or issues? The Chief Operating Officer agreed that the wording in the Integrated Performance Report should be strengthened and made more explicit in order to give assurance. **Action: DH to reword the IPR to give more assurance around risks.** **The OCCG Board noted the risk register.**	**DH**
15	**Oxfordshire Primary Care Commissioning Committee Terms of Reference** The Director of Governance presented Paper 19/60 for approval. **The OCCG Board approved the changes to the Oxfordshire Primary Care Commissioning Committee Terms of Reference**	
16	**Audit Committee Terms of Reference** The Director of Governance presented Paper 19/61 for approval. Changes had been requested by the auditors around oversight of supplier spend. She noted that additional changes would be required to the membership which would be presented to the Audit Committee meeting in October. **The OCCG Board approved the changes to the Audit Committee Terms of Reference around oversight of supplier spend required by the auditors.**	
17	**Oxfordshire Clinical Commissioning Group Sub-Committee Minutes** *OCCG Executive Committee* The Chief Executive as Chair of the OCCG Executive Committee presented Paper 19/62a, the minutes of the OCCG Executive Committee held on 23 July 2019. *Oxfordshire Primary Care Commissioning Committee (OPCCC)* The Lay Member (voting) as Chair of the OPCCC presented Paper 19/62b, the minutes of the OPCCC held on 15 August 2019. **The OCCG Board noted the Sub-committee minutes.**	
For Information		
	Confirmation of meeting quorum and note of any decisions requiring ratification It was confirmed the meeting was quorate and no decisions required ratification.	
	Any Other Business There being no other business the meeting was closed.	
	Date of Next Meeting: Thursday 28 November 2019, 09.00 – 12.45, The Spread Eagle Hotel, Cornmarket, Thame, OX9 2BW	