

MINUTES:

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING

30 January 2020, 09.00 – 13.10 Jubilee House, Oxford

	Dr Kiren Collison, Clinical Chair (voting)
	Louise Patten, Chief Executive (voting)
	Ansaf Azhar, OCC Director of Public Health (non-voting)
	Dr Ed Capo-Bianco, South East Locality Clinical Director (voting)
	Dr David Chapman, Oxford City Locality Clinical Director (voting)
	Jo Cogswell, Director of Transformation (non-voting)
	Roger Dickinson, Lay Vice Chair (voting)
	Dr Shelley Hayles, North Locality Clinical Director (voting)
	Diane Hedges, Deputy Chief Executive/Chief Operating Officer (non-voting)
	Gareth Kenworthy, Director of Finance (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)
	Stephen Chandler, 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:	Ros Kenrick - Minutes
Apologies:	Dr Miles Carter, West Locality Clinical Director (voting)
	Heidi Devenish, Practice Manager Representative (non-voting)

Item No	Item	Action
	Items were discussed in the order: 1,2,3,4,5,6,7,8,9,10,11,12,13,14,19,15,16,17,18	
1	<p>Chair’s Welcome and Announcements</p> <p>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.</p> <p>The Chair noted that this would be the last Board meeting for the Chief Executive, Lou Patten. She thanked Lou for her hard work with OCCG over the past two years and her leadership in closer working together to prepare for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS). Board members wished Lou well for her coming adventures.</p> <p>The Director of Quality read the patient story and the Chair thanked the patient for her consent.</p>	

2	<p>Apologies for absence Apologies were received from the West Locality Clinical Director and the Practice Manager Representative.</p>	
3	<p>Public Questions The Director of Governance advised that three questions had been received via the website.</p> <p>The Chair invited questions from members of the public. Cllr Stefan Gawrysiak, Town. District and County Councillor Henley on Thames and Cllr Ian Reissmann, Chair of the Townlands Steering Group spoke of their concern at the closure of the Sue Ryder Hospice palliative care beds at Nettlebed. Their questions had been submitted in advance of the Board meeting and would be fully answered on the OCCG website within 20 working days. However, the Chief Executive asked to respond verbally to some of the points raised.</p> <p>The Chief Executive expressed OCCG's surprise at the announcement of the closure of all of the beds. There was an ongoing review of alternative options. She noted the success of the Hospice at Home service, which had benefitted 539 patients to date and had received good feedback. OCCG had been aware that Sue Ryder had reduced the number of beds because they were not being used. There were currently four beds open, which were used on a 50/50 ratio of Buckinghamshire to Oxfordshire patients. There was a significant issue around the viability of keeping staff to look after such a small number of patients. Sue Ryder had undertaken to find beds when required at the Duchess of Kent home in Reading.</p> <p>The Chief Executive said that the Oxfordshire Health Oversight and Scrutiny Committee (HOSC) would be looking at the matter, but reminded all that Sue Ryder was a charitable organisation for which the requirements may be different. She confirmed that OCCG did fund Sue Ryder, but there were also numbers of charitable donations.</p> <p>Mr Jeremy Hutchins asked that the Board considered patients' concerns about patient engagement and involvement in the future. The Chair said that this would be picked up at item 9.</p> <p>The questions received via the website were:</p> <ol style="list-style-type: none"> 1. A query about a personal medication. A response would be sent directly to the patient. 2. A query about the possibility of a merger of the three Integrated Care System (ICS) CCGs and the implications for community services. This would be covered at Item 19 on the agenda. 3. A query about the way in which OCCG worked with the district councils to access Section 106 funding. This query would be answered on the CCG's website within 20 working days. 	
4	<p>Declarations of Interest Item 13: Clinical Leadership: The changes outlined in the paper impact on the portfolios and areas of responsibility for the CCG Clinical Leaders including GP Board Members. Whilst this presented a conflict there was no proposed change to the number of GP Board roles. GP Board Members would therefore both participate in the discussion and decisions as set out in the recommendations.</p> <p>Item 19: CCG Management Arrangements and Engagement Report: A full list of conflicts for Board members with the Conflicts of Interest Guardian's deliberation on how to mitigate them is detailed in the minute of Item 19.</p> <p>There were no further declarations of interest other than those already listed on</p>	

	the declaration of interests register that formed part of the Corporate Governance Report at Item 15.	
5	<p>Minutes of OCCG Board Meeting held on 28 November 2019</p> <p>The minutes of the meeting held on 28 November 2019 were approved as an accurate record.</p>	
6	<p>Matters arising from the Action Tracker and Minutes of 28 November 2019</p> <p>The actions from the Action Tracker and 28 November 2018 minutes were reviewed and updates provided where these were not covered under items later on the agenda.</p> <p><i>Older People's Strategy for Oxfordshire:</i> The Director of Adult Social Services declared that he had now signed off the implementation plan and would submit it to the next Board meeting.</p> <p><i>Integrated Performance Report (IPR): Learning Disability Healthchecks:</i> The dashboard had been taken to the Quality Committee meeting on 14 January. The Mental Health team were developing a practice-specific dashboard. Action closed</p> <p><i>Strategic Risk Register and Red Operational Risks: Reword the IPR to give more assurance around risks:</i> More narrative had been written around the quality impacts where standards had not been met. A paper had been submitted to Quality Committee detailing how each area had been investigated. Action closed</p> <p>Action 01/20: Circulate the quality impacts paper submitted to Quality Committee</p> <p><i>Locality Clinical Director Reports: Investigate why there was no PPG update in the City report:</i> Action closed prior to meeting, but further clarity requested. The City Locality Clinical Director informed the Board that whilst the Patient Participation Group (PPG) representatives were indeed abroad at the time of the last Locality meeting, patient representatives were not attending Locality meetings because they considered that they were no longer supported by the CCG to come to the meetings.</p> <p>The Lay Member for Patient and Public Involvement (PPI) expressed her concern that Locality Clinical Directors were losing oversight of PPI. Whilst there were Locality Clinical Directors, this was important to retain. The North Locality Clinical Director advised that the North PPG continued to attend the Locality meetings. Action closed</p> <p><i>Locality Clinical Director Reports: Take the safeguarding concerns to the Oxfordshire Primary Care Commissioning Operational Group (OPCCOG):</i> Action closed</p> <p><i>Locality Clinical Director Reports: Provide updates in the IPR on MSK (musculoskeletal) and Urology:</i> Two meetings had been held with HealthShare and further information was available demonstrating improvements. A paper with further details would be submitted to Quality Committee and would be circulated to the Board. Urology remained a concern in regard to cancer waiting times and the acute collaboration and cancer alliance were exploring how to support increases in capacity. Action open</p> <p>Action 02/20: Circulate the Quality Committee MSK paper to Board members when available.</p> <p><i>Strategic Risk Register and Red Operational Risks: Propose a new risk for finance:</i></p>	<p>SW</p> <p>SW</p>

The Director of Finance had made changes to Risk AF34 on the Risk Register which was on today's agenda at Item 16. Action closed

Overview Reports

7 Chief Executive's Report

The Chief Executive introduced Paper 20/03 updating the OCCG Board on topical issues. The Chief Executive highlighted:

- Further action was required by NHS England/Improvement as a result of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) Long Term Plan submission. This included a review of financial efficiencies to meet a 2 percent efficiency improvement requirement and details of what action was being taken to close the deficit gap.
- The Sue Ryder South Oxfordshire Palliative Care Hub was planning to close its hospice inpatient unit at the end of March 2020, whilst continuing with its specialist palliative hospice care in the home service in South Oxfordshire. As patients increasingly choose to be cared for at home, there has been a steady decline in the number of patients referred to the inpatient unit which led to the charity halving the number of beds it operated in April 2019.

Action 03/20: Look into the usage of palliative care beds

- The BOB ICS draft plan would be shared with Board members during February. Locality Clinical Directors asked that there would be appropriate clinical input into the ICS meetings.

Action 04/20: Discuss planned clinical input into ICS meetings

- The Chief Executive congratulated the SCAN Pathway team for winning the Improvement and Innovation category at the Oxford University Hospitals NHSFT (OUH) Staff Recognition Awards.
- The Lay Member for Finance asked what assurance the Board could receive about the performance issues in the Integrated Performance Report (IPR). Issues were reported to Board through the Quality Committee. NHS England and Improvement (NHSEI) would begin to hold quarterly assurance meetings with the ICS from February.
- The North Locality Clinical Director asked whether notifications of visits from NHSEI to provider trusts should be reported to Board. There were a number of routes through which these were reported to the CCG, but there may be a need to coordinate the notifications.

Action 05/20: Streamline the way in which NHSEI visits to provider trusts were reported into the CCG

LP

SH

SW

The OCCG Board noted the Chief Executive's Report.

8 Locality Clinical Director Reports

Paper 20/04 contained the Locality Clinical Director Reports.

Board members noted

- The long waiting times on the phone for the single point of access (SPA) service and the impact that this was having. This issue had also been flagged through GP feedback. It was being addressed through the Quality team.
- The delay in the approval of funding for the AccuRx pathways system. The Director of Finance replied that this was being considered through the same process as other requests for funding.
- The Population Health Management project in Banbury which was a good example of cross-organisational working and public engagement.
- The City Locality Clinical Director flagged his concerns about the sustainability of general practice in the City. He asked the Board to note the success of the Oxfordshire Mind project as a successful social prescribing undertaking.
- The North East Locality Clinical Director spoke of concerns about the

	<p>Primary Care Network (PCN) direct enhanced service (DES) specifications. These had been reviewed by the CCG and a detailed response sent, which would be shared with Board members. The Chief Executive agreed that there was concern about the content and pace of change, but there would be a risk to patients if GPs, as providers, could not accept the DES. The CCG was working with GPs and the PCNs to ameliorate their concerns.</p> <ul style="list-style-type: none"> • The Lay Member for Public and Patient Engagement again noted the lack of PPI input into some of the reports. She was concerned at a lack of oversight of PPI by the Locality Clinical Directors. It was important to maintain the confidence of the patient populations. • An increase in the South East Locality's urgent care activity which was being investigated. <p>Actions: 06/20: Add SPA issues to the IPR. 07/20: Look into the request for AccuRx funding.</p> <p>The OCCG Board noted the Locality Clinical Director Reports.</p>	<p>SW GK</p>
<p>Strategy and Development</p>		
<p>9</p>	<p>Communications, Patient, Public and Community Engagement</p> <p>The Director of Governance reported that the Health and Wellbeing Board wished to coordinate the way the constituent organisations worked with the wider population and partners to support and listen. This also aligned with the views raised by Locality Forum Chairs and others that they felt the NHS and County Council should work more closely as health and social care were so related. To this end the Oxfordshire Wellbeing Network had been developed.</p> <p>There was concern at the changes to public and patient involvement with the CCG since the disbandment of the Locality Forum Chairs meetings in the transition period towards the Health and Wellbeing Board plans. It was acknowledged that the Locality Forums/PPGs were not the only route for PPI and that a new system-wide approach would continue to involve a variety of groups and approaches. There would be opportunities for patients and the public to become involved in specific areas of healthcare, but it would be useful to have general input on areas of concern or praise about which the CCG might be unaware.</p> <p>The Board resolved to receive an update on progress in six months' time.</p> <p>The OCCG Board:</p> <ul style="list-style-type: none"> • Noted the development of wider public and patient engagement based on PCNs and working with partner organisations through Oxfordshire Health and Wellbeing Board • Noted the Communications and Engagement Performance Report for 2019 • Approved the updated Communications and Engagement Strategy <p>Action 08/20: Submit an update on progress to the Board meeting in July 2020</p>	<p>CM</p>
<p>Business and Quality of Patient Care</p>		

<p>10</p>	<p>Finance Report Month 9</p> <p>The Director of Finance presented Paper 20/07 providing the financial performance of OCCG to 31 December 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 informed the Board that this report was consistent with the reports submitted this year and the forecast outturn remained on plan.</p> <p>The pressures against the position were:</p> <ul style="list-style-type: none"> • Over-performance at the OUH of £2.7m, which would not affect this year, but would affect the baseline for 2020/21; • An overspend of £4m in the prescribing budget, the bulk of which was not under the CCG's control. <p>The Finance Committee had discussed this report in detail yesterday and the Lay Member for Finance was able to assure the Board that there was a high level of certainty that OCCG would meet its financial targets. There were contingencies in place to manage the risk. He was concerned about the underlying position for next year. There would be significant challenges for Oxfordshire and Buckinghamshire which he suggested should be discussed in a Board workshop.</p> <p>The OCCG Board noted the Finance Report for Month 9 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 in 2019/20.</p>	
<p>11</p>	<p>Integrated Performance Report</p> <p>The Deputy Chief Executive introduced Paper 20/08 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 OCC Director of Adult Services reported that urgent care had struggled to meet demand over the winter, but that there was a palpable, positive change in the system's reaction to pressures. There had been a small, sustained improvement in the metrics, including in delayed transfers of care (DTC).</p> <p>Areas highlighted included:</p> <ul style="list-style-type: none"> • A rise in urgent care activity; possibly due to 111 diverting to 999 and Out of Hours. The Deputy Chief Executive was looking into the situation; • Safety checks were being undertaken in the emergency department, particularly on corridor care during very busy periods. The checks were proactive and software was being used to support management of the situation at any time. Board members discussed their concerns and the need to improve the 111 pathway. • The emphasis on preventative healthcare which related to the Health and Wellbeing Strategy. • A reduction in referral to treatment (RTT) performance. This had been due to a combination of issues including theatre capacity problems. The last Quality Committee meeting had received information on Oxfordshire gynaecology patients being seen at the Royal Berkshire hospital (RBH) to help with the capacity constraints. • Collaboration with the RBH to relieve pressure on the OUH cancer services. The Cancer Alliance had been involved and a series of actions developed. 	

	<ul style="list-style-type: none"> • Child and Adolescent Mental Health Services (CAMHS) had to be seen as a system-wide service and not as provided solely by the NHS. • Significant improvements in diabetes care in Oxfordshire. The Board congratulated the West Deputy Locality Clinical Director, the Transformation Programme Manager – Planned Care and Long Term Conditions, the practices and consultants for all the hard work undertaken to achieve the improvements. • The Home Assessment Reablement Team (HART): It was recognised that there was an unreasonable expectation of HART. The team was doing an impressive job, but requirement to provide both active reablement and end of life care was not appropriate. The HART contract would end in September 2020, so there was now an opportunity to review and recommission a broader rehabilitation service that could be brought in line with other home services. It was crucial to keep the HART workforce. The City Locality Clinical Director asked that primary care was involved in any recommissioning of the HART service. <p>The OCCG Board noted the Integrated Performance Report.</p>	
12	<p>Integrated Respiratory Team Pilot (IRT) – detailed progress report The Deputy Chief Executive presented Paper 20/09.</p> <p>An independent evaluation of the IRT pilot had been commissioned. The project used population health management, identified and educated patients and was helping to improve patient care. The project linked with the County Council and local organisations to identify housing and other non-healthcare needs. The team worked closely with palliative care staff and the Improving Access to Psychological Therapies (IAPT) team. It had been agreed to extend the pilot to June 2020.</p> <p>The Chair thanked PS, KK and the team for their hard work on the Integrated Respiratory Team Pilot.</p> <p>The OCCG Board noted the Integrated Respiratory Team Pilot progress report</p>	
Governance and Assurance		
13	<p>Clinical Leadership Paper 20/10 laid out the proposals for clinical leadership in OCCG during the changes to commissioning in the NHS. It proposed three network areas across Oxfordshire that would be coterminous with the local authority borders.</p> <p>Discussion points included:</p> <ul style="list-style-type: none"> • There was no reference to cancer. It should be clearly mentioned under Planned Care. • Proposed changes to clinical leadership aimed to maximise the skills required to deliver the Long Term Plan. The CCG would maintain the number of six GPs on the Board plus the Clinical Chair. Other clinicians would be brought in to lead on specific projects; these would not necessarily be GPs. • Consideration needed to be given to how the GP portfolio leads would be appointed. Under the current system the Clinical Directors were voted in by member practices. • The proposals should be discussed with member practices with an explanation as to why the changes were being proposed. Clinical Directors advised against dismantling the localities before a new system was in place. An engagement period would be followed by changes to OCCG’s constitution. • Quarterly liaison forum meetings would include CCG business, protected 	

	<p>learning time, and attendees would be GPs, Practice Nurses and Practice Managers.</p> <p>The OCCG Board noted the Clinical Leadership paper and recommended that it was discussed with member practices.</p>	
14	<p>Emergency Preparedness Resilience and Response (EPRR) Annual Report The Director of Governance presented Paper 20/11 and was able to give assurance that OCCG was compliant with the national EPRR framework.</p> <p>Guidance around the COVID-19 virus had been picked up and The Director of Governance was taking part in the teleconferences. She reminded the Board that OCCG is a Category 2 responder to incidents. It was possible that primary care would be asked to mobilise.</p> <p>The Director of Public Health noted that there had been no cases confirmed in the UK to date. Advice to patients was to self-isolate for 14 days and call 111 if they had flu-like symptoms.</p> <p>Action 09/20: Discuss plans for clinician input should primary care be mobilised by OCCG in an emergency.</p> <p>The OCCG Board noted the EPRR Annual Report</p>	CM/DC
15	<p>Corporate Governance report The Director of Governance introduced Paper 20/12 which reported on formal use of the seal and single tender action waivers. It also included details of hospitality and declarations of interest.</p> <p>The OCCG Board noted the Corporate Governance Report.</p>	
16	<p>Strategic Risk Register and Red Operational Risks The Director of Governance presented Paper 20/13.</p> <p>Changes to Risk AF34: The risk description changed from: There is a risk that Oxfordshire will not deliver comprehensive services if resources (money and people) are not used optimally leading to poorer health outcomes. To: There is a risk that cost pressures against OCCGs allocation will lead to non-delivery of OCCG's statutory financial duty and NHSE business rules for CCG's. This will impact on future sustainability and viability and impact on providers and services.</p> <p>The OCCG Board noted the Risk Register and approved the changes to Risk AF34.</p>	
17	<p>Equality Annual Report The Director of Governance reported that for Goal 1.4: 'When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse' the Equality Reference Group (ERG) members now felt that OCCG was making progress and this goal could now be scored as achieving. The evidence shared with the ERG would also be shared with Board members.</p> <p>Board members questioned the reduction in the number of learning disability health checks undertaken, but were pleased to note the learning disability dental project and suggested that a similar optical project would be a good idea.</p> <p>Board members also asked for more information on the situation of equal pay.</p> <p>The Board thanked the Equality & Access Manager and her team for their hard work.</p> <p>Actions: 10/20: Share evidence for achieving Goal 1.4 with Board members.</p>	CM

	<p>11/20: Amend learning disability section wording around annual health checks.</p> <p>12/20; Provide more information about equal pay situation to Board members.</p>	<p>CM CM</p>
18	<p>Oxfordshire Clinical Commissioning Group Sub-Committee Minutes</p> <p><i>Audit Committee</i></p> <p>The Lay Vice Chair as Chair of the Audit Committee presented Paper 19/75a, the minutes of the Audit Committee held on 17 October 2019. He highlighted a weakness in cyber security which was reflected in a partial assurance in the internal audit report, but noted that this was being addressed. He also noted the Counter Fraud concern over payroll scams since moving to nhs.net emails.</p> <p><i>CCG Executive Committee</i></p> <p>The Chief Executive as Chair of the CCG Executive Committee presented Paper 19/75b, the minutes of the CCG Executive Committee held on 29 August and 24 September 2019.</p> <p><i>Quality Committee</i></p> <p>The Lay Member PPI as Chair of the Quality Committee presented Paper 19/75c, the minutes of the Quality Committee held on 8 October 2019. She highlighted the work of the Clinical Effectiveness Team.</p> <p>The OCCG Board noted the Sub-committee minutes.</p>	
19	<p>CCG Management Arrangements and Engagement Report</p> <p>Fiona Wise, BOB ICS Executive Lead, attended for this item.</p> <p>Conflicts of interest:</p> <p>“Any current executive director member of the Board with voting rights who meets the eligibility criteria could apply for the role when advertised. However, given the confidential and competitive nature of the process for recruitment and appointment, it cannot and should not be known or assumed as this stage whether there is intent to apply.</p> <p>“There is a direct conflict of interest for any current executive director member of the Board with voting rights whose role will be affected by a decision now or in the future to introduce a single management team across the three CCGs.</p> <p>“There is also a direct and material conflict of interest for any individual member of the Board, the same or different to the above, whose mandatory role will be affected by a decision now or in the future to introduce a single management team across the three CCGs.</p> <p>“A decision at this stage relates to design principles only for a single management team and not a final structure. A decision on mandatory roles cannot be taken without compliance with appropriate statutory frameworks. Therefore a resulting proposal for decision on actual single management team composition would be undertaken at a later date with appropriate mitigations as deemed relevant and appropriate at the time.</p> <p>“The Lay Vice Chair as Conflicts of Interest Guardian has advised that “The Executive voting directors are a small group on the Board but, given their experience of management and management change, their voices should be heard and their votes counted. As the Chief Executive is leaving and this vote is on the appointment process and future structures she has no conflict of interest. Similarly while the other Executive members may potentially in the future be individually affected by the changing structures, roles are not defined and there is no direct immediate conflict.”</p> <p>“Given this view it is proposed that all members of the Board participate in discussion and voting in line with the CCG Constitution and Standing Orders.</p>	

This also ensures that the Board is quorate.”

The Board was asked to:

(1) NOTE this paper and receive the report of the engagement exercise as a formal conclusion to the engagement period.

(2) AGREE to commence the process for appointing a shared Accountable Officer for each of the three CCGs.

Should the Body agree recommendations (1) and (2), it was also asked to consider the following:

(3) AGREE the design principles (a-p) as a basis from which a proposal for a single management team can be produced.

(4) AGREE the proposed mandatory roles and functions of any future management team structure to be incorporated.

Points raised in the discussion included:

- That there was a necessity to move forward with the BOB ICS agenda in light of the communications from NHSEI stating an expectation of system led responses.
- There were concerns across the system about the seemingly detailed plans for a single management team, although it was noted that this was a proposal for discussion; the design of the team, should (4) be agreed would be signed off by all three CCGs before consulting with staff and being put into place.
- The design principles did not include PPI input. This and the involvement of Lay members should be made stronger. The BOB ICS Executive Lead explained that she met regularly with the Chief Executive of HealthWatch to capture PPI concerns.
- Whether the proposals were suggesting an extra tier of management. It was explained that those on the ICS management would be drawn from each of the CCGs. There would not be another organisation at ICS level. Given the requirement for a 20 per cent reduction in CCG management costs, the members of the single management team would have CCG and ICS responsibilities.
- The need for structure in the Integrated Care Partnerships (ICPs) because most delivery of care would remain within the three places.
- The Lay Vice Chair said that much of the detailed discussions about management structure would be initiated by the single Accountable Officer should the Board agree (2). The Board felt that there was too much detail at this stage in the papers presented.
- It should be explicit that in agreeing to the proposals in this paper, there was no expectation of a merger of the three CCGs. A decision on whether to merge would be made separately at another time.

The OCCG Board:

(1) NOTED the paper and received the report of the engagement exercise as a formal conclusion to the engagement period.

(2) AGREED to commence the process for appointing a shared Accountable Officer for each of the three CCGs. 11 voting members voted for the proposal, with one abstention.

(3) The OCCG Board agreed to start the process for agreement of the design principles leading to a single management team, but DID NOT AGREE the

	design principles at this time.	
	(4) DID NOT AGREE the proposed mandatory roles and functions of any future management team structure to be incorporated at this time.	
Papers for Ratification		
	Earwax Removal: The paper presented to the Executive Committee in November 2019 resulted in a decision that required ratification by the Board Lay Members. The Lay Members ratified the decision to support the paper, whilst requesting clarification on some areas.	
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 Appointment of an interim Chief Executive Officer for Oxfordshire and Buckinghamshire CCGs Lou Patten's last date of employment was 31 March 2020 with a last working day of 12 March 2020. Interviews would be held with panel members from BCCG and OCCG, together with NHSEI and the BOB ICS Executive Lead. Because of the complications involved Board members were asked to delegate responsibility for the decision to appoint to the Clinical Chair and the Lay Vice Chair on behalf of OCCG. The decision would be ratified at the next Board meeting. The OCCG Board agreed to delegate responsibility as requested. There being no other business the meeting was closed.	
	Date of Next Meeting: Thursday 26 March 2020, 09.00 – 12.45, Jubilee House, OX4 2LH	