

**A meeting of the NHS Barnsley Clinical Commissioning Group Governing Body will be held on Thursday 10 September 2020 at 9.30 am via Microsoft Teams**

[Join Microsoft Teams Meeting](#)


**AGENDA  
(Public)**

Item	Session	GB Requested to	Enclosure Lead	Time
1	House Keeping	Information	Nick Balac	9.30 am
2	Apologies	Note		9.30 am
3	Quoracy	Note		9.30 am
4	Patient Story	Note	Jayne Sivakumar	9.35 am 10 mins
5	Declarations of Interest relevant to the agenda	Assurance	<b>GB/Pu 20/09/05</b> Nick Balac	9.45 am 5 mins
6	Questions from the Public & Response	Information	<b>GB/Pu 20/09/06</b> Richard Walker	9.50 am 5 mins
7	Patient and Public Involvement Activity Report	Assurance	<b>GB/Pu 20/09/07</b> Chris Millington	9.55 am 10 mins
8	Minutes of the meeting held on 9 July 2020	Approval	<b>GB/Pu 20/09/08</b> Nick Balac	10.05 am 5 mins
9	Matters Arising Report	Note	<b>GB/Pu 20/09/09</b> Nick Balac	10.10 am 5 mins
	<b>Strategy</b>			
10	Chief Officers Report	Information	<b>Verbal</b>	10.15 am 10 mins
11	Covid-19 Response, Recovery, & Reset,	Information	<b>Presentation</b> Jamie Wike Jeremy Budd	10.25 am 15 mins
12	Flu Immunisation Programme 2020 to 2021	Information	<b>GB/Pu 20/09/12</b> Jamie Wike	10.40 am 10 mins

13	Children's Commissioning Update		Assurance	<b>GB/Pu 20/09/13</b> Patrick Otway	10.50 am 10 mins
	Quality and Governance				
14	Quality Highlights Report		Assurance	<b>GB/Pu 20/09/14</b> Jayne Sivakumar	11.00 am 10 mins
15	Safeguarding Annual Report		Assurance	<b>GB/Pu 20/09/15</b> Jayne Sivakumar	11.10 am 10 mins
16	Risk & Governance Exception Report		Assurance	<b>GB/Pu 20/09/16</b> Richard Walker	11.20 am 10 mins
	Finance and Performance				
17	Integrated Performance Report		Assurance and Information	<b>GB/Pu 20/09/17</b> Roxanna Naylor Jamie Wike	11.30 15 mins
	Committee Reports and Minutes				
18	18.1	Minutes of the Membership Council held on 11 August 2020	Assurance	<b>GB/Pu 20/09/18.1</b> Nick Balac	11.45 am 10 mins
	18.2	Minutes of the Finance and Performance Committee held on 2 July 2020	Assurance	<b>GB/Pu 20/09/18.2</b> Nick Balac	
	18.3	Assurance Report of the Primary Care Commissioning on 30 July 2020	Assurance	<b>GB/Pu 20/09/18.3</b> Chris Millington	
	18.4	Minutes of the Quality and Patient Safety Committee held on 2 July 2020	Assurance	<b>GB/Pu 20/09/18.4</b> Jayne Sivakumar	
	18.5	Assurance Report Equality and Engagement Committee 13 August 2020.	Assurance	<b>GB/Pu 20/09/18.5</b> Chris Millington	
	General				
19	Reports Circulated in Advance for Noting:  From the SYB Health Executive Group held on 14 July 2020 <ul style="list-style-type: none"><li>• SYB ICS CEO Report (paper C)</li><li>• Addressing Equality, Diversity &amp; inclusion developing ICS Approach and next Steps (paper A)</li></ul> From the SYB Health Executive Group held on 11 August 2020			<b>GB/Pu 20/09/19</b> Nick Balac	11.55 am

	<ul style="list-style-type: none"> <li>• SYB ICS CEO Report (Paper B)</li> </ul>			
20	Reflection on how well the meeting's business has been conducted: <ul style="list-style-type: none"> <li>• Conduct of meetings</li> <li>• Any areas for additional assurance</li> <li>• Any training needs identified</li> </ul>	Assurance	Nick Balac	11.55 am
21	<b>Date and Time of the Next Meeting:</b>  Thursday 12 November 2020 at 09.30 am via Microsoft Teams			12 noon Close

Signed



Dr Nick Balac – Chairman

#### Exclusion of the Public:

The CCG Governing Body should consider the following resolution:

***“That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest”***

**Section 1 (2) Public Bodies (Admission to meetings) Act 1960**

## GOVERNING BODY

10 September 2020

### Declarations of Interests, Gifts, Hospitality and Sponsorship Report

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><i>Decision</i></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;"><i>Approval</i></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;"><i>Assurance</i></td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 25%; text-align: center;"><i>Information</i></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> </table>			<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>					
<b>2.</b>	<b>PURPOSE</b>											
	To foresee any potential conflicts of interests relevant to the agenda.											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">Name</th> <th style="width: 40%; text-align: center;">Designation</th> </tr> <tr> <td>Executive / Clinical Lead</td> <td>Richard Walker</td> <td>Head of Governance &amp; Assurance</td> </tr> <tr> <td>Author</td> <td>Paige Dawson</td> <td>Governance, Risk &amp; Assurance Facilitator</td> </tr> </table>				Name	Designation	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance	Author	Paige Dawson	Governance, Risk & Assurance Facilitator
	Name	Designation										
Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance										
Author	Paige Dawson	Governance, Risk & Assurance Facilitator										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: center;">Group / Committee</th> <th style="width: 20%; text-align: center;">Date</th> <th style="width: 40%; text-align: center;">Outcome</th> </tr> <tr> <td>N/A</td> <td></td> <td></td> </tr> </table>			Group / Committee	Date	Outcome	N/A					
Group / Committee	Date	Outcome										
N/A												
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p>Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.</p> <p>The table below details what interests must be declared:</p>											



	<b>Type</b>	<b>Description</b>
	Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;
	Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;
	Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;
	Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.
<p>Appendix A to this report details all Governing Body Members' current declared interests to update and to enable the Chair and Members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p><b>Additions:</b></p> <ul style="list-style-type: none"> <li>• John Harban has updated his DOI to include - Director Connect Medical Recruitment LTD</li> <li>• Jamie Wike has also updated his DOI to include - Wife is employed by Barnsley Healthcare Federation as the Lead Social Prescriber</li> <li>• Chris Edwards has been added to the register to include – family member employed by Chesterfield Royal and family member employed by Attain.</li> <li>• Dr Madhavi Guntamukkala will be added to the register for the next Governing Body meeting once the form has been completed.</li> </ul> <p><b>Removals:</b></p> <ul style="list-style-type: none"> <li>• Both Lesley Smith and Dr Sudhagar Krishnasamy have been removed from the register due to recently leaving the CCG.</li> </ul> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>		
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>	
	<ul style="list-style-type: none"> <li>• Note the contents of this report and declare if Members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.</li> </ul>	
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>	
	<ul style="list-style-type: none"> <li>• Appendix A – Governing Body Members Declaration of Interest Report</li> </ul>	

<b>Agenda time allocation for report:</b>	5 minutes
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act			
	Management of conflicts of interest (s14O)	✓	Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			Y
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>			
	Has a Quality Impact Assessment (QIA) been completed if relevant?			NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?			NA

3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

### NHS Barnsley Clinical Commissioning Group Register of Interests

This register of interests includes all interests declared by members and employees of Barnsley Clinical Commissioning Group. In accordance with the Clinical Commissioning Group's Constitution the Clinical Commissioning Group's Accountable Officer will be informed of any conflict of interest that needs to be included in the register within not more than 28 days of any relevant event (e.g. appointment, change of circumstances) and the register will be updated as a minimum on an annual basis.

#### Register: Governing Body

Name	Current position (s) held in the CCG	Declared Interest
Adebowale Adekunle	GP Governing Body Member	<ul style="list-style-type: none"> <li>• GP Partner at Wombwell Chapelfields Medical Centre</li> </ul>
		<ul style="list-style-type: none"> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>
		<ul style="list-style-type: none"> <li>• Clinical sessions with Local Care Direct Wakefield</li> </ul>
		<ul style="list-style-type: none"> <li>• Clinical sessions at IHeart</li> </ul>
		<ul style="list-style-type: none"> <li>• Member of the British Medical Association</li> </ul>
		<ul style="list-style-type: none"> <li>• Member Medical Protection Society</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	<ul style="list-style-type: none"> <li>• Partner at St Georges Medical Practice (PMS)</li> </ul>
		<ul style="list-style-type: none"> <li>• Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract</li> </ul>
		<ul style="list-style-type: none"> <li>• Member of the Royal College of General Practitioners</li> </ul>
		<ul style="list-style-type: none"> <li>• Member of the British Medical Association</li> </ul>
		<ul style="list-style-type: none"> <li>• Member of the Medical Protection Society</li> </ul>
		<ul style="list-style-type: none"> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>
		<ul style="list-style-type: none"> <li>• Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).</li> </ul>
		<ul style="list-style-type: none"> <li>• Clinical Lead Primary Care South Yorkshire and Bassetlaw ICS (Commissioning).</li> </ul>
Nigel Bell	Lay Member - Governance	<ul style="list-style-type: none"> <li>• Ad hoc provision of Business Advice through Gordons LLP</li> </ul>
		<ul style="list-style-type: none"> <li>• Lay Member representing South Yorkshire &amp; Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire &amp; Bassetlaw Integrated Care System</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
Chris Edwards	Chief Officer	<ul style="list-style-type: none"> <li>Family member employed by Chesterfield Royal</li> <li>Family member employed by Attain</li> </ul>
John Harban	GP Governing Body Member	<ul style="list-style-type: none"> <li>GP Partner at Lundwood Medical Centre and The Kakoty Practice, Barnsley</li> </ul>
		<ul style="list-style-type: none"> <li>AQP contracts with the Barnsley Clinical Commissioning Group to supply Vasectomy, Carpal Tunnels and Nerve Conduction Studies services</li> </ul>
		<ul style="list-style-type: none"> <li>Owner/Director Lundwood Surgical Services</li> </ul>
		<ul style="list-style-type: none"> <li>Wife is Owner/Director of Lundwood Surgical Services</li> </ul>
		<ul style="list-style-type: none"> <li>Member of the Royal College of General Practitioners</li> </ul>
		<ul style="list-style-type: none"> <li>Member of the faculty of sports and exercise medicine (Edinburgh)</li> </ul>
		<ul style="list-style-type: none"> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>
		<ul style="list-style-type: none"> <li>Chair of the Remuneration Committee at Barnsley Healthcare Federation</li> </ul>
		Director Connect Medical Recruitment LTD

Name	Current position (s) held in the CCG	Declared Interest
M Hussain Kadarsha	GP Governing Body Member	<ul style="list-style-type: none"> <li>GP Partner in Hollygreen Practice</li> </ul>
		<ul style="list-style-type: none"> <li>GP Partner in Lakeside Surgey, Goldthorpe (Partner in Company Alliance Primary Care LTD)</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG</li> <li>Member of the British Medical Association</li> <li>Director of YAAOZ Ltd, with wife</li> </ul>
		<ul style="list-style-type: none"> <li>Malkarsha Properties Ltd (Director)</li> <li>Partner (share holder) in Primecare LTD – holding the APMs contract for Lakeside Surgery and Goldthorpe</li> </ul>
Jamie MacInnes	Governing Body Member	<ul style="list-style-type: none"> <li>GP Partner at Dove Valley Practice</li> </ul>
		<ul style="list-style-type: none"> <li>Shareholder in GSK</li> <li>3A Honorary Senior Lecturer</li> </ul>



Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> <li>Wife has a position as a Consultant Breast Surgeon with Leeds Hospital Trust.</li> </ul>
Chris Millington	Lay Member	<ul style="list-style-type: none"> <li>Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 2018)</li> <li>Partner Governor Barnsley Hospital NHS Foundation Trust (since 6 February 2019)</li> </ul>
Roxanna Naylor	Chief Finance Officer	<ul style="list-style-type: none"> <li>Partner works at NHS Leeds Clinical Commissioning Group.</li> </ul>
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> <li>Provider of Corporate and Private healthcare and delivering some NHS Contracts.</li> </ul>
Mark Smith	GP Governing Body Member	<ul style="list-style-type: none"> <li>Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles.</li> </ul>
		<ul style="list-style-type: none"> <li>Director of Janark Medical Ltd</li> </ul>
		<ul style="list-style-type: none"> <li>Practice is a Member of Barnsley Healthcare Federation which may provide services to Barnsley CCG</li> </ul>
Jayne Sivakumar	Chief Nurse	<ul style="list-style-type: none"> <li>Director of RJS Healthcare Ltd – a healthcare company which receives referrals from healthcare organisations.</li> </ul>
		<ul style="list-style-type: none"> <li>Husband is a Consultant Surgeon at the Mid Yorkshire Hospital NHS Foundation Trust.</li> </ul>

In attendance:

Richard Walker	Head of Governance and Assurance	<ul style="list-style-type: none"> <li>• Nil</li> </ul>
Jamie Wike	Head of Planning, Delivery and Performance	<ul style="list-style-type: none"> <li>• Wife is employed by Barnsley Healthcare Federation as the Lead Social Prescriber</li> </ul>
Jeremy Budd	Director of Commissioning	<ul style="list-style-type: none"> <li>• Director – Your Healthcare CIC (provision of community health services and social care services in SW London)</li> <li>• Director – Barnsley Estates Partnership Limited (LIFT Company for Barnsley)</li> <li>• Director – Barnsley Community Solutions (Tranche 2 ) Limited (LIFT Company for Barnsley)</li> <li>• Director – Barnsley Community Solutions (Tranche 3 ) Limited (LIFT Company for Barnsley)</li> <li>• Director Belenus Ltd (Dormant, non-trading)</li> </ul>

**Governing Body**  
**10 September 2020**  
**Patient and Public Involvement Activity Report**

**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><i>Decision</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Approval</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
	This report outlines the patient and public involvement activity we have carried out to help inform commissioning decisions and service development.									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 35%;">Name</th> <th style="width: 50%;">Designation</th> </tr> <tr> <td>Executive</td> <td>Jeremy Budd</td> <td>Director of Commissioning</td> </tr> <tr> <td>Author</td> <td>Kirsty Waknell</td> <td>Head of Communications and Engagement</td> </tr> </table>		Name	Designation	Executive	Jeremy Budd	Director of Commissioning	Author	Kirsty Waknell	Head of Communications and Engagement
	Name	Designation								
Executive	Jeremy Budd	Director of Commissioning								
Author	Kirsty Waknell	Head of Communications and Engagement								
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
	The CCG Engagement and Equality Committee (August 2020) has asked to bring the recommendations in the National Voices five principles to governing body.									
<b>5.</b>	<b>SUMMARY</b>									
	<p>It is vital that we listen and learn from local communities. National Voices, the leading coalition of health and care charities in England, has heard from hundreds of charities and people living with underlying conditions throughout the COVID-19 pandemic, and as a result they have developed five principles to underpin and test any policy change.</p> <p>These principles put people and their rights at the centre and the link to the document has been included in the third phase of the NHS response to COVID-19 which sets out the key priorities for the NHS nationally for the next three months as we approach winter.</p> <p>This paper also highlight the current patient and public involvement activity which includes the development of adult respiratory services in Barnsley.</p>									
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>									
	<ul style="list-style-type: none"> <li>Support the ask to act on, and in accordance with, the National Voices five principles.</li> <li>Note the progress and feedback from local involvement activity</li> </ul>									

<b>Agenda time allocation for report:</b>	5 minutes
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>		
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework:		
	1.1 Urgent & Emergency Care	6.1 Efficiency Plans	
	2.1 Primary Care	7.1 Transforming Care for people with LD	
	3.1 Cancer	8.1 Maternity	
	4.1 Mental Health	9.1 Digital and Technology	
	5.1 Integrated Care @ System	10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place		
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		1.2
<b>2.</b>	<b>Links to statutory duties</b>		
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act:		
	Management of conflicts of interest (s14O)	Duties as to reducing inequalities (s14T)	✓
	Duty to promote the NHS Constitution (s14P)	Duty to promote the involvement of each patient (s14U)	✓
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)	Duty as to promoting integration (s14Z1)	✓
	Duty in relation to quality of primary medical services (s14S)	Public involvement and consultation (s14Z2)	✓
<b>3.</b>	<b>Governance Considerations Checklist</b>		
<b>3.1</b>	<b>Clinical Leadership</b>		
	Have GB GPs and/or other appropriate clinicians provided input and leadership?		<b>Y</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>		
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?		<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>		
	Have any financial implications been considered & discussed with the Finance Team?		<b>NA</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?		<b>NA</b>
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>		
	Has a Quality Impact Assessment (QIA) been completed if relevant?		<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?		<b>NA</b>

3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a 14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

**PART 2 – DETAILED REPORT****1 INTRODUCTION**

National Voices, the leading coalition of health and care charities in England, has heard from hundreds of charities and people living with underlying conditions throughout the COVID-19 pandemic, and as a result they have developed five principles to underpin and test any policy change.

These principles put people and their rights at the centre and the link to the document has been included in the third phase of the NHS response to COVID-19 which sets out the key priorities for the NHS nationally for the next three months as we approach winter. [The letter is available to read on the NHS website.](#)

The three key priorities included within the letter detailing the third phase response are as follows ;

1. Shared focus on returning to near normal pre COVID-19 activity levels for health services
2. Preparation for winter pressures with a view of further possible local and national COVID-19 spikes
3. Locking in beneficial changes and learning lessons from the first COVID-19 peak with an explicit focus on support for staff and taking action on inequalities and prevention.

Within the letter there is a strong commitment made to track and challenge progress made across the wider system against the key priorities that have been set out with a wide range of stakeholders. Key to this is ensuring that we listen and learn from our local people and communities. There is an ask that all local systems act on and in accordance to these five principles and this papers sets out to seek support from the Governing Body in doing this.

1. **Actively engage with those most impacted by the change**

People have a right to be consulted about changes that profoundly affect their lives.

2. **Make everyone matter, leave no-one behind**

Everyone matters – all lives, all people, in all circumstances. We must move through this crisis together, and leave no one behind.

3. **Confront inequality head-on**

We're all in the same storm, but we're not all in the same boat. All policies to manage the next phase must recognise the stark inequalities faced by people living within our local communities

4. **Recognise people, not categories, by strengthening personalised care**

We need a personalised approach to how people want to live. The category of 'vulnerable' needs to be rethought and broadened beyond narrow clinical criteria to include more holistic circumstances

5. **Value health, care and support equally**

People living with ill health or disability need more than medicine. Charities and communities need to be enabled to take part in the design and delivery of future care models.

2.	INVOLVEMENT ACTIVITY
<b>Activity</b>	
<b>2.1 Developing respiratory services in Barnsley</b>	
<p>The NHS has set out plans for the next 10 years, identifying respiratory conditions as a key priority. Respiratory conditions affect the set of organs that allows a person to breathe and we will be investing to improve treatment and support for people with respiratory conditions in Barnsley.</p>	
<p>We are developing local respiratory services for adults and we want to use the feedback from people who have used local respiratory services over the past three years and family members and carers to help us do this, as well as from the professionals who work in and refer into local respiratory services.</p>	
<p>In August, we started asking people tell us about our plans, what the like about the current services and how it has made a difference to their health and wellbeing, what things they'd like to change and what else they think might make a difference to their health and wellbeing.</p>	
<b>Why are we asking for feedback?</b>	
<p>We want to change the way we provide care for adults with respiratory conditions.</p>	
<p>We want more people to be seen, treated and supported to manage their respiratory conditions either at home or in clinics locally to where they live, rather than in a hospital. We call services at home or near where you live community services.</p>	
<b>What feedback have we had from local people so far to shape our plans for the new service?</b>	
<p>We have already received feedback from people living in Barnsley about their experience of using services and what they would like to see offered in the future. From this we understand that:</p>	
<ul style="list-style-type: none"> <li>• People prefer to be seen in, or locally to, their own homes where possible. In healthcare this is called “in the community”. Local clinics may be in a GP practice or other local healthcare building.</li> <li>• People feel that healthcare services should work together in a joined up way (as one team) - care and support should be seamless and without barriers, with the person at the centre.</li> <li>• People want to be supported and motivated to manage their long-term conditions (self-care).</li> </ul>	
<p>We will be adding to this by speaking to people directly about respiratory services and support. <a href="#">There is full details of how people can feedback on our website.</a></p>	
<p>We are promoting the survey in a variety of ways: local press; on social media; through voluntary and community groups; the Barnsley equality forums; and through the BREATHE service. We are also targeting local communities and groups who may be more likely to live with respiratory related conditions.</p>	

**Minutes of the meeting of the Barnsley Clinical Commissioning Group Governing Body (PUBLIC SESSION) held on Thursday 9 July 2020, 9.30 am in the Boardroom at Hilder House 49/51 Gawber Road, Barnsley S75 2PY.**

## MEMBERS PRESENT

Dr Nick Balac	Chairman
Dr Adebowale Adekunle	Member
Nigel Bell	Lay Member for Governance
Dr John Harban	Member
Dr Hussain Kadarsha	Member
Dr Sudhagar Krishnasamy	Member & Medical Director
Dr Jamie MacInnes	Member
Chris Millington	Lay Member for Patient and Public Engagement & Primary Care Commissioning
Roxanna Naylor	Chief Finance Officer
Mike Simms	Secondary Care Clinician
Jayne Sivakumar	Chief Nurse
Lesley Smith	Chief Officer (up to minute ref GB 20/07/10 at 10.30 am)
Dr Mark Smith	Member

## IN ATTENDANCE

Jeremy Budd	Director of Commissioning
Kay Morgan	Governance and Assurance Manager
Kirsty Waknell	Head of Communications and Engagement
Richard Walker	Head of Governance and Assurance
Jamie Wike	Director of Strategic Planning and Performance

## APOLOGIES

None

The Chairman welcomed Members of the Public to the Governing Body meeting.

Agenda Item		Action	Deadline
<b>GB/Pu 20/07/01</b>	<b>HOUSEKEEPING</b>		
	Members noted the etiquette for meetings held via Microsoft Teams.		
<b>GB/Pu 20/07/02</b>	<b>QUORACY</b>		
	The meeting was declared quorate.		



Agenda Item		Action	Deadline
GB/Pu 20/07/03	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>		
	The Governing Body considered the Declaration of Interests, Gifts, Hospitality and Sponsorship Report. No other new declarations were received.		
GB/Pu 20/07/04	<b>PATIENT STORY</b>		
	<p>The Chief Nurse introduced the patient story. A true account of a Barnsley resident being supported by the My Best Life Team prior to and during the Covid-19 pandemic, enabling the patient to live their best life.</p> <p>My Best Life supported a patient with several long-term health conditions and frequent A&amp;E attendances, putting support measures and services in place to empower the patient to live their best life which in turn reduced the patient's attendances at A&amp;E. The My Best Life Team member advised that positive new ways of working, integration and flexibility of services to respond to the needs of patients initiated by health and social care services during the COVID-19 emergency should be retained.</p>		
	<p>The Governing Body noted the powerful patient story and how services had pulled together to support vulnerable and patients with complex health needs. The My Best Life service provided a 'non medication' solution to help people live their best life. The story demonstrated the resilience of services in times of crisis to continue providing effective care for patients.</p> <p>It will be important to maintain the sustainability of community and voluntary sector after the crisis, as part of the on-going coordination of support for Barnsley people. The My Best life Team and health and social care services were praised for their positive approach and enthusiasm in supporting patients throughout the Covid emergency.</p>		
	<b>The Governing Body noted the Patient Story.</b>		
GB/Pu	<b>PATIENT AND PUBLIC INVOLVEMENT ACTIVITY</b>		

Agenda Item		Action	Deadline
20/07/05	<b>REPORT</b>		
	<p>The Head of Communications and Engagement presented her report to the Governing Body. The report outlined the South Yorkshire and Bassetlaw and Barnsley approach to hear patient and public voice during the Covid-19 pandemic and involvement going forwards in line the NHS England and Improvement guidance 'Good practice for working with people and communities during the COVID-19 outbreak'</p>		
	<p>Members noted the proactive work in Barnsley across all health and social care partner organisations to engage and hear the voice of the Barnsley population. During the Covid emergency and move towards the recovery and stabilisation phase, the importance of preserving the positive changes in service delivery to best meet the needs of patients and engagement of patients in this process was recognised. The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning advocated the involvement of Practice Patient Reference Groups and Patient Council as part of engagement processes.</p> <p>The Head of Communications and Engagement reported that joint working is underway to recruit and engage with local 'voices' including the potential to recruit people from the Vulnerability Index a data base of shielded people in Barnsley, developed at the start of the Covid emergency.</p>		
	<p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the NHS England and Improvement 'Good practice for working with people and communities during the COVID-19 outbreak' guiding approach to patient and public involvement during the current time</b></li> <li>• <b>Noted the local approach to co-ordinate the collation and analysis of patient and public involvement activities.</b></li> </ul>		
GB/Pu 20/07/06	<b>QUESTIONS FROM THE PUBLIC</b>		
	<p>It was noted that, as the public is not able to attend Governing Body meetings during the covid pandemic, they</p>		

Agenda Item		Action	Deadline
	would instead have the opportunity to submit questions in writing in advance of Governing Body meetings. The details of how to submit questions to the Governing Body are included on the CCG website. The CCG had not received any questions from Members of the public.		
<b>GB/Pu 20/07/07</b>	<b>MINUTES OF THE EXTRA ORDINARY MEETING HELD ON 18 JUNE 2020</b>		
	The minutes of the Governing Body Extra Ordinary meeting held on 18 June 2020 were verified as a correct record of the proceedings.		
<b>GB/Pu 20/07/08</b>	<b>MATTERS ARISING REPORT</b>		
	<p>The Governing Body considered the Matters Arising Report and the following main points were noted.</p> <p><b>Minute reference GB 20/03/12 – Primary Care Assurance Report</b></p> <p>The Director of Strategic Planning and Performance advised that a full update regarding the ‘Releasing Time for Care’ programme, joint working between Barnsley Primary Care and the SYB ICS and patient re-engagement with the Social Prescribing service will be included in the Primary Care Assurance Report to the Governing Body on 10 September 2020.</p> <p>In response to questions raised regarding Doctor Link, Members were advised that the system had been beneficial during the Covid emergency, in streaming and identifying appropriate alternative services for patients. It was clarified that the system does not offer the ability to book into other services or provide information as to whether patients actually take up recommended pathways services and support.</p> <p>The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning advised that in order to encourage the interest of members of the public in Governing Body meetings, it is advisable to avoid the use of jargon and acronyms such as ‘Doctor Link’</p>		

Agenda Item		Action	Deadline
	<p><b>Agreed action</b></p> <p><b><i>To produce a user friendly glossary of terminologies used within Governing Body papers for Members of the public.</i></b></p>	RW	
<b>STRATEGY</b>			
<b>GB/Pu 20/07/09</b>	<b>COVID 19 RESPONSE UPDATE</b>		
	<p>The Director of Strategic Planning and Performance provided the Governing Body with an update in relation to the CCG response to the Coronavirus Disease (COVID19) outbreak including the CCG role in supporting the national and regional response through the command and control structures. He also provided an update on the key developments, new guidance for CCG's and the headline actions taken by the CCG.</p>		
	<p><b>The Governing Body noted:</b></p> <ul style="list-style-type: none"> <li>• <b>The update provided in the paper</b></li> <li>• <b>The decisions made by the CCG Gold Command as set out in Appendix 1</b></li> </ul>		
<b>GB/Pu 20/07/10</b>	<b>COVID 19 STABILISATION AND RECOVERY</b>		
	<p>The Director of Commissioning gave a presentation regarding the Covid-19 Recovery and Stabilisation Priorities and Deliverables. It was noted that Barnsley as a place based health and social care system had responded well to the Covid-19 emergency and learned from the experience. Going forward five main priorities and deliverables had been identified from the learning to take forward into the Covid stabilisation and recovery phase. Performance towards the five priorities and deliverables will be measured in terms of short term outcomes and medium term impacts.</p> <p><b><i>At this point the Chief Officer left the meeting.</i></b></p>		
	<p>The Governing Body recognised the importance and the size of the task to retain the beneficial changes made in the delivery of services to patients during the Covid emergency. The CCG will engage with system partners to take forward</p>		

Agenda Item		Action	Deadline
	the transformation plan required to deliver against the priorities. The Director of Commissioning advised that the role and membership of the Barnsley Health and Social Care Strategic Coordination Group (Gold command) and Silver Command will be reviewed to facilitate wider organisation representation and achievement of the identified priorities.		
	The Governing Body approved the priorities and deliverables noting that these will inevitably be subject to change depending upon Covid-19 activity.		
<b>GB/Pu 20/07/11</b>	<b>CANCER PROGRAMME UPDATE</b>		
	Dr Hussain Kadarsha provided Governing Body with an update on the Cancer programme, giving assurance on the plans in place to handle the impact of Covid on the Cancer Pathway. It was noted that cancer referrals had increased to 80% but not 100% and anticipated that the screening backlog will be reduced by the end of August 2020.		
	<p>It was recognised that during the on going Covid situation people may still not feel confident to visit their GP with concerns re cancer symptoms. The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning highlighted that information for the public regarding access to cancer support and advice services was important.</p> <p>The Governing Body was informed that the Barnsley Vulnerability Index developed during the pandemic provides information about vulnerable people and households within the borough and this will assist in engaging with these people about cancer services.</p> <p>The Secondary Care Clinician advised that cancer is a 'hidden harm' of Covid and thought should be given about clearing the backlog within the cancer pathway. It was noted that the Cancer Alliance are looking to maximise capacity within Cancer services.</p>		
	The Chairman thanked Dr Hussain Kadarsha, Mr M Simms, Jeremy Budd and Siobhan Lenzionowski for their work and assurance regarding cancer services and pathways during		

Agenda Item		Action	Deadline
	the difficult times of the Covid pandemic.		
	<p><b>The Governing Body</b></p> <ul style="list-style-type: none"> <li>Noted the stabilisation plan and provided additional recommendations / comments to the Cancer Steering group about future priorities - Communication to the local population re access to advice and support and prioritising reducing backlog in the cancer pathway</li> <li>Agreed to support the implementation of the actions and deliverables outlined in the paper.</li> <li>Approved the paper as an interim assurance and update for the cancer programme.</li> </ul> <p><b>Agreed action</b></p> <p><i>To consider the use of the Barnsley Vulnerability Index in commissioning and primary care engagement work and also to contact the more hard to reach population regarding the advice and support services in respect of cancer.</i></p>	KW	
<b>QUALITY AND GOVERNANCE</b>			
<b>GB/Pu 20/07/12</b>	<b>QUALITY HIGHLIGHTS REPORT</b>		
	<p>The Chief Nurse introduced the Quality Highlights Report to the Governing Body. It was noted that the Quality and Patient Safety Committee was proposing a change in membership to include the CCG's Specialist Clinical Portfolio Manager. The Head of Governance and Assurance commented that the revised terms of reference and membership will require Governing Body approval.</p> <p>The Medical Director referred to the Discharge Notification Letter (D1s) audit and advised that a focus be maintained on D1 letters, to monitor improvement in the information provided to GPs in particular relating to changes in medication.</p>		
	<b>The Governing Body noted the Quality Highlights Report and approved the addition of the Specialist</b>		

Agenda Item		Action	Deadline
	<b>Clinical Portfolio Manager to the Committee's membership.</b>  <b>Agreed action:</b>  <b>To submit the revised Terms of Reference and Membership of the Quality and Patient Safety Committee to the Governing Body for approval</b>	SK	
<b>GB/Pu 20/07/13</b>	<b>RISK AND GOVERNANCE EXCEPTION REPORT</b>		
	<p>The Head of Governance and Assurance presented the Risk and Governance Exception Report. The Lay Member for Governance highlighted that the same update is provided for all red rated extremes risks "Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency". The Lay Member commented that the statement may have been reasonable in the acute phase of covid but queried the timing of an appropriate update to the Risk Register. The Chairman advised that the impact of the Covid-19 emergency on individual risks is variable however a more detailed update of the Risk Register will be submitted to the next meeting of the Governing Body.</p> <p>The Chairman thanked the Corporate Affairs Team for their work in producing the Risk and Governance Exception Report.</p>		
	<b>The Governing Body:</b> <ul style="list-style-type: none"> <li>• Reviewed the Corporate Risk Register and confirmed all risks are appropriately scored and described, and did not identify any potential new risks.</li> <li>• Noted updates on Committee Meetings, Declarations of Interest, Freedom of Information, CCG Policies, and the Annual Report and Accounts 2019/20.</li> <li>• Approved the proposed work plan.</li> </ul>		
<b>FINANCE AND PERFORMANCE</b>			



Agenda Item		Action	Deadline
GB/Pu 20/07/14	<b>INTEGRATED PERFORMANCE REPORT</b>		
	<p><b>Finance</b></p> <p><b>New Financial Regime</b></p> <p>The Chief Finance Officer presented the key messages from the Financial Report as at 31 May 2020. The Governing Body noted the Notified Allocations April to July 2020. The allocation differed from the notified allocation, with a shortfall in allocation. There is a potential risk that the CCG may not be able to deliver financial balance due to top up allocations not yet being received, the CCG's inability to deliver efficiencies given the block contracts in place and impact of Covid-19 on other efficiency programmes.</p> <p>The NHSE had advised that the NHS will receive the allocation it needs in particular the evolving Covid costs and expects the situation to be rectified in month 3. Currently the CCG is not in a position to achieve a balanced budget.</p> <p>The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning requested an explanation of the term QIPP for the benefit of Members of the Public. The Chief Finance explained that QIPP was a Quality Innovation, Productivity and Prevention Programme, designed to release efficiencies to ensure that the CCG achieves financial balance.</p> <p><b>Covid-19 Finance Update</b></p> <p>The Governing Body noted the costs associated with the Covid -19 pandemic reclaimed to May 2020 through a NHSEI monthly reimbursement process and other decisions made by SMT Gold listed but not claimed/reimbursed as yet.</p>		
	<p><b>Performance</b></p> <p>The Director of Strategic Planning and Performance informed the Governing Body of the latest performance against key performance indicators. The Governing Body noted that the information provided demonstrated the adverse impact of COVID19 upon delivery of some</p>		



Agenda Item		Action	Deadline
	<p>constitutional standards including those which have been consistently delivered previously such as referral to treatment times and waiting times for diagnostic waits. Counter to that, the reduced level of activity has resulted in presentation of an improved performance picture in relation to Ambulance response times and for a number of cancer standards. This did not however necessarily reflect improved delivery.</p> <p>Reduced activity had been seen across services, including A&amp;E attendances and cancer referrals, in parts the report provided false assurance regarding performance as fewer numbers of patients are accessing services due to the Covid-19 pandemic.</p>		
	<p><b>The Governing Body noted the contents of the report including:</b></p> <ul style="list-style-type: none"> <li>• <b>Finance update to Month 2 and potential risk that the CCG may not be able to deliver financial balance due to top up allocations not yet being received and the CCGs inability to deliver efficiencies given the block contracts in place and impact of Covid-19 on other efficiency programmes.</b></li> <li>• <b>The Covid-19 expenditure approved by SMT Gold in line with delegated responsibilities</b></li> <li>• <b>Year End Performance for 2019/20 and current performance as at month 2 against key operational and constitution standards</b></li> </ul>		
<b>COMMITTEE REPORTS AND MINUTES</b>			
<b>GB/Pu 20/07/15</b>	<b>COMMITTEE REPORTS AND MINUTES</b>		
	<p>The Governing Body received and noted the following Committee minutes &amp; assurance reports:</p> <ul style="list-style-type: none"> <li>• <b>Audit Committee held on 18 June 2020</b> – It was noted that the Audit Committee had reviewed the CCGs annual report and accounts 2019/20 and recommended adoption of the annual report and accounts to Governing Body.</li> </ul>		

Agenda Item		Action	Deadline
	<ul style="list-style-type: none"> <li><b>Finance and Performance Committee held on 18 June 2020</b></li> <li><b>Assurance Highlights Report Primary Care Commissioning Committee from meeting held on 28 May 2020</b> – The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning drew members to the assurance provided in the report regarding Care Quality Commission (CQC) ratings of Barnsley Practices. Members noted the update in relation to the Quality Outcome Framework Payments (QOF) for Practices. It was highlighted that term QOF may not be understandable to members of the public. The Chairman advised that each assurance report from Committees should contain a mini glossary.  <b>Agreed action:</b> To check that <i>there is</i> a glossary for each Committee Assurance Report <i>as well as ensuring all reports are</i> reader friendly to members of the public.</li> <li><b>Quality and Patient Safety Committee held on 20 February 2020</b></li> </ul>	RW/KW	
GB/Pu 20/07/16	<b>REPORTS CIRCULATED IN ADVANCE FOR NOTING</b>		
	The Governing Body noted the report circulated in advance of the meeting, the Report of the South Yorkshire and Bassetlaw Chief Executive to the Health Oversight Board (February 2020)		
GB/Pu 20/07/17	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED</b>		
	<p>The Governing Body agreed that the business of the meeting had been well conducted. The Chairman thanked the members of the public for their subsequent viewing of the Governing Body meeting.</p> <p>The Chairman gave a special thank you to the CCG's Medical Director Dr Sudhagar Krishnasamy who is leaving the CCG. This is the last Governing Body meeting in public session for Dr Krishnsamy. On behalf of the Governing Body the Chairman extended appreciation to Dr</p>		

Agenda Item		Action	Deadline
	<p>Krishnsamy for putting the outcomes of Barnsley people first and wished him well for the future.</p> <p>Dr Krishansamy responded indicating that he will carry a lot of positive memories with him. It had been a huge honour and a privilege to serve the Barnsley public and thanked everyone for their support in putting Barnsley people first.</p>		
	<p><b>The Governing Body agreed to close the public session of the meeting and proceed to the private part of the agenda. The recording of the meeting was ceased.</b></p>		
<b>GB/Pu 20/07/18</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	<p>Thursday 10 September 2020 at 9.30 am via Microsoft Teams.</p>		

**GOVERNING BODY  
(Public session)**

**10 September 2020**

**MATTERS ARISING REPORT**

The table below provides an update on actions arising from the previous meeting of the Governing Body (public session) held on 9 July 2020

*Table 1*

Minute ref	Issue	Action	Outcome/Action
<b>GB/Pu 20/07/08</b>	<b>MATTERS ARISING REPORT – Doctor Link</b>  To produce a user friendly glossary of terminologies used within Governing Body papers for Members of the public.	RW	In Progress
<b>GB/Pu 20/07/11</b>	<b>CANCER PROGRAMME UPDATE</b>  To consider the use of the Barnsley Vulnerability Index in commissioning and primary care engagement work and also to contact the more hard to reach population regarding the advice and support services in respect of cancer.	KW	Complete
<b>GB/Pu 20/07/12</b>	<b>QUALITY HIGHLIGHTS REPORT</b>  To submit the revised Terms of Reference and Membership of the Quality and Patient Safety Committee to the Governing Body for approval	<b>SK (RW)</b>	Complete
<b>GB/Pu 20/07/15</b>	<b>COMMITTEE REPORTS AND MINUTES</b>  To check that <i>there is</i> a glossary for each Committee Assurance Report <i>as well as ensuring all reports are</i> reader friendly to members of the public.	<b>RW/KW</b>	In Progress

## 2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

Table 2 provides an update/status indicator on actions arising from earlier Governing Body meetings held in public.

*Table 2*

Minute Ref	Issue	Action	Outcome/Actions
<b>GB 19/09/09</b>	<b>NEIGHBOURHOOD TEAMS</b>		
	To formally include the BREATHE service into phase one of Neighbourhood Teams Specification and progress via contractual route.	<b>JB</b>	<b>ONGOING</b> – Co-location agreed.
	To establish Task and finish group to ensure BREATHE is integrated into Neighbourhood teams.	<b>JB</b>	<b>ONGOING</b> – as above.
<b>GB 19/09/11</b>	<b>COMMISSIONING OF CHILDRENS SERVICES QUARTERLY MONITORING REPORT</b>		
	To share the summary of slides providing feedback from the independent review of all paediatric services provided by the Barnsley Hospital NHS Foundation Trust with Governing Body and Member Practices.	<b>PO</b>	All four 'actions' link to the same piece of work i.e. the development of a new Community Paediatric Service specification. – progress has been delayed but will be picked up again shortly
	To submit the specification for the Community Paediatric Service to Clinical Forum in November 2019.	<b>PO</b>	This work has been restarted and is being led by Angela Fawcett in conjunction with the work that Angela is leading on in relation to the regional work covering End of Life care for children and young people
	To submit the specification to the Children's Executive Group in the first Instance.	<b>PO</b>	
	To consider Paediatric Services Specification for integrated care working.	<b>PO</b>	

<b>GB 19/09/13</b>	<b>MENTAL HEALTH UPDATE</b>  To present local and South Yorkshire & Bassetlaw regional suicide prevention plans to a future meeting of the Governing Body or Developmental session.	<b>PO</b>	Rescheduled from 28 May 2020 to 29 October 2020
<b>GB 19/11/03</b>	<b>PATIENT STORY - YOUNG COMMISSIONERS, OASIS</b>  To consider how the voice of the young commissioners can be involved with the work of the CCG and Health and Wellbeing Board.	<b>LS/NB</b>	<b>IN PROGRESS</b> - Under consideration  Patient Council Member; considering introductions via her contacts.
<b>GB 20/01/11</b>	<b>BEREAVEMENT SERVICES</b>  To invite a local Authority representative to attend the Governing Body Development Session for discussion on the Bereavement support services in Barnsley.	<b>PO</b>	Rescheduled from 28 May 2020 to 29 October 2020
<b>GB 20/03/12</b>	<b>PRIMARY CARE ASSURANCE REPORT</b>  To ascertain the effectiveness of the 'Releasing Time for Care' programme in Barnsley Practices.  To include information about joint working between Barnsley Primary Care and the SYB ICS in the next Primary Care Assurance Report.  To ascertain if there is flexibility of the Doctor link system to stream patients as appropriate to suitable alternative services.  To collate and review available data regarding the Social Prescribing service rates of patient and service reengagement and report findings to the Governing	<b>JW (JF)</b>  <b>JW (JF)</b>   <b>JW</b>   <b>JW</b>	Releasing Time for Care Programme was undertaken by a small number of Barnsley practices and would have been completed by March 2020. The Covid pandemic will have impacted final completion. The PCN work will have superseded parts of this programme.

	Body.		
<b>GB 20/03/17</b>	<b>QUESTIONS FROM THE PUBLIC ON BARNSELY CLINICAL COMMISSIONING GROUP BUSINESS</b>  Question - Dementia Patients To arrange for the member of the public to meet with the Memory Team.	<b>JS</b>	<b>COMPLETE</b>

## GOVERNING BODY

10 September 2020

### Flu Immunisation Programme 2020 to 2021

#### PART 1A – SUMMARY REPORT

1.	<b>THIS PAPER IS FOR</b>											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>					
2.	<b>PURPOSE</b>											
2.1	<p>The purpose of this report is provide an update to the Governing Body on the requirements of the National Flu Immunisation Programme. The paper also provides a brief overview of the governance arrangements in place for oversight and delivery of the programme and details of the proposed approach to delivering the programme in Barnsley</p>											
3.	<b>REPORT OF</b>											
	<table border="1"> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> <tr> <td>Executive / Clinical Lead</td> <td>Jamie Wike</td> <td>Director of Strategic Planning and Performance</td> </tr> <tr> <td>Author</td> <td></td> <td></td> </tr> </table>				Name	Designation	Executive / Clinical Lead	Jamie Wike	Director of Strategic Planning and Performance	Author		
	Name	Designation										
Executive / Clinical Lead	Jamie Wike	Director of Strategic Planning and Performance										
Author												
4.	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
4.1	<p>The information contained in this paper have been subject to prior consideration in any CCG forums however they have been discussed as part of the planning and oversight with the South Yorkshire and Bassetlaw ICS Flu Board, the Barnsley Urgent and Emergency Care Board and the Barnsley Operational Flu Group.</p>											
5.	<b>EXECUTIVE SUMMARY</b>											
5.1	<p>Flu is a key factor in NHS winter pressures. It impacts on both those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK. The national flu immunisation programme is one of the measures that help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally.</p>											



	<b>Flu Programme 2020/21</b>
5.2	The Department for Health and Social Care and Public Health England initially published a letter on 14 <sup>th</sup> May setting out some headline expectations around the national programme for 2020/21 in May 2020 and followed this up with a more detailed letter (attached at Appendix 1) on 4 August setting out details of the expansion to the programme, arrangements for vaccine supply, flu vaccine uptake ambitions and plans for communications and marketing.
5.3	<p>Groups included in the flu programme and eligible for vaccination under the NHS programme are:</p> <ul style="list-style-type: none"> <li>• All children aged two to <b>eleven</b> (but not twelve years or older) on 31 August 2020</li> <li>• People aged 65 years or over (including those becoming age 65 years by 31 March 2021)</li> <li>• Those aged from six months to less than 65 years of age, in a clinical risk group (details include in Appendix A of the letter)</li> <li>• All pregnant women (including those women who become pregnant during the Flu season)</li> <li>• <b>Household contacts of those on the NHS Shielded Patient List</b>, or of immunocompromised individuals – people on the shielded list will not be subject to call and recall arrangements but will be offered the vaccine opportunistically.</li> <li>• People living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.</li> <li>• Those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill</li> <li>• Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza</li> <li>• <b>Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza</b></li> <li>• <b>Health and social care workers employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users</b></li> </ul> <p>Additionally in 2020/21, flu vaccinations will be offered under the NHS flu vaccination programme to the following groups <b>individuals between 50-64 years</b>, following prioritisation of other eligible groups and subject to vaccine supply.</p>
5.4	There is also a requirement for NHS organisations to vaccinate all frontline health and social care workers, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.
	<b>Vaccine Uptake Ambitions</b>
5.5	For 2020/21 the ambition is to achieve a minimum of 75% uptake across all

	eligible groups and for 100% of front line health and social care workers to be offered and encouraged to take up the offer of vaccination.
	<b>Local Governance Arrangements</b>
5.6	<p>To support the planning, delivery and oversight of the flu programme in 2020/21, each Integrated Care System have been required to establish a system wide Flu Board. The South Yorkshire and Bassetlaw Flu Board is chaired by Jackie Pederson, Chief officer at Doncaster CCG, is supported by the Public Health England Vaccination and Immunisation Team and has representation from each place. For Barnsley, representation is by Jamie Wike and Chris Lawson.</p> <p>The SYB Flu Board provide strategic oversight of the planning process and delivery against the ambitions.</p>
5.7	At a local level, flu plans are expected to be signed off and monitored by local A&E Delivery Boards. In Barnsley this will be done by the Urgent and Emergency Care Board.
5.8	<p>As in previous years, to support the operational planning for and delivery of the programme, a Barnsley Operational Flu Group, supported by the PHE Screening and Immunisation Coordinator for Barnsley, has been established bringing together key partners across health and care.</p> <p>The Barnsley Operational Flu Group is currently in the process of finalising the plan for Barnsley. This will then be signed off at the Urgent and Emergency Care Delivery Board in September 2020.</p>
	<b>Barnsley Flu Plan</b>
5.9	The Barnsley flu plan for 2020/21 is being developed in the context that this year will be more challenging than previously due to the increased ambition and the impact of COVID-19 on health and care services and the way that they can provide services. Planning this year is therefore more challenging and needs to take account of the increased ambition set against the potential restrictions and challenges created by staff or pupil absences, social distancing and possible school closures. It is however more important than ever to maximise uptake in the delivery of our flu programme to protect our residents and patients this winter.
5.10	<p>The objective of the plan will be to support the local delivery of the National Flu Programme by:</p> <ul style="list-style-type: none"> <li>• Maximising the uptake for those people in the eligible cohorts for vaccination, including those in at-risk groups.</li> <li>• Raising awareness of the details of the national and local flu programme across all partners</li> <li>• Promoting the uptake of the flu vaccination by those in the eligible cohorts by delivering local communications and awareness campaigns which support the national communications programme.</li> </ul>
5.11	<p>The CCG's responsibilities include:</p> <ul style="list-style-type: none"> <li>• Quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines.</li> </ul>

	<ul style="list-style-type: none"> <li>Working with NHSE and PHE to ensure quality assurance and improvement in flu vaccination and antiviral medicines in Primary Care services.</li> <li>Monitoring practice performance on a regular basis, to facilitate timely intervention should specific cohorts of patients not appear to be receiving vaccination in line with the programme.</li> <li>Reporting on progress of the flu programme to Barnsley CCG Governing Body and A&amp;E Delivery Boards.</li> <li>Work with local care homes to ensure that residents receive timely vaccination.</li> <li>Provide practices with a central resource and information point in relation to the flu programme.</li> </ul>
5.12	<p>As in previous years the plan is predominantly based upon primary care delivering the majority of the programme to the eligible cohorts with support from community services and community pharmacy. There is the opportunity in 2020/21 to consider how PCN's can support delivery on a neighbourhood basis and this is being considered. The CCG medicines Management Team will support primary care as in previous years.</p> <p>BHNFT will offer vaccination to inpatients and deliver the maternity programme for pregnant women.</p> <p>NHS Organisations will take responsibility for offering vaccination for employees.</p> <p>The school based programme will be delivered by the School Nursing Service with support from community services.</p> <p>It is anticipated that the Community Nursing Service will support GP practices with the vaccination of housebound patients however this is still subject to confirmation of the national agreement.</p>
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note - the content of the paper and the requirements of the national flu programme and support the ambition to deliver the national uptake targets for eligible cohorts.</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>Appendix A – National Flu Immunisation Programme 2020 to 2021 Update</li> </ul>

<b>Agenda time allocation for report:</b>	<i>10 minutes.</i>
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care	✓	6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	✓
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		Provide ref(s) or state N/A	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>NA</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			

3.4	<b>Improving quality (s14R, s14S)</b> <table border="1" data-bbox="282 210 1406 358"> <tr> <td data-bbox="282 210 1262 241">Has a Quality Impact Assessment (QIA) been completed if relevant?</td> <td data-bbox="1262 210 1406 241"><b>NA</b></td> </tr> <tr> <td data-bbox="282 241 1262 304">Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?</td> <td data-bbox="1262 241 1406 304"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 304 1406 358"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.5	<b>Reducing inequalities (s14T)</b> <table border="1" data-bbox="282 441 1406 589"> <tr> <td data-bbox="282 441 1262 472">Has an Equality Impact Assessment (EIA) been completed if relevant?</td> <td data-bbox="1262 441 1406 472"><b>Y/N/NA</b></td> </tr> <tr> <td data-bbox="282 472 1262 535">Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity &amp; Inclusion Lead if appropriate?</td> <td data-bbox="1262 472 1406 535"><b>Y/N/NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 535 1406 589"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>Y/N/NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>Y/N/NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b> <table border="1" data-bbox="282 672 1406 819"> <tr> <td data-bbox="282 672 1262 703">Has a s14Z2: Patient and Public Participation Form been completed if relevant?</td> <td data-bbox="1262 672 1406 703"><b>NA</b></td> </tr> <tr> <td data-bbox="282 703 1262 766">Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms &amp; Engagement if appropriate?</td> <td data-bbox="1262 703 1406 766"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 766 1406 819"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.10	<b>Environmental Sustainability</b> <table border="1" data-bbox="282 1635 1406 1733"> <tr> <td data-bbox="282 1635 1262 1697">Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td> <td data-bbox="1262 1635 1406 1697"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 1697 1406 1733"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					
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Wednesday 5 August 2020

Dear Colleague,

## **The national flu immunisation programme 2020 to 2021- update**

1. We write with more information about this year's programme, further to the letter published on 14 May<sup>1</sup>.

### **Expansion of the programme**

2. In light of the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme will be absolutely essential to protecting vulnerable people and supporting the resilience of the health and care system.
3. As indicated in our letter of 14 May, providers should focus on achieving maximum uptake of the flu vaccine in existing eligible groups, as they are most at risk from flu or in the case of children transmission to other members of the community. Appendix A provides the full list of those eligible in 2020/21 as part of the NHS funded flu vaccination programme. This includes individuals meeting existing flu eligibility criteria.
4. This year as part of our wider planning for winter, and subject to contractual negotiations, this season flu vaccination will be additionally offered to:
  - household contacts of those on the NHS Shielded Patient List. Specifically individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
  - children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
  - health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
5. We aim to further extend the vaccine programme in November and December to include the 50-64 year old age group subject to vaccine supply. This extension is being phased to allow you to prioritise those in at risk groups first. Providers will be

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<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/885281/The\\_national\\_flu\\_immunisation\\_programme\\_2020\\_to\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/885281/The_national_flu_immunisation_programme_2020_to_2021.pdf)

given notice in order to have services in place for any additional cohorts later in the season.

6. Department of Health and Social Care (DHSC) is exploring options to expand the workforce that is able to administer vaccinations as part of the COVID-19 response. Key stakeholders and the public will be consulted on the proposed changes over summer, including via stakeholder meetings. In line with the government's consultation principles, the consultation will be published on gov.uk in due course and will clearly set out the policy proposals.
7. Building on good practice from previous flu seasons and to reflect the need to achieve maximum coverage this year, all Hospital Trusts will be asked to offer vaccinations to pregnant women attending maternity appointments and to those clinically at risk eligible patients attending in- and out-patient appointments. National service specifications will be developed to support the standardised commissioning of these services.
8. In addition, this season an inactivated vaccine may be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content, in order to prevent localised outbreaks this year. Providers of children's vaccination services will receive further instruction on the offering of this service in due course.
9. It is essential to increase flu vaccination levels for those who are living in the most deprived areas and from BAME communities. We need to ensure equitable uptake compared to the population as a whole and help protect those who are more at risk if they are to get COVID-19 and flu. It will therefore require high quality, dedicated and culturally competent engagement with local communities, employers and faith groups.
10. Providers are expected to ensure they have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access.
11. Individuals eligible for flu vaccine this season should be offered a vaccine recommended for them according to their age, as detailed in Appendix B.

### Frontline health and social care workers

12. All frontline health and social care workers should receive a vaccination this season. This should be provided by their employer, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.  
**Employers should commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.**

13. For healthcare workers providers should use the current definition as set out in chapter 12 of the Green Book. <https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12>
14. NHS Trusts should complete a self-assessment against a best practice checklist which has been developed based on five key components of developing an effective flu vaccination programme. The completed checklist should be published in public board papers at the start of the flu season. See Appendix C.
15. NHS England and Improvement (NHSEI) will continue to support vaccination of social care and hospice workers employed by registered residential or domiciliary care providers. The eligible groups have been expanded this year to include those health and social care workers, such as Personal Assistants, employed through Direct Payment and/or Personal Health Budgets to deliver domiciliary care to patients and service users. Vaccination will be available through community pharmacy or their registered general practice. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer flu vaccination to their workforce. Further guidance on how providers can ensure their employees get vaccinated will be published shortly.
16. The Community Pharmacy Seasonal Influenza Advanced Service Framework will be amended to enable community pharmacies to vaccinate both residential care/nursing home residents and staff in the home setting in a single visit to increase uptake rates and offer further protection to this vulnerable group of patients. GP practices are also able to vaccinate in the residential/care home, residents and staff who are registered with the practice.
17. Good practice guidance along with a range of resource material can be found here: [www.england.nhs.uk/increasing-health-and-social-care-worker-flu-vaccinations/](http://www.england.nhs.uk/increasing-health-and-social-care-worker-flu-vaccinations/). Further updates are underway to include additional resources which will be made available ahead of the flu season this year.

## Vaccine supply

18. As usual, providers will have ordered flu vaccine directly from manufacturers. This season, we are expecting increased demand for flu vaccine across all cohorts and we are also expanding the flu programme. To support this, the Department of Health and Social Care (DHSC) has procured additional national supply of the adult vaccine and will issue guidance in September on how and when this can be accessed.
19. Two of the vaccines for use in the children's programme have been procured by Public Health England (PHE) and PHE has procured additional stock for this season. These are the live attenuated influenza vaccine (LAIV) administered as a nasal spray and



suitable for use in children aged 2 to less than 18 years except where contraindicated, and the injectable egg-grown Quadrivalent Influenza Vaccine (QIVe) for children in clinical risk groups for whom LAIV is unsuitable due to contraindication or age. These vaccines can be accessed through Immform at <https://portal.immform.phe.gov.uk>.

20. For eligible children from 9 years of age unable to receive LAIV, locally procured QIVc and QIVe are alternatively able to be given. For further information see Appendix E and [www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf](http://www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf)

## Flu vaccine uptake ambitions

21. This year, we are asking for a concerted effort to significantly increase flu vaccination coverage and achieve a minimum 75% uptake across all eligible groups. Where possible, we expect uptake will be higher than this and a national supply of stock has been procured to ensure demand does not outstrip supply.
22. Many of the groups who are vulnerable to flu are also more vulnerable to COVID-19. Not only do we want to help protect those most at risk of flu, but also protect the health of those who are vulnerable to hospitalisation and death from COVID-19 by ensuring they do not get flu. The table below sets out the ambitions for 2020/21:

**Table 1: Vaccine uptake ambitions in 2020 to 2021**

Eligible groups	Uptake ambition
Aged 65 years and over	<b>At least 75%</b>
In clinical at risk group	<b>At least 75%</b>
Pregnant women	<b>At least 75%</b>
Children aged 2 and 3 year old	<b>At least 75%</b>
All primary school aged children and school year 7 in secondary school	<b>At least 75%</b>
Frontline health and social care workers	<b>100% offer</b>

23. Household contacts of people on the NHS Shielded Patient list will not be subject to call and recall arrangements but will be offered the vaccine opportunistically, with the aim to offer to all identified.
24. NHSEI are developing a national call and recall service to support localised call and recall provision and ensure that all eligible patients are informed of their eligibility and are encouraged to get vaccination this season. This service is intended to supplement not replace local call and recall mechanisms that are already in place contractually.

## Delivering the programme during the pandemic

25. Patients will, need reassurance that appropriate measures are in place to keep them safe from COVID-19, as it is likely to be co-circulating with flu. This reassurance will be especially important for those on the NHS Shielded Patient List.
26. Providers will be expected to deliver the programme according to guidelines on social distancing that are current at the time. Standard operating procedures in the context of COVID-19 have been issued for General Practice, community pharmacy, and community health services:
- [www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/](http://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/)
- [www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-community-pharmacy/](http://www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-community-pharmacy/)
- [www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex\\_19-march-2020/](http://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/)
- [www.england.nhs.uk/coronavirus/publication/novel-coronavirus-covid-19-standard-operating-procedure-community-health-services/](http://www.england.nhs.uk/coronavirus/publication/novel-coronavirus-covid-19-standard-operating-procedure-community-health-services/)
27. For guidance on immunisation during COVID-19, including personal protective equipment, see: 'Clinical Guidance for Healthcare professionals on maintaining immunisation programmes during COVID-19' at: [www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf](http://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf)
28. These procedures and guidance mean that a range of different ways of delivering the flu immunisation programme this year should be considered including the following:
- careful appointment planning to minimise waiting times and maintain social distancing when attending
  - providing patients with information in advance of their appointment to explain what to expect
  - recalling at risk patients if they do not attend in line with contract requirements
  - social distancing innovations such as drive in vaccinations and 'car as waiting room' models, if possible
  - for those on the Shielded Patient List who are high risk for COVID-19 consider the use of domiciliary visits
29. For the overall schools vaccination programme social distancing measures will create additional challenges, and where possible we still expect the school estate to be used in the event of any local school closures.
30. Providers need to be prepared to make adjustments to the programme in the face of any local restrictions to ensure those at highest risk can continue to be vaccinated.

31. We are also considering supporting delivery through standing up alternative delivery approaches, to maximise coverage of the vaccine this winter.

### Infection prevention and control when administering vaccines

32. Individuals should attend for vaccination at premises that are following the recommended infection prevention and control (IPC) guidance. [www.england.nhs.uk/coronavirus/primary-care/infection-control/](http://www.england.nhs.uk/coronavirus/primary-care/infection-control/)
33. Those displaying symptoms of COVID-19, or who are self-isolating because they are confirmed COVID-19 cases or are contacts of suspected or confirmed COVID-19 cases, should not attend until they have recovered and completed the required isolation period.
34. Further information regarding infection prevention and control measures can be found in the 'Information for Healthcare Practitioner' documents, which will be updated prior to and during the season as required, and are available at: [www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme)
35. Healthcare professionals administering the vaccine will need to wear the recommended personal protective equipment that is in line with the current advice from the government: [www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe](http://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe)

### Communications and Marketing

36. The flu vaccination programme will be supported with a major new public facing marketing campaign to encourage take up amongst eligible groups for the free flu vaccine, due to launch in October. More detailed plans will be shared as these are developed.
37. PHE will make available a toolkit of adaptable campaign assets, highlighting the protective benefits of the flu vaccination, for NHS Trusts and social care organisations to use in their own staff vaccination campaigns.
38. Resources for both campaigns will be available to download and order from the PHE Campaign Resource Centre at: <https://campaignresources.phe.gov.uk/resources/>

## List of appendices

39. Detailed planning information is set out in the following appendices:

Appendix A: Groups included in the national immunisation programme	page 9
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Appendix C: Healthcare worker best practice management checklist	page 12
Appendix D: Children's flu vaccination programme	page 14
Appendix E: Vaccine ordering for children's programme	page 16
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## Conclusion

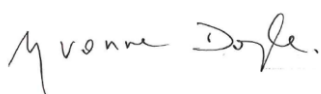
40. This year, more than ever, we need to protect those most at risk from flu. Thank you for all your hard work in these very challenging times.

41. This Annual Flu Letter has the support of the Chief Pharmaceutical Officer, the NHS Chief Nursing Officer for England and the Public Health England Chief Nurse.

Yours sincerely,



Prof Chris Whitty  
Chief Medical Officer  
for England



Prof Yvonne Doyle  
Public Health England  
Medical Director &  
Director for Health  
Protection



Prof Stephen Powis  
NHS England & NHS  
Improvement, National  
Medical Director

Any enquiries regarding this publication should be sent to: [immunisation@phe.gov.uk](mailto:immunisation@phe.gov.uk). For operational immunisation queries, providers should contact their local screening and immunisation team.

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### For information:

Allied Health Professionals Federation	Local Government Association
Community Practitioners and Health Visitors Association	Association of Directors of Adult Social Services
Nursing and Midwifery Council	Council of Deans of Health
Royal College of Midwives	General Medical Council
Royal College of Nursing	General Pharmaceutical Council
Academy of Medical Royal Colleges	Faculty of Public Health
Royal College of Anaesthetists	Association of Independent Multiple Pharmacies
Royal College of Physicians	UK Homecare Association (UKHCA)
Royal College of Surgeons	Skills for Care
Royal College of Obstetricians and Gynaecologists	Association of Directors of Adult Social Services
Royal College of General Practitioners	Care Association Alliance
College of Emergency Medicine	Care Provider Alliance
Faculty of Occupational Medicine	Hospice UK
Royal College of Pathologists	Voluntary Organisations Disability Group
Royal College of Ophthalmologists	National Care Forum (NCF)
Royal College of Paediatrics and Child Health	National Care Association (NCA)
British Medical Association	Care England
Royal Pharmaceutical Society	ADASS (Association of Directors of Adult Social Services)
Association of Pharmacy Technicians UK	Local Government Association
Company Chemist's Association	Unison
National Pharmacy Association	
Pharmaceutical Services Negotiating Committee	

## Appendix A: Groups included in the national flu immunisation programme

1. In 2020/21, flu vaccinations will be offered under the NHS flu vaccination programme to the following groups:
  - all children aged two to eleven (but not twelve years or older) on 31 August 2020
  - people aged 65 years or over (including those becoming age 65 years by 31 March 2021)
  - those aged from six months to less than 65 years of age, in a clinical risk group such as those with:
    - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
    - chronic heart disease, such as heart failure
    - chronic kidney disease at stage three, four or five
    - chronic liver disease
    - chronic neurological disease, such as Parkinson's disease or motor neurone disease,
    - learning disability
    - diabetes
    - splenic dysfunction or asplenia
    - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
    - morbidly obese (defined as BMI of 40 and above)
  - all pregnant women (including those women who become pregnant during the flu season)
  - household contacts of those on the NHS **Shielded Patient List**, or of immunocompromised individuals, specifically individuals who expect to share living accommodation with a shielded patient on most days over the winter and therefore for whom continuing close contact is unavoidable
  - people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does **not** include, for instance, prisons, young offender institutions, university halls of residence, or boarding schools (except where children are of primary school age or secondary school Year 7).
  - those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill
  - health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

- health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.
  - health and social care workers employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.
2. Additionally, in 2020/21, flu vaccinations might be offered under the NHS flu vaccination programme to the following groups:
    - individuals between 50-64 years, following prioritisation of other eligible groups and subject to vaccine supply
  3. Organisations should vaccinate all frontline health and social care workers, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.
  4. The list above is not exhaustive, and the healthcare professional should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself.
  5. Healthcare practitioners should refer to the influenza chapter in 'Immunisation against infectious disease' (the "Green Book") for further detail about clinical risk groups advised to receive flu immunisation and for full details on advice concerning contraindications and precautions for the flu vaccines. This can be found at:  
[www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)



## Appendix B: Summary table of which influenza vaccines to offer

Eligible group	Type of flu vaccine
<b>At risk children aged from 6 months to less than 2 years</b>	Offer <b>QIVe</b> .  LAIV and QIVc are not licenced for children under 2 years of age.
<b>At risk children aged 2 to under 18 years</b>	Offer <b>LAIV</b>  If LAIV is contraindicated or otherwise unsuitable offer: <ul style="list-style-type: none"> <li>• <b>QIVe</b> to children less than 9 years of age.</li> <li>• <b>QIVc</b> should ideally be offered to children aged 9 years and over who access the vaccine through general practice. Where QIVc vaccine is unavailable, GPs should offer QIVe.</li> <li>• It is acceptable to offer only <b>QIVe</b> to the small number of children contraindicated to receive LAIV aged 9 years and over who are vaccinated in a school setting.</li> </ul>
<b>Aged 2 and 3 years on 31 August 2020</b>  <b>All primary school aged children and those in Year 7 (aged 4 to 11 on 31 August 2020)</b>	Offer <b>LAIV</b>  If child is in a clinical risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer inactivated influenza vaccine (see above).  For children not in at risk groups, this year if a parent refuses LAIV in some areas an alternative QIVe or QIVc vaccine may be offered to them where possible.
<b>At risk adults (aged 18 to 64), including pregnant women</b>	Offer: <ul style="list-style-type: none"> <li>• QIVc</li> <li>• QIVe (as an alternative to QIVc)</li> </ul>
<b>Those aged 65 years and over</b>	Offer: <ul style="list-style-type: none"> <li>• <b>aTIV*</b> should be offered as it is considered to be more effective than standard dose non-adjuvanted trivalent and egg-based quadrivalent influenza vaccines.</li> <li>• <b>QIVc</b> is suitable for use in this age group if aTIV is not available.</li> </ul> <p>* It is recommended that those who become 65 before 31 March 2021 are offered aTIV 'off-label'.</p>



## Appendix C : Healthcare worker flu vaccination best practice management checklist

For public assurance via trust boards by December 2020

A	<b>Committed leadership</b>	<b>Trust self-assessment</b>
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	
A4	Agree on a board champion for flu campaign	
A5	All board members receive flu vaccination and publicise this	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Flu team to meet regularly from September 2020	
B	<b>Communications plan</b>	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be publicised	
B4	Flu vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters and social media	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	
C	<b>Flexible accessibility</b>	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	
C2	Schedule for easy access drop in clinics agreed	
C3	Schedule for 24 hour mobile vaccinations to be agreed	

D	Incentives	
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	

## Appendix D: Children's flu vaccination programme

1. A recommendation to extend flu vaccination to children was made in 2012 by JCVI to provide both individual protection to the children themselves and reduce transmission across all age groups<sup>2</sup>. Implementation of the programme began in 2013 with pre-school children offered vaccination through GP practices and pilots for school aged children. In 2015/16 the programme began nationally in a phased roll-out starting with the youngest school-aged children first and was fully implemented for all primary school aged children in 2019/20.
2. This year as part of our wider planning for winter, in case we see flu and COVID-19 both circulating at the same time, PHE have secured additional vaccine to enable the programme to be extended into Year 7 in secondary schools in 2020/21. Although it is the first time Year 7 pupils will be offered the vaccine nationally, these children will have been offered the flu vaccine when they were in primary school so both they and their parents will be familiar with the programme.
3. In 2020/21 children will be offered vaccination in general practice or through a schools provider as follows:
  - all those aged two and three years old on 31 August 2020 (date of birth on or after 1 September 2016 and on or before 31 August 2018) will be offered vaccine in general practice.
  - all primary school children and Year 7 in secondary school (date of birth on or after 1 September 2008 and on or before 31 August 2016) will be offered through a school age immunisation service<sup>3</sup>
4. Research into the first three years of the childhood programme compared the differences between pilot areas, where the entire primary school age cohort was offered vaccination, to non-pilot areas. These include reductions in: GP consultations for influenza-like illness, swab positivity in primary care, laboratory confirmed hospitalisations and percentage of respiratory emergency department attendances<sup>4</sup>.
5. At risk children who are eligible for flu vaccination via the school-based programme because of their age will be offered immunisation at school. However, these children are also eligible to receive vaccination in general practice if the school session is late in the season, parents prefer it, or they missed the session at school. GP practices should invite

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<sup>2</sup> Joint committee on Vaccination and Immunisation. Statement on the annual influenza vaccination programme – extension of the programme to children. JCVI (2012). 25 July 2012.

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224775/JCVI-statement-on-the-annual-influenza-vaccination-programme-25-July-2012.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224775/JCVI-statement-on-the-annual-influenza-vaccination-programme-25-July-2012.pdf)

<sup>3</sup> Some children might be outside of these date ranges (e.g. if a child has been accelerated or held back a year). It is acceptable to offer and deliver immunisations to these children with their class peers.

<sup>4</sup> Pebody, R. et al. 21 June 2018. Uptake and impact of vaccinating primary school-age children against influenza: experiences of a live attenuated influenza vaccine programme, England, 2015/16. Eurosurveillance. Volume 23, Issue 25. [www.eurosurveillance.org/content/10.2807/1560-7917.ES.2018.23.25.1700496](http://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2018.23.25.1700496)

children in at-risk groups for vaccination, so that parents understand they have the option of taking up the offer in general practice.

6. Children in at risk groups for whom LAIV is contraindicated or unsuitable will be offered inactivated influenza vaccine.
7. As in previous years LAIV will be the vaccine offered to the routine age cohorts for the childhood flu vaccination programme as this is the most effective vaccine for this programme. However for 2020/21, consideration is being made to offer an injectable vaccine to those children whose parents object to the porcine gelatine in LAIV, to provide additional resilience against flu in what could be a challenging year. If the parent of a child eligible for the routine childhood immunisation programme refuses LAIV (and they understand that it is the most effective product) and they request an alternative vaccine, this will be offered to them where possible. Providers of childrens vaccination services will receive further instruction on the offering of this service, including vaccine supply arrangements, in due course.
8. Arrangements should be made to ensure that children who missed out on vaccination during the school session are recalled and offered subsequent opportunities to attend. Precise arrangements for achieving this are for local determination. Children of primary school age who are home educated should also be offered vaccination. Local NHS England/Improvement Public Health Commissioning teams should be consulted for details about local arrangements. Contact details can be found at: [www.england.nhs.uk/about/regional-area-teams/](http://www.england.nhs.uk/about/regional-area-teams/)

## Appendix E: Vaccine ordering for children's programme

1. The live attenuated influenza vaccine (LAIV) and the egg-grown Quadrivalent Influenza Vaccine (QIVe) are procured and supplied by Public Health England (PHE). For full details of the arrangements on which vaccines to use for children in risk groups who are unable to receive LAIV due to age or contraindications see [www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf](http://www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf). Centrally supplied children's vaccines can be ordered through the ImmForm website: <https://portal.immform.phe.gov.uk>.
2. PHE ask that timing of vaccine availability is taken into account when earlier vaccination sessions are being arranged, to reduce the risk of disruption to planned activity. Vaccine availability will not be finalised until late summer. The latest and most accurate information on centrally supplied flu vaccines for the children's programme is available on the ImmForm news page.
3. As in previous years, ordering controls will be in place for Fluenz<sup>®</sup> Tetra in 2020/21 to enable PHE to manage vaccine availability and demand appropriately across the programme. The latest information on ordering controls and other ordering advice for PHE supplied flu vaccines is featured on the ImmForm news page both prior to and during the flu vaccination period. Information will also be featured in Vaccine Update [www.gov.uk/government/collections/vaccine-update](http://www.gov.uk/government/collections/vaccine-update) and disseminated via the National Immunisation Network as appropriate. It is strongly advised that all parties involved in the provision of flu vaccines to children ensure they remain up to date with this information.

## Appendix F: General practice system supplier searches for the 2020 to 2021 flu programme

1. Achieving the influenza vaccine uptake ambitions are a high priority within public health policy every year. In the current context of COVID-19, improving uptake and reducing the impact of flu on the wider health and social care system this priority cannot be understated in 2020/21.
2. GP practices are reminded that the Directed Enhanced Service requires that a proactive call and recall system is developed to contact all at-risk patients through mechanisms such as by letter, e-mail, phone call, or text. Any automated call and recall list should be subject to clinical review. Template letters for practices to use will be available at [www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme) nearer the time. Practices should also operate a proactive call system for patients not considered at-risk.
3. Public Health England (PHE) commission the PRIMIS team to provide the SNOMED CT code specifications to the general practice system suppliers. Your general practice system suppliers will then provide system searches using these codes to enable vaccine uptake monitoring.
4. It is essential that the general practice system searches are used for vaccine uptake monitoring and NOT amended in any way by business support teams locally. This standard must be implemented to ensure accurate general practice system searches.
5. This approach will enable practices and support the collection of high quality, robust and timely data on vaccine uptake throughout the delivery of the programme. This will also support GP practices and other providers to act to address issues relating to uptake.
6. Each year Public Health England (PHE) are required to collect data to monitor uptake and coverage of the seasonal flu vaccination programme. This is done via two Seasonal Influenza Vaccine Uptake Surveys (approved by the Data Coordination Board, NHS Digital) with data obtained via automated data returns from general practice system suppliers on behalf of GP practices.
7. GP practices should also note that upon receipt of notification of vaccinations given by another provider e.g. pharmacist/midwife, the vaccination should be recorded in the patients' electronic GP practice record in a timely manner. Any data extraction/uploads will only include patients vaccinated outside the GP practice if the information has been returned and appropriately recorded in the patients' GP practice record using the specified codes.
8. If you feel there are additional training requirements to carry out this approach arising from:
  - practice staff turnover, new staff;
  - refresher training; and/or
  - new system functionality;

then you are advised to discuss these with your CCG who have a responsibility for training within the overarching general practice IT operating framework.

9. The above is separate to the CQRS payment system, therefore your normal payment mechanisms should be used to claim for vaccines given by the GP practice.

## Appendix G: Data collection

### Introduction

1. As in previous years, data will be collected on the uptake of the vaccination. Currently, it is intended that these data collections will follow established processes. Flu vaccine uptake data collections will be managed using the ImmForm website <https://portal.immform.phe.gov.uk>. PHE coordinates the data collection and will issue details of the collection requirements and guidance on the data collection process. This guidance and flu vaccine uptake data will be available at: [www.gov.uk/government/collections/vaccine-uptake](http://www.gov.uk/government/collections/vaccine-uptake)
2. In addition to the established ImmForm data collection, further work is currently being undertaken by Public Health England, NHSx, NHS Digital and NHS England to improve the coverage and timeliness of these data collections as well as reducing the burden from data collections. As and when this further work matures, further information will be provided and may modify the data collection processes outlined below.
3. Queries concerning data collection content or process should be emailed to [influenza@phe.gov.uk](mailto:influenza@phe.gov.uk). Queries concerning ImmForm login details and passwords should be emailed to [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk).

### Reducing the burden from data collections

4. Considerable efforts have been made to reduce the burden of data collections on GP practices by increasing the number of automated returns that are extracted directly from general practices system suppliers. Over 95% of GP practices benefited from using automated IT data returns for flu vaccine uptake for the final 2019/20 survey. GP practices that are not able to submit automated returns should discuss their arrangements with their general practice system supplier. If automated returns fail for the monthly data collection GP practices will be required to submit the mandatory data manually on to ImmForm to meet contractual obligations.

### Data collections for 2020 to 2021

5. Monthly data collections will take place over five months during the 2020/21 flu immunisation programme. Subject to the approval from the Data Coordination Board the first data collection will be for vaccines administered by the end of October 2020 (data collected in November 2020), with the subsequent collections monthly thereafter, and with the final data collection for all vaccines administered by the end of February 2021 (final data collected in March 2021).



6. Data will be collected and published monthly at national level, clinical commissioning group (CCG) level, local authority (LA) level, NHS Sustainable Transformation Partnerships and by 2019 NHS England local team level.
7. During the data collection period, those working in the NHS with relevant access rights are able, through the ImmForm website, to:
  - see their uptake by eligible groups
  - compare themselves with other anonymous general practices or areas
  - validate the data on point of entry and correct any errors before data submission
  - view data and export data into Excel, for further analysis
  - make use of automated data upload methods (depending on the general practices system supplier used at GP practices)
  - access previous years' data to compare with the current performance

These tools can be used to facilitate the local and regional management of the flu vaccination programme.

### Monitoring on a weekly basis

8. Weekly uptake data will be collected from a group of GP practices that have fully automated extract and upload facilities provided by their general practice system suppliers. These data will be published in the PHE weekly flu report available throughout the flu season at: [www.gov.uk/government/statistics/weekly-national-flu-reports](http://www.gov.uk/government/statistics/weekly-national-flu-reports).
9. During the data collection period, those working in the NHS with relevant access rights are able, through the ImmForm website to view this data as per the monthly collections.

## Appendix H: Antiviral medicines

1. Antiviral medicines (AVMs) have an important role to play in managing symptoms of flu for specified groups of patients, especially for people who may not get vaccinated against seasonal flu.
2. AVMs can only be prescribed by GPs and non-medical prescribers in primary care during the flu season, once a Central Alerting System (CAS) Alert has been cascaded to GP practices and community pharmacies by the Chief Medical Officer (CMO) and Chief Pharmaceutical Officer authorising the prescribing and supply of antiviral medicines AVMs at NHS expense, informed by surveillance data from Public Health England (PHE), that indicates that flu activity has risen above baseline levels, across a number of indicators.
3. Antiviral medicines may be prescribed for patients in “clinical at-risk groups” as well as individuals who are at risk of severe illness and/or complications from influenza if not treated.
4. Information on clinical at risk groups and patients eligible for treatment in primary care at NHS expense with either oseltamivir or zanamivir is available from:  
[www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents](http://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents)
5. Once PHE informs DHSC that the level of seasonal flu activity is below threshold levels at the end of the flu season, another CMO CAS Alert is cascaded to stop the prescribing and supply of AVMs.
6. The statutory prescribing restrictions that apply to primary care do not apply in secondary care. Hospital clinicians can continue to prescribe antiviral medicines for patients whose illness is confirmed or clinically suspected to be due to influenza, in accordance with PHE guidance for the treatment of complicated influenza.
7. The Department of Health and Social Care works with manufacturers of antiviral medicines from summer and throughout the flu season to monitor supplies of antiviral medicines to ensure adequate stocks are available in the supply chain to meet demand.

## GOVERNING BODY

10<sup>th</sup> September 2020

### Children's Commissioning Update

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>																	
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>															
		<input type="checkbox"/>	<i>Assurance</i>															
		<input type="checkbox"/>	<i>Information</i>															
		<input checked="" type="checkbox"/>	<i>x</i>															
<b>2.</b>	<b>PURPOSE</b>																	
	The purpose of this report is to provide Governing Body members with an update on the issues and challenges within children's services..																	
<b>3.</b>	<b>REPORT OF</b>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 35%;"></th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Jamie MacInness</td> <td>Clinical lead</td> </tr> <tr> <td>Author</td> <td>Patrick Otway</td> <td>Head of Commissioning (Mental Health, Children's and Maternity)</td> </tr> </tbody> </table>				Name	Designation	Executive / Clinical Lead	Jamie MacInness	Clinical lead	Author	Patrick Otway	Head of Commissioning (Mental Health, Children's and Maternity)						
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Executive / Clinical Lead	Jamie MacInness	Clinical lead																
Author	Patrick Otway	Head of Commissioning (Mental Health, Children's and Maternity)																
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>																	
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 45%;">Group / Committee</th> <th style="width: 15%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>Governing Body</td> <td>Mar 2020</td> <td>Noted</td> </tr> <tr> <td>Governing Body</td> <td>Sep 2019</td> <td>Noted</td> </tr> <tr> <td>Governing Body</td> <td>Jul 2019</td> <td>Noted</td> </tr> <tr> <td>Governing Body</td> <td>Mar 2019</td> <td>Noted</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Governing Body	Mar 2020	Noted	Governing Body	Sep 2019	Noted	Governing Body	Jul 2019	Noted	Governing Body	Mar 2019	Noted
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Governing Body	Mar 2020	Noted																
Governing Body	Sep 2019	Noted																
Governing Body	Jul 2019	Noted																
Governing Body	Mar 2019	Noted																
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>																	
	<p>Children's commissioning of health services continues to focus around implementation of the Local Transformation Plan, acute paediatric services, community paediatric services, CAMHS and Local Authority joint commissioned services.</p> <p>Progress on a number of works streams related to these areas has been either delayed or suspended due to the response to the coronavirus pandemic but are</p>																	

now beginning to be progressed.

Subsequent to the arrangements described in previous papers to the Governing Body, the following updates are provided:

- FiM Local Transformation Plan plus mental health support teams on schools
- CAMHS
- Acute and community paediatric services (Including paediatric palliative and end of life care)
- Local Authority jointly commissioned children's services

### **Future in Mind Local Transformation Plan / CAMHS /MHSTS's**

Governing Body members are very familiar with the Barnsley Local Transformation Plan which continues to focus on early intervention and prevention to support the emotional health and wellbeing of the children and young people of Barnsley. As part of NHS England's assurance process the Local Transformation Plan was to be refreshed annually, October each year and this was refreshed for the final time in October 2019. Although the Future in Mind programme has come to a close the services redesigned and the services developed as part of the FiM investment continue to provide effective emotional health and wellbeing support to the children and young people of Barnsley. These services include enhanced support to CAMHS, Youth Offending Team, Early Years Services, MindSpace, Chilypep, SYEDA and children and young people with autism.

Partners within Barnsley are now working together to develop a children and young people's emotional health and wellbeing hub based on the PAUSE model in Birmingham ( [forwardthinkingbirmingham.org.uk](http://forwardthinkingbirmingham.org.uk) ). The first floor of the YMCA building in Barnsley has been identified as a suitably accessible building from which the emotional health and wellbeing hub can operate and money from the successful 2018/19 BPOS (Beyond Places of Safety – mental health crisis) bid is currently being utilised to update the IT infrastructure within the first floor and towards painting and decorating where required. The children and young peoples' emotional wellbeing hub will also be central in working towards delivering the new CAMHS service specification since this is now based upon a system-wide social model rather than the traditional tiered, medical model. A new joint-funded Transformation Lead post (jointly funded by the CCG and the Local Authority) will support this piece of work and will link in with any new service developments, such as the Young People's Social prescribing service, to ensure these services are integrated within the existing infrastructure and will deliver added value and improve outcomes for children and young people of Barnsley.

As agreed by Governing Body in June 2020, the CAMHS procurement has been cancelled and the CCG are now working with SWYPFT to move towards delivering the new service specification over time. A small working group has been established to progress this work and progress updates will be provided in future reports.

As previously reported, Barnsley CCG were successful in their bid to be part of the Trailblazer programme which will enable three mental health support teams

in schools (one of these being MindSpace) to be developed. Both the Trailblazer team and the additional team agreed to be funded by the CCG will focus on primary school-aged children, with the Trailblazer team focusing on the most vulnerable children (e.g. LD and autism, looked after children, children educated at home, LGBTQ+ communities ) within the Barnsley borough. The three MHST's are to undergo a competitive procurement exercise this autumn and the service specification(s) for this is currently being explored and developed with all key partners, including the children and young people themselves.

### **Acute Paediatric Services**

The work which focused on implementing a number of the recommendations of the Independent Service Review of Barnsley's acute paediatric services had been suspended to enable a robust response to the coronavirus pandemic. However, Angela Fawcett, Barnsley's Designated Safeguarding Nurse for Children is now in a position to continue with this work stream and has recommenced discussions with partners.

A key element of this piece of work is the development of a new / revised service specification for a Paediatric Community Nursing service, currently provided by BHNFT (Barnsley Hospital NHS Foundation Trust). The development of a new service specification is also linked to the regional work that is currently underway in relation to improving the services for paediatric palliative and end of life care. A national service specification for the paediatric palliative and end of life care has been developed and it has been proposed that this service is piloted within the South Yorkshire and Bassetlaw ICS region. A more detailed paper on the paediatric palliative and end of life care workstream will be shared with Governing Body members at a future date.

As Governing Body members are aware, additional funding was approved in March 2019 for the Over 11 ASC (Autistic Spectrum Condition) assessment and diagnostic pathway, which is now delivered by the Community Paediatric Team based within BHNFT. This service has continued operating throughout the current pandemic (not face to face) and has managed to successfully reduce the waiting times from 2.5 years to between 5 and 9 months. All of Barnsley's assessment and diagnostic autism pathways for children and young people are now NICE compliant. However, there remains a significant issue in terms of support services for people with autism / autistic traits and the Autism Steering Group (a collaborative partnership group chaired by the CCG) are working together to consider how best to implement Clinical Guidelines CG170 and CG142, to implement the Autism Friendly Charter within the borough and are developing an all-age autism strategy and associated action plan.

Within the adult autism assessment and diagnostic service there are still long waits experienced and this is linked to the levels of capacity commissioned. The CCG are working with SWYPFT (South and West Yorkshire Partnership NHS Foundation Trust) to consider implementing a panel approach, as per the model currently commissioned by neighbouring CCG's and which has resulted in minimal or no waits. Ultimately this will require additional investment.

### **Children's jointly commissioned services**

There have been a number of issues highlighted recently to Governing Body in

	relation to children's continuing healthcare services, respite and short break provision for children with complex health needs and the escalated costs in relation to providing these services. As a result, a number of service reviews are to be undertaken in relation to the short break provision and support services required for children and young people with Learning Disabilities. Processes in determining continuing care eligibility and joint commissioning panels (e.g. CRAG – Children's Resource Allocation Group) have already been refined. The main challenge these services face however is a continued increase in demand and how best to utilise existing resources to deliver the most appropriate and effective support.
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	Governing Body is asked to note the report and the progress outlined
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>

<b>Agenda time allocation for report:</b>	10 Mins
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	x
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		Provide ref(s) or state N/A	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			Y
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			/NA
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			/NA

3.4	<b>Improving quality (s14R, s14S)</b> <table border="1" data-bbox="282 210 1406 322"> <tr> <td data-bbox="282 210 1262 241">Has a Quality Impact Assessment (QIA) been completed if relevant?</td> <td data-bbox="1262 210 1406 241"><b>NA</b></td> </tr> <tr> <td data-bbox="282 241 1262 304">Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?</td> <td data-bbox="1262 241 1406 304"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 304 1406 322"></td> </tr> </table>		Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>				
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3.10	<b>Environmental Sustainability</b> <table border="1" data-bbox="282 1456 1406 1536"> <tr> <td data-bbox="282 1456 1262 1518">Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td> <td data-bbox="1262 1456 1406 1518"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 1518 1406 1536"></td> </tr> </table>		Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>						
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## Governing Body

20 August 2020

## Quality Highlights Report

### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table border="1"> <tr> <td><i>Decision</i></td><td><input type="checkbox"/></td> <td><i>Approval</i></td><td><input type="checkbox"/></td> <td><i>Assurance</i></td><td><input checked="" type="checkbox"/></td> <td><i>Information</i></td><td><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
	Provide the September 2020 Governing Body with the agreed highlights of the discussions at the Quality & Patient Safety Committee on 20 August 2020. The information provided is in addition to the monthly performance report and ongoing risk management via the Assurance Framework and Risk Register.									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1"> <tr> <th></th><th>Name</th><th>Designation</th></tr> <tr> <td>Executive / Clinical Lead</td><td>Jayne Sivakumar</td><td>Chief Nurse</td></tr> <tr> <td>Author</td><td>Hilary Fitzgerald</td><td>Quality Manager</td></tr> </table>		Name	Designation	Executive / Clinical Lead	Jayne Sivakumar	Chief Nurse	Author	Hilary Fitzgerald	Quality Manager
	Name	Designation								
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Author	Hilary Fitzgerald	Quality Manager								
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
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Group / Committee	Date	Outcome								
Quality and Patient Committee	20 August 2020	To raise as highlights to the Governing Body								
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>									
	<p>At the Quality and Patient Safety Committee meeting on 20 August 2020, it was agreed that the following four quality issues are highlighted to the Governing Body and rated:</p> <ul style="list-style-type: none"> <li>• Green – Safeguarding Annual Reports</li> <li>• Green – Barnsley CCG Annual Patient Experience Report 2019/20</li> <li>• Amber – Learning Disabilities Mortality Reviews (LeDeR)</li> <li>• Red – South West Yorkshire Partnership Foundation NHS Foundation Trust (SWYPFT) Adult Community Speech and Language Therapy waiting list</li> </ul>									

	Details of the highlights can be found in Appendix A of this report
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	Note the Quality Highlights identified for information and assurance.
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	Appendix A – Quality Highlights Report

<b>Agenda time allocation for report:</b>	10 minutes.
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	✓
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)		Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	✓	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	✓	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>Y</b>
	Jayne Sivakumar, Chief Nurse			
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>N</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>			
	Has a Quality Impact Assessment (QIA) been completed if relevant?			<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?			<b>NA</b>
	<b>See Appendix A</b>			

3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

**Appendix A Quality Highlights Report**

Issue	Consideration	Action
<b>Safeguarding</b>	<p>QPSC received for assurance the following reports relating to safeguarding activity in Barnsley:</p> <ul style="list-style-type: none"> <li>• BCCG Annual Safeguarding Report 2019/20</li> <li>• Barnsley Children Safeguarding Partnership Annual Report 2019/20</li> <li>• Barnsley Safeguarding Adults Board Annual Report 2019/20</li> </ul> <p>These reports provided an overview of some of the key changes to working due to Covid 19 and the partnership working with other agencies to safeguard and promote the welfare of children and vulnerable adults in Barnsley.</p>	<p>QPSC was assured that safeguarding requirements continue to be met despite the impact of Covid19.</p> <p>The Committee also noted concerns regarding an anticipated surge in safeguarding following the first phase of Covid19 and the need to monitor and support the CCG's providers ability to respond to this.</p>
<b>Patient Experience</b>	<p>QPSC received for assurance BCCG's Annual Patient Experience Report. The report is a statutory requirement in accordance with the NHS Complaints Regulations 2009 and should be made available to the public.</p> <p>QPSC noted the decline in complaints and concerns raised about BCCG's services and policies in 2019/20.</p>	<p>The Committee was assured that complaints and concerns received by the Quality Team are being managed effectively and that learning from complaints has been acted upon. QPSC agreed that the report provides evidence to support the CCG's annual assurance report, and that it should be published on the CCG's website.</p>
<b>LeDeR</b>	<p>QPSC was provided with a detailed update on the CCG's position regarding its backlog of LeDeR reviews. Until the reviews are up-to-date, potentially the CCG does not have all the learning to inform how it commissions services for people with Learning Disabilities. The Committee noted the progress of the completion of the outstanding reviews and a commitment to reach the set targets.</p>	<p>QPSC agreed that a risk should be added to the CCG's risk register for the risk associated with a delay in completing the backlog of LeDeR reviews.</p>

Issue	Consideration	Action
<b>SWYPFT Adult Community Speech and Language Therapy Waiting List</b>	QPSC was notified of the latest position with regards to waiting times for SWYPFT's Adult Community Speech and Language Therapy service. The Committee noted that this issue had been identified via a formal complaint and had already been formally raised within the Clinical Quality Board. SWYPFT has initiated a number of actions to risk assess all patients on the list and reduce the waiting times and is currently preparing a business case to request more funding for the service.	QPSC noted the wider concern about the level of oversight of waiting times in SWYPFT's Community Services and agreed that assurances should be sought about this issue at the next Clinical Quality Board.

**Governing Body**

**10 September 2020**

**Safeguarding Annual Report**

**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>					
<b>2.</b>	<b>PURPOSE</b>											
	<p>To provide assurance regarding how NHS Barnsley Clinical Commissioning Group (BCCG) is meeting its statutory obligations in respect of safeguarding. It provides details of how the CCG is meeting its legislative requirements, provides an overview of the key work streams in 2019/20 and identifies safeguarding priorities for the next twelve months. Moreover, it outlines some of the measures taken to support safeguarding during the pandemic.</p>											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1"> <thead> <tr> <th></th> <th><b>Name</b></th> <th><b>Designation</b></th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Jayne Sivakumar</td> <td>Chief Nurse</td> </tr> <tr> <td>Author</td> <td>Angela Fawcett/ Susan Brook</td> <td>Designated Nurse - Safeguarding Children/ Designated Nurse - Safeguarding Adults</td> </tr> </tbody> </table>				<b>Name</b>	<b>Designation</b>	Executive / Clinical Lead	Jayne Sivakumar	Chief Nurse	Author	Angela Fawcett/ Susan Brook	Designated Nurse - Safeguarding Children/ Designated Nurse - Safeguarding Adults
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Executive / Clinical Lead	Jayne Sivakumar	Chief Nurse										
Author	Angela Fawcett/ Susan Brook	Designated Nurse - Safeguarding Children/ Designated Nurse - Safeguarding Adults										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th><b>Group / Committee</b></th> <th><b>Date</b></th> <th><b>Outcome</b></th> </tr> </thead> <tbody> <tr> <td>Quality and Patient Safety Committee</td> <td>20/08/2020</td> <td>Approved</td> </tr> </tbody> </table>			<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>	Quality and Patient Safety Committee	20/08/2020	Approved			
<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>										
Quality and Patient Safety Committee	20/08/2020	Approved										
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p>The report offers assurance that safeguarding requirements continue to be met despite the impact of the current pandemic.</p>											



	<p>It provides an overview of some of the key changes to working due to Covid 19 and the partnership working with other agencies to safeguard and promote the welfare children and vulnerable adults.</p> <p>It highlights concerns regarding a potential/anticipated surge in safeguarding and the need to monitor and support our provider's ability to respond to this.</p> <p>It includes an overview of future work plans including; developing closer links with nursing homes, preparation for the new Liberty Protection Standards, reviewing how we support and gain assurance for primary care and how we work effectively with the wider Integrated Care System to develop and share best practice.</p>
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	Note the report for information and assurance.
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	Appendix A – Safeguarding Annual Report

<b>Agenda time allocation for report:</b>	10 Mins
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## PART 1B – SUPPORTING INFORMATION & ASSURANCE

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>		
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework		
	1.1 Urgent & Emergency Care	6.1 Efficiency Plans	
	2.1 Primary Care	7.1 Transforming Care for people with LD	
	3.1 Cancer	8.1 Maternity	
	4.1 Mental Health	9.1 Digital and Technology	
	5.1 Integrated Care @ System	10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place		
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		N/A
<b>2.</b>	<b>Links to statutory duties</b>		
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act		
	Management of conflicts of interest (s14O)	Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b>		
<b>3.1</b>	<b>Clinical Leadership</b>		
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	Y	
	Jo Harrison, Specialist Clinical Portfolio Manager Nikki Shephard, Designated Nurse Looked after Children. L Oughton, Named General Practitioner – Safeguarding Vulnerable People		
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>		
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	NA	
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>		
	Have any financial implications been considered & discussed with the Finance Team?	NA	
	Where relevant has authority to commit expenditure been sought from	NA	

	Management Team (<£100k) or Governing Body (>£100k)?	
3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

# SAFEGUARDING ANNUAL REPORT

2019/20

## Introduction

The purpose of this report is to provide assurance of how NHS Barnsley Clinical Commissioning Group (BCCG) is meeting its statutory obligations in respect of safeguarding. It provides details of how the CCG is meeting its legislative requirements, provides an overview of the key work streams in 2019-20 and identifies safeguarding priorities for the next twelve months. Moreover, it outlines some of the measures taken to support safeguarding during the pandemic.

## Statutory Responsibilities and Governance Arrangements

The publication of the Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (2019), sets out a structure for safeguarding including roles, duties and responsibilities of all organisations commissioning health and social care. BCCG has a clear governance process for Safeguarding which is detailed in BCCG's Safeguarding Vulnerable People Policy (2020) and is underpinned by the Barnsley Safeguarding Adult Board (BSAB) and Barnsley Safeguarding Children Partnership (BSCP) procedures. BCCG is a key member of both the BSAB and the BSCP and is represented by the Chief Nurse. In addition, the Designated Nurses attend the respective board and partnership meetings in an advisory capacity and are active members of the various subgroups; including chairing (the Designated Nurse for Children chairs the Policy Procedure and Workforce Development Group).

As in all areas BCCG strives for excellence and the best services possible for the residents of Barnsley, including safeguarding and promoting their welfare. In order to achieve this, every contact adults and children have with the NHS should be by practitioners who have a knowledge and understanding of safeguarding issues. The organisations they work for should have in place robust safeguarding systems; and a culture which is supportive and encourages openness, transparency and learning. The *every contact counts* message has never been more important than during the present pandemic.

Safeguarding should be embedded in the obligations and responsibilities of all organisations. Providers are responsible for delivering high quality safe care; and as a commissioner of services BCCG must seek assurance of the safety and effectiveness. This includes ensuring that findings from inquiries, reviews and legislative requirements are embedded and are evidenced through the delivery of high-quality care. Additionally, that Providers are responding effectively to an ever increasing safeguarding agenda and other influences such as the major challenges brought about by the pandemic. BCCG achieves assurance through a variety of means including; contract monitoring and quality assurance, safeguarding dashboards, Section 11 audits (Children Act), safeguarding assurance audits, inspections, membership of the provider safeguarding reference/steering groups, and regular engagement with the safeguarding leads, and through the safeguarding sub groups and multi-agency audits.

## Key changes to legislation

### The Mental Capacity (Amendment) Act (MCAA) 2019

A key change in this reporting period is The Mental Capacity (Amendment) Act 2019. The Act amends the Mental Capacity Act, 2005 (MCA).

It introduces a new MCA Code of Practice and replaces the Deprivation of Liberty Safeguards (DoLS) with the Liberty Protection Safeguards (LPS).

The implications for the CCG include new duties as a 'Responsible Body' and a requirement to resource the required changes that implementation of the LPS will bring. As a Commissioner, the CCG will have a vicarious liability for NHS Trusts who will also become Responsible Bodies. A further significant feature of LPS is that it applies to people over 16, whereas DoLS applied to those over 18 only. The LPS were due to come into force on 1<sup>st</sup> October 2020. Due to the Covid pandemic, this has been delayed to Spring 2021. The CCG and the Local Authority were in the early stages of preparation for the implementation of LPS prior to Covid restrictions and will need to plan and mobilise during the stabilisation and recovery phase. The CCG has a named lead for the implementation of the amended Act and LPS.

## **The Children and Social Work Act 2017**

The Children and Social Work Act introduced wide-ranging reforms to safeguarding arrangements during 2018/2019. It specified a new duty upon CCGs making them an equal partner, with the Local Authority and Police, for implementing and overseeing the multi-agency Safeguarding arrangements. In April 2019 the previous Safeguarding Board ceased to exist and was replaced by the Barnsley Safeguarding Children Partnership. BCCG is represented in this arrangement by the Chief Nurse and the Designated Nurse for Children, who attend in an advisory capacity. The Partnership has been in existence for over a year and has published arrangements in line with *Working Together to Safeguard Children* (2018).

## **Child Death Review**

In addition to the above, the Children and Social Work Act (2017) introduced changes to the Child Death Review Process with CCGs and Local Authorities becoming the new Child Death Review Partners. Under the new arrangements neighbouring areas were encouraged to come together to review deaths. It was suggested they should form a footprint that would examine approximately 60 plus deaths a year, in order to maximise opportunities for learning. In response, Barnsley entered into discussions with the rest of South Yorkshire to determine how we could achieve this. Various options were explored, and a decision was made to form a South Yorkshire Child Death overview Panel to collate and learn from data on a larger scale. However, areas continue with local panels to ensure localised learning and attention to detail. This approach has been operational for almost a year and initial feedback has been positive. As a region we have held themed panels, where specific types of death have been analysed to try and identify common themes and develop regional responses and learning.

## **Child Death**

In the reporting period we have had nine unexpected and five expected deaths. The Child Death Overview Panel (CDOP) has reviewed 16 cases in the last reporting year. *These numbers do not correspond as for various reasons the numbers that die in a year do not tally with those reviewed at CDOP panel.* Due to the fact that a significant number of cases have been as a result of unsafe sleeping arrangements, a regional approach is being taken to developing a prevention campaign.

In addition to the national changes, we have taken the opportunity to review local systems, with the work now being divided more equally between BHNFT, BCCG and Public Health. In response to Covid 19, guidance was developed for how the process could continue safely, whilst still achieving its core functions.

## **Findings of Inquiries/Reviews**

Findings of the National Inquiries and local reviews have been identified learning for health organisation and practice has been amended/developed as a result. The learning and actions from these reviews is monitored by subgroups of both BSAB and BSCP and the Designated Nurses on behalf of BCCG. Any concerns regarding the implementation of changes are escalated to the Governing Body as appropriate. Over the last 12 months we have undertaken two reviews for children and three for adults. The last two published for adults have both centred around self-neglect, as is the one currently being undertaken. Sadly, at the time of writing this we are about to embark on further safeguarding review of the circumstances regarding a baby who has been significantly harmed.

## **Prevent**

The NHS is represented at Barnsley Channel Panel by one of the provider organisations (as appropriate to the case being discussed). In 2019 a member of the CCG safeguarding team did attend, but due to depleted resources in 2020 the Designated Nurse Safeguarding Adults (DNSA) took the decision to withdraw at this time, as there is currently no directive that CCGs have to attend. There is new guidance expected in the Autumn however, and there is a possibility that this may change in the future. The DNSA has consulted with the local Prevent coordinator and is available to support GPs with individual cases should the need arise. This does leave the potential risk of critical information not being shared with the Panel from Primary Care, especially in relation to new referrals. The DNSA is currently in consultation with partners to determine what arrangements can be put in place to mitigate for this. A significant proportion of the cases locally relate to concern regarding extreme far right views in young people and their online activity. Sadly, one of the very real concerns of the current pandemic is the increased vulnerability of young people to radicalisation and exploitation. Many young people are spending increased time online and are may be extremely vulnerable to those who would exploit. Professionals are mindful of this and Safeguarding partners are sharing online safety messages and communications; all staff are advised to be vigilant.

## **Nursing and Care Home Sector**

There are over 60 Residential and Nursing Care Homes in Barnsley and the surrounding borough, providing care for some of the most vulnerable individuals in our community. Although regulated by the Care Quality Commission (CQC). A 'good' rating may result in a further inspection not taking place again for another five years, during which time there can be a significant change within a home, all of which may impact on the quality of care delivered.

In addition to the CQC, the Local Authority and the CCG also monitor quality and safety within care home settings through contract monitoring and commissioning of care packages for example.

Other partners within health also have a role to play in raising concerns they identify, so that intelligence can be shared, and appropriate action taken to safeguard an individual or a group of residents.

More recently Covid-19 has shone a light on this sector both nationally and locally. In Barnsley local partners have worked closely together to respond both to outbreaks within a home alongside the coordination of the wider response to prevent further outbreaks. The current intention is that the learning from the experience of closer integrated working is going to be used as a basis to develop a new model of proactive coordinated response going forward.

### **CCG Safeguarding Team**

The existing CCG Safeguarding Team was strengthened in early 2020 with the addition of administration support and the services of the Sheffield Designated Nurse for Looked after Children (for one day per week). This was in order to free up capacity for the current Designated Nurse to take on new commissioning duties. After a period of six months without a Designated Nurse for Safeguarding Adults, this post was recruited to in December 2019 and is now a joint post with Sheffield CCG. We also continue to benefit from the services of the Named GP for safeguarding vulnerable people (one day per week).

### **Responding to Changing Agendas and Covid 19**

Safeguarding is an ever changing and expanding agenda; significant efforts have been made to ensure relevant practitioners are aware of developments. In particular the risks posed through criminal exploitation (including child sexual exploitation, county lines, modern slavery, trafficking, gangs and knife crime). Concerted efforts have been made to ensure staff are aware of these issues and know how to respond to concerns. This has been a particular work stream of the multi-agency Policy Procedure and Workforce Development subgroup, which is chaired by the Designated Nurse for Children.

As with all areas of BCCG functions, safeguarding had had to respond quickly to the pandemic. A key priority in the initial stages was to support providers in continuing to deliver safeguarding services. The Designated Nurses and Named GP have sought to support all commissioned services in delivering functions and ensuring aspects like child protection medicals, procedures and processes can take place in a safe way. Equally processes for children in care had to be reviewed and adapted with assessments now taking place virtually. Moreover, the Designated Nurses have worked with partner agencies to support the needs of adults, children, young people and families in these difficult times and the Designated Nurse represents BCCG at the Bronze cell for children. Due to a recognition that domestic abuse is likely to have increased, we have sought to increase awareness of this issue and the competence and confidence of practitioners to respond. This has included dissemination of resources, and tailored training for the Continuing Health Care team.

### **Looked After Children (LAC)**

Prior to the pandemic hitting, the Designated Nurse for Children had led on several pieces of work aimed at improving the physical and emotional health of children in care and care leavers. Unfortunately, whilst some of these initiatives have taken place, others have had to be put on hold.



For more details on this please see embedded annual report below (please note this was produced prior to the pandemic). With the appointment of the Designated Nurse from Sheffield to lead on Looked After Children, we will strive to build on this work and improve the health of this vulnerable group and the services provided to them. With this appointment BCCG has gained an expert in the field who represents children in care and care leavers nationally and brings with her many years of knowledge and experience; and who can have a much needed dedicated focus on Looked After Children.

LAC annual report



Annual report Health  
CIC.docx

## **Primary Care**

Following the example set by Sheffield, and in order to support practices, the Designated Nurses developed processes for undertaking reviews and reports on behalf of GPs that support safeguarding work. Additionally, the Designated Nurse for Children and Looked after Children are completing adult health reviews for fostering and adoption, to further support the GPs and the local authority Fostering and Adoption service to ensure that foster carers, regulation 24 carers and adopters can still be recruited.

## **Priorities - Barnsley 20/21**

A key priority over the coming months will be to establish how we maintain safeguarding services during Covid, the stages of recovery, and how we deal with the predicted surge in safeguarding that is anticipated. It is difficult to predict just what this will look like and our providers and BCCG safeguarding team will need to remain flexible and innovative in the way they work to respond to current and anticipated need. As ever, key to this will be to continue to work collaboratively with providers and key partner agencies.

As a CCG we must be prepared for the emotional impact the pandemic will have had on the population and the demands this will place on our emotional well-being services. We also need to be mindful of the impact on staff wellbeing, which may not be fully recognised until we start to recover from the pandemic. We should also be primed for the short and long term financial and social consequences and recognise that any increase in deprivation will inevitably lead to further safeguarding concerns, poorer outcomes for children and adults with vulnerabilities and an increase in the potential for exploitation.

Ensure provider organisations are prepared for and compliant with new requirements under Liberty Protection Standards. Whilst the implementation date is unclear, we need to continue to support providers with implementation plans.

BCCG safeguarding team have worked with the Primary Care team to seek assurance from GP providers that they are meeting the requirements. For the first time the team have sought assurance from practices, that would have put them in a position to offer feedback to each practice.

However, Covid-19 has unfortunately impacted on the ability to do this. Moving forward providing this feedback will need to be prioritised, and conversations need to continue with providers who have not engaged with the assurance process.

The team will offer safeguarding supervision to GP practice staff on an ad-hoc basis when requested/required. In addition, group supervision has been offered on a quarterly basis through the GP forum. Due to low attendance and only reaching a limited number of GP providers, participation has been opened up to any member of practice staff involved in safeguarding. In the current climate, the next development is to make this available via virtual meetings.

Provide quality standards for GPs on the completion of Adult Health Assessments (to support fostering and adoptions medicals) to ensure they are robust and fit for purpose.

Continue to work with partners to support work around transitions from children to adult services.

Continue to work with other safeguarding leads across the South Yorkshire & Bassetlaw footprint to explore areas for joint development/ practice, sharing of learning and best practice and strive to ensure unwarranted variation service provision in terms of safeguarding and promoting the welfare of vulnerable people.

## **Conclusion**

NHS Health Commissioners and providers are required to demonstrate that they have safeguarding leadership, expertise and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures. BCCG continues to drive improvements through partnership working, to ensure effective commissioning that is responsive to need.

Meeting the ever developing and increasing safeguarding agenda has never been easy. However, the current pandemic brings with its unprecedented challenges in terms of ways of working, keeping children and vulnerable people safe at times when their visibility to professionals and the community at large is significantly reduced. Added to this is the need to prepare for a surge in referrals as we begin to steadily ease the current 'lockdown' restrictions and deprivation increases.

Providing support to safeguarding teams and leads in the provider services will be a crucial element of this, but this must also be carefully balanced with the need to continue to gain appropriate assurance that standards are being met. BCCG will need to continue to work with providers and partner agencies to look at new and innovative ways of working that protect the needs of vulnerable people. BCCG will need to identify any gaps in service provision that leave people vulnerable and look to ways to address these or mitigate risk where this is not possible.

We will need to continue to learn from local and national reviews; in addition to best practice developed in other areas to deal with the consequences and impact of Covid 19. The environment will be more challenging, but we must continue to strive to deliver appropriate services and maintain our constant drive to improve and promote the welfare of children and adults.

## GOVERNING BODY

10 September 2020

## RISK AND GOVERNANCE EXCEPTION REPORT

### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>							
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>
<b>2.</b>	<b>PURPOSE</b>							
	<ul style="list-style-type: none"> <li>To assure the Governing Body re the delivery of the CCG's annual strategic objectives</li> <li>To assure the Governing Body that the current risks to the organisation are being effectively managed and monitored appropriately</li> <li>To note Quality and Patient Safety Committee updated Terms of Reference.</li> </ul>							
<b>3.</b>	<b>REPORT OF</b>							
		<b>Name</b>	<b>Designation</b>					
	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance					
	Author	Paige Dawson	Governance, Risk & Assurance Facilitator					
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>							
	The matters raised in this paper have been subject to prior consideration in the following forums:							
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>					
	N/A							
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>							
<b>5.1</b>	<b>Governing Body Assurance Framework</b> <p>The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. There is no GBAF update for Governing Body at this stage since updating the GBAF was suspended at the peak of the Covid-19 response. Work is currently underway to refresh the GBAF by the end of September 2020 in order that it can be relaunched for the remainder of 2020/21.</p>							

**5.2 Corporate Risk Register**

The *Corporate Risk Register* is a mechanism to effectively manage the current risks to the organisation. Governing Body receives the full Risk Register twice a year (September and March) with exception reports brought to intervening meetings. This report therefore provides the Governing Body with the full Corporate Risk Register (Appendix 1).

*Red (extreme) risks:*

There are currently 6 extreme risks on the CCG's Risk Register which have been escalated to the Assurance Framework as gaps in assurance against risks on the Assurance Framework. The risks are:

- Ref CCG 18/04 (rated score 16, 'extreme') - If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non-elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.
- Ref 18/02 (rated score 16 'extreme') - If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.
- Ref CCG 14/10 (rated score 16 'extreme') – Risks resulting from not being able to attract and retain a suitable and sufficient Primary Care clinical workforce.
- Ref CCG 14/15 (rated score 15 'extreme') – Potential impact on quality & patient safety of incomplete D1 discharge letters.
- Ref CCG 19/05 (rated score 15 'extreme') - If the health and care system in Barnsley is not able to commission and deliver end of life care services of sufficient quality and capacity to support end of life patients in the community, there are risks for the CCG across a number of areas.
- Ref CCG 13/13 (rated score 15 'extreme') – Quality & patient safety risks relating to Yorkshire Ambulance Service (YAS). If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response time targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected.

	<p><b>Updates:</b></p> <ul style="list-style-type: none"> <li>• In relation to risk 13/13 (YAS), it is proposed by Quality and Patient Safety Committee (Q&amp;PSC) that the risk rating is reduced from 3x5=15 (red, extreme) to 2x5=10 (amber, high) in light of YAS performance for category one and category 2 targets at the end of July 2020 and there being no serious incidents reported relating to delays affecting Barnsley patients. Performance to be kept under review via regular review of performance and serious incidents via attendance at the South Yorkshire and Bassetlaw 999/IUC Clinical Quality Group, with updates pertaining to this risk being brought to every meeting of QPSC.</li> <li>• In relation to risk 20/01, it was agreed at Q&amp;PSC that the risk rating is reduced from 9 to 6 (2X3) following discussions between SWYPFT and the Quality Team regarding alignment of availability of key Board members. Meetings to resume on 27 August 2020.</li> <li>• It was agreed at Finance and Performance Committee that risk 19/04 is removed from the risk register in relation to delivery arrangements for IT, IG and BI in light of the services previously provided by eMBED successfully transferred to the in house shared provision hosted by Sheffield CCG on 1st April 2020.</li> </ul>
5.3	<p><b>Covid-19 Risk Register</b></p> <p>As reported to the previous Governing Body a risk register reflecting risks specifically related to the covid pandemic and response has been developed and reviewed by SMT (Gold Command). There are currently four red risks on the covid risk register:</p> <ul style="list-style-type: none"> <li>• Disruption to health and social care leads to potential for 'hidden harm'</li> <li>• Backlog and demand surge as routine clinical care is stepped back up</li> <li>• Possibility that a 2020/21 influenza epidemic adds to and exacerbates the challenges above</li> <li>• The new financial framework for 2020/21 and beyond does not allow the CCG to achieve financial balance.</li> </ul> <p>The covid-19 risk register is now due for review and refresh, after which it is intended to incorporate these risks within the corporate risk register.</p>
5.3	<p><b>Quality and Patient Safety Committee Terms of Reference</b></p> <p>The above Terms of Reference have been reviewed and updated to reflect changes that have occurred since the Terms of Reference were last updated in August 2019. The proposed changes relate to the following areas:</p> <ul style="list-style-type: none"> <li>• Membership - to reflect staff changes in the CCG, as agreed at QPSC on 2 July 2020 and agreed by Governing Body at its meeting in July 2020</li> <li>• Information received by the Committee – the inclusion of additional information to be received by QPSC for assurance, and the removal of Health of Children in Care and Care Leavers Steering Group – action log Confirmation is required from the Committee regarding the receipt of the minutes of the Health Protection Board meetings</li> </ul>

	<ul style="list-style-type: none"> <li>Review date – proposed next review date of Terms of Reference to be August 2021.</li> </ul>
<b>5.4</b>	<p><b>Emergency preparedness, resilience and response (EPRR) annual assurance process 2020/21</b></p> <p>On an annual basis NHS England has a statutory requirement to formally assure itself of the NHS in England's, EPRR readiness. To do this there is an annual self-assessment and assurance process against the NHS Core Standards for EPRR. NHS England wrote to all Accountable Emergency Officers on 20 August 2020 setting out the assurance process for 2020/21 for EPRR.</p>
	<p>The letter recognizes that the events of 2020 have tested all NHS organizational plans to a degree above and beyond that routinely achievable through exercises or assurance processes. However, NHSE's statutory requirement to formally assure itself of EPRR readiness across the wider NHS remains.</p> <p>NHSE recognises that the detailed and granular process of previous years would be excessive while the NHS prepares for a potential further wave of COVID-19, as well as upcoming seasonal pressures and the operational demands of restoring services. This letter therefore sets out an amended process for 2020/21 which will focus on three areas:</p> <ol style="list-style-type: none"> <li>1) progress made by organisations that were reported as partially or non-compliant in the 2019/20 process (<i>not applicable to Barnsley CCG as we were fully compliant in 2019/20</i>)</li> <li>2) the process of capturing and embedding the learning from the first wave of the COVID-19 pandemic</li> <li>3) inclusion of progress and learning in winter planning preparations.</li> </ol>
	<p>In terms of next steps CCGs are asked to submit by email a statement of assurance to the relevant NHS England and NHS Improvement regional head of EPRR <b>by 31 October 2020</b>.</p> <p>This statement should include:</p> <ol style="list-style-type: none"> <li>1) the updated assurance position of any organisations that were rated partially or non-compliant in 2019/20 (<i>not applicable to Barnsley CCG as we were fully compliant in 2019/20</i>)</li> <li>2) assurance that all the relevant commissioners and providers of NHS-funded care have undertaken a thorough and systematic review of their response to the first wave of the COVID-19 pandemic, and a plan is in place to embed learning into practice</li> <li>3) confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for your system.</li> </ol> <p>The regional head of EPRR will undertake structured conversations with CCGs as necessary to better understand their statements. Following this, regions will submit their statement of assurance to the director of EPRR (national) by 31 December 2020.</p>

	NHSE has asked that responses are submitted via our Accountable Emergency Officer (AEO), Jamie Wike, as the named accountable person for the CCG. There is no requirement to take the statement through the Governing Body unless we wish to do so as part of our own internal processes. As no meeting of the Barnsley CCG is scheduled before the submission date of 31 October 2020 it is proposed that Jamie Wike submits the response on the CCG's behalf, having first shared it with Senior Management Team.
	The annual EPRR assurance process traditionally places local health resilience partnerships (LHRPs) in a central role for local leadership. Given the planning nature of LHRPs and the current response position of the NHS, it is not considered appropriate for LHRPs to lead the assurance this year. It is expected that LHRPs will maintain a critical role in future EPRR assurance processes, and outputs from the 2020/21 process will be shared with LHRP co-chairs at the appropriate time.
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Review the Corporate Risk Register to confirm all risks are appropriately scored and described, and identify any potential new risks</li> <li>• Approve reduced risk score change to 13/13 (YAS)</li> <li>• Note reduced risk score change to 20/01 (SWYPFT CQB meetings)</li> <li>• Note removal of risk 19/04 (IT services)</li> <li>• Note and approve the updates to the Quality and Patient Safety Committee TOR</li> <li>• Note the arrangements for the annual EPRR self assessment and assurance process for 2020/21 noting in particular that the AEO, Jamie Wike, will submit the response on the CCG's behalf by 31 October 2020.</li> </ul>
<b>8.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>• Appendix 1 – Corporate Risk Register (FULL)</li> </ul>
<b>Agenda time allocation for report:</b>	
	5 minutes

**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>	
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework	
	1.1 Urgent & Emergency Care	✓
	2.1 Primary Care	✓
	3.1 Cancer	✓
	4.1 Mental Health	✓
	5.1 Integrated Care @ System	✓
	5.2 Integrated Care @ Place	✓
	6.1 Efficiency Plans	✓
	7.1 Transforming Care for people with LD	✓
	8.1 Maternity	✓
	9.1 Digital and Technology	✓
	10.1 Compliance with statutory duties	✓
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	
	ALL	
<b>2.</b>	<b>Links to statutory duties</b>	
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act	
	Management of conflicts of interest (s14O)	
	Duty to promote the NHS Constitution (s14P)	✓
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	
	Duty as to improvement in quality of services (s14R)	
	Duty in relation to quality of primary medical services (s14S)	
	Duties as to reducing inequalities (s14T)	
	Duty to promote the involvement of each patient (s14U)	
	Duty as to patient choice (s14V)	
	Duty as to promoting integration (s14Z1)	
	Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>	
<b>3.1</b>	<b>Clinical Leadership</b>	
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	NA
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	NA
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	Have any financial implications been considered & discussed with the Finance Team?	NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	NA
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	NA



3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

## RISK REGISTER – August 2020

### Domains

1. Adverse publicity/ reputation
2. Business Objectives/ Projects
3. Finance including claims
4. Human Resources/ Organisational Development/ Staffing/ Competence
5. Impact on the safety of patients, staff or public (phys/psych)
6. Quality/ Complaints/ Audit
7. Service/Business Interruption/ Environmental Impact
8. Statutory Duties/ Inspections

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	6	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	14	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	4	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

The initial risk rating is what the risk would score if no mitigation was in place. The residual/current risk score is the likelihood/consequence (impact) of the risk sits when mitigation plans are in place

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 18/04	1,2, 3, 5,6, 8	If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets	5	4	20	Regular review of activity data as part of contract and performance management and monitoring arrangements.  Other data reviewed and analysed to identify new opportunities to reduce non elective activity e.g. NHS Rightcare Packs, Dr Foster data etc.  A&E Delivery Board is established (Barnsley Urgent and Emergency Care Delivery Board) with responsibility for delivering improvements to urgent care services and achieving related targets. The Board is	Director of Strategic Planning & Performance  (Finance & Performance Committee)	Contract and Performance Monitoring	5	4	20	08/20	<b>Aug 2020</b> A number of out of hospital work streams are ongoing including Intermediate Care, Respiratory and Diabetes services aimed at providing better support in the Community. Plans to improve links between 111 and community/ Primary Care services is also intended to avoid hospital attendance and admission.	09/20

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		(with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.				<p>overseeing work to develop appropriate services to ensure that patients are able to access appropriate care and support outside of hospital, or in a different way in hospital utilising ambulatory care pathways and implementing a new model at the front of A&amp;E..</p> <p>Engagement with regional and SYB programme to implement 'Think 111' (Talk before you walk) model in partnership with Integrated Urgent Care providers</p> <p>Additional Primary Care Capacity is in place for same day appointments through IHEART and Home Visiting Services</p> <p>CCG commissioned Out of Hospital Services being remodeled as part of the Neighbourhood Team mobilisation and includes PCN/Neighbourhood developments.</p> <p>Priority areas of work</p>							<p><b>July 2020</b> Activity levels have reduced as a result of COVID 19, however this continues to be a risk and is enhanced by the reduced capacity to meet higher demand due to social distancing requirements within the hospital.</p> <p><b>Feb 2020</b> Plans being developed with partners to support the 'left shift' towards care outside of hospital.</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
						identified to support ICP vision and principles for proactive care and care out of hospital.								
18/02	1,2, 5,6	If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.	4	4	16	<p>Escalation of CCG concerns to BMBC senior management</p> <p>Escalation via SSDG and health &amp; wellbeing board</p> <p>To be raised and discussed at H&amp;W Board development Session (August 2018)</p>	Jeremy Budd (SSDG)	<p>Added to the Corporate Risk register in context of long standing and frequently articulated concerns with respect to a basket of BMBC commissioned services notably:</p> <p>0-19 Health Checks Weight management &amp; smoking cessation</p>	4	4	16	06/20	<p><b>Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.</b></p> <p><b>March 2020</b> Met with BMBC CEO and SMT to agree an approach. Agreed to further develop and also agreed to visit Tameside LA/CCG to understand what benefits joint commissioning had delivered for their place.</p> <p><b>December 2019</b> consulted with GB and MC re</p>	07/20

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													pursuing Joint Commissioning governance arrangements with BMBC and received agreement to start discussions.  <b>October 2019</b> Joint commissioning workshop bringing together GB GP members and BMBC elected members focused on children's mental health and early years	
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other	3	3	9	The Long Term Plan includes a section on workforce planning and Network Contract DES includes provision for a number of Primary Care specific roles.  The Network Contract DES has a number of deliverables that will support staff and work to supporting sustainable services in	Head of Primary Care.  (Primary Care Commissioning Committee)	Governing Body	4	4	16	08/20	<b>August 2020</b> No further updates.  <b>July 2020</b> The PCN is required to develop a workforce plan by the end of August to reflect use of the Additional	09/20

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		<p>initiatives could be inconsistent</p> <p>(c) The people of Barnsley will receive poorer quality healthcare services</p> <p>(d) Patients services could be further away from their home.</p>				<p>Barnsley.</p> <p>NHS England has published an Interim People Plan to support the workforce challenge.</p> <p>The CCG's Primary Care Development Workstream has a workforce element and the Barnsley Workforce Plan is under development which will include Primary Care.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p> <p>The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce.</p> <p>The CCG has funded Clinical Pharmacists to provide support to all Practices in Barnsley. Approval was given to the recruitment of a second cohort of clinical pharmacists &amp; 2 technicians in March 2019.</p> <p>The PDA requires Practices to</p>							<p>Roles and other requirements to support delivery of the Network Contract DES and NHS Long Term Plan.</p> <p>Work is underway in practices to support BAME staff groups as a result of the C-19 pandemic.</p> <p>The CCG has asked BHF to deploy 2 returning GPs under the C-19 scheme to support the NE Neighbourhood practices for a 6-month period.</p> <p><b>March 2020</b></p> <p>PDA work is ongoing. PC team is working with the PCN to understand the workforce plans now there is a wider choice of staff roles.</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
						submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points.								
14/15	1, 5, 6	There are two main risks: 1. Scant or absent information relating to why medication changes have been made. Poor communication of medication changes, even if changes are appropriately made for therapeutic/safety reasons, creates a patient safety risk when post discharge medicines reconciliation is being undertaken by the GP practice. The risk being that the GP practice may either accept inappropriate changes when all the	4	4	16	Ongoing discharge medication risks escalated to BCCG Chief Officer and Chief Executive of BHNFT resulted in 2 quality risk meetings (August and November 2016).  Area Prescribing Committee (APC) monitor concerns and will report 2017 audit to the Quality & Patient Safety Committee.  A working Group (with reps from Practice managers Group & BHNFT) looking at D1 Discharge Summary Letters.	Head of Medicines Optimisation  (Quality & Patient Safety Committee)	Risk Assessment & audit of discharge letters	3	5	15	06/20	<b>Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.</b>  <b>Feb 2020</b> D1 summit has been delayed until 26th March 2020. The BHNFT Audit Report has been through organisational governance and following some amendments being completed will be officially shared outside the organisation.	07/20

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		<p>patients' risk factors have not been accounted for by the hospital clinicians or an error has been made or not accept clinically important changes as not confident about the reasons for the change.</p> <p>2. Clinically significant safety alerts, such as contraindicated combinations of medication, are being frequently triggered by primary care prescribing systems during post discharge medicines reconciliation when adding medicines to the Patients Primary Care Record. This indicates that either the hospital is not reconciling medicines using the GP Practice Summary Care</p>											<p><b>January 2020</b> No further updates.</p> <p><b>December 2019</b> Acute issues resolved. D1 summit meeting scheduled for 27th January 2020.</p>	



		Record or that the reconciliation is not sufficiently robust.												
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Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 19/05 added Dec 2019	6	If the health and care system in Barnsley is not able to commission and deliver end of life care services of sufficient quality and capacity to support end of life patients in the community, there are risks for the CCG across a number of areas, as follows:	5	4	20	1) Chief Nurse has raised issue with BMBC Joint Commissioning Team. BMBC is due to hold meetings with both their in house provider and contracted providers to try and get more detail around current capacity as well as longer term issues and look at any possible options to address those. A wider meeting with home care providers is planned for November 2019.	Chief Nurse	End of Life Team in BCCG Continuing Healthcare Team	5	3	15	06/20	<b>Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.</b>	07/20
	5	a) <b>Quality and Patient Safety Risks</b> Delayed discharges due to staff not being able to obtain care packages leading to patients not being able to be in preferred place of care at end of life.  b) Patients at home without a care package or a care				2) CHC EOL team to: a) email all providers each morning requesting what care package vacancies they have  b) liaise with Rightcare Barnsley to provide updates on care packages  c) offer 24 hour placement in residential/NH to all patient awaiting a care package in hospital to prevent delayed discharge and then to continue								8

	3	<p>package that is not being delivered as required.</p> <p><b>b)Financial Risks</b> Increased costs to CCG due to having to obtain care from specialist providers</p> <p>Delayed discharges will affect CCG's efficiency plans</p> <p><b>c) Performance Risks</b> Delayed discharges impact upon patient flow which could affect delivery of 4 hour A&amp;E standard and elective waiting times.</p> <p>Increase in non-elective admissions to hospital because of patients being left without care in the community.</p>				<p>to try and procure a care package to transfer patient to their own home.</p> <p>d) explore additional support from neighbourhood nursing service/ palliative care services in Barnsley</p> <p>e)Care packages to be spot purchased from any provider</p> <p>f) CHC EOL team to contact care providers on Barnsley borders to identify if they could pick up packages just over the borders.</p>								
13/13	1,5,6	If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response time targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could	4	5	20	July 2016 Regular consideration of YAS incident reporting by QPSC and GB to understand the frequency and severity of incidents associated with ambulance response.	Chief Nurse  (Quality & Patient Safety Committee)	Risk Assessment	3	5	15	08/20	<b>August 2020</b> Subject to QPSC agreement it is proposed that the risk rating is reduced from 15 to 10(2X10) in light of YAS performance for category one and category 2 targets	09/20

		be adversely affected.											at the end of July 2020 and there being no serious incidents reported relating to delays affecting Barnsley patients. Performance to be kept under review via regular review of performance and serious incidents via attendance at the South Yorkshire and Bassetlaw 999/IUC Clinical Quality Group.  <b>March 2020 –</b> no further updates.	
CCG 13/31	1,2, 3, 8	There is a risk that if the CCG does not develop a robust QIPP plan supported by effective delivery and monitoring arrangements, the CCG will not achieve its statutory financial duties and NHS England business rules.	3	4	12	A Programme Management Office is established with monthly reports on progress against targets through revised organisational governance arrangements: QIPP Delivery Group reporting to Finance and Performance Committee and onward to the Governing Body.  Monthly Reports on the CCG's financial position and forecast outturn to Finance and Performance Committee and Governing Body as part of Integrated Performance	Chief Finance Officer  Governing Body  (Finance & Performance Committee)	Risk Assessment	3	4	12	08/20	<b>August 2020</b> The retrospective financial framework will remain in place for August and September with planning guidance now not expected until late August/Early September due to ongoing discussions with HM Treasury re: funding for the NHS. This	11/20

					<p>Report (IPR) Robust financial management is in place for each area of budget with monthly budget meetings to identify variances from budget and mitigating actions.</p> <p>Development of further QIPP programmes and savings schemes to be overseen by Programme Management Office.</p> <p>Budget Holders receive training and support from the finance team to allow variations from plan and mitigating actions to be identified on a timely basis.</p> <p>Prime Financial Procedures and Standing Orders are in place</p> <p>Internal Audit Reports on general financial procedures and Budgetary Control Procedures (including review of shared service functions) Annual Governance Statement</p> <p>Local Counter Fraud Specialist Progress Reports to Audit Committee</p> <p>Annual Report &amp; Accounts subject to statutory external audit by KPMG, reported via Annual Governance (ISA260) Report, and Annual Audit Letter.</p>					<p>continues to restrict the CCGs ability to plan for future service delivery given the lack of clarity around funding arrangements post September.</p> <p><b>July 2020</b> The new financial framework for 2020/21 as a result of covid-19 does not allow for the CCG to deliver efficiency through NHS contracts as mandated block arrangements are currently in place. This is expected to continue for the remainder of 2020/21. Efficiencies in non NHS contracts and expenditure is limited due to the impact of covid-19 and the CCG awaits planning guidance for the period August to March 2021.</p> <p><b>Feb 2020</b> The CCG is on track to deliver</p>	
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						Monthly monitoring reporting to NHS England							QIPP for 2019/20 for further QIPP being identified in year to mitigate against the non-delivery of planned schemes. Work has commenced on efficiencies for 2020/21 and the governing Body and Finance and Performance Committee are fully sighted on the level of challenge and requirement to deliver.	
CCG 13/3	1,3, 5,6, 8	If the system, via the Urgent and Emergency Care Delivery Board fails to deliver and sustain improvements in urgent care services which in turn improve BHNFT's performance against the target that 95% of A&E patients are treated or discharged within 4 hours there is a risk that the Trust and CCG will fail to deliver the NHS constitution standard.	4	5	20	<p>A&amp;E Delivery Board is established (Barnsley Urgent and Emergency Care Delivery Board) with responsibility for delivering improvements to urgent care services and achieving related targets. The Board is developing an improvement plan following the a UEC Summit hosted in October 2019.</p> <p>Analysis of A&amp;E activity data is undertaken on an ongoing basis to understand the drivers behind attendances and changes in patterns and trends</p> <p>UEC Delivery Board representatives participating in the NHSE/I Action on A&amp;E</p>	Director of Strategic Planning & Performance  (Finance & Performance Committee)	Risk Assessment	3	4	12	07/20	<p><b>July 2020</b> Activity levels have reduced as a result of COVID 19, however this continues to be a risk and is enhanced by the reduced capacity to meet higher demand due to social distancing requirements within the hospital. Whilst activity is lower performance continues to fluctuate.</p> <p><b>December 2019</b></p>	10/20

						<p>programme – Developing and implementing plans to improve in hospital patient flow.</p> <p>Daily Reporting and SitRep calls including local health and care partners</p> <p>Winter &amp; Bank Holiday Planning arrangements</p> <p>IHEART Barnsley established and operational offering out of hours GP appointments on evenings and Saturdays and OOH GP services. From May 2019 GP Home Visiting Service will also be in place available for all practices</p> <p>Strengthened GP Streaming adjacent to ED in place. BHF commenced provision of service in September 2017 in ED but with a GP providing the service and from December 2017 in new separate primary care area adjacent to ED.</p>							<p>YTD performance remains strong however increased attendances and acuity are impacting on waiting times in November. The 95% standard was achieved in Sept and Oct but was not achieved in November.</p> <p><b>Sept 2019</b> Performance in July and August reduced resulting in Q2 performance as at end of August being 92.5%. YTD performance is slightly below the 95% target at 94.4% A UEC Delivery Board event is being planned to review activity and identify improvement actions.</p>	
CCG 15/13		If BHNFT are unable to achieve their control total, as agreed with NHS	3	4	12	The CCG's strategic objectives aim to support a safe and sustainable local hospital.	Chief Finance Officer	Risk assessment	3	4	12	07/20	<b>July 2020</b> The new financial framework mitigates this risk	10/20

		Improvement, there is a risk that the financial sustainability of the Trust may have a detrimental impact on the future of local services for the people of Barnsley.				Revised contract governance arrangements (in operation from Oct 2015) will facilitate regular engagement of Board/Governing Body colleagues with an update being provided by the Trust on the financial position	(Finance & Performance Committee)						during 2020/21 as NHS Trusts continue to be provided with a block payment plus a top-up payment to covers costs. This financial framework is expected to be in place for the remainder of 2020/21 and further guidance is expected in the coming weeks.  <b>Feb 2020</b> The Trust remain on track to deliver against their control total and further risk at this stage in the year is not expected to materialise.	
15/12	1, 2, 5, 6	If BHNFT does not improve its performance in respect of people waiting longer than 62 days to be treated following an urgent cancer referral, there is a risk to the reputation of the CCG and the quality of care provided to the people of Barnsley in respect of this	4	3	12	The CCG and the providers are working as part of a South Yorkshire Cancer Alliance and continuing to improve and develop services to ensure delivery of cancer standards  BHNFT are actively working with the CCG through the Barnsley Cancer Steering Board to improve pathways and ensure delivery of waiting times standards.	Director of Strategic Planning & Performance  (Finance & Performance Committee)	Risk assessment	3	3	9	07/20	<b>July 2020</b> During the COVID19 pandemic the number of cancer referrals has reduced significantly which may result in a surge which puts further pressure on the system particularly in relation to	10/20

		service.											<p>diagnostics. As a result of capacity reductions the number of people waiting longer than 62 days has increased. Plans are in place to address long waits across the SYB cancer alliance.</p> <p><b>February 2020</b> Performance improving however remains below the national standard. Dec performance was 83% against the target of 85%.</p> <p><b>November 2019</b> BHNFT Performance continues to be strong however the 62 day standard is not currently being achieved. Plans are in place to improve performance and meet the standard. Paper on GB agenda Nov 2019</p>	
CCG 13/41	1,2, 4,8	Lack of completed Declarations in respect	3	3	9	Policy on the Managing Conflicts of Interest and the	Head of Governance	Risk Assessment	3	3	9	06/20	<p><b>Jun 2020</b> No change since</p>	09/20



		of the Policy on the Managing Conflicts of Interest and the Acceptance of Sponsorship, Gifts and Hospitality				<p>Acceptance of Sponsorship, Gifts and Hospitality</p> <p>Online training in Conflicts of Interest for relevant CCG staff.</p> <p>Regular reminders by Corporate Affairs team to Governing Body, CCG staff, and Membership Council to submit declarations</p> <p>Annual Internal Audit review of Conflicts of Interest provided significant assurance (Jan 2019)</p>	& Assurance  (Audit Committee)	Identified by Audit Committee 30.05.13					<p>previous update.</p> <p><b>Apr 2020</b> No change. IA review completed and gave significant assurance. Declarations updated in March 2020.</p> <p><b>Dec 2019</b> No change to the risk. 26 of 28 staff have now completed the mandatory C of I training. Internal Audit review currently underway.</p> <p><b>Sept 2019</b> No change to assessed risk. As per June update below AC will be asked to approve removal of this risk at its meeting in October 2019.</p>	
CCG 13/13 b	1,2	If the CCG fails effectively to engage with patients and the public in the commissioning or co-commissioning of services there is a risk that:	4	4	16	<p>CCG Engagement and Equality Committee reporting into Governing Body in place Healthwatch Barnsley member of above committee</p> <p>Organisational member of The Consultation Institute (tCI) through SYB ICS</p>	Head of Communications & Engagement  (Governing Body)  (Equality and	Risk Assessment	3	4	12	05/20	<p><b>Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.</b></p>	08/20

		<p>(a) services may not meet the needs and wishes of the people of Barnsley, and</p> <p>(b) the CCG does not achieve its statutory duty to involve patients and the public.</p>				<p>S75 agreement in place with Barnsley Council for community involvement activity.</p> <p>CCG member of and funder of Barnsley Reach (equalities forums in Barnsley)</p> <p>Refreshed Patient and Public Engagement Strategy 19/20</p> <p>Barnsley Patient Council PRGs are a requirement of the GP core contract</p> <p>OPEN membership for any stakeholder, patient, public</p> <p>Effective Service Change Guidance and Toolkit / Patient and Public participation in commissioning health and care - Statutory Guidance training in place for CCG staff</p> <p>Review of, and implementation of, internal 14z2 form capturing engagement requirements combined with equality impact assessments.</p>	Engagement Committee)						<p><b>Jan 2020</b> Changes to forum names updated.</p> <p><b>Oct 2019</b> No further updates.</p> <p><b>July 2019</b> Mitigating factors updated. The CCG received a 'Green Star' rating from NHSE in respect to compliance with statutory guidance on patient and public participation in the 2018/19 IAF ratings published in July 2019.</p>	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG has an open channel of communication</p>	<p>Head of Primary Care</p> <p>(Primary Care Commissioning</p>	Risk Assessment	2	4	8	07/20	<p><b>July 2020</b> 360 Audit of Primary Care Contracts and Procurement was completed, and 2 minor changes were</p>	10/20

		relationship with its membership could be damaged.				with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).	Committee)						recommended.  <b>March 2020</b> Risk score to be reviewed in 26 March 2020 PCCC meeting in respect of 15/04 reasoning to downgrade.  <b>November 2019</b> The CCG continues to effectively manage its delegated responsibility.	
CCG 14/16	1, 4, 8	If a culture supportive of equality and diversity is not embedded across the CCG there is a risk that the CCG will fail to discharge its statutory duties as an employer and will not adequately consider issues of equality within the services we commission.	3	4	12	CCG has an Equality Objectives Action Plan, now developed & monitored by Equality Working Group, chaired by Chief Nurse and reporting to the Equality & Engagement Committee Expert support & advice PRN  Full suite of HR policies in place supported by robust EIA.  Robust EIA required to support all policies and proposals – new EQIA Toolkit being developed & rolled out (Nov 18). Effectiveness to be monitored via ED&I Group / E&EC.  E&D training is a mandatory	Head of Communications  (Equality and Engagement Committee)	Risk Assessment	2	4	8	05/20	<b>Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.</b>  <b>Jan 2020</b> No updates.  <b>October 2019</b> Due to good work progression, review of downgrading the risk to be considered at the next E&EC meeting.  <b>July 2019</b>	08/20

						requirement for all staff (92% compliant).  Values & behaviors included within corporate performance review documentation. Values & behaviours embedded through use of values based recruitment techniques and 'radiators' group.  Regular staff surveys with resulting action plans.							Lay Member for Patient & Public Engagement to ask for update at next meeting.	
CCG 13/16	1, 8	Failing to meet the requirements of the Regulatory Reform (fire safety) Order to effectively, manage our fire safety arrangements	3	4	12	Fire Brigade inspections (Held by H & S department)  HSE inspections Reviewed  Fire and Health and Safety Training within CCG Mandatory training reports  Local shared Fire & H&S service provides oversight health and safety and fire advice through corporate services team  Landlord (NHSPS) provides routine maintenance of emergency lights, fire extinguishers etc  Annual Organisational Risk Assessments with action plans overseen by H&S Group  Oversight of Fire Safety	Head of Governance & Assurance  (Audit Committee)	Risk Assessment	2	4	8	08/20	<b>Aug 2020</b> 10-15 staff now working from HH. Fire safety arrangements have been included in handbook and training provided by Ian Plummer.  <b>Jun 2020</b> No change. Utilisation of Hillder House remains very low. Future fire safety are being kept under review as we plan for a safe return for a small number of staff.  <b>Apr 2020</b> No change. Hillder House currently	11/20

						Arrangements by H&S Group reporting to Audit Committee							unoccupied due to covid-19 however building periodically being checked to ensure it remains safe & secure.	
CCG 13/20	1, 6	Conflicts of interest re commissioning, decommissioning and procurement processes. In light of national scrutiny of commissioning decisions made by Clinical Commissioning Group we need to ensure we have: <ul style="list-style-type: none"> <li>Robust processes in place for the review of services which are auditable resulting in the commissioning or decommissioning of services;</li> <li>Clear and consistent documentation of declarations of interest</li> </ul>	3	4	12	<p>CCG has a conflict of interest policy and declarations of interest are included on every agenda.</p> <p>Audit Committee has a standing item regarding declarations of interest and provides scrutiny of its application.</p> <p>Governing Body development sessions have taken place and training provided to Governing Body Members and CCG staff on the management of conflicts of interest.</p> <p>Register of Procurement Decisions maintained and published on website detailing how any conflicts have been managed</p> <p>Procurement Policy approved Sep 2016 (updated 2019) includes detailed section on managing C of I in procurement.</p> <p>Procurement Checklist used for large procurements or procurement for primary medical services where potential for conflicts is greatest.</p>	Head of Governance & Assurance  (Finance & Performance Committee)	Risk Assessment	2	4	8	06/20	<p><b>Jun 2020</b> No change. As we move into stabilization and recovery we may need to refocus on management of conflicts in commissioning &amp; procurement.</p> <p><b>Apr 2020</b> No change. Commissioning and procurement activity currently 'on hold' for duration of covid-19 peak.</p> <p><b>Dec 2019</b> No change to the risk. 26 of 28 staff have now completed the mandatory C of I training. Internal Audit review currently underway.</p>	09/20

						<p>Primary Care Commissioning Committee established to which procurement decisions can be delegated where conflicts of interest preclude Governing Body from taking them. This responsibility has been incorporated into the PCCC ToR (Nov 2017).</p> <p>Governing Body has approved a decision making process for determining when procurement decisions will be delegated to PCCC (Nov 2017).</p> <p>As part of PCN development it has been decided that locality clinical directors may not be on the CCG Governing Body although they may be on the Membership Council.</p>								
17/02	1 2 3 6 7 8	If the CCG does not put in place appropriate and robust arrangements to mitigate cyber-attack there is a risk that the CCGs business systems could be compromised leading to reputational damage, business interruption and potential financial loss	3	4	12	<p>Sheffield CCG shared service manages and maintains CCG IT systems and servers and ensures appropriate safeguards are in place. Assurance report received.</p> <p>CCG staff aware of need for vigilance re suspicious emails etc – regular reminders via weekly comms and direct email.</p> <p>SIRO identified as organizational lead cyber security</p> <p>360 Assurance delivered</p>	<p>Head of Governance &amp; Assurance</p> <p>IT Group QPSC</p>	Internal Audit Review	3	3	9	06/20	<p><b>Jun 2020</b> No change to previous position. New IT service bedding in well.</p> <p><b>Apr 2020</b> No change. GB risk planning session held Mar 20. SIRO training updated Apr 2020. Transition from eMBED to new shared service hosted by SCCG successfully</p>	09/20

						<p>briefing on cyber security to Governing Body in July 2017 and to staff in Sept 2017.</p> <p>NHS Digital Cyber Security Briefing for Governing Body (May 2019)</p> <p>Training on cyber security provided to all staff via online mandatory data security module.</p> <p>Additional NHSD provided, GCHQ accredited online training in cyber security provided for IAOs and IAAs</p> <p>CCG self-assessed as fully compliant against the requirements of the DSP Toolkit 2020 which gives greater emphasis to data security.</p>						<p>completed wef 1.4.20.</p> <p><b>February 2020</b> We continue to make progress towards achieving DSP compliance. This has involved a range of activities aimed at reducing cyber risks eg NHSD on site assessment, introduction of port control, penetration testing etc. Further session with the GB looking at our highest cyber risks planned for the end of Feb.</p> <p><b>November 2019</b> Detailed planning for delivery of DSP Toolkit now underway. 360 Assurance have commenced early audit work to support the CCg in identifying any gaps in our arrangements. Interim Toolkit submission completed 31.10.19.</p>	
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17/05 added October 17		If the planned improvements to the IAPT Service do not result in delivery of the nationally mandated performance targets there is a risk that the CCG reputation will be damaged.	4	3	12	<p>IAPT procurement undertaken during 2018 for a revised model and specification which aims to deliver improved outcomes and performance.</p> <p>IAPT Intensive Support Team Review completed and final report received in December 2017. Action/improvement Plan developed by SWYPFT to address all recommendations in the IST report.</p> <p>Performance monitored and reported via the IPR.</p> <p>Regular Commissioner/Provider review meetings are held to agree actions to improve uptake and performance</p> <p>Service have developed a website and promotional materials to raise awareness of the service and increase self referrals.</p>	Director of Strategic Planning & Performance F&P	Performance Monitoring	4	3	12	07/20	<p><b>July 2020</b> During the COVID19 pandemic the number of IAPT referrals reduced which may result in a surge which leads to increased waiting times. The reduced level of referral activity has impacted upon the ability to achieve the access target.</p> <p><b>December 2019</b> The access rate remains below the level expected in the NHS LTP and therefore an improvement plan has been developed with the service and shared with NHSE/I.</p>	10/20
17/06 added October 17		If the planned changes to the IAPT Service do not result in more patients being treated in accordance with waiting time targets there is a risk that the efficacy of the treatment they receive will be diminished	4	3	12	<p>IAPT Intensive Support Team Review completed - final report now received.</p> <p>Action/improvement Plan developed by SWYPFT to address all recommendations in the IST report.</p> <p>CCG issued contract performance notice to</p>	<p>Head of Commissioning (MH, children, Specialised)</p> <p>QPSC PO</p>	Performance monitoring	4	3	12	07/20	<p><b>July 2020</b> Referrals into IAPT services have reduced during the pandemic but had been increasing during Q4 though still did not reach the expected performance</p>	10/20



						<p>SWYPT requiring development of a final <b>action</b> plan on receipt of the IST report. The delivery of the improvement plan will be monitored via contract monitoring arrangements.</p> <p>Assurance provided to GB Nov 17 that achievement of agreed improvement trajectory would lead to key targets being met by the end of 2017/18. Performance will be monitored and reported via the IPR.</p>							<p>levelit . It is anticipated that demand will increase significantly in the coming months, once a sense of normality resumes. The service is planning for this surge in demand to ensure that an appropriate offer can be sustained.</p> <p><b>December 2019</b> Referrals into IAPT have been slightly below the required trajectory since April 2019 - the reason for the reduction in referral numbers is not obvious, however, mitigating actions have been implemented and referrals are beginning to increase. Additional Stresspac sessions are being promoted each month from November 2019 and traditionally there has always been in increase</p>	
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													in referrals between November and February. It is still anticipated that this end of year target will be met though this will be reassessed in January 2020	
CCG 19/03 (added June 2019)		If there is not an adequate and rapid response from White Rose Medical Practice to the areas identified by CQC in their recent inspections there is a risk that the Practice does not meet contractual and service requirements potentially leading to:  Practice remaining in 'special measures';  Poor quality or unsafe services for the people of Barnsley;  Reputational /brand damage.	2	5	10	There is an action plan in place as required by the CQC and CCG to achieve compliance no later than 6 months from date of publication of reports  Progress against the action plan is to be monitored by the CCG's Primary care team.  QPSC and PCCC are both fully sighted on the issues and the action plan. Regular update reports will be provided CQC will re inspect within 6 months of publication of report	JF (Exec Lead)  SK (Clinical Lead)  (Quality & Patient Safety Committee)	CQC inspection	2	5	10	07/20	<b>July 2020</b> Several personnel changes have taken place at the practice and with the appointment of a new Practice Manager to support the GPs and practice staff work is progressing. The CQC have maintained contact during the C-19 pandemic to provide support.  <b>March 2020</b> We are working with the practice regarding the domains that still "requires improvement"	10/20

CCG 20/01	5/6	If the CCG and SWYPFT do not hold timely and regular Clinical Quality Board meetings, they will not fulfil the requirements of the NHS Standard Contract (Ref GC8.1) and the ability of the CCG to gain assurance that the services it has commissioned from SWYPFT are being delivered in a high quality, safe and effective manner is impaired.	5	3	15	<p>Review of contract performance by various staff in the CCG including, Chief Nurse, Head of Commissioning (MH, Children, Specialised) Quality Manager, Head of Contracts, Commissioning Team staff.</p> <p>Regular 1:1 meetings between Chief Nurse, Barnsley CCG and Director of Nursing, SWYPFT</p> <p>Barnsley CCG review investigation reports for SWYPFT's STEIS reported serious incidents.</p>	<p>Jayne Sivakumar, Chief Nurse</p> <p>Q&amp;PSC</p>	<p>QPSC Meeting 12 December 2019</p>	3	3	6	08/20	<p><b>August 2020</b> Subject to QPSC agreement it is proposed that the risk rating is reduced from 9 to 6 (2X3) following discussions between SWYPFT and the Quality Team regarding alignment of availability of key Board members. Meetings to resume on 27 August 2020.</p>	11/20
CCG 13/19	1, 5, 8	<p>CCG as Level 2 Responder</p> <p>Barnsley CCG does not meet legislation and standards in relation to protecting Barnsley people from harm related to major incidents and other emergencies.</p>	4	3	12	<p>Contribute to Barnsley Health and Social Care Emergency planning group and work programme, including testing of plans and training.</p> <p>Contribute to Local Health Resilience Partnership (LHRP) either directly or through Lead CCG rep.</p> <p>Nominated CCG "Accountable Emergency Officer"</p> <p>Ensure contracts with provider organisations contain relevant</p>	<p>Director of Strategic Planning &amp; Performance</p> <p>(Finance &amp; Performance Committee)</p>	<p>Risk Assessment</p>	2	3	6	07/20	<p><b>July 2020</b> EPRR arrangements have been tested throughout the COVID pandemic and have ensured that the CCG has been able to respond to the resulting challenges and support partners to continue to deliver essential</p>	01/21

						<p>emergency preparedness and response elements including Business Continuity</p> <p>Emergency Preparedness Memorandum of Understanding with Public Health</p> <p>Public Health (including CCG) Incident Response Plan, Outbreak Plans etc.</p> <p>Reports to Governing Body on emergency resilience issues, including Business Continuity Management.</p>							<p>services.</p> <p><b>December 2019</b></p> <p>NHSE/I Assurance confirmed full compliance with Core Standards. Minor amends will be included in the update of the Business Continuity Policy to ensure continued compliance. Compliance has been strong for a number of years and therefore the likelihood rating has been reduced to reflect this.</p>	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in June 2016 (updated 2017) there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.	3	3	9	<p>Standards of Business Conduct Policy and Procurement Policy updated to reflect statutory guidance.</p> <p>Registers of Interests incorporate relevant GP practice staff.</p> <p>Declarations of interest tabled at start of every meeting to enable updating. Minutes clearly record how any declared conflicts have been managed.</p> <p>PCCC has Lay Chair and Lay &amp; Exec majority, and GP</p>	<p>Head of Governance &amp; Assurance</p> <p>(Audit Committee)</p>	Risk Assessment	2	3	6	04/20	<p><b>Apr 2020</b></p> <p>No change. Audit report provided significant assurance. C of I online training completed to required levels in 2020, now all relevant staff have been asked to do levels 2 and 3. Declarations updated March 2020.</p> <p><b>November 2019</b></p> <p>No change in</p>	07/20

						<p>members are non-voting.</p> <p>Delegation of decisions from GB to PCCC where necessary to manage conflicts of interest.</p> <p>Register of Procurement decisions established to record how any conflicts have been managed.</p> <p>Guidance provided to minute takers on recording decisions re managing conflicts of interest.</p> <p>Online Conflicts of Interest training provided to relevant CCG staff.</p> <p>Quarterly self-declarations of compliance to NHSE in line with IAF requirements. Annual internal audit review to confirm compliance with guidance.</p> <p>As part of PCN development it has been decided that locality clinical directors may not be on the CCG Governing Body although they may be on the Membership Council.</p>							<p>arrangements or assessed risk. 360 Assurance audit currently underway.</p> <p><b>June 2019</b> Subject to PCCC approval it is recommended to make Audit Committee the 'owner' of this risk as it is relevant across all CCG committees and activities.</p>	
CCG 16/02		If GP Practices opt to cease provision under their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision	2	4	8	SY&B have completed the procurement of a number of providers under the Emergency Framework that could support the continuing provision of Primary Medical Services. The BHF is a	Head of Primary Care  (Primary Care Commissioning		1	4	4	07/20	<b>July 2020</b> The commencement of the Dynamic Purchasing System to support a more simplified	01/21

		of services in all localities in Barnsley.				provider on this framework.  APMS Contracts allow increased diversity of provision.	Committee)					approach to procurement has increased the options available to support service provision. The Emergency Framework remains in place.  <b>October 2019</b> The Primary Care Network DES offers further opportunities around the resilience of primary care. Primary Care Networks and the Emergency Procurement Framework gives further assurance to ensure that primary care provision in Barnsley is not at risk.		
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care	2	3	6	The CCG has a well-established and effective patient and community engagement function, as well as robust governance supporting the function.  The CCG considered its strategic capacity & capability as part of the successful application process.	Head of Communications & Engagement  (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	02/20	<b>Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.</b>  <b>February 2020</b> NHS England has	02/21

		(including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.				The CCG is a member of the Consultation Institute and as such uses learning, best practice and advice service to support any consultation activity.							assessed the CCG as Green Star against the patient and community engagement indicator.  <b>February 2019</b> No changes to report  <b>March 2018</b> No changes to report  <b>February 2018</b> NHS England has assessed the CCG as Good against the new patient and community engagement indicator.	
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.	3	5	15	CCG considered its strategic capacity & capability as part of the successful application process.  The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.  The CCG is undertaking a review of management capacity including delegated responsibilities.	Head of Primary Care  (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	07/20	<b>July 2020</b> This risk was reviewed earlier in the year and remains low risk  <b>Feb 2020</b> Risk reviewed at January PCCC meeting where it was agreed to reduce the likelihood score to 1 and therefore the overall score	07/21

													to 3 (low risk).	
													<p><b>August 2019</b> The CCG is recruiting 3 posts to support the work towards integration via a revised community service specification and with the PCN</p> <p><b>February 2019:</b> The 2 new staff members are now in post to support the CCG in managing its delegated responsibilities.</p>	
CCG 13/38	1, 3, 8	If the CCG does not have sufficient processes and controls in place to prevent fraud there is a risk of loss of resources and damage to the CCG's reputation.	2	3	6	<p>Completion of Self Review Toolkit (SRT) in relation to 2015/16 Commissioner Standards – along with production of an action plan for development/rectification.</p> <p>Annual Budgets and review of these on a periodic basis</p> <p>Budgetary control system Regular Financial Reporting Cash flow Projections</p> <p>Fraud Policy in place</p> <p>Fraud Awareness</p> <p>Fraud locally agreed work plan</p>	Chief Finance Officer  (Audit Committee)	Risk Assessment	1	3	3	07/19	<p><b>Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.</b></p> <p><b>July 2019</b> SRT submission in April 2019 scored as 'green' overall maintaining score from March 2018.</p> <p><b>July 2018</b> No update</p>	07/20



						<p>Prime Financial Procedures, Standing Orders and Scheme of Delegation</p> <p>Audit Reports to Governance Risk and Audit Group and Audit Committee</p> <p>Local Counter Fraud Specialist Progress Reports to Audit Committee</p> <p>Internal Audit Reports on Treasury Management Financial Controls</p> <p>Counter Fraud Officer in place External Audit Reports</p> <p>Annual Local Counter Fraud Reports</p>							<p><b>March 2018</b> SRT submission in March 2018 scored the CCG as 'green' overall, maintaining the score from March 2016.</p>	
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## Governing Body

10 September 2020

## Integrated Performance Report

### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	<input type="checkbox"/> <i>Decision</i>	<input type="checkbox"/> <i>Approval</i>	<input type="checkbox"/> <i>Assurance</i>									
	<input checked="" type="checkbox"/> <i>Information</i>	<input checked="" type="checkbox"/>										
<b>2.</b>	<b>PURPOSE</b>											
2.1	<p>This report provides an update on the CCGs performance against key performance indicators, including constitution standards, an update on the CCGs financial position and updates on financial reimbursements outstanding to 31 July 2020.</p> <p>This report also provides details of all Covid-19 expenditure incurred and approved in line with Governing Body delegation.</p>											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1"> <thead> <tr> <th></th> <th><b>Name</b></th> <th><b>Designation</b></th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Roxanna Naylor</td> <td>Chief Finance Officer</td> </tr> <tr> <td>Author</td> <td>Jamie Wike</td> <td>Director of Strategic Planning and Performance</td> </tr> </tbody> </table>				<b>Name</b>	<b>Designation</b>	Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer	Author	Jamie Wike	Director of Strategic Planning and Performance
	<b>Name</b>	<b>Designation</b>										
Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer										
Author	Jamie Wike	Director of Strategic Planning and Performance										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
4.1	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th><b>Group / Committee</b></th> <th><b>Date</b></th> <th><b>Outcome</b></th> </tr> </thead> <tbody> <tr> <td>Finance and Performance Committee</td> <td>3 Sept 2020</td> <td>Update on financial position to Month 4</td> </tr> <tr> <td></td> <td></td> <td>Update on Financial Framework.</td> </tr> </tbody> </table>			<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>	Finance and Performance Committee	3 Sept 2020	Update on financial position to Month 4			Update on Financial Framework.
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Finance and Performance Committee	3 Sept 2020	Update on financial position to Month 4										
		Update on Financial Framework.										

**5. EXECUTIVE SUMMARY****5.1 2020/21 - Finance Update**

Following the update to the Governing Body regarding the top up required to achieve financial balance to Month 2. The CCG has now received a top up allocation to cover covid and non covid expenditure to Month 4 with £8.3mm being received at the end of August 2020. This resulted in the CCG being able to achieve financial balance to Month 4 (July). The CCG assumes that top up funding will continue to be provided through to Month 6 in line with latest NHSEI guidance to allow financial balance to be achieved.

The Finance and Contracting Team continue to work through forecasts and reflect pressures emerging particularly within CCG 'hotspots' such as prescribing and continuing health care. These positions will be reviewed with a full year forecast position being developed as full year allocations are notified.

Further updates on the forecast position will be provided to the Finance and Performance Committee and Governing Body on a monthly basis as reporting progresses.

**5.2 Covid-19 Finance Update**

During the Covid-19 pandemic associated costs continue to be reclaimed through a NHSEI monthly reimbursement process. As noted above this is expected to cease once allocations are received in Month 7 at an ICS level.

Table 1 below details of costs reclaimed for June and July 2020. Costs for July are yet to be reimbursed.

Commentary - spend type	TOTAL REVENUE COSTS - June 2020	TOTAL REVENUE COSTS - July 2020
Intermediate Care - Move of Acorn Unit to Independent Sector to free up bed capacity at BHNFT	53,224	50,486
Mapleton Court - Additional bed capacity	79,845	9,358
Discharge to Assess costs (Including CHC costs)	500,499	747,331
PPE/deep cleaning /Hotsite for Primary Care costs	267,892	119,522
Locum cover single handed practice shielding	20,757	22,562
Covid 19 home visiting service	54,167	54,167
Other minor costs	9,513	14,229
Home working costs	136	81
Communications	946	940
<b>Total Covid-19 Submission</b>	<b>986,979</b>	<b>1,018,674</b>

	<p>In line with the delegated approval process agreed at Governing Body in March 2020, the CCG Gold Command has also approved all expenditure relating to Covid-19</p> <table border="1" data-bbox="255 315 1361 1245"> <thead> <tr> <th data-bbox="255 315 1093 398">Commentary - spend type</th><th data-bbox="1093 315 1361 398">TOTAL REVENUE COSTS</th></tr> </thead> <tbody> <tr> <td data-bbox="255 398 1093 546">Blue Clinics – continuation of cleaning costs for the clinic, however service costs will be delivered within existing BHF contracts. To be reviewed on an ongoing basis to determine if this is still appropriate.</td><td data-bbox="1093 398 1361 546">£2,520 per month</td></tr> <tr> <td data-bbox="255 546 1093 768">BHF – Antibody testing costs</td><td data-bbox="1093 546 1361 768">£250 per day initially for 6 days but approved for this as long as was required.</td></tr> <tr> <td data-bbox="255 768 1093 990">To purchase additional mobile telephones and headsets to support the ongoing homeworking within the Medicines Management Team and ensure that Clinical Pharmacists are able to continue to provide direct support to patients.</td><td data-bbox="1093 768 1361 990">£840 one off cost</td></tr> <tr> <td data-bbox="255 990 1093 1245">To support a co-ordinated approach to securing additional PPE to ensure sufficient supplies across primary care to maintain COVID19 IPC arrangements while delivering the flu vaccination programme. Barnsley Healthcare Federation will procure and distribute the additional PPE supplies.</td><td data-bbox="1093 990 1361 1245">£6,643.40 one off cost</td></tr> </tbody> </table> <p>Further updates on costs approved relating to Covid-19 will be reported to the Governing Body on a monthly basis.</p>	Commentary - spend type	TOTAL REVENUE COSTS	Blue Clinics – continuation of cleaning costs for the clinic, however service costs will be delivered within existing BHF contracts. To be reviewed on an ongoing basis to determine if this is still appropriate.	£2,520 per month	BHF – Antibody testing costs	£250 per day initially for 6 days but approved for this as long as was required.	To purchase additional mobile telephones and headsets to support the ongoing homeworking within the Medicines Management Team and ensure that Clinical Pharmacists are able to continue to provide direct support to patients.	£840 one off cost	To support a co-ordinated approach to securing additional PPE to ensure sufficient supplies across primary care to maintain COVID19 IPC arrangements while delivering the flu vaccination programme. Barnsley Healthcare Federation will procure and distribute the additional PPE supplies.	£6,643.40 one off cost
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5.3	<p><b>2020/21 – Financial Framework</b></p> <p>Allocations will be issued to systems for distribution to both commissioners and providers for the period Month 7-12. Agreement on how this resource will be deployed remain ongoing, however the guidance from NHSEI includes details of financial incentives to providers based on activity delivered. These are included below for reference as the financial impact this will have is still to be worked through at the ICS.</p> <p><b>Elective Incentive:</b></p> <ul style="list-style-type: none"> <li>• A notional activity baseline of M6-M12 2019/20 activity for electives, day cases, outpatient procedures and outpatient attendances undertaken by NHS providers will be calculated for each system</li> <li>• A notional expected value for M6-M12 2020/21 will then be set. Actual activity which takes place will be valued using the same notional values for each category of activity</li> <li>• Where aggregate activity delivered is in line with the levels set out in the Phase 3 letter, system funding envelopes will be paid in full</li> </ul>										

	<ul style="list-style-type: none"> <li>Where it is below the expected value, 25% (for elective and o/p procedure) and 20% (for o/p attends) of the shortfall will be deducted</li> <li>Where it exceeds the expected value, 75% (for elective and o/p procedures) and 70% (for o/p attends) of the difference will be added</li> <li>Where actual independent sector usage exceeds/falls below levels seen in the same period of the prior year, 10% of the difference in value will be added/deducted</li> </ul> <p>No detail of the level of allocations and potential efficiencies required has been shared with commissioner or providers as national discussions with Treasury remain ongoing. Financial plans are expected to be refreshed and submitted by 21 September 2020 following notification of allocations w/c 31 August 2020.</p> <p>Draft financial plans have been submitted to the ICS for Month 5-12, with the assumptions previously shared with the Governing Body, however one change has been made in relation to care homes fees and BMBC contract negotiations which has led to further pressure within the CCG continuing healthcare budget of approx.</p> <p>Further iterations of the plan are expected in the coming weeks with a final plan being drafted by the end of September/Early October once final planning guidance is received.</p> <p>Further updates will be provided to the Finance and Performance Committee and Governing Body as information becomes available.</p>
5.4	<p><b>Performance Update</b></p> <p>The summary performance report (attached at Appendix 1) provides the Governing Body with an overview of performance across key areas of CCG responsibilities and include NHS constitution standards and key operational performance indicators up to month 4 (July 2020) where data is available.</p> <p>Due to the timing of the production of this report – Referral to Treatment waiting time information is only presented to June 2020. An update on the July position will be provided at the meeting if available.</p> <p>The information included in the performance report clearly shows the adverse impact of COVID19 upon delivery of some constitutional standards including those which have been consistently delivered previously such as referral to treatment times and waiting times for diagnostic waits. There has also been a deterioration of performance on the cancer pathways. Whilst performance against the 2 week wait standard remains good, waiting times for diagnosis and treatment have increased.</p>
<b>6.</b>	<b>THE FINANCE AND PERFORMANCE COMMITTEE IS ASKED TO:</b>
	<p>Note the contents of the report including:</p> <ul style="list-style-type: none"> <li>Performance to date 2020/21</li> <li>Finance update to Month 4 including Covid-19 expenditure and expenditure approved at CCG Gold Command in line with Governing Body delegation</li> </ul>

	<ul style="list-style-type: none"><li>• Update on financial framework to Month 6</li><li>• Update on the financial framework for Month 7-12 and approach to developing final plans.</li></ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<b>Performance Section</b> <ul style="list-style-type: none"><li>• Appendix 1 – IPR M4 2020/21</li></ul> <b>Finance Section</b> <ul style="list-style-type: none"><li>• N/A</li></ul>

<b>Agenda time allocation for report:</b>	10 Minutes
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## PART 1B – SUPPORTING INFORMATION &amp; ASSURANCE

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework:			
	1.1 Urgent & Emergency Care	✓	6.1 Efficiency Plans	✓
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	✓
	3.1 Cancer	✓	8.1 Maternity	✓
	4.1 Mental Health	✓	9.1 Digital and Technology	✓
	5.1 Integrated Care @ System	✓	10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place	✓		
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			18/04, 13/3, 13/31, 15/12, 17/05
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act:			
	Management of conflicts of interest (s14O)		Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>NA</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>Y</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>

3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>





# Performance & Delivery Report

2020/21 : Position statement  
using latest information  
for the September 2020 meeting  
of the Finance and Performance Committee

Performance Indicator		Target	CCG Quarterly	CCG Latest			CCG Performance	Latest Provider Total Monthly Position	
				Monthly Position		YTD Position		Barnsley Hospital	Yorkshire Ambulance Service
<b>Filter Metrics:</b>									
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		Published 65.24%	Jun-20	Published 73.85%		Published Jun-20 63.29%	
	No patients wait more than 52 weeks for treatment to start	0		37	Jun-20	55		30	
Diagnostic test waiting times	Patients waiting six weeks or more for a diagnostic test	1%		Threshold 54.58%	Jul-20			Published Jun-20 63.84%	
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	Q1 20/21 93.61%	89.44%	Jul-20	92.37%		88.73%	
	No patients wait more than 12 hours from decision to admit to admission	0		0	Jun-20			0	
			Q1 20/21						
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	97.05%	98.65%	Jun-20	97.05%		98.79%	
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	99.21%	100.00%	Jun-20	99.21%		100.00%	
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	96.08%	95.18%	Jun-20	96.08%		100.00%	
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	95.31%	95.83%	Jun-20	95.31%		100.00%	
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	90.44%	80.00%	Jun-20	90.44%		#N/A	
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	92.31%	83.33%	Jun-20	92.31%		100.00%	
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	71.84%	65.52%	Jun-20	71.84%		81.82%	
	2 month (62 day) wait from referral from an NHS screening service	90%	68.75%	80.00%	Jun-20	68.75%		100.00%	
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	70.37%	62.50%	Jun-20	70.37%		50.00%	
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		6mins 59secs	Jul-20				6mins 59secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		15mins 34secs	Jul-20				15mins 34secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		1hrs11mins42secs	Jul-20				1hrs11mins42secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		2hrs11mins59secs	Jul-20				2hrs11mins59secs
Ambulance handover / crew clear times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction		6.64%	Jun-20	6.18%		14.05%	6.64%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		0.92%	Jun-20	0.60%		3.86%	0.92%
	Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		8.47%	Jun-20	9.51%		3.29%	8.47%
	Crew Clear - reduction in the number of delays over 1 hour from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		0.51%	Jun-20	0.57%		0.13%	0.51%
IAPT	Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.83%		1.36%	Jul-20	4.48%			
	Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50%		51.02%	Jul-20				
	Proportion of people waiting 18 weeks or less from referral to first IAPT treatment appointment	95%		100.00%	Jul-20				
	Proportion of people waiting 6 weeks or less from referral to first IAPT treatment appointment	75%		94.63%	Jul-20				

**Minutes of the meeting of the Membership Council held on Tuesday 11 August 2020 at 7.00 pm via Microsoft Teams**

**PRESENT**

Dr John Harban (Chairman)	Practice Representative (Lundwood Medical Centre and The Kakoty Practice)
Dr Adebowale Adekunle	Practice Representative (Wombwell Chapelfield Medical Centre)
Dr Hussain Kadarsha	Practice Representative (Hollygreen Practice and Lakeside Surgery)
Dr Jamie MacInnes	Practice Representative (Dove Valley Practice) from minute reference MC 20/01/06
Dr Sepehri	Practice Representative (Hillbrow Surgery Mapplewell)
Dr Mark Smith	Practice Representative (Victoria Medical Centre PMS Practice)
Dr Stuart Vas	Practice Representative (Penistone Group Practice)
Dr Srinivas Sakhamuri	Practice Representative (Royston Group Surgery)
Dr Gareth Kay	Practice Representative (Huddersfield Road Surgery)

**IN ATTENDANCE**

Paige Dawson	Governance & Assurance Facilitator
Joe Minton	Professional Manager
James Barker	Chief Executive Officer, BHF
Richard Walker	Head of Governance and Assurance

**APOLOGIES**

Dr Eddy Czepulkowski	Practice Representative (High Street Royston)
Mike Simms	Governing Body Secondary Care Clinician
Chris Millington	Lay Member for Patient and Public Engagement & Primary Care Commissioning
Dr Nick Balac	Practice Representative (St Georges Medical Practice)
Mehrban Ghani	Practice Representative: The Rose Tree PMS Practice BHF Brierley Medical Centre BHF Goldthorpe Surgery BHF Highgate Surgery BHF Lundwood Practice
Dr Sudhagar Krishnasamy	Practice Representative (Royston Group Surgery) and CCG Medical Director
Dr Heather Smith	Practice Representative (Dr Mellor and Partners PMS Practice)

Dr M Guntamukkala	Practice Representative (The Grove Practice)
Dr Indra Saxena	Practice Representative (Caxton House Surgery)
Dr Mahipal Vemula	Practice Representative (Apollo Court Medical Centre)

Agenda Item	Note	Action	Deadline
<b>MC 20/08/01</b>	<b>HOUSEKEEPING</b>		
	The Chairman provided information on the housekeeping arrangements for the meeting and touched on the meeting etiquette document sent prior to the meeting.		
<b>MC 20/08/02</b>	<b>QUORACY</b>		
	The meeting was declared not quorate. Email to be sent after the meeting to all members to agree any decision to be made.	<b>RW</b>	<b>Aug 2020</b>
<b>MC 20/08/03</b>	<b>DECLARATION OF INTERESTS INCLUDING SPONSORSHIP &amp; HOSPITALITY</b>		
	Membership Council noted the Declarations of Interests Report. No new declarations were received.		
<b>MC 20/08/04</b>	<b>MINUTES OF THE MEETING HELD ON 21 JANUARY 2020</b>		
	The minutes of the Membership Council meeting held on 21 January 2020 were verified as a correct record of the proceedings.		
<b>MC 20/08/05</b>	<b>MATTERS ARISING</b>		
	There were no matters arising.		
<b>MC 20/08/06</b>	<b>ACCOUNTABLE OFFICER ARRANGEMENTS</b>		
	The Chairman reminded Membership Council that Lesley Smith will be stepping down from her role of Chief Officer and Accountable Officer of Barnsley CCG on 31st August 2020, and updated members on recent developments in relation to arrangements for appointing a shared Accountable Officer (AO) and a place based leader.		

Agenda Item	Note	Action	Deadline
	<p>As the CCG is required by statute to have an Accountable Officer, a successor must be in place by 1st September 2020. Due to this challenging timescale, and following discussions between the CCG and NHS England (who are responsible for Accountable Officer appointments), the CCG's Governing Body had approved a proposal to seek to appoint an existing Accountable Officer from another SYB CCG on a shared basis. Expressions of interest have been sought by 14th August 2020, and interviews will be held the week after that, to allow an appointment to be made in accordance with the required timetable.</p> <p>Whilst the Accountable Officer will have responsibility for the delivery of the CCG's statutory functions, Governing Body had also supported the development of a place based leader role to focus on developing integrated care and partnership working, lead commissioning at place including arrangements with the local authority, and deputise for the AO as required.</p>		
	<p><b>Noting the short timescales and the statutory requirements, Membership Council endorsed the proposal to appoint a shared AO from among the other SYB AOs.</b></p> <p><b>Membership Council also gave its strong support to the development of and appointment to a place based leader role, recognising that this may require amendments to the CCG's Constitution including, potentially, the appointment of an additional GP to the CCG's Governing Body if this is necessary to preserve the clinical majority.</b></p>		
<b>MC 20/08/07</b>	<b>COVID UPDATE RECOVERY AND STABILISATION</b>		
	<p>Joe Minton presented the Covid Update Recovery and Stabilisation including:</p> <ul style="list-style-type: none"> <li>• In Barnsley we have seen relatively high levels of COVID 19 cases and nearby areas have been reversing some of the relaxation of restrictions because of escalating rates of new cases</li> <li>• Some harms associated with COVID 19 remain hidden and may arise alongside a future</li> </ul>		

Agenda Item	Note	Action	Deadline
	<p>resurgence in cases creating a double or triple burden on health and care services</p> <ul style="list-style-type: none"> <li>• Expectations of service users and local residents around models of service delivery for example face-to-face versus telephone or online</li> <li>• The health and care workforce had gone above and beyond through the outbreak, under immense pressure, and need to be supported through recovery</li> <li>• Some services may not be able to restart to recover to the same activity levels because of social distancing rules</li> <li>• Limited time and window of opportunity to maintain recent working practices and build upon and strengthen these</li> <li>• Aside from the role of digital, the NHS Phase 3 letter is perhaps more about restoring levels of activity (throughput) than transformational. The expected activity levels for elective and diagnostics service recovery are incredibly challenging. It may not be desirable (or affordable) to return to all of the same patterns of hospital activity seen in previous years</li> <li>• Service transformation and integration will be vital, building on all of the collaborative work to manage the pandemic locally.</li> </ul>		
<b>MC</b> <b>20/08/08</b>	<b>GP FEDERATION COVID UPDATE</b>		
	<p>James Barker presented the GP Federation Covid update including:</p> <ul style="list-style-type: none"> <li>• The focus on the hot clinic which was running very smoothly and had been set up within 3 days</li> <li>• A system initially set up at the beginning of Covid that started with a 12 hour, 7 day a week service, this has now been reduced. However, some are still operating 7 days a week and as winter approaches the system will still be able to flex the system in some places</li> <li>• A number of face to face visits and home visits have also been completed throughout Covid.</li> </ul>		

Agenda Item	Note	Action	Deadline
	The Membership Council thanked Barnsley Healthcare Federation for their hard work throughout such a difficult and testing time.		
<b>MC 20/08/09</b>	<b>ANY OTHER BUSINESS</b>		
	<b>08.1 EVIDENCE BASED INTERVENTIONS – PHASE 2 CONSULTATION</b>		
	<p>Phase 1 was introduced in March 2019 incorporating 17 interventions supported by national levers including statutory commissioning guidance, changes to the national tariff, introduction of local activity targets and a dashboard with performance data.</p> <p>The National Expert Advisory Committee is now seeking views (covering the clinical guidance, suggested thresholds for treatment and positive / negative impacts the changes proposed may have) as part of a six-week engagement process (ending on 21 August). As with phase 1 a joint response on behalf of the South Yorkshire and Bassetlaw CCGs is being co-ordinated via the SY&amp;B IFR team using clinical input from the advisors.</p>		
	<p><b>The Membership Council noted the proposed guidance and consultation window.</b></p> <p><b>Membership Council members are invited to review the clinical guidance and provide comments to David Lautman by 20 August 2020 to feed into this process.</b></p>		
	<b>08.2 Governing Body GP Vacancy</b>		
	The Head of Governance and Assurance highlighted that following Dr Krishnasamy's resignation, there was a GP vacancy on the CCG's Governing Body. A ballot had been organised to fill this vacancy, and only one nomination had been received within the set timeframe from Dr Guntamukkala (Practice Representative for The Grove Medical practice).		

Agenda Item	Note	Action	Deadline
	In accordance with the CCG's Constitution Dr. Balac had therefore written to Membership Council representatives informing them of his intention to invite Dr. Guntamukkala to fill the vacancy for a GP on the Governing Body, effective from September 2020.		
<b>MC 20/08/10</b>	<b>MEMBERSHIP COUNCIL BRIEFING</b>		
	It was agreed that the following items would be included in the Membership Council Briefing: <ul style="list-style-type: none"> <li>• <b>AO arrangements</b></li> <li>• <b>Thank you to Barnsley Healthcare Federation</b></li> </ul>		
<b>MC 20/01/11</b>	<b>REFLECTION OF HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED</b>		
	The business of the meeting had been well conducted.		
<b>MC 20/01/12</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	TBC		



**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group  
FINANCE & PERFORMANCE COMMITTEE held on Thursday 2 July 2020 at 10.30am  
via Microsoft Teams.**

**PRESENT:**

Dr Nick Balac (Chair)	- Chair
Dr John Harban	- Elected Member Governing Body - Contracting
Lesley Smith	- Chief Officer
Roxanna Naylor	- Chief Finance Officer
Dr Adebawale Adekunle	- Elected Member Governing Body
Jamie Wike	- Director of Strategic Planning & Performance
Nigel Bell	- Lay Member Governance
Dr Andrew Mills	- Membership Council Member
Dr Jamie MacInnes	- Elected Member Governing Body
Jeremy Budd	- Director of Commissioning

**IN ATTENDANCE:**

Leanne Whitehead	- Executive Personal Assistant
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**APOLOGIES:**

Patrick Otway	- Head of Commissioning (MH, Children, Specialised)
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Agenda Item		Action & Deadline
<b>FPC20/64</b>	<b>QUORACY</b>	
	The meeting was declared quorate.	
<b>FPC20/65</b>	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>	
	The Committee noted the declarations of interest report. There were no declarations of interest raised relevant to the agenda.  Dr Andrew Mills noted that he had been involved with the Covid clinical, members of the Committee thanked him for this contribution.	
<b>FPC20/66</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 18 JUNE 2020</b> – Approved.	
<b>FPC20/67</b>	<b>MATTERS ARISING REPORT</b>	
	<b>FPC20/37 – Matters Arising</b>	

	<p>The Chief Finance Officer reported that they were planning to have a further meeting with the Head of Medicines Management, Chair, Chief Officer and Dr M Ghani in relation to clinical pharmacists.</p> <p><b>FPC19/168 – IPR</b></p> <p>It was reported that the work relating to financial position had been escalated to the ICS prior to Covid. It was noted that work on block arrangements would recommence the following week and work with the Trust around the financial position. The Chief Finance Officer reported that she would keep members updated.</p> <p><b>FPC20/39 – Financial Plan and Operational Planning</b></p> <p>It was noted that discussion was still needed in relation to the vacant Commissioning Manager post and possibility of having clinical experience.</p> <p><b>The Committee received and noted the report.</b></p>	
<b>FPC20/68</b>	<b>UPDATE ON RECENT AND PUBLISHED GUIDANCE</b>	
	No update available awaiting guidance.	
<b>FPC20/69</b>	<b>UPDATE ON CONTRACTING CYCLE</b>	
	No update.	
<b>FPC20/70</b>	<b>APPROVAL AND OR UPDATES ON PROCUREMENTS</b>	
	<p>It was reported that there were no current live procurements.</p> <p><b>The Committee received and noted the report.</b></p>	
<b>FPC20/71</b>	<b>INTEGRATED PERFORMANCE REPORT</b>	
	<p><u>Finance</u></p> <p>The Chief Finance Officer gave an update in relation to the finance section of the report. It was reported that the forecast position was presented at month 2 which reported a forecast top up requirement of £3.4m (including £1.236m covid 19). It was noted that £1.2m had been received in relation to covid costs and noted that the £2.2m top up hasn't yet been received and was awaiting further information from NHS England, the CCG had answered numerous queries raised by the national team on submissions. Further updates on the forecast position would be provided to members on a monthly basis and the Chief Finance Officer agreed to update the position for Governing Body members. It was reported that the CCG were unable to deliver cash releasing QIPP due to covid at moment and this was out of the CCG's control, given the mandated block contract arrangements. On the 18 June 2020 NHSEI team</p>	

	<p>requested all commissioners and providers submit details of capital and revenue requirements for the remaining months of 2020/21 month 5 – 12. The timescale was very short with only 2 days to complete the template, the CCG responded and the assumptions were set out in the report. The draft financial position shows a funding shortfall (top up requirement) against forecast expenditure of £32.4m (allocation of £450m with total expenditure estimated at £482m), this includes covid costs at £8.4m, activity increases in Primary Care requiring additional funding of £2.2m and baseline expenditure across programme, Primary care com-commissioning and running costs of £21.8m. No feedback on these draft plans has yet been received from the ICS or NHSEI.</p> <p>This position continues to be worked through and further iterations of this plan will be shared with Finance and Performance Committee once planning guidance is received and further clarity on assumptions is provided. Discussion was had around prescribing pressures due to no cheaper stock and the number of item dispensed as Barnsley look to be outlier and the medicines management team were looking into this.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Update Governing Body members on financial position. Will also keep F&amp;P members updated and will take any urgent decisions through SMT gold if any issues arise between meetings.</b></li> </ul> <p><u>Performance</u></p> <p>The Director of Strategic Planning and Performance presented at update on the performance section of the report noting that due to covid no reporting was being received but was now starting to receive data. The summary performance reports (attached at Appendix 1 and 2) provides the Committee with an overview of performance across key areas of CCG responsibilities and include NHS constitution standards and key operational performance indicators.</p> <p>Appendix 1 provides the committee with details of the final out turn performance for 2019/20, whilst appendix 2 provides the latest performance up to month 2 (May 2020) where data is available.</p> <p>The information included in both performance reports clearly shows the adverse impact of COVID19 upon delivery of some constitutional standards including those which have been consistently delivered previously such as referral to treatment times and waiting times for diagnostic waits. Counter to that, the reduced level of activity has resulted in presentation of an improved performance picture in relation to Ambulance response times and for a number of cancer standards.</p> <p>Discussion was had around cancer and the need to look at the</p>	RN
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	<p>data and understand where we were down with diagnosis with cancer that need rapid diagnosis and whether this should be something we should be sighted on and pick up local/alliance level and possible forums (cancer board/clinical forum)</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Director of Commissioning to pick up cancer diagnosis via the alliance.</b></li> </ul> <p><b>The Committee were asked to note the contents of the report including:</b></p> <ul style="list-style-type: none"> <li>• <b>Finance update to Month 2</b></li> <li>• <b>The draft financial plan submission dated 22 June and the assumptions included within this draft.</b></li> <li>• <b>The requirement for further clarity from NHSEI and planning assumptions to be received to allow a further plan to be developed.</b></li> <li>• <b>Year End Performance for 2019/20 and current performance as at month 2 against key operational and constitution standards.</b></li> </ul>	<b>JB</b>
<b>FPC20/72</b>	<b>RISK REGISTER</b>	
	<p>The Director of Strategic Planning and Performance presented the Risk Register to the Committee, it was reported that there was 1 red risk. It was noted that the risks still exist but he mitigated actions have paused due to covid but would be looking to do a full review of these in the future.</p> <p><b>Agreed Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Add something around the financial risk and also check that covid is on the main register.</b></li> </ul> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>Review the Finance and Performance Committee Risk Register for completeness and accuracy</b></li> <li>• <b>Note and approve the risks assigned to the Committee</b></li> <li>• <b>Review the risk assessment scores for all Finance and Performance risks</b></li> <li>• <b>Identify any other new risks for inclusion on the Risk Register</b></li> <li>• <b>Agree actions to reduce impact of extreme and high risks</b></li> </ul>	<b>RN</b>
<b>FPC20/73</b>	<b>MINUTES OF THE BHNFT CONTRACT MANAGEMENT BOARD</b>	
	No minutes available.	
<b>FPC20/74</b>	<b>MINUTES OF THE SWYPFT CONTRACT MANAGEMENT BOARD</b>	
	No minutes available.	

<b>FPC20/75</b>	<b>CHILDRENS EXECUTIVE COMMISSIONING GROUP 3.2.20 &amp; 24.3.20</b>	
	Minutes received and noted.	
<b>FPC20/76</b>	<b>ADULT JOINT COMMISSIONING GROUP MEETING 25.3.20 – Cancelled</b>	
<b>FPC20/77</b>	<b>MANAGEMENT TEAM DECISIONS WITH FINANCIAL DECISIONS</b>	
	No financial decisions had been taken by Management Team.	
<b>FPC20/78</b>	<b>ANY OTHER BUSINESS</b>	
	No items raised.	
<b>FPC20/79</b>	<b>AREAS FOR ESCALATION TO GOVERNING BODY</b>	
	<ul style="list-style-type: none"> <li>• Finance and planning</li> </ul>	
<b>FPC20/80</b>	<b>REFLECTION ON HOW WELL THE MEETINGS BUSINESS WAS CONDUCTED</b>	
	The meeting went well and all business was conducted, it was felt IT could be better.	
<b>FPC20/81</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	Thursday 3 September 2020 at 10.30am.	

## GOVERNING BODY

10 September 2020

### PRIMARY CARE COMMISSIONING COMMITTEE HIGHLIGHTS REPORT

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
	The purpose of this report is to provide Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 30 July 2020.									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1"> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> <tr> <td>Lay Member Lead</td> <td>Chris Millington</td> <td>Chair PCCC</td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </table>		Name	Designation	Lay Member Lead	Chris Millington	Chair PCCC	Author	Julie Frampton	Head of Primary Care
	Name	Designation								
Lay Member Lead	Chris Millington	Chair PCCC								
Author	Julie Frampton	Head of Primary Care								
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> <tr> <td>PCCC</td> <td>30.07.2020</td> <td>Highlights agreed</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Group / Committee	Date	Outcome	PCCC	30.07.2020	Highlights agreed			
Group / Committee	Date	Outcome								
PCCC	30.07.2020	Highlights agreed								
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>									
	<p>This report provides the July Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 30 July 2020.</p> <p>It was agreed at the meeting that the following would be highlighted:</p> <p>1) CQC reports:</p> <p>The CQC have paused their routine inspections during COVID-19. However, their regulatory role and core purpose of keeping people safe has not changed, safety is still a priority. The CQC have therefore developed an Emergency Support Framework they will follow during the pandemic.</p> <p>The interim approach has a number of elements:</p>									

- using and sharing information to target support where it's needed most
- having open and honest conversations
- taking action to keep people safe and to protect people's human rights
- capturing and sharing what we do.

The CQC will use this emergency approach in all health and social care settings registered with CQC during the pandemic, and for a period afterwards. Not all practices will be contacted. We have been advised that there were three practices currently identified as a risk within the monitoring completed by the CQC for the Emergency Support Framework in Barnsley.

These included Caxton House, the Rose Tree Practice and Dodworth Medical Practice. The outcome is as outlined below

- The assessment completed for the Rose Tree Practice resulted in the assessment that they were managing during the Covid-19 Pandemic.
- As the majority of the data the descriptors to calculate the risk for Dodworth Medical Practice were based on the previous providers performance, the CQC decided not to complete the Emergency Support Framework for this practice.
- The assessment for Caxton House Surgery was deferred as Dr Saxena had submitted the application to cancel her CQC registration on 31 August 2020.

## 2) Caxton House Surgery Closure

Barnsley CCG has received the submission of the resignation of Dr Saxena, the sole signatory on the GMS contract for Caxton House Medical Practice.

Caxton House Medical Practice delivers Primary Medical services to 988 (April 2020) registered patients from the main surgery situated at Grimethorpe and the branch surgery located at The Cudworth Centre.

The CCG are supporting all the patients currently registered at this practice to register with a new practice; and are working with Caxton House Surgery and surrounding practices to ensure that all actions required for the closure of the practice are undertaken. Letters have been sent to all patients with the locations and contact details of all practices that are close to their homes for them to have a choice of where to register. None of our practices have "closed" lists so all patients should be able to register with a practice of their choice.

The Primary Care team have had discussions with the Clinical Directors of all the Neighbourhood Networks and with the practices within the North East Neighbourhood where the majority of patients will seek to register. The team has also contacted NHS Wakefield CCG, NHS Rotherham CCG and NHS Doncaster CCG where there are small numbers of patients currently registered with Caxton House Medical Practice but whom live some distance outside the Barnsley GP practice boundaries.

We have noted that a small number of practices will register a greater proportion of the patients and, due to concerns raised by the CDs, the team has done some background checks on the numbers of patients that have Substance Misuse issues, complex medication needs including long term use of specific "high risk"

	<p>drugs, safeguarding issues and highly complex patients. These are very low in numbers across the patient list which was contrary to what we expected to find.</p> <p>In discussion with the Practice Managers within the North East Neighbourhood a few queries were raised regarding the numbers of people registering impacting on available space within practices, the number of people requiring New Patient Reviews and the number of GPs. Barnsley has been chosen by two GPs, returning to practice under the C-19 regime, to work in the area for six months and the CCG has asked Barnsley Healthcare Federation to support these GPs to work at practices in the North East Neighbourhood. The CCG has also agreed to support practices requiring more space to access some of the “void” space in the LIFT buildings in line with the National Health Services (General Medical Services – Premises Costs Directions) 2013 specifically Part 5 Recurring Premises Costs.</p> <p>In further support the Primary Care team have approached NHS Digital to enquire if support could be made available to the North East Neighbourhood practices with record management by accessing the Lloyd George Record Digitisation programme.</p> <p>We have developed a detailed Action Plan that specifies all the activities required to safely close the practice and are working closely with the CCG's Communication and Engagement team, IT Support Team and the practice staff to ensure we meet the target closure date for this practice.</p>
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note the above which is provided for information and assurance.</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>None</li> </ul>

<b>Agenda time allocation for report:</b>	<i>5 mins.</i>
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		Provide ref(s) or state N/A	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.1	Duties as to reducing inequalities (s14T)	See 3.4
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.2	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.3	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.3	Public involvement and consultation (s14Z2)	See 3.5
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>Y</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>Y</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			

3.4	<b>Improving quality (s14R, s14S)</b> <table border="1" data-bbox="282 210 1406 358"> <tr> <td data-bbox="282 210 1262 241">Has a Quality Impact Assessment (QIA) been completed if relevant?</td> <td data-bbox="1262 210 1406 241"><b>NA</b></td> </tr> <tr> <td data-bbox="282 241 1262 304">Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?</td> <td data-bbox="1262 241 1406 304"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 304 1406 358"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.5	<b>Reducing inequalities (s14T)</b> <table border="1" data-bbox="282 443 1406 591"> <tr> <td data-bbox="282 443 1262 474">Has an Equality Impact Assessment (EIA) been completed if relevant?</td> <td data-bbox="1262 443 1406 474"><b>NA</b></td> </tr> <tr> <td data-bbox="282 474 1262 537">Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity &amp; Inclusion Lead if appropriate?</td> <td data-bbox="1262 474 1406 537"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 537 1406 591"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b> <table border="1" data-bbox="282 676 1406 824"> <tr> <td data-bbox="282 676 1262 707">Has a s14Z2: Patient and Public Participation Form been completed if relevant?</td> <td data-bbox="1262 676 1406 707"><b>NA</b></td> </tr> <tr> <td data-bbox="282 707 1262 770">Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms &amp; Engagement if appropriate?</td> <td data-bbox="1262 707 1406 770"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 770 1406 824"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.7	<b>Data Protection and Data Security</b> <table border="1" data-bbox="282 909 1406 1057"> <tr> <td data-bbox="282 909 1262 940">Has a Data Protection Impact Assessment (DPIA) been completed if relevant?</td> <td data-bbox="1262 909 1406 940"><b>NA</b></td> </tr> <tr> <td data-bbox="282 940 1262 1003">Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?</td> <td data-bbox="1262 940 1406 1003"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 1003 1406 1057"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.8	<b>Procurement considerations</b> <table border="1" data-bbox="282 1142 1406 1352"> <tr> <td data-bbox="282 1142 1262 1205">Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?</td> <td data-bbox="1262 1142 1406 1205"><b>NA</b></td> </tr> <tr> <td data-bbox="282 1205 1262 1236">Has a Single Tender Waiver form been completed if appropriate?</td> <td data-bbox="1262 1205 1406 1236"><b>NA</b></td> </tr> <tr> <td data-bbox="282 1236 1262 1299">Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?</td> <td data-bbox="1262 1236 1406 1299"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 1299 1406 1352"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
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3.9	<b>Human Resources</b> <table border="1" data-bbox="282 1438 1406 1550"> <tr> <td data-bbox="282 1438 1262 1500">Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?</td> <td data-bbox="1262 1438 1406 1500"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 1500 1406 1550"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					
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3.10	<b>Environmental Sustainability</b> <table border="1" data-bbox="282 1635 1406 1738"> <tr> <td data-bbox="282 1635 1262 1697">Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td> <td data-bbox="1262 1635 1406 1697"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 1697 1406 1738"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					
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**Minutes of the NHS Barnsley Clinical Commissioning Group  
QUALITY & PATIENT SAFETY COMMITTEE  
Thursday 02 July 2020, 15:00pm-17:00pm  
Via Microsoft Teams**

<b>MEMBERS:</b> Dr Sudhagar Krishnasamy Jayne Sivakumar	- Medical Director (Chair) - Chief Nurse
Mike Simms Dr Mark Smith  Chris Millington  Chris Lawson Dr Shahriar Sepehri	- Secondary Care Clinician - Practice Member Representative Contracting Lead from the Governing Body - Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning - Head of Medicines Optimisation - Membership Council Representative
<b>IN ATTENDANCE:</b> Richard Walker Terry Hague Hilary Fitzgerald Paige Dawson (minutes) David Lautman Angela Fawcett Jo Harrison Susan Brook	- Head of Governance and Assurance - Primary Care and Transformation Manager - Quality Manager - Risk, Governance and Assurance Facilitator - Lead Commissioning and Transformation Manager - Designated Nurse Safeguarding Children - Specialist Clinical Portfolio Manager - Designated Nurse Safeguarding Adults
<b>APOLOGIES:</b> Dr Ibrar Ali Dr Adebowale Adekunle	- Membership Council Representative - GP Governing Body Member

Agenda Item	Note	Action	Deadline
<b>Q&amp;PSC 20/07/01</b>	<b>APOLOGIES &amp; QUORACY</b>		
	The meeting was declared quorate.		
<b>Q&amp;PSC 20/07/02</b>	<b>MEMBERSHIP/ ATTENDEES - CHANGES</b>		
	It was agreed that going forward the Safeguarding Leads will attend future Q&PSC meetings to update the committee. The Special Clinical Portfolio Manager to be added as a member.  The Medical Director also highlighted that he would be stepping down from his role. The Chief Nurse to Chair the committee in the meantime until the appointment of a new Medical Director.		



	<p>sleeping and is likely to go for a safeguarding review. As children go back to school in September, it is expected there will be a surge in safeguarding cases.</p> <ul style="list-style-type: none"> <li>• The 0-19 service is experiencing workload pressures due to staffing issues and providing support to social care with visits to families.</li> <li>• The Designated Nurse is currently completing reports for looked after children to take pressure of GPs during COVID.</li> <li>• The Safeguarding Lead Nurse Adults highlighted it has been 'business as usual', including DHRs and SARs progressing.</li> <li>• The Specialist Clinical Portfolio Manager highlighted an ongoing safeguarding matter relating to the Cherry Trees Care Home that emerged recently, The Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning asked to be kept informed in case questions are raised at Patient Council. Assurance was provided regarding patient safety including notification that safe and well checks had been conducted for every patient in the care home since the incident.</li> </ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>• Monitoring of GP practices has been continued via the CQC. No official inspections have taken place during COVID, however, 'desktop inspections' have taken place.</li> <li>• Caxton House is to be closed by the end of August 2020.</li> <li>• For 3 practices that the CQC had previously flagged concerns sufficient assurance received from all. No practices are under close monitoring at present.</li> <li>• Primary Care Quality Improvement Group has not been taking place during COVID, which means there has been no quality dashboard for the last quarter. This work is currently being completed. The Chief Nurse to discuss with Barnsley CCGs Chair regarding who should lead this group when the Medical Director</li> </ul>		
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	leaves his post.		
	<p><b>It was agreed that:</b></p> <ul style="list-style-type: none"> <li>• <b>The Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning asked to be kept informed in case questions are raised at Patient Council.</b></li> <li>• <b>The Chief Nurse to discuss with Barnsley CCGs Chair regarding who should lead the PCQIG when the Medical Director leaves his post.</b></li> </ul>	<p><b>JH</b></p> <p><b>JS</b></p>	<p><b>Ongoing</b></p> <p><b>Aug 2020</b></p>
<b>Q&amp;PSC 20/07/07</b>	<b>D1 AUDIT REPORT</b>		
	<p>The Head of Medicines Management presented the results of the D1 Audit Report. It was highlighted that timeframes within the report are slightly delayed. The audit showed that there was an overall improvement compared with the audit performed in 2015.</p> <p>The Area Prescribing Committee will continue to monitor D1 issues and introduce challenge where required. The Practice Member Representative Contracting Lead from the Governing Body to work closely with the Head of Medicines Management to ensure that D1s continue to be monitored closely.</p>		
<b>Q&amp;PSC 20/07/08</b>	<p><b>CURRENT ISSUES/ CONCERNS</b></p> <ul style="list-style-type: none"> <li>• <b>Sheffield Health And Social Care CQC Inspection Outcome</b></li> <li>• <b>Maternity Incidents</b></li> <li>• <b>Commissioning Policies In Light Of Covid19</b></li> </ul>		
	<p><b>Sheffield Health And Social Care Trust:</b> The Trust has been rated inadequate by the CQC and put into special measures. Barnsley CCG has a contract with the Trust. It was agreed that the Quality Manager will monitor the issue and the Safeguarding Lead Adults to keep Q&amp;PSC informed via Sheffield contract monitoring meetings.</p> <p><b>Maternity Incidents:</b> QPSC were notified in February 2020 of a cluster of maternity incidents at BHNFT. The Quality Manager confirmed that this matter had been followed up with the Trust. BHNFT has completed an internal review of the incidents and prepared a report for their Patient and Safety Panel. The Trust agreed to share the report with the CCG once it had been through the Trust's governance processes. This will be followed</p>		

	<p>up at the next BHNFT Clinical Quality Board.</p> <p><b>Commissioning Policies</b></p> <p>As a result of the national direction to suspend all non-urgent elective care in response to the COVID19 Pandemic there will be increases in elective care waiting times. For a number of pathways the CCG will need to review its commissioning policies in light of any delays to consider quality and patient safety issues. A number of pathways have already identified as requiring further consideration including:</p> <ul style="list-style-type: none"> <li>• Age limits in the Access to Infertility pathways</li> <li>• Management of Patients with Musculoskeletal and Rheumatic Conditions on Corticosteroids: e.g. Trigger Finger, Hip / Knee Replacement and Arthroscopic Subacromial Decompression of the Shoulder (ASAD) Clinical Threshold Pathways</li> <li>• Health Improvement in the Get Fit First policy</li> </ul> <p>Q&amp;PSC noted, discussed and approved the proposed changes to commissioning policies as a result of COVID19.</p>		
	<p><b>It was agreed that:</b></p> <ul style="list-style-type: none"> <li>• <b>The Quality Manager will monitor the issue and the Safeguarding Lead Adults to keep Q&amp;PSC informed via Sheffield contract monitoring meetings.</b></li> <li>• <b>Maternity Incidents will be followed up at BHNFT CQB meetings.</b></li> </ul>	<p><b>HF/SB</b></p> <p><b>HF</b></p>	<p><b>Ongoing</b></p> <p><b>Aug 2020</b></p>
<b>Q&amp;PSC 20/07/09</b>	<b>RISK REGISTER (STANDING ITEM)</b>		
	<p>The Head of Governance and Assurance presented for assurance the relevant extract from the CCG's Risk Register and highlighted to the Committee that a COVID risk register was currently been drafted. It was explained that during the COVID period other priorities took over, therefore, more updates on the CCG register would be more complete at the next Q&amp;PSC meeting.</p>		
<b>COMMITTEE REPORTS AND MINUTES GENERAL</b>			
<b>Q&amp;PSC 20/07/10</b>	<b>MINUTES OF THE 08 JANUARY 2020, 12 FEBRUARY 2020 AND 11 MARCH 2020 AREA PRESCRIBING COMMITTEE</b>		
	<p>The Committee noted the minutes for assurance and information.</p>		

<b>Q&amp;PSC 20/07/11</b>	<b>MINUTES OF THE 6 FEBRUARY 2020 PRIMARY CARE QUALITY &amp; COST EFFECTIVE PRESCRIBING GROUP MEETING</b>		
	The Committee noted the minutes for assurance and information.		
<b>Q&amp;PSC 20/07/12</b>	<b>CLINICAL QUALITY BOARDS</b> • <b>VERBAL UPDATE BHNFT</b> • <b>VERBAL UPDATE SWYPFT</b>		
	<p>The Quality Manager reported that:</p> <p><b>BHNFT CQB:</b> No recent meetings have taken place due to Covid 19. Meetings are currently in the process of been scheduled. <b>Post meeting note: Meeting to be held on 6 August 2020.</b></p> <p><b>SWYPFT CQB:</b> The last meeting was held in February 2020. Meetings are set to resume in August 2020. A draft work plan has been prepared in consultation with SWYPFT to help improve range of reporting at the Board.</p>		
<b>GENERAL</b>			
<b>Q&amp;PSC 20/07/13</b>	<b>ANY OTHER BUSINESS</b>		
	The Committee thanked the Medical Director for his steer, input and support at all Q&PSC meetings.		
<b>Q&amp;PSC 20/07/14</b>	<b>AREAS FOR ESCALATION TO THE GOVERNING BODY AND ITEMS TO BE COVERED IN HIGHLIGHT REPORT</b>		
	<p>It was agreed the quality highlights report to the Governing Body should include:</p> <ul style="list-style-type: none"> <li>• Outcome of D1 Audit Report</li> <li>• Change to Q&amp;PSC membership</li> <li>• Commissioning Policy changes</li> <li>• Safeguarding update</li> <li>• Primary Legislation affecting the CCG-Mental Capacity Amendment Act and Liberty Protection Safeguards</li> </ul>	<b>HF</b>	<b>July 2020</b>
<b>Q&amp;PSC 20/07/15</b>	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED:</b> • <b>CONDUCT OF MEETING</b> • <b>ANY AREAS FOR ADDITIONAL ASSURANCE</b> • <b>ANY TRAINING NEEDS IDENTIFIED</b>		



	There were no items raised.		
<b>Q&amp;PSC 20/07/16</b>	<b>DATE AND TIME OF NEXT MEETING</b> <b>20 August 2020, 1pm via MS Teams</b>		

ADOPTED

**GOVERNING BODY****10 September 2020****EQUALITY & ENGAGEMENT COMMITTEE SUMMARY REPORT****PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	<input type="checkbox"/> <i>Decision</i>	<input type="checkbox"/> <i>Approval</i>	<input checked="" type="checkbox"/> <i>Assurance</i>									
<b>2.</b>	<b>PURPOSE</b>											
	This report is to highlight the work of the Equality & Engagement Committee and provide assurance to the Governing Body that this committee is discharging its statutory duty.											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1"> <thead> <tr> <th></th> <th><b>Name</b></th> <th><b>Designation</b></th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Chris Millington</td> <td>Lay Member</td> </tr> <tr> <td>Author</td> <td>Carol Williams</td> <td>Project Coordinator</td> </tr> </tbody> </table>				<b>Name</b>	<b>Designation</b>	Executive / Clinical Lead	Chris Millington	Lay Member	Author	Carol Williams	Project Coordinator
	<b>Name</b>	<b>Designation</b>										
Executive / Clinical Lead	Chris Millington	Lay Member										
Author	Carol Williams	Project Coordinator										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	The matters raised in this paper have been subject to prior consideration in the following forums:											
	<table border="1"> <thead> <tr> <th><b>Group / Committee</b></th> <th><b>Date</b></th> <th><b>Outcome</b></th> </tr> </thead> <tbody> <tr> <td>NA</td> <td></td> <td></td> </tr> </tbody> </table>			<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>	NA					
<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>										
NA												
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p>Committee members agreed to highlight the following from the 13 August 2020 meeting:</p> <ul style="list-style-type: none"> <li>National Voices 5 Principles will be included in the engagement report.</li> <li>Workforce race equality standard data has been given thorough consideration.</li> </ul>											
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>											
	<ul style="list-style-type: none"> <li>Note the contents of this report for information and assurance.</li> </ul>											
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>											
	<ul style="list-style-type: none"> <li>Appendix A – Adopted Equality &amp; Engagement Minutes 20 February 2020</li> <li>Appendix B – Unadopted Equality &amp; Engagement Minutes 13 August 2020</li> </ul>											

<b>Agenda time allocation for report:</b>	5 minutes
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## PART 1B – SUPPORTING INFORMATION & ASSURANCE

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act:			
	Management of conflicts of interest (s14O)		Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	✓
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)	✓
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>Y</b>
	As members of this committee			
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>Y</b>
	None declared			
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>NA</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>

3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

**ADOPTED Minutes of the Meeting of the EQUALITY AND ENGAGEMENT COMMITTEE held on Thursday 20 February 2020 at 3pm in Meeting Room 1, Hilder House, Gawber Road, Barnsley, S75 2PY.**

**PRESENT:**

Chris Millington (Chair)	Lay Member for Patient & Public Engagement, CCG
Kirsty Waknell	Head of Communications & Engagement, CCG
Julie Frampton	Senior Primary Care Commissioning Manager, CCG
Susan Womack	Manager, Healthwatch Barnsley
Colin Brotherston-Barnett	Equality, Diversity & Inclusion Lead, CCG
Richard Walker	Head of Governance & Assurance, CCG
Dr Adebowale Adekunle	Elected Governing Body Member, CCG
Dr Indra Saxena	Membership Council Representative, CCG

**IN ATTENDANCE:**

Emma Bradshaw	Engagement Manager, CCG
Esther Short	HR Manager, CCG
Carol Williams	Project Coordinator/Committee Secretary, CCG
Helen Stevens	Associate director of communications and engagement , South Yorkshire & Bassetlaw ICS

**APOLOGIES**

Jayne Sivakumar	Chief Nurse, CCG
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Agenda Item	Note	Action	Deadline
<b>EEC 20/02/01</b>	<b>HOUSEKEEPING</b>		
	The Chairman informed everyone present of the fire procedures for the meeting venue, including nearest fire exit and toilet facilities.		
<b>EEC 20/02/02</b>	<b>APOLOGIES</b>		
	Apologies were received as above.		
<b>EEC 20/02/03</b>	<b>QUORACY</b>		
	The Chair of the Committee declared that the meeting was quorate.		

Agenda Item	Note	Action	Deadline
<b>EEC 20/02/04</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	The Chair explained in detail the meaning of declarations of interest and each member's responsibilities. The committee considered the declarations of interest report, no new declarations of interest were declared.		
<b>EEC 20/02/05</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 21 November 2019</b>		
	The minutes of the meeting held on 21 November 2019 were adopted and verified as a correct record of the proceedings.		
<b>EEC 20/02/06</b>	<b>MATTERS ARISING REPORT</b>		
	<p>The Committee noted the actions from the 21 November 2019 meeting, agreed to close some items with one action remaining open:</p> <p><b>EEC 19/11/07 Barnsley Service Users Forum</b>  The Head of Communications and Engagement discuss the role of an independent chair of the forums with BMBC colleagues. A meeting date is still to be confirmed. <b>In Progress.</b></p>		
<b>PATIENT AND PUBLIC INVOLVEMENT</b>			
<b>EEC 20/02/07</b>	<b>INTEGRATED ASSESSMENT FRAMEWORK 2019/20 AND BEYOND</b>		
	<p>The integrated assessment framework looks at how the CCG discharges its statutory duties in relation to engagement, involvement and patient community indicators. For 2018-2019 the CCG was rated Green Star scoring 14 out of a possible 15 points and this score remains in place with the opportunity to gain one final point. The communications and engagement team have made their submission for February 2020, having looked for areas of improvement and best practice. The team attended a workshop for CCG's in the North and were assured that Barnsley CCG and South Yorkshire &amp; Bassetlaw ICS are following best practice. The results of the assessment are due in July 2020 and will be shared with committee members at that time.</p> <p>For the 2020-2021 assessment the will be a process change and partners across the borough will be included in the assessment.</p>		

Agenda Item	Note	Action	Deadline
	<b>Agreed Action:</b> <ul style="list-style-type: none"> <li>• <b>The Committee Secretary to add this item to the August 2020 agenda.</b></li> </ul>	<b>CW</b>	<b>Completed</b>
<b>EEC 20/02/08</b>	<b>SOUTH YORKSHIRE &amp; BASSETLAW INTEGRATED CARE SYSTEM – ENGAGEMENT AND EQUITY OVERVIEW &amp; DEVELOPEMNTS</b>		
	<p>The associate director of communications and engagement or South Yorkshire &amp; Bassetlaw Integrated Care System (SYB ICS) gave an update on key areas of work being progressed across the area. This included:</p> <p>Assurances that information from NHS England regional team is shared by the SYB ICS team with all Clinical Commissioning Groups (CCGs) in the SYB area as quickly as possible. The People's Plan is expected by the team by Easter 2020 and the launch of the all the ICS/STP 5-year-plans is expected around April or May 2020.</p> <p>Discovery Day - The SYB ICS communications and engagement team had run a 'Discovery Day' workshop for organisations and members of the public across SYB. This was attended by Healthwatch, communications and engagement teams and equality, diversity &amp; inclusion leads as well as members of the public. The aim of the workshop was to develop a strategy at system level to look at where value could be added to the work that we do. The workshop highlighted that organisations across SYB have a considerable amount of data e.g. family and friends test, complaints and patient experience feedback; however this was not routinely shared across organisations and often resulted in patients, families and carers being asked multiple times for feedback in relation to engagement activities and informing service change. The SYB ICS team have commissioned an outside agency to report on the information that we already receive and make suggestions of how we could use this strategically at system (SYB) and place (for us this is Barnsley) and how this could be beneficial to service change. The report is due in May 2020; a group of approximately 50 people will be invited to review the report and develop an action plan across SYB ICS to drive commissioning decisions.</p> <p>Citizens Panel – Currently the SYB ICS has a group of 20 people who act as a critical friend for the communications and engagement team, reviewing engagement and communications approaches. The</p>		

Agenda Item	Note	Action	Deadline
	<p>Discovery Day highlighted that it would be useful to develop a database of a broader range of people, capture their particular areas of interest / experience and approach them form specific feedback in those areas. The SYB ICS team is ready to go live with this work however committee members felt that a lot of databases already existed and other organisations were already undertaking similar activities to build their own databases.</p> <p>The Elected Governing Body Member left the meeting.</p> <p>The CCG has the OPEN membership and the Cancer Alliance is currently considering setting up a database and committee members could not be confident how this this data was included.</p> <p>The Elected Governing Body Member re-joined the meeting.</p> <p>Committee members agreed this was a good opportunity to have a greater understanding of the data we already have, explore alternative ways of gathering data that works more effectively for health organisations and adds to the overall delivery of services and patient experience. It was agreed to continue conversations about this outside of the meeting.</p> <p>Further updates from the SYB ICS team will be shared at future meetings.</p>		
	<p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>The Head of Communications and Engagement to discuss the Citizens Panel database with the SYB ICS associate director of communications and engagement outside of this meeting</b></li> <li>• <b>The Committee Secretary to add the SYB ICS engagement update to the agenda as a standing item incorporated into the Barnsley update</b></li> </ul>	<p><b>KW</b></p> <p><b>CW</b></p>	<p><b>07.05.20</b></p> <p><b>07.05.20</b></p>
<b>EEC 20/02/09</b>	<b>EQUALITY &amp; ENGAGEMENT COMMITTEE ANNUAL ASSURANCE REPORT</b>		
	<p>The Equality &amp; Engagement Committee Assurance report has been produced to provide assurance to the Governing Body that the committee had discharged its responsibilities as set out in the terms of reference. The report sets out the achievements of the committee</p>		



Agenda Item	Note	Action	Deadline
	throughout 2019/20 and also notes risks 13/13b and 14/14 as noted on the CCG's Risk Register. Committee members reviewed and ratified the content of the report.		
<b>EEC 20/02/10</b>	<b>MINUTES OF THE PATIENT COUNCIL MEETINGS</b>		
	<p>The Committee received minutes of the Patient Council meetings as follows:</p> <p><b>30 October</b> – The focus of the meeting was to remind attendees of their valuable input throughout the year and the video which was shared at the CCG Annual General meeting was presented to the group.</p> <p>The Engagement Manager ran a workshop aimed at 'I' statements which had been developed by Barnsley Integrated Teams promoting the one team, seamless care, no boundaries approach. Patient Council members were asked to support the development of a patient experience programme that teams would use to develop personalised care for patients</p> <p><b>27 November</b> – The focus of the meeting was a presentation from RightCare Barnsley. The presentation outlined the vast range of services that RightCare Barnsley offers and the types of contacts they have each month which total over 1000. Contacts are from GP's, Paramedics, Social Care, Care Homes and teams within Barnsley Hospital. The service ensures that the flow of patients throughout the hospital and intermediate care system is seamless.</p>		
<b>QUALITY GOVERNANCE</b>			
<b>EEC 20/02/11</b>	<b>CCG RISK REGISTER AND ASSURANCE FRAMEWORK</b>		
	<p>The Head of Governance &amp; Assurance provided an overview of the risk register and assurance framework and the associated processes for the benefit of the Committee members prior to providing the following update.</p> <p><b>Governing Body Assurance Framework (GBAF)</b> There are no risks on the Assurance Framework where the Equality and Engagement Committee provides assurance.</p>		

Agenda Item	Note	Action	Deadline
	<p><b>Risk Register</b></p> <p>There are currently 2 risks rated amber on the Corporate Risk Register for which the Equality and Engagement Committee are responsible for managing :</p> <ul style="list-style-type: none"> <li>• Risk Reference 13/13b (rated 12, amber high) – Potential failure of the CCG to engage with patients and the public in the commissioning of services.</li> <li>• Risk Reference CCG 14/16 (rated 12, amber high) – If a culture supportive of equality and diversity is not embedded across the CCG there is a risk that the CCG will fail to discharge its statutory duties as an employer and will not adequately consider issues of equality within the services we commission.</li> </ul> <p>The owner of risk 14/16 was the Lay Member for Patient and Public Engagement. Members agreed that this could have potential for a conflict of interest and that the owner should be the Equality, Diversity &amp; Inclusion Lead.</p> <p>The committee agreed that the risks are being appropriately managed and scored as at 20 February 2020 and that the risks should be reviewed at the committee meeting on 7 May 2020, once the results of the staff survey and WRES data had been received.</p>		
	<p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>The Head of Governance &amp; Assurance to change the name of the owner of risk 14/16 from the Lay Member for Patient and Public Engagement to the Equality, Diversity &amp; Inclusion Lead</b></li> </ul>	<b>RW</b>	<b>07.05.20</b>
<b>EEC 20/02/12</b>	<b>HR POLICIES</b>		
	<p>The HR Manager stated that there were no policies to review at this meeting. Two policies were currently out for consultation with a further two due to go out for consultation in the next few weeks. All four policies would be reviewed at the 7 May 2020 committee meeting.</p>		

Agenda Item	Note	Action	Deadline
<b>EQUALITY</b>			
<b>EEC 20/02/13</b>	<b>EQUALITY, DIVERSITY &amp; INCLUSION WORKING GROUP ACTION LOG</b>		
	<p>The Equality, Diversity &amp; Inclusion Working Group Action Log from the meeting held on 9 January 2020 was shared for information.</p> <p>The Equality, Diversity &amp; Inclusion Lead highlighted the following which were detailed in the action log:</p> <p>Rainbow Badge Scheme – now rolled out to Barnsley Hospital, South West Yorkshire Partnership FT, Barnsley CCG GP practices. The Head of Communications and Engagement to follow up with further promotion of the scheme with practices.</p> <p>Trans Equality Policy – three training sessions to promote the policy to be held at the CCG and Barnsleyhospital on 25 February to provide good opportunity for all staff of both organisations to attend.</p> <p>Zero Tolerance Policy – this has been developed as a separate policy (previously included in the security policy) in response to a complaint; the policy covers how to deal with harassment, violence and aggression towards staff. The decision to lift that section out of the security policy was made to demonstrate that the CCG takes this matter seriously.</p> <p>Personalised Leave – Around 30 applications for personalised leave have been considered with the majority of staff wanting to purchase additional leave. HR will be sharing the outcomes with staff this week.</p> <p>Be Well at Work Barnsley – this is an award that the CCG will work towards. Baseline data will be established and evidence collated to determine the level at which we may achieve this award i.e. bronze, silver or gold.</p> <p>Disability Confident – the Equality, Diversity &amp; Inclusion Lead and HR manager are working together to attain Disability Leader status for Barnsley Hospital and the CCG.</p> <p>Workforce Race Equality Standard WRES – the Equality, Diversity and Inclusion Lead is undertaking a 17 day national training programme to become a WRES</p>		

Agenda Item	Note	Action	Deadline
	<p>Expert. The training is to fully understand the issues that BME staff experience in the workplace and to develop an action plan to mitigate differences in staff member's experiences.</p> <p>EDS3 Pilot – There is no release date for EDS3 and organisations should continue to use EDS2 until EDS3 is released. The workings of EDS2 was explained to the group</p>		
	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li><b>The Head of Communications and Engagement to further promote the Rainbow Badge scheme to GP practices</b></li> </ul>	<b>KW</b>	<b>07.05.20</b>
<b>EEC 20/02/14</b>	<b>EQUALITY OBJECTIVES AND ACTION PLAN 2019-2021</b>		
	<p>The Equality Objectives and action plan for 2019-2021 was shared with committee members for information. The action plan is an overview of progress made in each key area and a separate bank of evidence will be accumulated throughout the year.</p> <p>The associate director for communications and engagement from SYB ICS left the meeting.</p>		
<b>EEC 20/02/15</b>	<b>PUBLIC SECTOR EQUALITY DUTIES – EQUALITY DELIVERY SYSTEM (EDS2) SELF ASSESSMENT</b>		
	<p>The Equality Delivery System EDS2 is a self-assessment which NHS commissioners are required to complete and publish annually to grade where they are in relation to four main domains – better health outcomes, improved patient access and experience, a representative and supported workforce and inclusive leadership.</p> <p>The CCG's overall grade is Green - Achieving and is linked to the Equality Objectives for 2019-2021. Staff Survey results and Workforce Race Equality Standard (WRES) data will be added to the document which will then be shared with Your Voice, Barnsley Healthwatch, partners and Patient Council for their feedback and scrutiny. Once finalised this will be uploaded to the Barnsley CCG website.</p>		
<b>GENERAL</b>			

Agenda Item	Note	Action	Deadline
<b>EEC 20/02/16</b>	<b>ANY OTHER BUSINESS</b>		
	The Membership Council Representative stated that NHS England had written to their practice to raise concerns about the low number of patients being routinely screened within the practice, e.g. bowel cancer and cervical cancer screening. Committee members offered advice and support to the Membership Council representative however agreed that this was not the business of this committee.		
<b>EEC 20/02/17</b>	<b>ITEMS TO HIGHLIGHT IN THE GOVERNING BODY ASSURANCE REPORT</b>		
	Committee members agreed to highlight the following areas: <ul style="list-style-type: none"> <li>• The Equality Delivery System EDS2 self-assessment</li> <li>• The Equality Objectives and Action Plan 2019-2021</li> </ul>		
<b>EEC 20/02/18</b>	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED</b>		
	<p>The Chair thanked members for their input, good quality and content of papers and a good meeting.</p> <p>The Equality, Diversity &amp; Inclusion Lead stated that the chairing of the meeting was excellent.</p> <p>On being asked by the chair, the manager of Healthwatch Barnsley reflected that some meetings were of more interest to their organisation than others depending upon who was invited to attend the meeting. This was noted by other members of the committee. The head of communications and engagement invited members to think about and suggest any topics or speakers for future meetings.</p> <p>Committee members feel assured by the ongoing activities in relation to equality and engagement and no training needs were identified.</p>		
<b>EEC 20/02/19</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	The next meeting of the Equality and Engagement Committee will be held on Thursday 7 May 2020 in Meeting Room 1, Hilder House.		

**UNADOPTED Minutes of the Meeting of the EQUALITY AND ENGAGEMENT COMMITTEE held on Thursday 13 August 2020 at 1pm via Microsoft Teams**

**PRESENT:**

Chris Millington (Chair)	Lay Member for Patient & Public Engagement, CCG
Kirsty Waknell	Head of Communications & Engagement, CCG
Julie Frampton	Senior Primary Care Commissioning Manager, CCG
Richard Walker	Head of Governance & Assurance, CCG

**IN ATTENDANCE:**

Emma Bradshaw	Engagement Manager, CCG
Esther Short	HR Manager, CCG
Carol Williams	Project Coordinator/Committee Secretary, CCG

**APOLOGIES**

Dr Adebawale Adekunle	Elected Governing Body Member, CCG
Jayne Sivakumar	Chief Nurse, CCG
Colin Brotherston-Barnett	Equality, Diversity & Inclusion Lead, CCG
Susan Womack	Manager, Healthwatch Barnsley
Dr Indra Saxena	Membership Council Representative, CCG

Agenda Item	Note	Action	Deadline
<b>EEC 20/08/01</b>	<b>HOUSEKEEPING</b>		
	The Chairman informed everyone present of the etiquette for Microsoft Teams meetings.		
<b>EEC 20/08/02</b>	<b>APOLOGIES</b>		
	Apologies were received as above.		
	The chair, on behalf of the committee, thanked the membership council representative for their input into this committee over the past few years and wished the membership council representative a happy retirement.		
	The chair also acknowledged the valuable input from the equality, diversity & inclusion lead and all members sent their best wishes for a speedy recovery.		

Agenda Item	Note	Action	Deadline
EEC 20/08/03	<b>QUORACY</b>		
	The chair of the committee declared that the meeting was not quorate due to the number of apologies received. The head of governance and assurance stated that the minutes of the meeting held on 20 February 2020, the HR policies and the workforce race equality standard report would be managed virtually so that members not present had the opportunity to comment and agree these documents.		
EEC 20/08/04	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	The committee considered the declarations of interest report, no new declarations of interest were declared. Jacqueline Howarth and Adrian Hobson to have their names removed from the report as this was an administrative error. Mike Simms to be removed as he is no longer a member of this committee.		
	<b>Agreed Action:</b> <ul style="list-style-type: none"> <li>• <b>The committee secretary to ask for the above changes to be made.</b></li> </ul>	<b>CW</b>	<b>Completed</b>
EEC 20/08/05	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 20 FEBRUARY 2020</b>		
	<p>The minutes of the meeting held on 20 February 2020 had one amendment on page 9 of the minutes:</p> <p><i>“On being asked by the chair, the manager of Healthwatch Barnsley reflected that some meetings were of more interest to their organisation than others depending upon who was invited to attend the meeting. This was noted by other members of the committee. The head of communications and engagement invited members to think about and suggest any topics or speakers for future meetings.”</i></p> <p>This should read:</p> <p><i>“On being asked by the chair, the manager of Healthwatch Barnsley reflected that some meetings were of more interest to their organisation than others depending upon the agenda items. This was noted by other members of the committee. The head of communications and engagement invited members to think about and suggest any topics or speakers for future meetings.”</i></p>		

Agenda Item	Note	Action	Deadline
	With the above amendment made the minutes were adopted and verified as a correct record of the proceedings by members present.		
	<b>Agreed Action:</b> <ul style="list-style-type: none"> <li>The committee secretary to circulate the minutes to members highlighting the above change to obtain virtual sign off of the minutes which will then be submitted as ratified minutes to the September 2020 governing body committee meeting.</li> </ul>	CW	Completed
<b>EEC 20/08/06</b>	<b>MATTERS ARISING REPORT</b>		
	<p>The committee noted the actions from the 20 February 2020 meeting, two actions remained open:</p> <p><b>EEC 19/11/07 Barnsley Service Users Forum</b> The head of communications and engagement to discuss the role of an independent chair of the forums with BMBC colleagues. <b>Update:</b> The last meeting was held as we went into lockdown and this committee was paused during this time. <b>In Progress.</b></p> <p><b>EEC 19/11/08 An Alternative World</b> The equality, diversity &amp; inclusion lead to run a session with governing body members. <b>Update:</b> The session planned for 30.04.2020 did not go ahead as our focus was on the response to Covid-19. This will be picked up at another time. <b>Closed.</b></p> <p><b>EEC 20/02/08 South Yorkshire &amp; Bassetlaw Integrated Care System (SYB ICS) – Engagement and Equality Overview &amp; Developments</b> The SYB ICS associate director of communications and engagement discussed the EEC Citizens Panel – a data base of people to work with for engagement activities. <b>Update:</b> The soft launch was w/c 10 August 2020 and the ICS have promoted this on social media. Comms in Barnsley will be picked up on the Barnsley plan. The aim is for the panel to be reflective of the demographic make-up of SYB and members will be recruited and emailed to ask to join a variety of panels. The aim is to have 3000 members across the 5 SYB areas. Barnsley will contribute our part of the membership and we can register all 3000 people on our data base that will replace the Open data base. The full launch is planned</p>		



Agenda Item	Note	Action	Deadline
	for w/c 17 August 2020. Updates will be brought back to future meetings in the Engagement Report. <b>Completed.</b>		
<b>PATIENT AND PUBLIC ENGAGEMENT</b>			
<b>EEC 20/08/07</b>	<b>ENGAGEMENT REPORT</b>		
	<p>The engagement report was presented to committee members for assurance.</p> <p>As part of the command and control structure implemented across Barnsley in response to the Covid-19 pandemic the engagement and experience leads from across the borough now meet fortnightly to pool collective capacity, resources and share information via the intelligence cell as part of a wider borough structure (silver tactical health &amp; social care group) and the group contributes to the weekly surveillance report – the section ‘what people are telling us’ highlights feedback locally, regionally and nationally.</p> <p>This report also covers engagement linked to the phase 3 letter priorities over the next 3 months for the NHS and partners. The letter has a link to National Voices 5 key principles. A summary of this will be provided in the surveillance report and will be circulated to members for information. The 5 principles are ones we had already highlighted as part of our way of working and provide a framework for the approach to engagement work that will be taken forward. There is an expectation that across the NHS that all organisations will be asked to act and in accordance to the 5 principles linking in with people most affected by changes we make and ensuring there are no inequalities in our services in relation to Covid-19 and getting our services back up and running.</p> <p>The chair asked how we would respond if challenged about how we know what the people of Barnsley are telling us. The engagement manager stated that this is directly from feedback from our engagement activity across the borough, either directly or through partners therefore we are able to state that this is what Barnsley people are telling us. Some of this is a snap shot or as a collective Barnsley population and we can highlight pieces of work that had input from people that have fed back or had been directly linked to pieces of work.</p> <p>The head of communications and engagement stated</p>		

Agenda Item	Note	Action	Deadline
	<p>that this is a positive piece of work mobilised during Covid-19 and is something we had wanted to do for some time. We may want to think about other places where we can increase our profile e.g. provide an update on the National Voices 5 principles with the governing body and at the next primary care commissioning committee as governing body members who attend that meeting would not usually receive this type of escalation. Members agreed to the above positive escalations.</p> <p>The engagement manager will also include this in the monthly update for the SYB lay members meeting.</p>		
	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>• The engagement manager to provide the summary of the National Voices 5 key principles document to the committee secretary to circulate to members.</li> <li>• The head of communication and engagement to share the National Voices 5 principles with the governing body as part of the engagement report and also to primary care commissioning committee.</li> </ul>	<p>EB/CW</p> <p>KW</p>	<p>31 Aug 2020</p> <p>27 Aug 2020</p>
<b>EEC 20/08/08</b>	<b>INTEGRATED ASSESSMENT FRAMEWORK 2020/21 AND BEYOND</b>		
	<p>The head of communications and engagement gave a verbal update on the CCG assessment on the community and engagement indicator. This is part of the wider CCG assessment and we are expecting an update on this by the end of August 2020 which is a slight delay. We are unsure if we will get the community engagement indicator, this will be shared with members when this is received.</p> <p>The previous year we were rated as green star scoring 14 out of 15 points. For the assessment this year lots of work was undertaken to gain the additional 1 point and the team are confident we will remain green star.</p>		
<b>EEC 20/08/09</b>	<b>HEALTHWATCH BARNSELEY ANNUAL REPORT 2019/2020</b>		
	<p>The Healthwatch Barnsley annual report 2019/2020 was shared with committee members for information.</p> <p>The report has been published for some time and if members want to discuss any of the content they can contact the Healthwatch manager directly or via the</p>		

Agenda Item	Note	Action	Deadline
	<p>engagement manager as they both meet on a regular basis.</p> <p>Towards the end of the report the strategic board give an indication on what they will be looking at going forward and most of this will have been written pre-covid. In relation to GP appointments the senior primary care commissioning manager and the head of communications and engagement had a session booked in diaries with the strategic board to help them understand the bigger picture within primary care to better inform how to take this work forward. Unfortunately this meeting did not go ahead and the head of communications and engagement will pick this up with the Healthwatch manager before any activity begins in relation to this.</p> <p>The senior primary care commissioning manager stated that it was really helpful to have feedback which helps with some of the things we want to do with primary care and practices as can evidence the detail of responses from members of the public other than their own routes into practice. This was going to be a good opportunity to describe some of the context of the work that happens in primary care and gives the nuance as to how things work, how this relates to the contractual requirements and what patients want as they can be very different. The senior primary care commissioning manager is keen to pick up his work back up to ensure we do not miss any details and share information.</p> <p>The head of communications and engagement acknowledged that during Covid-19 appointment systems had changed and that this would relate to a wider piece of work across all settings, rather than just GP practices, in terms of being offered video or telephone appointments. This sits in with the work of 'what are people telling us' and Healthwatch can help us build a rich picture in relation to this. The senior primary care commissioning manager stated that the team are getting quite a lot of requests/mandates from national and regional sources and need to reflect this in the local picture.</p> <p>The chair acknowledged how well Healthwatch managed their budget to ensure we get good value for money. Their volunteer bank is a crucial part of their strategy and is now hosted by Barnsley CVS and this link has helped</p>		

Agenda Item	Note	Action	Deadline
	<p>them to grown their volunteers by 27 people in the last year and this is how they undertake a lot of their work.</p> <p>Healthwatch had GP access on their list of work they wanted to do rather than the CCG asking Healthwatch to do this for us. We want to work collaboratively to inform Healthwatch of the bigger picture in primary care and to look at how this work could be delivered. As a Barnsley wide group they have an independent voice and collaborative working will ensure that we can make the most of this piece of work.</p> <p>It was noted that because of the restrictions of being in a pandemic Healthwatch will have had approximately 6 months where they would not have been able to consult with members of the public in the usual way and the head of communications and engagement is keen to know how they have been dealing with this – be that waiting to go back out to meet with people or by mobilising something else.</p> <p>The head of communications &amp; engagement will meet with the Healthwatch Manager, colleagues are welcome to join in this and an update will be provided at the next meeting.</p>		
	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>• <b>The head of communications and engagement to contact the Healthwatch manager to agree how they can inform the strategic board of wider work in relation to GP appointments before the board progresses with this piece of work.</b></li> </ul>	<b>KW</b>	<b>Completed</b>
<b>EEC 20/08/10</b>	<b>VERBAL UPDATE OF THE PATIENT COUNCIL MEETING HELD ON 29 JULY 2020</b>		
	<p>The committee chair gave a verbal update of the patient council meeting held on 29 July 2020 and highlighted the following:</p> <p>As the meeting was held during Covid-19 the main focus of the meeting was to trial new technology by utilising Zoom. 13 people attended and were keen to embrace the technology and everyone had something to contribute which was excellent. The meeting also allowed members to share some of their concerns about Barnsley residents which was useful during this unusual time.</p>		

Agenda Item	Note	Action	Deadline
<b>QUALITY GOVERNANCE</b>			
<b>EEC 20/08/11</b>	<b>CCG RISK REGISTER AND ASSURANCE FRAMEWORK</b>		
	<p>The head of governance &amp; assurance provided an overview of the risk register and assurance framework and the associated processes for information and to provide assurance for committee members.</p> <p><b>Governing Body Assurance Framework (GBAF)</b> There is no GBAF update for the committee at this stage as the GBAF is currently in abeyance. Updating the GBAF was suspended at the peak of Covid-19 and it is now proposed that a new GBAF is developed once 2020/21 planning guidance is received and priorities &amp; key deliverables are clearer.</p> <p><b>Risk Register</b> There are currently 2 risks rated amber on the corporate risk register for which the equality and engagement committee are responsible for managing :</p> <ul style="list-style-type: none"> <li>• Risk Reference 13/13b (rated 12, amber high) – Potential failure of the CCG to engage with patients and the public in the commissioning of services.</li> <li>• Risk Reference CCG 14/16 (rated 8, amber high) – If a culture supportive of equality and diversity is not embedded across the CCG there is a risk that the CCG will fail to discharge its statutory duties as an employer and will not adequately consider issues of equality within the services we commission.</li> </ul> <p>Both risks had been updated at the height of the Covid-19 response as that was our focus, now our focus is returning to business as usual and a fuller update will be available at the next meeting.</p> <p>The head of communications &amp; engagement asked that it was noted that engagement work did not stop during Covid-19, it was different during this time and it was important that this noted to ensure the updates on the risk register were not taken out of context. For the next meeting this can be updated. In addition equality work did not stop, only the formal meetings.</p> <p>The committee agreed that the risks are being appropriately managed and scored as at 13 August</p>		

Agenda Item	Note	Action	Deadline
	2020.		
<b>EEC</b> <b>20/08/12</b>	<b>HR POLICIES</b>		
	<p>On the 19th of June a number of policies were approved virtually by this committee and are being brought today for formal ratification and recording of this approval. These policies were:</p> <ul style="list-style-type: none"> <li>• Policy on Trade Union Recognition &amp; Facilities &amp; Time Off for Trade Union representatives</li> <li>• Maternity, Paternity, Adoption, Carers and Parental Leave</li> <li>• Disciplinary Policy</li> <li>• Acceptable Standards of Behaviour Policy</li> </ul> <p>Policies being shared with the committee for the first time today are:</p> <ul style="list-style-type: none"> <li>• Grievance Policy</li> <li>• Retirement Policy</li> <li>• Equality, Diversity and Inclusion Policy</li> <li>• Study Leave Policy</li> </ul> <p>Summarised below are minor amendments being proposed:</p> <p><b>Grievance Policy</b></p> <ul style="list-style-type: none"> <li>• Amendments to section 1.1 and 2.1 to reflect the involvement of the HR Team within the informal and formal process.</li> <li>• Section 2.2 amended to clarify manager's responsibilities.</li> </ul> <p><b>Retirement Policy</b></p> <ul style="list-style-type: none"> <li>• Section 7.6, 8.5, 8.6, 8.9 and 8.10 deleted and consolidated into section 8.4 to clarify all requests are to be submitted in writing.</li> <li>• Section 8.10 expanded to clarify the rules set by NHS Pensions around minimum break in service and maximum working hours allowed when flexibly retiring.</li> </ul> <p><b>Equality, Diversity and Inclusion Policy</b></p> <ul style="list-style-type: none"> <li>• Amendment to title of policy (and throughout policy document) to include 'inclusion'.</li> <li>• Section 5.3 added to clarify definition of 'inclusion'.</li> </ul> <p><b>Study Leave Policy</b></p> <ul style="list-style-type: none"> <li>• Section 2.5 added by counter-fraud specialist to</li> </ul>		

Agenda Item	Note	Action	Deadline
	<p>clarify the definition within this policy of fraud and bribery.</p> <ul style="list-style-type: none"> <li>Section 3.5 added by TU representatives to ensure consistency within CCGs across the local patch.</li> </ul> <p>The head of communications &amp; engagement had looked at the policies to consider if any changes needed to be made in relation to flexible working that may influence policies in the future however if there is anything that needs to be changed then these policies can be reviewed at any time if required.</p> <p>Noted these policies are following principles that are applied in all SYB CCG's to provide a consistent approach across the area.</p> <p>Committee members present approved these policies which will be circulated to members not present for their approval.</p>		
	<p><b>Action Agreed</b></p> <ul style="list-style-type: none"> <li><b>The HR manager to email members of the committee not present to give them an opportunity to approve changes and agree these policies, noting that these had been approved in our meeting. A deadline of 1 week was set to enable policies to be fully signed off and published.</b></li> </ul>	ES	31 Aug 2020
<b>EQUALITY</b>			
<b>EEC 20/08/13</b>	<b>EQUALITY OBJECTIVES AND ACTION PLAN 2019-2021</b>		
	<p>The equality, diversity &amp; inclusion working group has not met since 9 January 2020 as the meeting planned for 31 March 2020 was cancelled to allow staff to focus on the response to Covid-19. This group has been reinstated and will meet again on 25 September 2020. The notes from this and future meetings will be an agenda item for information only and we will only detail any points of escalation.</p>		
	<p>The head of communications &amp; engagement gave a verbal update in relation to the equality objectives and action plan for 2019-2021. We are on track to publish our draft objectives Workforce Race Equality Standards and Public Sector Equality Duties. There will be a huge number of actions that will come out of the Covid-19</p>		

Agenda Item	Note	Action	Deadline
	work in terms of equality, inequality, for the way we commission and for our staff. There is a lot of information in national guidance and the new NHS People Plan therefore we will need to review our action plan to ensure all the above will be covered and the action plan will be considered in more detail at future a meeting.		
<b>EEC</b> <b>20/08/14</b>	<b>WORKFORCE RACE EQUALITY STANDARDS</b>		
	<p>The HR manager presented the workforce race equality standards (WRES) report to committee members for assurance and highlighted the following:</p> <p>The equality, diversity and inclusion lead had input to the WRES and there are still minor amendments to ensure that equality, diversity and inclusion is referenced throughout the document.</p> <p>There are two strands to the WRES</p> <ul style="list-style-type: none"> <li>• Data - this was taken from electronic staff records and staff survey and this was uploaded to a national spreadsheet for NHS England to have an overview of each geographical area.</li> <li>• Action Plan - which can be amended as we go forward e.g. linking to the People Plan.</li> </ul> <p>Members were asked for comments to contribute to the final version:</p> <p>Workforce race equality indicators – BAME VSM 100% needs clarity - If this was 1 clinical individual on the very senior manager on the clinical pay scale from a black, asian, minority, and ethnic background this would be 100%. Data was presented last year to compare to this year and this year we have more BAME staff.</p> <p>The relative likelihood of white staff being appointed from shortlisting compared to BAME staff has changed from 1.35 to 1.42 times greater. It has been firmly stated in the action plan how to address this. One of the HR training modules planned this year is recruitment and selection and as many staff as possible will be encouraged to undertake this. We may state in the future that at least one person on an interview panel has to have attended this training. Committee members would support this.</p>		



Agenda Item	Note	Action	Deadline
	<p>The HR manger gave assurance to the committee that the equality, diversity and inclusion lead is happy with action plan and that this can be addressed as situations change.</p> <p>The head of communications &amp; engagement wants to ensure this information goes outside of this committee for discussion across the entire organisation. We have a group of staff that has formed since the black lives matter movement who want to be proactive and start having conversations within the CCG about this agenda – part of this was their own personal wish to do this taking a collaborative/coproduction approach with training that may be offered to staff. The group has a list of things for discussions; we are unsure if this may have been based their own personal experience or not so it was agreed to look at all the data available and move forward with an informed position of where the CCG is and then bring in people’s own experiences to this.</p> <p>The group of staff are keen to set up a network group and this is a good example of what we could take to them.</p> <p>The head of communications &amp; engagement queried the language as the report references BME and the CCG uses BAME which sits slightly more comfortably with individuals, it was asked that this was referenced.</p> <p>Once complete it is advisable that the WRES is shared with staff and published on our website. It is likely that we will want to run a session at staff briefing before publication.</p> <p>KSF 26 the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. 13.2% of white employees stated that they had experienced harassment, bullying or abuse in last 12 months from managers compared to 10% of BAME staff. 11.8% of white employees stated that they had experienced harassment, bullying or abuse in last 12 months from other colleagues compared to 10% of BAME staff.</p> <p>This shows that there is not much of an obvious difference between BAME to non BAME staff but raw numbers appear to be higher than the previous year which is a matter of concern for us. Over the last few months we have adopted a zero tolerance policy; during Covid-19 line mangers have had 1:1’s with staff and have discussed in detail staff wellbeing in relation to working from home. There have been isolated</p>		

Agenda Item	Note	Action	Deadline
	<p>incidences of inappropriate behaviour that have been raised and fully investigated, so we are doing what we can but the message has to be continually reinforced to staff in the CCG the kind of behaviours we expect and that staff will be supported if they come forward to raise any issues. The chair echoed the above comments and stated that the capturing of this information and how we are going to address this is very important and we need to drill down to a granular level to deal with this.</p> <p>Local and national CCGs have an average of 14% which is usually a lot lower and we are just below the average. The HR manager will reflect in the report the average/comparator to the national indicator – whilst this will not change the result it will give some context as this does not resonate with HR cases so it is hard to know what is behind this. HR training for bullying, harassment and prevention addresses the need to check individual levels of understanding of thresholds of behaviour as this will be differ and we need a common understanding of what this is.</p> <p>It was raised that during this unprecedented time, where staff members are working in isolation, there has been a small number of minor incidences of unacceptable standards of behaviour; therefore this report may not reflect a true picture of what is happening in the organisation now. Members are assured that the work planned by HR will address any ongoing issues.</p>		
	<p><b>Action Agreed</b></p> <ul style="list-style-type: none"> <li>• The HR manager to email members of the committee not present to give them an opportunity to comment and approve the WRES report, noting this had been approved in our meeting. A deadline of 1 week was set to enable the WRES to be fully sign off.</li> </ul>	ES	31 Aug 2020
<b>GENERAL</b>			
<b>EEC 20/08/15</b>	<b>EQUALITY &amp; ENGAGEMENT COMMITTEE WORKPLAN 2020-2021</b>		
	Changes had been made to the work plan on the advice of the audit committee to ensure that all relevant items from the committee terms of reference were reflected on the workplan and the reference numbers in the terms of reference has been added to specific sections of the		

Agenda Item	Note	Action	Deadline
	workplan.		
	<b>Action Agreed:</b> <ul style="list-style-type: none"> <li>The committee secretary to share the workplan and committee terms of reference for members comments on how we may evidence some of the requirements of the terms of reference within future papers and reflect this in the workplan.</li> </ul>	CW	31 Aug 2020
EEC 20/08/16	<b>ANY OTHER BUSINESS</b>		
	No items were raised.		
EEC 20/08/17	<b>ITEMS TO HIGHLIGHT IN THE GOVERNING BODY ASSURANCE REPORT</b>		
	Committee members agreed to highlight the following areas: <ul style="list-style-type: none"> <li>National Voices 5 Principles will be included in the engagement report and the chair will focus on this when reviewing the equality and engagement minutes.</li> <li>WRES data has been given thorough consideration.</li> </ul>		
EEC 20/08/18	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED</b>		
	The Chair thanked members for their input, good quality and content of papers and a good meeting. Committee members feel assured by the ongoing activities in relation to equality and engagement and no training needs were identified.		
EEC 20/08/19	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	The next meeting of the equality and engagement committee will be held on Thursday 3 December 2020 in meeting room 1 Hillder House or via Microsoft Teams.		