

A meeting of the NHS Barnsley Clinical Commissioning Group Governing Body will be held on Thursday 12 March 2020 at 9.30 am in the Boardroom, Hilder House, 49/51 Gawber Road, S75 2PY.

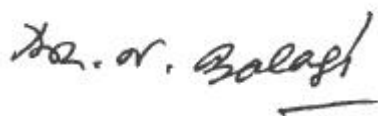
**AGENDA  
(Public)**

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 20/03/05</b> Nick Balac	9.45 am 5 mins
6	Patient and Public Involvement Activity Report	Assurance	<b>GB/Pu 20/03/06</b> Kirsty Waknell	9.50 am 10 mins
7	Minutes of the meeting held on 16 January 2020.	Approval	<b>GB/Pu 20/03/07</b> Nick Balac	10.00 am 5 mins
8	Matters Arising Report	Note	<b>GB/Pu 20/03/08</b> Nick Balac	10.05 am 5 mins
	<b>Strategy</b>			
9	Chief Officers Report	Information	<b>Verbal</b> Lesley Smith	10.10 am 10 mins
10	Neighbourhood Team Programme Update	Approval	<b>GB/Pu 20/03/10</b> Jeremy Budd	10.20 am 10 mins
11	Primary Care Assurance Report	Assurance	<b>GB/Pu 20/03/11</b> Jeremy Budd	10.30 am 10 mins
12	Commissioning of Children's Services	Assurance	<b>GB/Pu 20/03/12</b> Patrick Otway	10.40 am 20 mins

13	Mental Health Update		Assurance	<b>GB/Pu 20/03/13</b> Patrick Otway	11.00 am 10 mins
Quality and Governance					
14	Quality Highlights Report		Assurance	<b>GB/Pu 20/03/14</b> Jayne Sivakumar	11.10am 5 mins
15	Risk & Governance Report		Approval and Assurance	<b>GB/Pu 20/03/15</b> Richard Walker	11.15am 10 mins
Finance and Performance					
16	Integrated Performance Report		Assurance and Information	<b>GB/Pu 20/03/16</b> Roxanna Naylor Jamie Wike	11.25am 15 mins
Committee Reports and Minutes					
17	17.1	Minutes of the Membership Council held on 21 January 2020	Assurance	<b>GB/Pu 20/03/17.1</b> Nick Balac	11.40am 10 mins
	17.2	Minutes of the Audit Committee held on 23 January 2020	Assurance	<b>GB/Pu 20/03/17.2</b> Nigel Bell	
	17.3	Minutes of the Finance and Performance Committee held on 9 January 2020 and 6 February 2020	Assurance	<b>GB/Pu 20/03/17.3</b> Nick Balac	
	17.4	Highlights Report of the Primary Care Commissioning on 30 January 2020 and adopted minutes 28 November 2020.	Assurance	<b>GB/Pu 20/03/17.4</b> Chris Millington	
	17.5	Minutes of the Quality and Patient Safety Committee held on 12 December 2020	Assurance	<b>GB/Pu 20/03/17.5</b> Sudhagar Krishnsamy	
	17.6	Assurance Report Equality and Engagement Committee 20 February 2020	Assurance	<b>GB/Pu 20/03/17.6</b> Jayne Sivakumar	
	17.7	Joint Committee of Clinical Commissioning Groups Meeting held in public 23 October 2019 and 29 January 2020	Assurance	<b>GB/Pu 20/03/17.7</b> Lesley Smith	
18	Reports circulated in advance for noting  <b>From the SYB ICS Collaborative Partnership Board – 10 January 2020:</b> <ul style="list-style-type: none"><li>• 18.1 – ICS Chief Executive’s Report</li><li>• 18.2 - SYB 5 year Strategy Plan with supporting documents</li><li>18.3 - SYB Joint Commissioning Committee of CCGs Progress Report 29 January 2020</li></ul>				11.50am 5 mins

	18.4 – SYB ICS System Leader Update			
19	Questions from the Public on Barnsley Clinical Commissioning Group business	Note	Nick Balac	11.55am 10 mins
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	12.05pm 5 mins
	<b>General</b>			
21	<b>Date and Time of the Next Meeting:</b>  Thursday 14 May 2020 at 09.30 am in St John and St Mary Magdalene, Goldthorpe, Parish Church Hall, Lockwood Road, Goldthorpe, S63 9JY			12.10pm 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

12 March 2020

### Declarations of Interests, Gifts, Hospitality and Sponsorship 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: 30px; 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: 30px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 30px; 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%;">Name</th> <th style="width: 40%;">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%;">Group / Committee</th> <th style="width: 20%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> <tr> <td>N/A</td> <td></td> <td></td> </tr> </table>			Group / Committee	Date	Outcome	N/A					
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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>          Since the last Governing Body meeting, Lesley Smith has updated her DOI to include 'Deputy System Lead, South Yorkshire &amp; Bassetlaw Integrated Care System'.</p> <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
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> <li>Owner/Director Lundwood Surgical Services</li> <li>Wife is Owner/Director of Lundwood Surgical Services</li> <li>Member of the Royal College of General Practitioners</li> <li>Member of the faculty of sports and exercise medicine (Edinburgh)</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> <li>Chair of the Remuneration Committee at Barnsley Healthcare Federation</li> </ul>
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> </ul>

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> <li>The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG</li> </ul>
		<ul style="list-style-type: none"> <li>Member of the British Medical Association</li> </ul>
		<ul style="list-style-type: none"> <li>Director of YAAOZ Ltd, with wife</li> </ul>
		<ul style="list-style-type: none"> <li>Malkarsha Properties Ltd (Director)</li> </ul>
		<ul style="list-style-type: none"> <li>Partner (share holder) in Primecare LTD – holding the APMs contract for Lakeside Surgery and Goldthorpe</li> </ul>
Sudhagar Krishnasamy	Medical Director	<ul style="list-style-type: none"> <li>GP Partner at Royston Group Practice, Barnsley</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>GP Appraiser for NHS England</li> </ul>
		<ul style="list-style-type: none"> <li>Member of Barnsley LMC</li> </ul>
		<ul style="list-style-type: none"> <li>Member of the Medical Defence Union</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> <li>• Director of SKSJ Medicals Ltd</li> <li>• Wife is also a Director</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>• Undertakes sessions for IHeart Barnsley</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> </ul>
		<ul style="list-style-type: none"> <li>• 3A Honorary Senior Lecturer</li> </ul>
		<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>



Name	Current position (s) held in the CCG	Declared Interest
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>
Lesley Smith	Governing Body Member	<ul style="list-style-type: none"> <li>Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, fit out and recruitment services for private sector and potentially public sector clients.</li> </ul>
		<ul style="list-style-type: none"> <li>Interim Accountable Officer NHS Sheffield CCG</li> </ul>
		<ul style="list-style-type: none"> <li>Chief Executive, Deputy System Lead, South Yorkshire &amp; Bassetlaw Integrated Care System</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>• Nil</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

12 March 2020

### Patient and Public Involvement Activity Report

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	Decision	<input type="checkbox"/>	Approval									
	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>									
	Information	<input type="checkbox"/>										
<b>2.</b>	<b>PURPOSE</b>											
	<p>This report outlines the patient and public involvement activity we have carried out to help inform commissioning decisions and service development. It also focuses on wider community engagement events we have taken part in. The aim is to provide a one-stop-shop summary of recent and upcoming activity.</p>											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive</td> <td>Lesley Smith</td> <td>Chief Officer</td> </tr> <tr> <td>Author</td> <td>Kirsty Waknell</td> <td>Head of Communications and Engagement</td> </tr> </tbody> </table>				Name	Designation	Executive	Lesley Smith	Chief Officer	Author	Kirsty Waknell	Head of Communications and Engagement
	Name	Designation										
Executive	Lesley Smith	Chief Officer										
Author	Kirsty Waknell	Head of Communications and Engagement										
<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>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>NA</td> <td></td> <td></td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	NA					
Group / Committee	Date	Outcome										
NA												
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p>As part of our work across South Yorkshire and Bassetlaw we have been asking Barnsley people who have a stoma or have had a stoma recently fitted or removed to feedback on their experience of the service and support.</p> <p>As part of our work across Barnsley to develop an end of life care strategy we held a session with Barnsley Patient Council members. The group raised: the importance of open and honest conversations from healthcare teams; the role of care home teams respecting the person's wishes; the need for thought to be given to people who aren't able to communicate their wishes and how they and families are treated in these cases; how we need to consider how we remove the stigma around talking about both quality of life and a good death.</p> <p>In addition we have recently started seeking views from the public and particular parents and carers of young children in relation to the updated recommendations on children's surgery. Included in this is appendicectomies for children under eight-years-old.</p>											

<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"><li>• Note for information</li></ul>

<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			
	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?			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
<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			NA

	advice from the Chief Nurse (or Deputy) if appropriate?	
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>Y</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>Y</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**

<b>1</b>	<b>INTRODUCTION</b>
	This report gives an overview of our recent and future patient and public involvement activity in Barnsley CCG.
<b>2.</b>	<b>INVOLVEMENT ACTIVITY</b>
<b>Activity</b>	
<p><b>2.1 Stoma services – seeking views and feedback on current services</b></p> <p>We are asking people who have a stoma, or who have recently had a stoma fitted and removed for their views on the service they received.</p> <p><b>What is a stoma?</b> A stoma is an opening on the abdomen that is connected to either the digestive or urinary system to allow waste (urine or faeces) to be diverted out of the body. Common reasons for having a stoma include bowel cancer, bladder cancer, inflammatory bowel disease (Crohn's Disease or Ulcerative Colitis), diverticulitis or an obstruction to the bladder or bowel. A stoma can be temporary or permanent depending on the cause.</p> <p><b>Who is carrying out this work and why?</b> The South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) is looking at the services people with stoma receive across the region and want to hear about the experiences of patients to help shape any potential future changes to the service.</p> <p>Stuart Lakin, Pharmacist and the South Yorkshire and Bassetlaw lead for this work said: "By working together we have identified that currently across South Yorkshire and Bassetlaw stoma services are provided in many ways and this has led us to question whether one area is delivering a better service for their patients than another. We are committed to delivering an excellent service for all patients no matter where they live in South Yorkshire and Bassetlaw and therefore we want to better understand the experiences our patients have had. It is very important for us to hear your views, so we can make sure that services do what you want them to do."</p> <p><b>How can people feedback about their experiences of accessing stoma services locally?</b> You can complete the survey online <a href="#">here</a>. If you require any paper copies of the survey please contact us via email <a href="#">here</a> or call us on 01226 433773. The survey is confidential and you will not be identifiable. <u>It will not impact on the service you currently receive.</u></p> <p>We are currently also working with local GP practices in order to contact patients directly in addition to promoting this survey online.</p>	
<p><b>2.2 Refreshing the End of Life Care strategy for adults in Barnsley – seeking your views and feedback</b></p> <p>End of life care is defined by NHS England as care that is provided in the 'last year of life'; although for some conditions, end of life care may be provided for months or years.</p> <p>In Barnsley we are currently working with our health and care partners across the borough to refresh the current Barnsley End of Life Care Strategy for adults and we would welcome your help with this.</p>	

## **Shaping our strategy refresh in Barnsley and how you can share your views and feedback**

A key part of this work is to gain feedback from patients, carers, staff and members of the public in relation to their experiences of accessing and delivering end of life care across the borough.

We would very much value your views and input via the following survey(s) to help shape this work going forwards. It should take you no longer than ten minutes to complete and all responses will be kept anonymous.

### **[End of Life Care - Patient and Carer Survey](#)**

### **[End of Life Care – Frontline Staff Survey](#)**

Alternatively you can request a paper copy of the survey to be sent out and return it to us via the freepost address provided. If you require any paper copies of the survey please contact us via email [here](#) or call us on 01226 433773.

It would be much appreciated if you could please share this information with your friends and family/ networks to ensure we get as much feedback as possible to help inform the strategy refresh.

## **2.2 New children's surgery and anaesthesia proposal put forward following changes since 2017 business case proposal**

In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire.

At the time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.

### **What has happened since 2017?**

#### **Since the decision:**

- Strengthened partnerships across the region and even closer ways of working have been formed.
- Closer joint working across the NHS Hospitals has strengthened Ear, Nose and Throat (ENT) services and made them more stable and sustainable. This has reduced the need for children's surgery in the areas previously identified.
- The more detailed investigation that happens before any proposed change takes place has shown reality to be more complex than the business case assumed.
- There is evidence that pathways, from referral to treatment, for torsions of the testes are appropriate and should be retained.



- The introduction of Sustainability and Transformation Partnership/Integrated Care System geographical footprints has changed previous joint working arrangements. In South Yorkshire and Bassetlaw this has impacted on working arrangements with Mid Yorkshire Hospitals.

### **What are the new proposals?**

These changes of circumstance have therefore led the Children's Surgery and Anaesthesia Managed Clinical Network to develop revised recommendations, which meet the principles from the original work around safety and care closest to home, but which do not support the three hub geographical model proposed in 2017.

A new paper, to be decided upon by the Joint Committee of Clinical Commissioning Groups (JCCCG) in February 2020, instead recommends that clinical models should be different depending on the type of surgery.

The paper proposes that:

- The ENT models that are in place, through the close joint NHS Hospitals work are appropriate and should stay as they are.
- Torsion of the testis pathways are appropriate and should stay as they are.
- Consideration should be taken as to whether Mid Yorkshire Hospitals (MYH) should remain as a part of this work. Changing MYH's involvement would have some small volume implications.
- The pathways at Bassetlaw remain the same as current arrangements.
- Abdominal surgery (for suspected appendicitis) is the most complex pathway and the recommendation is that a change should be made to the treatment of appendicitis in young children. The number of appendicectomies (surgery to remove the appendix) undertaken in South Yorkshire and Bassetlaw each year on children under 8 is very small. Children under 8 are not 'small adults' and if they need an appendicectomy, it is better and safer for them to be seen by a surgeon who is trained to and regularly operates on younger children. Therefore the proposal is that for children aged under 8, and also for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital. This would affect about 40 children a year, and arrangements would be put in place to ensure safe transfers. For those children who will continue to have their surgery in their local hospital, we are strengthening the working between surgical, anaesthetic and paediatric medical teams, to ensure that we are concentrating upon the total needs of the child, and not just the surgical aspects.

### **What happens next?**

Should the JCCCG support the changed proposal, work would take place that would see the appendectomy pathway changed in 2020. (Please note this report written before February meeting).

All of the information about the original proposal and consultation can be found here: <https://smybndccgs.nhs.uk/what-we-do/childrens-surgery>

### **How to give your feedback**

We are now engaging with the public in South Yorkshire and Bassetlaw, in particular parents and carers of children who are under eight-years-old, about the appendicitis proposal. If you would like to have your say please visit the [Get Involved section](#) of the South Yorkshire and Bassetlaw Integrated care system website.

GB/Pu 20/03/07

**Minutes of the meeting of the Barnsley Clinical Commissioning Group Governing Body (PUBLIC SESSION) held on Thursday 16 January 2020, 9.30 am in the Boardroom at Hilder House 49/51 Gawber Road, Barnsley S75 2PY.**

**MEMBERS PRESENT**

Dr Nick Balac  
Dr Adebawale Adekunle  
Nigel Bell  
Dr John Harban  
  
Dr Hussain Kadarsha  
Dr Sudhagar Krishnasamy  
Chris Millington  
  
Roxanna Naylor  
Mike Simms  
Jayne Sivakumar  
Lesley Smith

Chairman  
Member  
Lay Member for Governance  
Member (from minute reference GB 20/01/08)  
Member  
Member & Medical Director  
Lay Member for Patient and Public Engagement & Primary Care Commissioning  
Chief Finance Officer  
Secondary Care Clinician  
Chief Nurse  
Chief Officer

**IN ATTENDANCE**

David Lautman

Lead Commissioning & Transformation  
Manager (for minute reference(s) GB 20/01/12)

Joe Minton

Professional Manager (for minute  
reference(s) GB 20/01/09 and 15)

Kay Morgan  
Patrick Otway

Governance and Assurance Manager  
Head of Commissioning (mental health,  
children, specialised) (from minute reference  
GB 20/01/10)

Kirsty Waknell  
Richard Walker  
Jamie Wike

Head of Communications and Engagement  
Head of Governance and Assurance  
Director of Strategic Planning and  
Performance

**APOLOGIES**

Jeremy Budd  
Dr Jamie MacInnes  
Dr Mark Smith

Director of Commissioning  
Member  
Member

**MEMBERS OF THE PUBLIC**

Peter Deakin  
Trevor Lake  
Margaret Sheard

Member of the Public  
Member of the Public  
Member of the Public

The Chairman welcomed members of the public to the Governing Body meeting.

GB/Pu 20/03/07

Agenda Item		Action	Deadline
<b>GB 20/01/01</b>	<b>HOUSEKEEPING</b>		
	All present were informed of the housekeeping arrangements for the meeting venue, including the fire procedures, nearest fire exit and toilet facilities.		
<b>GB 20/01/02</b>	<b>QUORACY</b>		
	The meeting was declared quorate.		
<b>GB 20/01/03</b>	<b>PATIENT STORY</b>		
	<p>The Secondary Care Clinician provided the Governing Body with a Patient Story regarding a 38 year old man who suffered a stroke. The man lived on his own and collapsed unconscious. A neighbour noticed that the man had not gone to work and called emergency services.</p> <p>The patient was taken to the Hyper Acute Stroke Unit, had a thrombectomy, was transferred back to his local hospital and discharged the next day. The patient has almost made a full recovery and is now back to work.</p> <p>The Secondary Care Clinician commented that two years ago when the Hyper Acute Stroke Pathway and Service were not in place, the outcome for the patient may not have been so positive.</p>		
	<p>The Governing Body reflected on the Patient Story and noted that the initiative to reconfigure stroke services had been challenging but in the best interests of patients as demonstrated by the patient story. It was important however, to maintain public health promotion and education in relation to the prevention of strokes and healthy lifestyles. Social isolation and loneliness has a direct impact on a person's health and wellbeing.</p> <p>The Head of Communications advised that she was working with local partners to publish joint public messages for example 'Looking out for neighbours'.</p>		

Agenda Item		Action	Deadline
	The Chief Officer provided the Governing Body with an update in relation to the Hyper Acute Stroke Unit (HASU) at the Mid Yorkshire Hospitals and extended an invitation for members of the Governing Body to visit the Unit. The Lay Member for Patient and Public Engagement & Primary Care Commissioning, the Medical Director, Head of Communications and Lay Member for Governance indicated their interest in the visit. It was also suggested that Richard Jenkins, Chief Executive Officer Barnsley Hospital NHS Foundation Trust be invited to attend the visit.		
	<b>The Governing Body noted the Patient Story.</b>  <b>Agreed action</b> <b>To arrange a visit to the Hyper Acute Stroke Unit (HASU) at the Mid Yorkshire Hospitals.</b>	KW	
GB 20/01/04	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>		
	<p>The Governing Body considered the Declaration of Interests, Gifts, Hospitality and Sponsorship Report.</p> <p>The Chief Officer declared the following new interest for inclusion on the CCGs Declaration of Interests Report</p> <ul style="list-style-type: none"> <li>Chief Executive, Deputy System Lead, South Yorkshire &amp; Bassetlaw Integrated Care System</li> </ul> <p>No other new declarations were received.</p>		
	<b>The Governing Body noted the Declarations of Interest Report.</b>		
GB 20/01/05	<b>PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT</b>		
	<p>The Head of Communications and Engagement introduced the Patient and Public Involvement Activity Report.</p> <p>The Chairman commended the work of the Future in Mind stakeholder events and advised that the CCG is committed</p>		

Agenda Item		Action	Deadline
	<p>to putting the voice of young people at the heart of commissioning services and with workforce planning. It was noted that a local NHS careers workforce event is planned.</p> <p>The Governing Body were pleased to note that elements of the CCGs patient and public involvement work had been chosen by NHS England and Improvement to be included in the NHS Oversight Framework assessment for 2019/20 and shared as best practice with other CCGs across the country.</p>		
	<p><b>The Governing Body noted the content of the report.</b></p>		
<b>GB 20/01/06</b>	<p><b>MINUTES OF THE PREVIOUS MEETINGS HELD ON 14 NOVEMBER 2019</b></p>		
	<p>The minutes of the previous meetings held on 14 November 2019 were verified as a correct record of the proceedings.</p> <p>The Director of Strategic Planning and Performance referred to minute reference GB 19/11/08 Generic Yorkshire and the Humber Collaborative Commissioning (Integrated Urgent &amp; Emergency Care (IUEC) and explained that although this was considered at the November meeting of the Governing Body no decision could be made due to the meeting being held during the pre-election period (purdah). The approval of the IUEC will be considered as part of the 'Chief Officers Report', at agenda item 9.</p>		
<b>GB 20/01/07</b>	<p><b>MATTERS ARISING REPORT</b></p>		
	<p>The Governing Body considered the Matters Arising Report and the following main points were noted.</p> <p><b>Minute reference GB 19/09/11 Commissioning of Children's Services Quarterly Monitoring Report</b></p> <p>The Governing Body was informed that Angela Fawcett, Designated Nurse for Children is developing the draft specification for a community paediatric nursing service. The specification will be available at the end of March 2020.</p>		

GB/Pu 20/03/07

Agenda Item		Action	Deadline
<b>STRATEGY</b>			
<b>GB 20/01/08</b>	<b>CHIEF OFFICER'S REPORT</b>		
	<p>The Chief Officer presented her report.</p> <p>The Chairman reported that a presentation about the Barnsley Workforce Strategy, presented by Lynne Richards, Project Coordinator had been well received at a South Yorkshire &amp; Bassetlaw ICS Primary Care Steering Board, Primary Care Network Development event on 9 January 2020. Barnsley was recognised for its forward thinking in respect of workforce planning. It was noted that the Primary Care Steering Board is overseeing a coordinated approach to workforce across South Yorkshire and Bassetlaw.</p>		
	<p><b>The Governing Body noted Chief Officer's Report and in respect of the Yorkshire and the Humber Collaborative Commissioning (Integrated Urgent &amp; Emergency Care (IUEC))</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the progress made to date on developing the needs of IUEC across Y&amp;H.</b></li> <li>• <b>Approved the 2019/21 Ambulance partnership framework.</b></li> <li>• <b>Approved the Y&amp;H IUEC collaborative commissioning MOU.</b></li> <li>• <b>Supported the plans to take forward the strategic intentions and timeline.</b></li> </ul>		
<b>GB 20/01/09</b>	<b>PRIMARY CARE NETWORK DEVELOPMENT</b>		
	<p>The Professional Manager gave a presentation to Governing Body on the development of the Barnsley Primary Care Network and mobilisation of neighbourhood teams.</p> <p>In response to questions raised it was clarified that a task and finish group, meeting fortnightly, is maintaining oversight of mobilisation to establish a single point of access (SPA) for the Rightcare Barnsley service and</p>		

Agenda Item		Action	Deadline
	community nursing services by 1 April 2020. The SPA will be based at based at Kendray Hospital.		
	Discussion took place regarding the national draft Direct Enhanced Service (DES) National Service Specifications for Primary Care and investment. In particular the availability of staff and funding to fill the extra roles as required in the specification. The Chair advised that there is a lot of national noise about the content and deliverability of the service specifications with an overwhelming message that the specification needs to be revised. Feedback from South Yorkshire and Bassetlaw ICS on the draft specification was submitted to NHSE on 15 January 2010. It is expected that specification will be rationalised and reissued.		
	<b>The Governing Body noted the presentation.</b>		
<b>GB 20/01/10</b>	<b>MATERNITY UPDATE</b>		
	The Governing Body noted an update on local maternity services and the assurance it provided.		
<b>GB 20/01/11</b>	<b>BEREAVEMENT SERVICES</b>		
	The Head of Commissioning (Mental Health, Children, Specialised) introduced his report about bereavement support services in Barnsley. It was noted that a more detailed discussion about Bereavement Support Services will take place at a Governing Body development Session. An action plan to improve Bereavement Services will be developed in line with Governing Body feedback.		
	The Lay Member for Patient and Public Engagement & Primary Care Commissioning provided a personal example of the lack of bereavement support services in Barnsley. It was suggested that this experience be utilised for a patient story to the Governing Body.		
	<b>The Governing Body noted the contents of the report.</b>		
	<b><i>Agreed Actions</i></b>		
	<b><i>To consider a Governing Body patient story around</i></b>	<b>CM</b>	<b>12.03.20</b>



Agenda Item		Action	Deadline
	<p><b><i>Bereavement Support Services.</i></b></p> <p><b><i>To invite a local Authority representative to attend the Governing Body Development Session for discussion on the Bereavement support services in Barnsley.</i></b></p>	PO	12.03.20
<b>GB 20/01/12</b>	<b>DIGITAL AND IT UPDATES</b>		
	<p>The Lead Commissioning &amp; Transformation Manager provided the Governing Body with an update on the IT/Digital projects and schemes currently being delivered across the CCG area.</p> <p>In response to questions raised it was clarified that:</p> <ul style="list-style-type: none"> <li>By March 2020 all Practices will have SystmOne and EMIS interoperability.</li> <li>GP Connect allowed NHS 111 to book direct GP appointments.</li> <li>Practices are preparing to work remotely and use computers on home visits to patients.</li> </ul>		
	<p>The delays in the roll out of Health and Social Care Network (HSCN) were noted. If HSCN is not implemented by July 2020, national penalties will apply to CCGs at £180k per month to keep existing lines open. It was important for the Governing Body to remain sighted on progress with implementation of HSCN</p> <p>The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning queried the use and benefits of the APEX workforce model tool in Primary Care.</p>		
	<p><b>The Governing Body noted the report for information and the assurance it provided.</b></p> <p><b><i>Agreed action</i></b></p> <ul style="list-style-type: none"> <li><b><i>To consider a new risk for the CCGs Risk Register regarding the roll out of HSCN by July 2020</i></b></li> <li><b><i>To provide the Governing Body with assurance for the roll out of the HSCN including programme of work and timetable of activity.</i></b></li> <li><b><i>To provide a report to the Governing Body</i></b></li> </ul>	<p>JB/JF RW JB/JF  JB/JF</p>	<p>12.03.20 12.03.20 12.03.20</p>

Agenda Item		Action	Deadline
	<i>regarding the use and benefits of the APEX Tool in Primary Care.</i>		
<b>GB 20/01/13</b>	<b>STROKE REHABILITATION UNIT SPECIFICATION</b>		
	Dr Adebowale Adekunle presented his report to Governing Body seeking approval of the Integrated Community Stroke Rehabilitation Team (ICSRT) Service Specification.		
	Governing Body was informed that the specification is within the financial envelope but recognised that the budget will increase with funding from the CCG. The Chief Officer commented that the elements of the specification delivered by the South West Yorkshire NHS Foundation Trust should be cost neutral until the specification was up and running.		
	Discussion took place. The Governing Body noted the big increase in thrombolysis rate from 5% to 40% and queried the reasons for this. It was also determined that information relating to the pathway flow would be useful. The service specification will be fully operational by April 2020.		
	<b>The Governing Body approved the Integrated Community Stroke Rehabilitation Team Specification.</b>  <b>The Governing Body noted that a further paper will be submitted to the Governing Body when the national service specification is published.</b>  <b>Agreed action:</b> <b>To provide the Governing Body with rationale around the increase in thrombolysis rate.</b>	<b>AA (LH)</b>	<b>12.03.20</b>
<b>GB 20/01/14</b>	<b>BARNSELY WORKFORCE STRATEGY</b>		
	The Professional Manager introduced the Barnsley Workforce Strategy for approval by the Governing Body. The Lay Member for Patient and Public Engagement & Primary Care Commissioning commented that universities, colleges, schools were not included amongst partners to the Strategy and more emphasis should be placed on apprenticeships as a potential future workforce. The Chief		

Agenda Item		Action	Deadline
	<p>Officer offered to be involved with the Talent Management programme and embedding of process.</p> <p>It was noted that the Health and Wellbeing Board played a pivotal role in bringing all partners together to deliver the workforce Strategy.</p>		
	<p><b>The Governing Body approved the Barnsley Workforce Strategy.</b></p> <p><i>Agreed actions</i>  <b>To extend the Governing Body's appreciation to the Professional Manager and Project Coordinator for their work in developing the Barnsley Workforce Strategy.</b></p>	JM	12.03.20
<b>GB 20/01/15</b>	<b>PROTECTION OF ADOLESCENTS INTO ADULthood BARNsLEY TRANSITION SAFEGUARDING ARRANGEMENTS</b>		
	<p>The Chief Nurse presented her report which provided the Governing Body with assurance on safeguarding transition arrangements. It was noted that a task and finish group had been established to explore new ways of working and strengthening of transition arrangements. The Chairman requested that the Task and Finish Group have a focus on children excluded from school and home schooled children.</p> <p>In response to a question raised it was confirmed that the Governing Body had received monthly and thorough assurance reports regarding the Rotherham child sexual exploitation issues and potential impact on Barnsley.</p> <p>The Governing Body was informed of work in progress looking at young people's transition from Health Services. The Chairman proposed that all new specifications should feature transition arrangements identification of gaps and plans to address these.</p>		
	<p><b>The Governing Body received the report for information and assurance.</b></p> <p><i>Agreed actions.</i>  <b>To include transition arrangements in all new service specifications</b></p>	RN	12.03.20

Agenda Item		Action	Deadline
<b>QUALITY AND GOVERNANCE</b>			
<b>GB 20/01/16</b>	<b>ACCESS TO INFERTILITY TREATMENT POLICY</b>		
	<p>The Chief Nurse introduced the Yorkshire and Humber Access to Infertility Treatment Policy to the Governing Body for approval. All other CCG's with SY&amp;B had approved the policy.</p> <p>It was noted that the joint South Yorkshire and Bassetlaw policy sets out the pathways and eligibility for specialist fertility services. The policy is not about how many cycles of infertility treatments are paid for by individual CCGs.</p>		
	<p>The Quality &amp; Patient Safety Committee had noted that smoking exclusion is no longer featured in the Policy and recommended that this change is not adopted. Governing Body considered the recommendation of the Quality and Patient Safety Committee. A number of members supported QPSC's view that the smoking exclusion should be retained, feeling that people requesting infertility treatment will be highly motivated, with appropriate support and advice, to achieve weight loss and stop smoking. It was also noted that parents smoking during pregnancy was harmful to the health of the unborn child. Members also however recognised the importance of Barnsley CCG having a consistent approach with other SY&amp;B CCGs in respect of Access to Infertility Treatment in order to ensure equity of access to this service.</p>		
	<p><b>The Governing Body approved the Access to Infertility Policy (v10) as it stands without the recommendation of the Quality and Patient Safety Committee relating to smoking.</b></p> <p><b><i>Agreed Actions</i></b>  <b><i>The Quality &amp; Patient Safety Committee to write to the Author/Lead of the Access to Infertility Treatment Policy with their reservations regarding smoking.</i></b></p>	<b>SK</b>	<b>12.03.20</b>
<b>GB 20/01/17</b>	<b>ZERO TOLERANCE POLICY</b>		

Agenda Item		Action	Deadline
	The Governing Body approved the Zero Tolerance Policy.		
<b>GB 20/01/18</b>	<b>QUALITY HIGHLIGHTS REPORT</b>		
	The Chief Nurse introduced the Quality Highlights Report to the Governing Body. With regard to Safeguarding Children the Chief Nurse reported that staffing issues at the BHNFT are regular discussed and monitored with the Director of Nursing.		
	<b>The Governing Body noted the Quality Highlights identified for information and assurance.</b>		
<b>GB 20/01/19</b>	<b>RISK AND GOVERNANCE EXCEPTION REPORT</b>		
	<p>The Head of Governance and Assurance presented the Risk and Governance Exception Report to the Governing Body. In response to questions raised it was confirmed that:</p> <ul style="list-style-type: none"> <li>• Mitigations are in place for risk reference 19/05 'Capacity and quality of end of live services'</li> <li>• There are 3 GP non-voting members of the Primary Care Commissioning Committee.</li> </ul>		
	<p><b>The Governing Body</b></p> <ul style="list-style-type: none"> <li>• Reviewed the summary of the GBAF for 2019/20, and determined that the risks are appropriately described and scored, and there is sufficient assurance that they are being effectively managed</li> <li>• Did not identify any additional positive assurances relevant to the risks on the GBAF</li> <li>• Reviewed the extract of the Corporate Risk Register and confirmed all risks are appropriately scored and described, and did not identify any potential new risks.</li> <li>• Approved the risk score increase from 16 to 20 for risk 18/04</li> <li>• Approved the inclusion of a new red (extreme) risk in relation to End of Life Care (19/05)</li> <li>• Noted the risk score changes for risks 13/19 and 14/16</li> <li>• Noted the removal of risks 19/02a and 19/02b</li> <li>• Approved the revised Primary Care Commissioning Committee Terms of Reference.</li> </ul>		

Agenda Item		Action	Deadline
	<ul style="list-style-type: none"> <li>Approved the proposed work plan</li> </ul>		
<b>FINANCE AND PERFORMANCE</b>			
<b>GB 20/01/20</b>	<b>INTEGRATED PERFORMANCE REPORT</b>		
	<p><b>Finance</b></p> <p>The Chief Finance Officer presented the key messages from the Financial Report as at 30 November 2019. The CCG is continuing to achieve all year-end financial duties. However in year pressures, emerging risks and under delivery of planned efficiency schemes continue to increase. The current forecast position suggests a forecast overspend of £298k, mitigating actions will need to be in place prior to year-end, to ensure financial duties are achieved.</p> <p>Discussions had commenced with providers on the 2020/21 contracts but no firm agreements to date had been reached. Discussions are also being held with providers regarding a system approach and contributions to achieve balance of plans and finance. Continuing Healthcare continues to be a volatile area of expenditure particularly with increasing care package costs, rather than the numbers of patients being eligible for continuing health care funding.</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 by exception, the following main points were noted.</p> <p>The Governing Body noted the information appended to the Performance Report in respect of 18 week waits, IAPT access rates and cancer pathways performance and the assurance this provided.</p> <p>The Director of Strategic Planning and Performance reported that A&amp;E performance is consistently strong compared with other areas. However the winter period has</p>		

Agenda Item		Action	Deadline
	<p>impacted on performance. The Winter Plan had been activated to open up to 64 beds additional beds at the Barnsley Hospital NHS Foundation Trust, however at peak periods this has increased to 74 beds.</p> <p>From a clinical perspective the Chairman queried the effectiveness of the stress pack sessions provided by the South West Yorkshire Partnership NHS Foundation Trust where up to 50 patients can attend a session. It was reported that the SWYPT are considering extending the capacity of sessions up to 100 patients. The Head of Commissioning (mental health, children, specialised) advised that patients are assessed at the beginning and end of the six week duration of sessions.</p> <p>The Director of Strategic Planning and Performance informed Governing Body that referral to treatment waiting lists had reduced since the reported period and were now in line with expectations. This was partly due to validation work in the Trust.. A query was raised as to whether there was a real reduction in people waiting or if the list was reducing just as a result of validation. Referral rates have increased and it was noted that patients expect referral for expert opinion despite specific referral criteria being in place. Governing Body was advised that the independent report on the review of the Musculoskeletal service was awaited.</p>		
	<p><b>The Governing Body noted the contents of the report including:</b></p> <ul style="list-style-type: none"> <li>• 2019/20 performance to date</li> <li>• Projected delivery of all financial duties, predicated on the assumptions and actions required as outlined in this paper</li> <li>• The current forecast position on the CCG's efficiency programme</li> <li>• Immediate action required to ensure efficiency plans for 2020/21 are developed and implemented to ensure financial duties can be achieved</li> </ul> <p><b>Agreed Actions</b>  <b>The Chairman to attend a Stress Pack Session provided by the South West Yorkshire Partnership</b></p>	<p><b>NB</b></p>	<p>12.03.20</p>



Agenda Item		Action	Deadline
	<b><i>NHS Foundation Trust Mental WYPFT.</i></b>  <b><i>To follow up on the referral to treatment waiting list validation work to determine if there are real reductions in the waiting lists.</i></b>	<b>JW</b>	12.03.20
<b>COMMITTEE REPORTS AND MINUTES</b>			
<b>GB 20/01/21</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>Membership Council held on 3 December 2019</b></li> <li><b>Finance and Performance Committee held on; 7 November 2019 and 5 December 2019</b></li> <li><b>Highlights Report Primary Care Commissioning Committee from meeting held on 28 November 2019 &amp; adopted minutes 26 September 2020</b></li> <li><b>Quality and Patient Safety Committee held on 10 October 2019</b>  <b>Agreed action</b>  <b><i>The Medical Director agreed to give consideration to the application of Get Fit First Policy in conjunction with the Infertility Treatment Policy.</i></b> </li> <li><b>Assurance Report Equality and Engagement Committee 21 November 2019</b>  Members' attention was drawn to the new Trans Equality in the Workplace Policy. The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning expressed his appreciation to Colin Brotherstone-Barnett, Equality, Diversity &amp; Inclusion Lead for his assistance in producing the policy which is now available on the CCGs website </li> </ul>		
<b>GB 20/01/22</b>	<b>QUESTIONS FROM THE PUBLIC ON BARNSELY CLINICAL COMMISSIONING GROUP BUSINESS</b>		



Agenda Item		Action	Deadline
	<p>The Chairman requested questions from members of the public.</p> <p><b>Question – Mental Health Services 5 Year Plan, Children and Young Peoples emotional wellbeing</b></p> <p>A Member of the public referred to agenda item 6 ‘The Patient and Public Activity Report’ in particular the section relating to Future in Mind – Feedback from the final stakeholder event and asked if Children’s and Young Peoples emotional wellbeing could be considered on a holistic basis by health?</p> <p><i><b>Response – Children’s and young people’s mental health is currently being looked at by the Health and Wellbeing Board. The funding for these services will be increased as part of Mental Health Investment Standards.</b></i></p> <p><b>Agreed action:</b>  <b>To share the report of the final Future in Mind Stakeholder event with the member of the public.</b></p> <p><b>Question - Cancer Screening</b></p> <p>What are GPs doing to encourage and improve the update of screening?</p> <p><i><b>Response - General Practitioners and health care professionals promote and remind patients to attend for cancer screening. The 2,000 cancer champions in Barnsley are raising awareness in the community about the importance of screening.</b></i></p> <p><i>Promotion of cancer screening is the responsibility of the local Authority Public Health Department.</i></p> <p>A member of the public praised the bowel screening programme in Barnsley</p> <p><b>Agreed action</b>  <b>To produce a joint report with the Public Health Department on the promotional activity of all cancer screening programmes in Barnsley.</b></p>	<p>PO</p> <p>JB</p>	<p>12.03.20</p> <p>12.04.20</p>

Agenda Item		Action	Deadline
	<p>A member of the public asked a number of questions as follows:</p> <p><b>Question – Re Written questions submitted for the Governing Body meeting 14 November 2019</b></p> <p>Why were the questions submitted not included in the minutes of the meeting?</p> <p><b>Response</b> – The questions were received during the pre-election period (purdah) during which the CCG is not permitted to discuss policy, or future strategy. A full written response had subsequently been sent post-purdah to all questions.</p> <p>For questions asked in meetings of the Governing Body in public session, a verbal response is provided at the meeting and included in the minutes. Minutes are a formal record of the meeting; the questions received were not part of the formal meeting. Meetings of the Governing Body are not a public meeting but a meeting held in public session.</p> <p><b>Question – Governing Body Lay Member for Patient and Public Involvement</b></p> <p>Is it possible for Barnsley CCG to have a Lay Member on the Governing Body with a lead role in championing patient and public Involvement?</p> <p><b>Response</b> – <i>Chris Millington is the Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning. He attends all Governing Body meetings and this is evidence in the Governing Body Minutes. He also chairs the Equality and Engagement Committee and Patient Council.</i></p> <p><b>Question – Support for People with Mental Health Conditions.</b></p> <p>A member of the public provided examples of where patients with mental health conditions did not appear to be supported. He expressed a view that there is a lack of support for patients with mental health conditions and</p>		

Agenda Item		Action	Deadline
	<p>asked.</p> <ul style="list-style-type: none"> <li>Is it possible to commission a dual diagnosis service?</li> <li>Treatment for mental health is not as effective as it could or should be. Could the CCG address this by reporting to NHS England?</li> </ul> <p><b>Response</b> – A dual diagnosis service is commissioned by the Local Authority Public Health Department?  An individual's care and treatment is confidential. However, individuals could take up aspects of their care and treatment outside of the meeting with the CCG or providers. Advice was provided for patients in crisis advice to contact their GP.</p> <p>The Head of Commissioning (mental health, children, specialised) offered to meet with the Chairman of Barnsley Save our NHS to discuss the issues raised outside of the meeting.</p>	PO	12.03.20
<b>GB 20/01/23</b>	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED</b>		
	The Governing Body agreed that the business of the meeting had been well conducted.		
	<b>The Governing Body agreed to close the public session of the meeting and proceed to the private part of the agenda.</b>		
<b>GB 20/01/24</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	Thursday 12 March 2020 at 09.30 am in the Boardroom Hilder House, 49/51 Gawber Road, Barnsley S75 2PY		

**GOVERNING BODY  
(Public session)**

**12 March 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 16 January 2020

*Table 1*

Minute ref	Issue	Action	Outcome/Action
<b>GB 20/01/03</b>	<b>PATIENT STORY – Stroke</b>  To arrange a visit to the Hyper Acute Stroke Unit (HASU) at the Mid Yorkshire Hospitals.	<b>KW</b>	<b>COMPLETE</b> - Visit arranged 30 April 2020
<b>GB 20/01/11</b>	<b>BEREAVEMENT SERVICES</b>  To consider a Governing Body patient story around Bereavement Support Services.  To invite a local Authority representative to attend the Governing Body Development Session for discussion on the Bereavement support services in Barnsley.	<b>CM</b>  <b>PO</b>	CM In contact with a recently bereaved family

<b>GB</b> <b>20/01/12</b>	<b>DIGITAL AND IT UPDATES</b>  To consider a new risk for the CCGs Risk Register regarding the roll out of HSCN by July 2020  To provide the Governing Body with assurance for the roll out of the HSCN including programme of work and timetable of activity.  To provide a report to the Governing Body regarding the use and benefits of the APEX Tool in Primary Care.	<b>JB/JF</b> <b>RW</b>  <b>JB/JF</b>  <b>JB/JF</b>	<b>COMPLETE</b> – Considered but not actioned given high degree of confidence that HSCN roll out will be completed by April 2020  <b>COMPLETE</b>
<b>GB</b> <b>20/01/13</b>	<b>STROKE REHABILITATION UNIT SPECIFICATION</b>  To provide the Governing Body with rationale around the increase in thrombolysis rate.	<b>AA</b>	<b>COMPLETE</b> - will be ongoing in any service reviews.
<b>GB</b> <b>20/01/14</b>	<b>BARNSELY WORKFORCE STRATEGY</b>  To extend the Governing Body's appreciation to the Professional Manager and Project Coordinator for their work in developing the Barnsley Workforce Strategy.	<b>JM</b>	<b>COMPLETE</b>
<b>GB</b> <b>20/01/15</b>	<b>PROTECTION OF ADOLESCENTS INTO ADULTHOOD BARNSELY TRANSITION SAFEGUARDING ARRANGEMENTS</b>  To include transition arrangements in all new service specifications	<b>RN</b>	<b>COMPLETE</b> - will be ongoing in any service reviews.
<b>GB</b> <b>20/01/16</b>	<b>ACCESS TO INFERTILITY TREATMENT POLICY</b>  The Quality & Patient Safety Committee to write to the Author/Lead of the Access to Infertility Treatment Policy with their reservations regarding smoking.	<b>SK</b>	To be picked up at ICS meeting.

GB 20/01/20	<b>INTEGRATED PERFORMANCE REPORT</b>		
	<p>The Chairman to attend a Stress Pack Session provided by the South West Yorkshire Partnership NHS Foundation Trust Mental WYPFT.</p> <p>To follow up on the referral to treatment waiting list validation work to determine if there are real reductions in the waiting lists.</p>	<p><b>NB</b></p> <p><b>JW</b></p>	<p><b>COMPLETE</b> – It is not possible to confirm whether validation issues existed before however numbers on the waiting list have now returned to levels previously.</p>
GB 20/01/21	<b>COMMITTEE REPORTS AND MINUTES - QPSC MINUTES</b>		
	To give consideration to the application of Get Fit First Policy in conjunction with the Infertility Treatment Policy	<b>SK</b>	Linked to 20/01/16.
GB 20/01/22	<b>QUESTIONS FROM THE PUBLIC –</b>		
	<p><b>QUESTION - Mental Health Services 5 Year Plan, Children and Young Peoples emotional wellbeing</b></p> <p>To share the report of the final Future in Mind Stakeholder event with the member of the public.</p> <p><b>QUESTION - Cancer Screening</b></p> <p>To consider production of a joint report with the Public Health Department on the promotional activity of all cancer screening programmes in Barnsley.</p>	<p><b>PO</b></p> <p><b>JB/SL</b></p>	<p><b>COMPLETE</b> - CCG and PH department presenting an update to the Overview and Scrutiny Committee (31.3.2020) provision of Cancer Screening programmes. This will be a joint report.</p>

## 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

[illegible]

	<p>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.</p> <p>To submit the specification for the Community Paediatric Service to Clinical Forum in November 2019.</p> <p>To submit the specification to the Children's Executive Group in the first Instance.</p> <p>To consider Paediatric Services Specification for integrated care working.</p>	<p><b>PO</b></p> <p><b>PO</b></p> <p><b>PO</b></p> <p><b>PO</b></p>	<p><b>ONGOING</b> –presented at Clinical Forum on 7 November 2019 – agreed for another paper to be taken in 6 months' time with an update.</p> <p><b>ONGOING</b> – The Designated Nurse for Children is developing the draft specification for Children's. The specification will be available at the end of March 2020.</p> <p><b>ONGOING</b> – as above.</p> <p><b>ONGOING</b> – as above.</p>
<b>GB 19/09/13</b>	<p><b>MENTAL HEALTH UPDATE</b></p> <p>To present local and South Yorkshire &amp; Bassetlaw regional suicide prevention plans to a future meeting of the Governing Body or Developmental session.</p> <p>To provide a report on Bereavement Support Services in Barnsley to the next meeting of the Governing Body on 14 November 2019.</p>	<p><b>PO</b></p> <p><b>PO</b></p>	<p><b>ONGOING</b></p> <p><b>COMPLETE</b></p>
<b>GB 19/11/03</b>	<p><b>PATIENT STORY - YOUNG COMMISSIONERS, OASIS</b></p> <p>To consider how the voice of the young commissioners can be involved with the work of the CCG and Health and Wellbeing Board.</p>	<b>LS/NB</b>	<p><b>IN PROGRESS</b> - Under consideration</p> <p>Patient Council Member; considering introductions via her contacts.</p>
<b>GB 19/11/15</b>	<b>COMMITTEE REPORTS AND MINUTES - AUDIT COMMITTEE</b>		



	To ensure that all interests declared at CCG meetings include the type/category of interest.	<b>RW</b>	<p><b>COMPLETE -</b> A reminder and guidance has been circulated round Chairs and Committee secretaries</p> <p>Refresher training for Committee secretaries was completed on 18 February 2020.</p> <p>Guidance circulated to Committee Chairman 5 February 2020.</p>
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## Governing Body

12 March 2020

## Neighbourhood Teams Update

### 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: 30px; 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: 30px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 30px; text-align: center;"><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>Governing Body is asked to oversee the progression of the Barnsley Integrated Neighbourhood Teams which will go live on 1 April 2020.</p> <p>This paper asks Governing Body to:</p> <ul style="list-style-type: none"> <li>Review the Highlight Reports due at the Neighbourhood Teams Programme Board 04/03/2020</li> <li>Review the latest Programme Risk Log.</li> </ul>															
<b>3.</b>	<b>REPORT OF</b>															
	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 25%;"></th> <th style="width: 35%;">Name</th> <th style="width: 40%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive Lead</td> <td>Jeremy Budd</td> <td>Director of Commissioning</td> </tr> <tr> <td>Clinical Leads</td> <td>Dr Nick Balac</td> <td>CCG Chair</td> </tr> <tr> <td>Author(s)</td> <td>Joe Minton</td> <td>Professional Manager</td> </tr> </tbody> </table>		Name	Designation	Executive Lead	Jeremy Budd	Director of Commissioning	Clinical Leads	Dr Nick Balac	CCG Chair	Author(s)	Joe Minton	Professional Manager			
	Name	Designation														
Executive Lead	Jeremy Budd	Director of Commissioning														
Clinical Leads	Dr Nick Balac	CCG Chair														
Author(s)	Joe Minton	Professional Manager														
<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; margin-top: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 40%;">Group / Committee</th> <th style="width: 20%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>Governing Body</td> <td>9 May 2019</td> <td>Agree to review opportunities</td> </tr> <tr> <td>Governing Body</td> <td>11 July 2019</td> <td>Agreed to engage on draft specification</td> </tr> <tr> <td>Governing Body Development Session</td> <td>29 August 2019</td> <td>Progress to date supported</td> </tr> <tr> <td>Governing Body</td> <td>12 September 2019</td> <td>Specification approved</td> </tr> </tbody> </table>	Group / Committee	Date	Outcome	Governing Body	9 May 2019	Agree to review opportunities	Governing Body	11 July 2019	Agreed to engage on draft specification	Governing Body Development Session	29 August 2019	Progress to date supported	Governing Body	12 September 2019	Specification approved
Group / Committee	Date	Outcome														
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Governing Body	11 July 2019	Agreed to engage on draft specification														
Governing Body Development Session	29 August 2019	Progress to date supported														
Governing Body	12 September 2019	Specification approved														

	Neighbourhood Team Programme Board	9 October 2019	Highlight Reports and Risk Log received and noted
	Governing Body	14 November 2019	Highlight Reports and Risk Log received and noted
	Neighbourhood Team Programme Board	5 February 2020	Highlight Reports and Risk Log received and noted
	Neighbourhood Team Programme Board	4 March 2020	Highlight Reports and Risk Log due
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	<p><b>Progress to date</b> Governing Body approved the specification for the Neighbourhood Teams on 12 September 2019, since this time updates have been provided regarding the progression in mobilising the new service which will go live on 1 April 2020.</p> <p>The Neighbourhood Team Programme Board oversees progression of the programme which is on track to go live by 1 April 2020. More detail is included in the Highlight Reports and (Appendix A) and the Programme Risk Log (Appendix B) which Governing Body are asked to review for assurance purposes.</p> <p><b>Update on the APEX Tool</b> The Primary Care team have supported practices in the roll out of the Apex tool. It is currently installed within 30 practices (with an additional manual “work around” implemented for a further one practice). The licences for the tool have been extended by NHSE to 31st August 2020.</p> <p>The Primary Care team will be undertaking a review of the utilisation and effectiveness of the tool across practices to support decisions on funding licenses beyond 31st August 2020.</p> <p>26 practices have agreed to share data from the tool with other practices across the PCN and neighbourhood networks.</p>		
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>		
	<ul style="list-style-type: none"> <li>• Note the contents of the Highlight Reports</li> <li>• Note the contents of the Programme Risk Log</li> </ul>		
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>		
	<ul style="list-style-type: none"> <li>• Appendix A – Programme Highlight Reports</li> <li>• Appendix B – Programme Risk Log</li> </ul>		

<b>Agenda time allocation for report:</b>
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<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			
	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:		1.1, 2.1, 5.1, 5.2, 6.1	
<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)	See 3.3	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>
	<i>Neighbourhood Team Programme Board chaired by Dr Nick Balac.</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>
<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> <table border="1" data-bbox="284 210 1406 358"> <tr> <td data-bbox="290 210 1264 241">Has a Quality Impact Assessment (QIA) been completed if relevant?</td> <td data-bbox="1273 210 1399 241"><b>Y</b></td> </tr> <tr> <td data-bbox="290 241 1264 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="1273 241 1399 304"><b>Y</b></td> </tr> <tr> <td colspan="2" data-bbox="290 304 1399 358"><i>The Provider is producing an updated QIA.</i></td> </tr> </table>		Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>Y</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>Y</b>	<i>The Provider is producing an updated QIA.</i>			
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<i>The Provider is producing an updated QIA.</i>										
3.5	<b>Reducing inequalities (s14T)</b> <table border="1" data-bbox="284 441 1406 589"> <tr> <td data-bbox="290 441 1264 472">Has an Equality Impact Assessment (EIA) been completed if relevant?</td> <td data-bbox="1273 441 1399 472"><b>Y</b></td> </tr> <tr> <td data-bbox="290 472 1264 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="1273 472 1399 535"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="290 535 1399 589"><i>EIA signed off 04/09/19 and tabled at Governing Body 12/09/19.</i></td> </tr> </table>		Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>Y</b>	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>	<i>EIA signed off 04/09/19 and tabled at Governing Body 12/09/19.</i>			
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Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>									
<i>EIA signed off 04/09/19 and tabled at Governing Body 12/09/19.</i>										
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b> <table border="1" data-bbox="284 672 1406 819"> <tr> <td data-bbox="290 672 1264 703">Has a s14Z2: Patient and Public Participation Form been completed if relevant?</td> <td data-bbox="1273 672 1399 703"><b>Y</b></td> </tr> <tr> <td data-bbox="290 703 1264 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="1273 703 1399 766"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="290 766 1399 819"><i>S14Z2 signed off 04/09/19 and tabled at Governing Body 12/09/19.</i></td> </tr> </table>		Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>Y</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>S14Z2 signed off 04/09/19 and tabled at Governing Body 12/09/19.</i>			
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## Neighbourhood Teams – Work Stream Highlight Reports

### Programme Highlight Report

Key	
	Complete
	On track
	Behind plan but recoverable
	Missed key milestone

Programme Name		Neighbourhood Teams Mobilisation	
SRO		Jeremy Budd	Clinical Lead Dr Nick Balac
Date of Report		February 2019	
Description			
<p>The new service specification will create neighbourhood multi-disciplinary teams that will provide more integrated services in neighbourhoods, improving the experience of patients.</p> <p>Six work streams have been established to support the mobilisation of the new service that include partner organisations and will use the feedback from the engagement process this includes the Provider Mobilisation Group which has a line of reporting into the Programme Board.</p> <p>The service is due to launch on 1 April 2020.</p>			
Objective(s)			
<p>The Programme Board oversees progress in relation to the development of the service for the Neighbourhood Team specification with regards to the specific oversight and risk management associated with the project.</p>			
Work Stream Status			LeadRAG
1	SWYPFT Service Mobilisation		GS
2	Single Point of Access (SPA)		JLS
3	Population Health Management		JM
4	Workforce Development		JM
5	Communications and Engagement		KW
6	Contract and KPIs		JM
Key Risk/Issues			
<p>Key risks, which are being addressed by the workstreams, include:</p> <ul style="list-style-type: none"><li>• The Neighbourhood Teams will not achieve non-elective targets; putting the system at financial risk</li><li>• Pace of developing 'Shared Leadership' is slower than the pace of developing Neighbourhood Teams. This may result in the service not being integrated with Primary Care, placing the objectives of the service specification at risk of non-delivery</li><li>• Insufficient staffing levels and inappropriate skill mix across the Neighbourhood Team may result in an inadequate patient experience; a failure to protect patients or staff from serious harm, loss of stakeholder confidence.</li><li>• Significant development work required to reconfigure System1 to support new ways of working.</li><li>• Staff in the Neighbourhood Team do not have access to the patients full care record. This may result in a lack of coordinated working, clinical risk factors, and poor patient experience - having to share information multiple times.</li></ul>			

## 1. SWYPFT Mobilisation Highlight Report

<b>Project</b>	SWYPFT Neighbourhood Team Mobilisation	<b>Time period covered</b>	Feb-20
<b>Project Lead(s)</b>	Gill Stansfield	<b>Overall RAG rating</b>	
<b>Report of</b>			
	<b>Name</b>	<b>Designation</b>	
<b>Executive Lead(s)</b>	Carol Harris	Director of Operations	
	Salma Yasmeen	Director of Strategy	
<b>Author(s)</b>	Gill Stansfield	Deputy District Director	
<b>Summary of Progress to Date</b>			
<ul style="list-style-type: none"><li>Engagement and Equality Plan drafted; to align with Comms plan. In the process of reviewing EIAs in light of proposed changes.</li><li>Partnership Mobilisation Group continues.</li><li>TAGs ongoing:<ul style="list-style-type: none"><li>Estates &amp; IT</li><li>HR &amp; Workforce</li><li>Reporting and Systems</li></ul></li><li>Clinical Reference Group continues to meet monthly with excellent attendance including PCN Clinical Directors. Membership has been extended to RCB, LA, Breathe and Diabetes colleagues. Work plan established with priorities including, referral pathways, defining urgent, crisis and routine patients, case management and workload allocation and proactive care,</li><li>Weekly drop ins and staff briefings (as required) continue. With additional briefing sessions being delivered in partnership with HR and staff side.</li><li>Regular updates/bulletins via SWYPFT intranet continue</li><li>SystmOne reconfiguration is in progress, demonstrations have commenced with clinicians,</li><li>Management of change, timelines for consultation:<ul style="list-style-type: none"><li>7 day therapy – Commences 28<sup>th</sup> Feb 2020</li><li>NNS change of contract/hours/shift – agreed with staff side an approach where staff can opt in to moving to 24 hour shift contract and any vacancies will be recruited to on a 3 shift pattern.</li><li>Admin restructure – Commences 27<sup>th</sup> Feb 2020</li><li>Further engagement sessions with all staff planned W/C 02<sup>nd</sup> March 2020.</li></ul></li><li>Staffing in Neighbourhood Teams is now established.</li><li>Neighbourhood Team development sessions – pilot planned for North in 17 March 2020 (Agreed OD proposal at Governing body). Network Manager and Community Matron will lead these sessions with invites going out to North area colleagues in primary care and SWYPFT staff.</li><li>SPA – work has commenced on the Lodge so it is fit for purpose for hosting the SPA.</li></ul>			

Mobilisation and exit plan have been drawn up for moving CNRS and RCB for the 1<sup>st</sup> April 2020. Sessions have commenced regarding referral pathways, referral allocation, appointment booking, development of standard operating procedures and linkages to new SystmOne Integrated Module and timescales for moving all elements of the Neighbourhood teams into this.

- KPIs – latest version has been reviewed and comments sent to CCG. Further internal meeting 28<sup>th</sup> February 2020 to progress this work.
- Re-admissions audit completed jointly between SWYPFT/CCG/BHNFT, draft results circulated with initial feedback shared. Future plans to do acute admissions audit and learn from the feedback from the re-admission audit; looking at larger sample size etc.
- Workforce Planning – internal SWYPFT workforce plans have been submitted.
- Physical movement of staff into the neighbourhoods completed

#### Summary of next areas of focus (from plan)

- Agreement of KPIs and work to consider reporting arrangements required to demonstrate performance against these.
- System reconfiguration to progress work to move to a single module, with full review of staff training needs and finalise timelines/plans for “go live” (**Proposed phased approached to moving “service lines” over**).
- Consultation / Management of change and staff engagement continue and finalised by early April 2020.
- Implementation of Engagement and Equality work
- Establish links with Memory Service & Community Mental Health re Phase 2 and improved synergy for physical and mental health offers.

#### Key Milestones

Milestone	RAG
Communication and Engagement	
Fortnightly Partnership Mobilisation Group Meetings and associated paperwork / governance	
Management of Change (3 phases)	
Task Action Groups for Estates & IT, HR & Workforce, P&I and IM&T including KPIs	
Financial Profiling	
Clinical Reference Group	
IT requirements and configuration	
Estates	
SPA including thresholds and disposition points	
Workforce Plan	
Performance and Information: KPIs, outcome measures, reporting mechanisms and requirements	
Standard Operating Procedures	
Implement new model	Apr 2020

NB: Three ratings above moved to amber as timeframes unclear at present regarding achievement of



milestone by April 2020.

**Risk update (any new or changing risks)**

- New risk – associated with staff engagement on the new specification, discussions with HR, operational colleagues, Staffside held with a joint decision reached to undertake further engagement with staff in scope of the Neighbourhood team specification.

**Issues**

- Awaiting feedback from EMT on the shared leadership model and arrangements with Barnsley Health Care Federation in order to complete any management and leadership business change process.

## 2. Single Point of Access (SPA) Highlight Report

Workstream	Single Point of Access (SPA)	Time period covered	Feb-20
Executive Lead(s)	Jayne Sivakumar (Chief Nurse)	Overall RAG rating	
Author(s)	Lucy Hinchliffe (Contract and Commissioning Support Manager) and Carol Williams (Project Coordinator)		
Summary of progress to date			
<ul style="list-style-type: none"><li>It has been agreed to co-locate the RightCare Barnsley (RCB) SPA and the Community Nursing Referral Service (CNRS) SPA in the first instance and bring other services on board later. The SPA will be live from 1 April 2020.</li><li>System agreement to co-locate to The Lodge, Kendray Hospital. Agreement received from SWYPFT on 05/12/19 and BHNFT on 08/01/20.</li><li>The longer term ambitions of the SPA to be progressed post-1 April supported by the Business Delivery Managers.</li></ul>			
Summary of next areas of focus			
<ul style="list-style-type: none"><li>10/01/20 – Mobilisation of move underway, on track for 01/04/20 go live date.</li><li>Mobilisation plan progressing at pace and capital budget spent before 31/03/20</li><li>Structure and leadership within the SPA will be considered more closely when both CNRS and RCB have co-located.</li><li>Demand/capacity modelling to ensure SPA operating hours covered effectively.</li><li>Clinical Reference Group currently reviewing pathways with SPA as route in.</li></ul>			
Key milestones		Target	RAG
1	Establish core timeframes	Oct-19	
2	Complete baseline modelling by 31/10/19	Nov-19	
3	Agree location by 01/12/19	Dec-19	
4	Complete clinical pathways / algorithms and core data set by 31/01/20	Jan-20 (revised to Apr-20)	
5	Agree IT and telephony by 31/01/20	Jan-20	
6	Mobilise by 1 April 2020	Apr-20	
Risk update			
<p><b>Capital funds</b> – capital bid not received however SWYPFT capital funds must be spent by end of March. Spending is on track and being used to undertake minor refurbishment works and for IT/kit.</p> <p><b>Service loss</b> - the co-location may cause CNRS/ CB services to lose access to usual systems which will prohibit operational BAU capabilities. Mitigation plan confirmed:</p> <ol style="list-style-type: none"><li>1) Install at the earliest convenience (current staff vacating 10/02/20)</li><li>2) Test kit (dry run) in early March</li><li>3) Staff to trial working in shadow mode 1-2 days prior to launch</li><li>4) Reserve space at BHNFT for RCB to use post-launch as contingency</li></ol>			
Issues			
<p><b>Clinical pathways/algorithms</b> – initially scheduled for completion by 31/01/20. Logistics of move have taken priority however Clinical Reference Group has reviewed pathways w/c 20/01/20. On track to have in place by 01/04/20.</p>			

### 3. Population Health Highlight Report

<b>Workstream</b>	Population Health	<b>Time period covered</b>	Feb-20
<b>Executive Lead(s)</b>	Joe Minton and Chris Lawson (Programme Manager / Head of Medicines Optimisations)	<b>Overall RAG rating</b>	
<b>Author(s)</b>	Janine Quate (Project Officer)		
<b>Summary of progress to date</b>			
<p>Prescribing Services are working with the DSCRO to resolve firewall issues that are prevention the SUS data files from being received by Prescribing Services. They expect this to be resolved by the end of February 2020. The majority of practices have now signed the Vista agreement and where these have not been signed the medicines management team are following up.</p> <p>A set of system requirements, including use case for the neighbourhood teams was presented at the Clinical Reference Group on 25 February and has a positive response. The teams were also asked how the Barnsley Population Health Management Unit (PHMU) could support their work. It was agreed that a smaller group of members would work with Gill Stansfield and Joe Minton to finalise the data specification to identify the cohorts for proactive care, review the evidence base for different interventions and further develop ways of working and operating procedures.</p> <p>The new draft service specification for anticipatory care has been withdrawn from the GP network DES for 2020/21.</p>			
<b>Summary of next areas of focus</b>			
<ul style="list-style-type: none"><li>• Access to the Eclipse Live Vista Module to begin testing.</li><li>• Configuration of the Vista Tool to local pathways and building local searches where these do not already exist</li><li>• Continued engagement with the Clinical Reference Group on the ways of working and operating procedures</li></ul>			
<b>Key milestones</b>			
<b>Milestone</b>		<b>RAG</b>	
Health profiles for each neighbourhood network			
Population segmentation report			
Eclipse Live Vista Module			
Design – priority cohorts and interventions			
Develop ways of working and operating procedures			
Testing and mobilisation			
<b>Risk update</b>			
<b>Confidence of GPs to test this new way of working</b> – there has been positive			

clinical engagement through the clinical reference group which includes the neighbourhood network clinical directors.

**Issues**

**Data access** - The data access is now progressing after significant delays.

#### 4. Workforce Development Highlight Report

<b>Workstream</b>	Workforce development	<b>Time period covered</b>	Feb-20
<b>Executive Lead(s)</b>	Gill Stansfield and Joe Minton (Deputy District Director / Professional Manager)	<b>Overall RAG rating</b>	
<b>Author(s)</b>	Joe Minton (Professional Manager)		
<b>Summary of progress to date</b>			
<p>Population health and workforce modelling has been undertaken by Whole Systems Partnership (WSP) to understand how the size and shape of the workforce needs to change over the next five years in order to meet the changing population health needs and facilitate a shift to delivering proactive care in the communities. This modelling was used to develop a programme of work and milestones to support the neighbourhood teams workforce development. Since the last update -</p> <ul style="list-style-type: none"><li>• A proposal around additional investment in the neighbourhood teams workforce will be discussed at the programme board and the CCG Governing Body in March 2020.</li><li>• Discussions between SWYPFT and Apex Insight around using the tool for the neighbourhood teams remain at an early stage. The roll out of the Apex Insight Tool in general practice continues. It is currently installed in 30 or 33 practices in Barnsley with an additional manual “work around” implemented for a further one practice. The licences for the tool have been extended by NHSE to 31st August 2020. 26 practices have agreed to share data from the tool with other practices across the PCN and neighbourhood networks.</li><li>• There have been discussions with the primary care for SYB about how the workforce modelling undertaken in Barnsley could be rolled out across the ICS and what additional support could be offered to Barnsley which will include updating the modelling work to show change over the last 12 months and may also involve extending the scope.</li></ul>			
<b>Summary of next areas of focus</b>			
<p>Agree the finance and workforce model.</p> <p>The first OD session for the North neighbourhood teams will take place in early March. GPs will be invited to the OD session in the North.</p> <p>The Primary Care team will be undertaking a review of the utilisation and effectiveness of the Apex Insight tool across practices to support decisions on funding licenses beyond 31st August 2020.</p> <p>Build a workforce A to B journey with key stakeholders.</p>			
<b>Key milestones</b>			
	<b>Milestone</b>	<b>RAG</b>	
1	Develop a workforce model for the neighbourhood teams using the PHM modelling principles.		
2	Determine the individual roles required and how existing roles need to change, including clinical leadership and operational support.		

3	Design the organisational development programme focussed integrated teams.	
4	Test and refine the organisational development programme for integrated teams.	
5	Begin the roll out of the organisational development programme for integrated teams.	
6	Create a 5 year workforce plan that will deliver the future workforce requirements.	

#### Risk update

**Staff retention** - It is possible that staff will be unsettled by the proposed changes and choose to look for opportunities elsewhere. The management of change process aims to ensure all staff are retained and supported through the process.

**Recruitment and new roles** – the new workforce model will require staff to work in new ways and, particularly for non-registered workforce, this will mean working with different service user groups and developing additional clinical skills. There is a risk that some members of staff will not want to change the way they work and also that it is difficult to recruit to new roles. The ongoing development of individual role profiles and the career and competency frameworks will support staff through these changes.

#### Issues

**Aligning PCN and neighbourhood teams OD plan** – discussions are ongoing with the PCN to exploit any opportunities to align OD support for the neighbourhood networks and teams.

## 5. Communications and Engagement Highlight Report

Workstream	Communications and Engagement	Time period covered	Jan-20
Executive Lead(s)	Kirsty Waknell (Head of Communications and Engagement)	Overall RAG rating	
Author(s)	Kirsty Waknell (Head of Communications and Engagement)		
Summary of progress to date			
<p>The new service specification will create neighbourhood multi-disciplinary teams comprising clinical leaders and operational support, nurses, allied health professionals and admin and clerical staff that are currently part of separate community teams. It has been established that this is a development of how teams work together and will not impact of the types of, or locations of where people currently receive services. There is likely to be some changes to some current staff's base location.</p> <p>This workstream oversees the communications and engagement plan to support the development of a new service specification and the mobilisation phase. It will also form part of the wider plan to communicate how services across Barnsley are working together and the benefits that this way of working can bring (part of the #Livelt work).</p> <p>Building on the existing patient and public feedback gathered as part of our discussion on the NHS Long Term Plan during 2019.</p> <p>Work has taken place to obtain views and feedback from staff working in community and primary care services to help shape the service specification. In addition to obtaining views and feedback from wider stakeholders who work closely with community health and primary care services to help shape the service specification and provide opportunity to reflect any proposals or suggestions for future ways of working.</p>			
Summary of next areas of focus			
<ul style="list-style-type: none"><li>Ensure there is effective and timely communication to primary care, in line with the work that is taking place within SWYPFT.</li><li>Provide an opportunity for members of the public who may use now, or in the future, community health services to understand how the new service specification links in with their feedback on the NHS Long Term Plan and feedback any additional views in relation to the service specification.</li><li>Be in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), in which CCGs and NHS England have duties to involve the public in commissioning, (under sections 14Z2 and 13Q respectively).</li></ul>			
Key milestones		Target	RAG
1	Review and propose patient and public involvement approach with local authority via Overview and Scrutiny.	Aug-19	
2	Share emerging themes from NHS Long Term plan involvement activity with commissioning leads and Health and Wellbeing Board.	Aug-19	

3	Stakeholder involvement on the proposed service specification.	Aug-19	
4	Feedback report to support decision on final service specification.	Sep-19	
5	You said our response report published and shared with people who asked to be kept updated.	Oct-19	
6	Develop ongoing patient and carer involvement plan to support the patient reported outcome measures development (Workforce development workstream)	Oct-19	
7	Incorporate neighbourhood team progress in the wider Barnsley #Livelt communications plan	Oct-19	
8	Secure dedicated communications and engagement resource to support the wider integration programme. This support has been agreed in principle by ICPG.	Nov 19	
<b>Risk update</b>			
There is the risk that staff do not engage with this process and do not feel involved in the development process. There is a risk staff may not engage and therefore are not able to gain reassurance about the future of their roles.			
<b>Issues</b>			
None to report.			



## 6. Contract and KPIs Highlight Report

<b>Workstream</b>	Contract and KPIs	<b>Time period covered</b>	Feb-20
<b>Executive Lead(s)</b>	Jeremy Budd (Director of Commissioning)	<b>Overall RAG rating</b>	
<b>Commissioning Lead</b>	Joe Minton (Professional Manager)		
<b>Contracting Lead</b>	Amanda Capper (Head of Contracts)		
<b>Author(s)</b>	Joe Minton (Professional Manager)		
<b>Summary of progress to date</b>			
<p>The new specification requires a contract which contains key performance indicators (KPIs) which are 'SMART'. The KPIs will clearly outline the CCG's expectations of the service. Through the engagement process there is consensus that one set of robust KPIs and reporting requirements is desired to create more focus and reduced repetition. Developments since the last report:</p> <ul style="list-style-type: none"><li>As an action from the last programme A revised version of the KPIs was shared with SWYPFT in February for final comments by 12 March 2020</li><li>The revised KPIs have also been shared with the neighbourhood teams programme board</li><li>There have been meetings between the SWYPFT Strategy team, performance and information, contracting and commissioning to discuss better use of data, including use statistical process control charts (SPC) to monitor performance</li></ul>			
<b>Summary of next areas of focus</b>			
<p>KPIs will be signed off through CCG Governance in March 2020.</p> <p>A mock-up performance report will be reviewed. The report will include SPC charts for indicators that are already in use, such as six week pathway for intermediate care.</p> <p>The access/clocksperds related KPIs will be prioritised for development so that reporting can commence in April 2020. It may take longer to report against the other KPIs because of the SystmOne reconfiguration required.</p>			
<b>Key milestones</b>		<b>Target</b>	<b>RAG</b>
1	Draft KPIs and reporting requirements	Oct-19	
2	Stakeholder review including feasibility review with Provider Task Action Group	Nov-19	
3	Table at Clinical Forum for review	Dec-19	
4	Table at CCG Finance and Performance Committee for review (5 March 2020)	Mar-20	
5	Final sign off by Governing Body (virtual)	Mar-20	
6	Inclusion in 2020/21 contract – final signature date of 27 March 2020	Mar-20	
<b>Risk update</b>			
<ul style="list-style-type: none"><li><b>Systems</b> - Timeliness of producing/agreeing KPIs may affect timeliness of updates to Systm1.</li></ul>			

- **Shared leadership model** – Pace of developing 'Shared Leadership' is slower than the pace of developing the KPIs - it is recognised that an approach to supporting shared leadership and linkages to wider system KPIs is required. Progress is being made in relation to the shared leadership model.
- **Monitoring** - ability to monitor KPIs without linked data. Options are being assessed and proposals will be brought to a future Programme Board meeting.

<b>Issues</b>

Likelihood		Consequence		Scoring Description	Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red Extreme Risk (15-25)	5	Monthly
Likely	4	Major	4	Amber High Risk (8- 12)	19	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	<b>Total = Likelihood x Consequence</b>		

ID	Description	Original risk rating	Controls/Assurance in place	Current risk rating	Further actions/treatment	Owner	Updates (Jan-20)
1	<b>Finance</b> The development of neighbourhood teams is expected to have significant impact on the growth in non-elective admissions, particular readmissions for ambulatory care sensitive conditions. It is possible that the neighbourhood teams fail to have the impact expected putting the system financial position at greater risk in 2020/21 and beyond.	High (4x4)	<ul style="list-style-type: none"> <li>Monitoring through CCG non-elective work stream (QIPP).</li> <li>Workforce transformation plan which includes additional investment to facilitate "shift to the left".</li> </ul>	High (4x4)	<ul style="list-style-type: none"> <li>Information sharing between SWYPFT and BHNFT to ensure that community services are aware when patients on the caseload are admitted and discharges and those at greatest risk of readmission are identified to the neighbourhood teams.</li> <li>Development of proactive care (risk stratification) to support case finding those at greatest risk of admission to hospital.</li> <li>Design of a contracting and payment model that supports risk optimisation across the system.</li> <li>Recruitment of Business Delivery Managers to support implementation of neighbourhood model with PCN/Neighbourhood Networks and teams.</li> </ul>	RN	<ul style="list-style-type: none"> <li>KPIs under development – version 4 comments received from SWYPFT in Jan-20 further to input from the Clinical Reference Group</li> <li>Meeting scheduled to discuss the financial envelope in January. CCG/SWYPFT</li> <li>BHNFT developing reports on admissions and discharge for BDMs</li> <li>CCG/SWYPFT to collectively explore what cost-neutral would look like and feedback by early February</li> </ul>
2	<b>Timescales</b> Timescales for such a significant service transformation over the busy winter months are ambitious. It is possible that milestones will be missed which may result in loss of stakeholder confidence, lack of coordinated care, poor patient experience and continued increase in NEL activity.	High (4X4)	<ul style="list-style-type: none"> <li>A phased approach to implementation agreed.</li> <li>Neighbourhood Team Programme Board oversees progress.</li> <li>Positive engagement from SWYPFT and Primary Care.</li> <li>CCG attending partnership mobilisation meeting.</li> </ul>	Moderate (4X3)	<ul style="list-style-type: none"> <li>Clinical reference group established with locality clinical directors involved.</li> <li>Locality leadership teams including SWYPFT, the PCN and BDMs to begin meeting regularly in January.</li> <li>Plan to be agreed for the Systm1 development in January.</li> </ul>	JBu	<ul style="list-style-type: none"> <li>Major milestones relating to the SPA, Systm1 and organisational development are on track.</li> </ul>
3	<b>Shared leadership</b> Pace of developing 'Shared Leadership' is slower than the pace of developing Neighbourhood Teams. This may result in the service not being integrated with Primary Care, placing the objectives of the	Moderate (3X4)	<ul style="list-style-type: none"> <li>Partners from SWYPFT, BHF and BHNFT are attending the monthly Neighbourhood Team Programme Board</li> <li>Workstreams are cross-</li> </ul>	Moderate (2X3)	<ul style="list-style-type: none"> <li>Partners need to consider how things will work differently in terms of integration not just infrastructure</li> <li>Two BDMs in post from 06/01/20 and third from Mar-20. Posts will form part of Shared</li> </ul>	JBu	<ul style="list-style-type: none"> <li>SWYPFT tabled shared leadership model at EMT</li> <li>Further meetings between SWYPFT, BHF and CCG in December</li> </ul>

## Neighbourhood Team Programme Risk Log. Updated 27/02/2020 (V3.5)

ID	Description	Original risk rating	Controls/Assurance in place	Current risk rating	Further actions/treatment	Owner	Updates (Jan-20)
	service specification at risk of non-delivery.		organisational <ul style="list-style-type: none"> <li>NT progress reports into ICDG which flags risks at a strategic level</li> <li>Three band 8A BDMs recruited</li> </ul>		Leadership model		
4	<b>Health inequalities</b> Whilst a neighbourhood model will ensure that service provision is adapted to local health and care needs there is a risk that service transformation and improvement progresses at different rates in the neighbourhoods because of the individuals involved.	Moderate (2X4)	<ul style="list-style-type: none"> <li>Clock speeds universal across the neighbourhoods</li> <li>SPA and other workstreams have single approach across Barnsley</li> <li>Neighbourhood health needs assessment undertaken to help identify priorities</li> </ul>	Moderate (2X3)	<ul style="list-style-type: none"> <li>Equity of access through one team using same algorithms - same decision making processes mean same logic applies</li> <li>Clinical reference group to look at the pathways and processes of the teams</li> </ul>	JM	<ul style="list-style-type: none"> <li>Agreed at the December mobilisation meeting to create a neighbourhood implementation matrix to show the baseline and compare progress in the six neighbourhoods</li> </ul>
5	<b>Communications and engagement</b> SWYPFT staff engagement is more advanced than engagement with Primary and Secondary Care staff and the public. This could mean that the rest of the system is unprepared for the new service launch on 01.04.20.	Moderate (3X4)	<ul style="list-style-type: none"> <li>SWYPFT communications and engagement strategy agreed</li> <li>Joint working between the CCG and SWYPFT communications leads</li> </ul>	Moderate (3X3)	<ul style="list-style-type: none"> <li>Further engagement with BHF and support from CCG to support communications with primary care</li> </ul>	KW	<ul style="list-style-type: none"> <li>ICDG communications and engagement post agreed</li> <li>Post to go out to recruitment Jan/Feb 2020.</li> </ul>
6	<b>Single point of access</b> A Single Point of Access to be live by 01.04.20 to improve patient journey; referrals and create efficiencies. Failure to deliver may result in a lack of coordinated care, multiple patient hand-offs, poor patient experience, continued growth in NEL activity.	Moderate (3X4)	<ul style="list-style-type: none"> <li>SPA workstream established with fortnightly meetings</li> <li>Engagement from all delivery partners across the system</li> <li>Work undertaken to understand demand and capacity</li> </ul>	Moderate (2X4)	<ul style="list-style-type: none"> <li>Co-locate RCB and CNRS from April</li> <li>Further horizon scanning to identify the art of the possible</li> <li>Stakeholder engagement to agree the long term vision</li> </ul>	JLS	<ul style="list-style-type: none"> <li>Proposal for the location of new SPA agreed by the Programme Board, CCG and SWYPFT.</li> <li>BHNFT agreement received 09.01.20 – joint QIA being developed.</li> <li>Mobilisation plan reviewed at SPA workstream 22.01.20 - no significant concerns</li> </ul>
7	<b>Estates</b> The Barnsley health and social care estate is large with often complex leasing arrangements. The specification requires a 'hub' model with agile bases and a space with room to expand for the SPA. Failure to deliver may result in difficulties mobilising the new service.	Moderate (3X3)	<ul style="list-style-type: none"> <li>Review of current estates utilisation</li> <li>Utilising current agile bases for new neighbourhood team base locations</li> <li>Engagement with the strategic estates group on programme priorities and how they can support</li> <li>Estates TAG established by mobilisation group</li> </ul>	Moderate (2X3)	<ul style="list-style-type: none"> <li>Local authority led community estates review in North East and Penistone neighbourhood to report</li> <li>National working group on community hubs to report</li> <li>SYB primary care estates review progressing</li> </ul>	JBu	<ul style="list-style-type: none"> <li>Workshops undertaken in Penistone and North East</li> <li>Confirmed that Barnsley has been unsuccessful in bidding for SYB primary care estates capital</li> <li>SWYPFT has identified the costs for relocating the SPA to Kendray Hospital</li> </ul>
8	<b>Workforce</b> There are workforce challenges across the NHS. Change can be unsettling for staff and the new model requires a larger community	Moderate (3X4)	<ul style="list-style-type: none"> <li>Workforce modelling undertaken</li> <li>Workforce TAG established</li> <li>Positive staff engagement</li> </ul>		<ul style="list-style-type: none"> <li>Five year workforce plan to be agreed</li> <li>Review of core competencies at every level</li> <li>Harmonising core requirements at each level</li> </ul>	JM	<ul style="list-style-type: none"> <li>Workforce planning workshop in December attended by the place-based workforce lead and agreement to make these more regular</li> </ul>

ID	Description	Original risk rating	Controls/Assurance in place	Current risk rating	Further actions/treatment	Owner	Updates (Jan-20)
	care workforce. It is possible that the staffing levels will be insufficient to deliver the quality of service required resulting in poor patient experience and outcomes.				across the current service lines <ul style="list-style-type: none"> <li>Organisation development programme to be delivered</li> </ul>		<ul style="list-style-type: none"> <li>Links to finance. SWYPT remodelling the workforce uplift based on no additional investment from the CCG</li> <li>Rolling programme of recruitment</li> <li>Have in place a good broad service experience offer for rotational staff across the whole of SWYPFT</li> </ul>
9	<b>Systm1</b> Significant system reconfiguration is required to support the new ways of working and facilitate positive clinical engagement. There may be limitations within the system and/or the scale of change could take a significant amount of time and resources. Failure to deliver could mean staff become disillusioned and failure to exploit the opportunities available.	Moderate (4X3)	<ul style="list-style-type: none"> <li>TAG established and options have been appraised</li> <li>Systm1 development will not delay MDT working</li> <li>Initial meetings with TPP have confirmed the development can be done internally and their involvement is not required</li> </ul>	Moderate (3X3)	<ul style="list-style-type: none"> <li>Timescales and resource implications to be shared with the CCG</li> <li>Appointing project manager in January</li> <li>Workshop to identify the base module for development</li> </ul>	PF	<ul style="list-style-type: none"> <li>Preferred configuration option identified</li> <li>Workshop on 16 January identified the primary module that will be developed offline with clinical teams before “go live”</li> </ul>
10	<b>Shared care record</b> There is not a shared care record in Barnsley to support information sharing between different services and organisations. MDT working is core to the model. Failure to share clinical information will hinder MDT working.	Moderate (2X3)	<ul style="list-style-type: none"> <li>The MIG provides a view of the GP record but not the opportunity to write an update or share community, mental health, hospital and social care data.</li> <li>ETTF monies secured for a shared care record in Barnsley</li> </ul>		<ul style="list-style-type: none"> <li>Strategic outline case for approval across organisational Boards</li> <li>Initial market engagement</li> <li>Outline and full business to be agreed including mobilisation costs</li> </ul>	JBu	<ul style="list-style-type: none"> <li>Appointment of programme support for the Barnsley and Sheffield Shared Care Record projects</li> <li>Progress with the EPR at BHNFT</li> <li>Strategic outline case for a shared care record has been drafted</li> </ul>
11	<b>Service continuity</b> The new model involves changes to services that are currently performing very well. Service transformation puts additional pressure on staff responsible for service delivery unless additional resources are made available. It is possible that service continuity suffers because focus and resources are spent on service transformation.	Moderate (3X4)	<ul style="list-style-type: none"> <li>A phased approach to implementation agreed.</li> <li>Neighbourhood Team Programme Board oversees progress with involvement of all partners.</li> </ul>	Moderate (3X3)	<ul style="list-style-type: none"> <li>Service continuity impact assessment to be undertaken at every stage – particularly for the single point of access</li> <li>Out to recruitment for community OTs for the new model, interviewing four people for three posts in the next few weeks</li> <li>Second advert going out for a Band 7 OT lead clinician to support the new model</li> </ul>	GS	<ul style="list-style-type: none"> <li>All services continue to deliver against current KPIS</li> <li>Increased pressure in the Barnsley wide system due to winter pressure has meant some work streams have had limited clinical input</li> <li>One hot spot that has emerged is the area of community OT where some of the team do not wish to work in the new model due to the lack of emphasis on patients with enduring needs</li> </ul>

## GOVERNING BODY

12 March 2020

### Primary Care Assurance Report

#### 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 checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>				
<b>2.</b>	<b>REPORT OF</b>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">Name</td> <td style="width: 40%; text-align: center;">Designation</td> </tr> <tr> <td>Executive Lead</td> <td style="text-align: center;">Lesley Smith</td> <td style="text-align: center;">Chief Officer</td> </tr> <tr> <td>Author</td> <td style="text-align: center;">Julie Frampton</td> <td style="text-align: center;">Head of Primary Care</td> </tr> </table>				Name	Designation	Executive Lead	Lesley Smith	Chief Officer	Author	Julie Frampton	Head of Primary Care
	Name	Designation										
Executive Lead	Lesley Smith	Chief Officer										
Author	Julie Frampton	Head of Primary Care										
<b>3.</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 style="background-color: #d9e1f2;"> <th style="width: 40%;">Group / Committee</th> <th style="width: 20%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> <tr> <td>Primary Care Commissioning Committee</td> <td style="text-align: center;">Bi - Monthly</td> <td style="text-align: center;">Assurance</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Group / Committee	Date	Outcome	Primary Care Commissioning Committee	Bi - Monthly	Assurance			
Group / Committee	Date	Outcome										
Primary Care Commissioning Committee	Bi - Monthly	Assurance										
<b>4.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p>The purpose of this report is to provide an update to Governing Body regarding the priorities that are stated within the Primary Care Governing Body Assurance Framework (GBAF).</p> <p>These are outlined below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Delivery of “GP Forward View” and “Forward View - Next Steps for Primary Care”:</b> </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <b>PROGRESS</b> </td> </tr> <tr> <td style="vertical-align: top;">           Deliver investment into Primary Care         </td> <td style="vertical-align: top;">           In progress via PDA and new investment following the publication of the Long Term Plan and Network Contract DES         </td> </tr> </table>			<b>Delivery of “GP Forward View” and “Forward View - Next Steps for Primary Care”:</b>	<b>PROGRESS</b>	Deliver investment into Primary Care	In progress via PDA and new investment following the publication of the Long Term Plan and Network Contract DES					
<b>Delivery of “GP Forward View” and “Forward View - Next Steps for Primary Care”:</b>	<b>PROGRESS</b>											
Deliver investment into Primary Care	In progress via PDA and new investment following the publication of the Long Term Plan and Network Contract DES											

	Improve Infrastructure	Yearly GP IT refresh programme is on track to ensure all PCs and Laptops are Windows10 compliant. The migration from N3 to HSCN is also underway.
	Ensure recruitment/retention/development of workforce	Additional Roles have been funded via the Network Contract DES to support diversifying the workforce further
	Address workload issues using 10 high impact actions	This continues and is supported further by the Network Contract DES
	Improve access particularly during the working week, more bookable appointments at evening and weekends.	All practices across Barnsley now offer Enhanced Access to people with i-Heart further offering Extended Access on evenings and weekends
	Every practice implements at least 2 of the high impact 'time to care' actions	The actions from the Network Contract DES to support the Long Term Plan also link into the high impact areas
	Deliver delegated Primary Care functions to be confirmed via mandated internal audit reviews	Regular Quality, Contract and other updates are submitted to PCCC on a Bi-Monthly basis for decision/approval of for assurance/information following the years agreed workplan. 360 Assurance are also commissioned by NHS England to assure that the Delegated Responsibilities are met by the CCG
<b>5.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>	
	Note the information in the report that will provide assurance regarding the delivery of the priorities in Primary Care.	
<b>6.</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**

<b>1.</b>	<b>Links to the Governing Body Assurance Framework</b>	<b>Risk ref(s)</b>
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	
<b>2.</b>	<b>Links to CCG's Priority Areas</b>	<b>Y/N</b>
	1 - Urgent & Emergency Care	
	2 - Primary Care	<b>Y</b>
	3 - Cancer	
	4 - Mental Health	
	5 - Integrated Care System (ICS)	
	6 - Efficiency Plan	
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	
	8 - Maternity	
	9 - Compliance with Statutory and Regulatory Requirements	
<b>3.</b>	<b>Governance Arrangements Checklist</b>	
<b>3.1</b>	<b>Financial Implications</b>	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	<b>NA</b>
	Are any financial implications detailed in the report?	<b>NA</b>
<b>3.2</b>	<b>Consultation and Engagement</b>	
	Has Comms & Engagement Checklist been completed?	<b>NA</b>
	Is actual or proposed engagement activity set out in the report?	<b>NA</b>
<b>3.3</b>	<b>Equality and Diversity</b>	
	Has an Equality Impact Assessment been completed and appended to this report?	<b>NA</b>
<b>3.4</b>	<b>Information Governance</b>	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	<b>NA</b>
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	<b>NA</b>
<b>3.5</b>	<b>Environmental Sustainability</b>	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	<b>NA</b>
<b>3.6</b>	<b>Human Resources</b>	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	<b>NA</b>



**PART 2 – DETAILED REPORT**

1.	<b>INTRODUCTION/ BACKGROUND INFORMATION</b>
	<p>The Long Term Plan and Network Contract DES has provided a clear direction for the future of primary care in which general practice is the foundation of a strong, joined up health and care system. This is a five year programme of work, and it remains important that we continue to learn and respond to the changing circumstances.</p> <p>The Barnsley CCG Governing Body Assurance Framework (GBAF) provides assurance for the Governing Body in the delivery of the CCG's annual strategic objectives. The Primary Care Commissioning Committee is accountable for providing that assurance for the 2019/20 amber risk regarding the delivery of Primary Care priorities if the following are not successfully managed and mitigated by the CCG:</p> <ul style="list-style-type: none"> <li>• Deliver investment into Primary Care</li> <li>• Improve Infrastructure</li> <li>• Ensure recruitment/retention/development of workforce</li> <li>• Address workload issues using 10 high impact actions</li> <li>• Improve access particularly during the working week, more bookable appointments at evening and weekends.</li> <li>• Every practice implements at least 2 of the high impact 'time to care' actions</li> <li>• Deliver delegated Primary Care functions to be confirmed via mandated internal audit</li> </ul> <p>The emergent Primary Care Network (PCN) and 6 Neighbourhood Networks has provided an opportunity for practices to work collaboratively together for the benefit of their populations and to maintain their unique identity and relationship with their own patients. As the PCN and Neighbourhood Networks continue to mature, they can look to increase their flexibility to shape and build additional services, working from a more effective platform with other local health and care providers, including community health services, social care and voluntary organisations. The Practice Delivery Agreement (PDA) provides further investment into general practice to focus support by ensuring that:</p> <ul style="list-style-type: none"> <li>• Commissioning intentions are met</li> <li>• Variation is reduced</li> <li>• Specific health improvement areas are targeted</li> <li>• Work towards collaborative working and integration progresses.</li> </ul>
2.	<b>DISCUSSION/ISSUES</b>
	<p><b>1) GP Forward View – Progress with Implementation</b></p> <ul style="list-style-type: none"> <li>• <b>Access activity</b> – Following the introduction of the Network Contract DES every practice offers Enhanced Access and Barnsley Healthcare Federation (BHF) continues to deliver Extended Access on an evening and at weekends for the population of Barnsley.</li> <li>• <b>Practices eDeclaration (eDEC)</b> – every practice in Barnsley submitted their annual declaration confirming that they are complaint against their</li> </ul>

core contracts. The Primary Care Team will review the e-declarations to address any areas of non-compliance.

- **The development of Primary Care Networks/Neighbourhood Networks** – we have declared to NHS England that all of our practices are members of the one PCN and that the practices continue to work as 6 Neighbourhood Networks. The PCN continues to work towards achieving level 3 of the Maturity Matrix.
- **eConsultation** – Barnsley CCG is rolling out Doctorlink which was the successful provider following the eConsultation procurement process. Barnsley is on track to have this in all practices by March 2020. The next step will be to deliver video consultation to people who wish to use this system by March 2021.
- **Releasing time for Care** – This is a national programme aligning quality improvements in general practice. Barnsley had 8 GP practices signed up to this programme last year and the Long Term Plan continues to support practice with releasing time to care.
- **Social Prescribing (My Best Life)** – The My Best Life service enables all GPs and other health professionals across Barnsley to have a mechanism to link patients with non-medical needs to community and self-care solutions. The type of support varies widely depending on the individual's needs to support improvements in health, wellbeing and quality of life with a reduction in social isolation, exclusion and loneliness. The benefit to the GP is a reduction in patient contacts.

A separate contract is in place to include high intensity users of Urgent and Emergency Care. The advisors will find out what help or support people they need to reconnect to their community and form strong, positive and enduring relationships to improve their health and wellbeing.

- **Quality Improvement Support** – The CCG produces a Quality Dashboard for each practice within Barnsley. The practices are provided with their quality dashboard which updates them with their progress against a number of key indicators. Practices are encouraged to use this tool to aid quality improvement and to use this to demonstrate to the CQC how the practice has enhanced its quality performance using a recognised Quality Improvement tool.

The CCG provides bespoke support to practices when any variation is identified within the dashboard e.g. infection control and prescribing.

- **CQC/Quality Support** – The Primary Care Team provide support to local primary care providers for their CQC visits and offer support where the subsequent ratings are poor. We offer support in:
  - Developing action plans
  - Providing guidance
  - Providing evidence of best practice to support improvement.

The Primary care team has developed a more proactive process whereby practices receive support and guidance prior to CQC visits.

	<p><b>2) Primary Care Networks</b></p> <p>The CCG has a clear mandate from The Long Term Plan and Network Contract DES regarding the future of primary care in which general practice is the foundation of a strong, joined up health and social care system.</p> <p>The model is patient centred, will engage local people who use services as equal partners in planning and commissioning which results in the provision of accessible high quality, safe needs based care. This is achieved through expanded but integrated primary and community health care teams, offering a wider range of services in the community with increased access to rapid diagnostic assessment and, crucially, patients taking increased responsibility for their own health.</p> <p>The model for integrated care is based on focusing on preventative medicine and using community based services to support the patients care needs at home. The need for formal integration between Community services and Primary Care has been reflected in the development of a new Integrated Community Service Specification that joins services and reflects the responsibility that GPs carry for oversight of the patient's care. As a result, the PCN and Neighbourhood Networks are well placed to act as vehicles for change to ensure delivery of service, which are patient focused and fit for purpose to meet the future needs of the local population they serve.</p> <p>Following the creation of the PCN and Neighbourhood Networks and incentivised through the PAD and Network Contract DES the focus has now moved to positively work towards integration and integrated care with GPs leading the way to:</p> <ul style="list-style-type: none"> <li>• Deliver coordinated and integrated support for patients with complex needs and conditions</li> <li>• Deliver increased levels of clinical &amp; social support in the community</li> <li>• Design and enable Health and Care professionals to operate in a more cohesive and integrated manner</li> <li>• Developing teams that flex and have skills that reflect local need</li> <li>• Enhance local services to meet the needs of their community</li> <li>• Enable better communication between service providers</li> <li>• Reduce ED &amp; NEL admissions</li> </ul> <p>and for the PCN to take the next steps and to:</p> <ul style="list-style-type: none"> <li>• Establish effective leadership</li> <li>• Develop a collaborative culture</li> <li>• Ensure patient and carer engagement – have those conversations</li> <li>• Embrace information technology that supports new ways of working</li> <li>• Develop shared accountability</li> </ul>
<b>3.</b>	<b>OTHER IMPLICATIONS</b>
	N/A
<b>4.</b>	<b>RISKS TO THE CLINICAL COMMISSIONING GROUP</b>

	N/A
<b>5.</b>	<b>APPENDICES TO THE REPORT</b>
	N/A
<b>6.</b>	<b>CONCLUSION</b>
	<p>Delivery of the GPFV continues with good progress continuing to be made in a number of areas as demonstrated in the snapshot above. The publication of the Long Term Plan and Network Contract DES continues to further the support and delivery of Primary Care services.</p> <p>The model for future integrated community and primary care is based on using community based services to support the patients care needs at home. In Barnsley the PCN and six Neighbourhood Networks are well placed to act as the driver for change to ensure delivery of services, which are patient focused and fit for purpose to meet the future needs of the local population they serve.</p>

## GOVERNING BODY

12 March 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 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 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>Lesley Smith</td> <td>Chief Officer</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	Lesley Smith	Chief Officer	Author	Patrick Otway	Head of Commissioning (Mental Health, Children's and Maternity)			
	Name	Designation													
Executive / Clinical Lead	Lesley Smith	Chief Officer													
Author	Patrick Otway	Head of Commissioning (Mental Health, Children's and Maternity)													
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>														
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<b>5.</b>	<b>EXECUTIVE SUMMARY</b>														
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	Increased demand and limited capacity of the local authority run children's respite home for children with complex health needs and behaviour that challenges.	Analyse available data; consider proposal from Local Authority.
	Implementation of the recommendations of the Independent Review of the Acute Paediatric Services.	Clinical lead identified and additional support provided; clinical pathways under review.
	Co-produce a new community paediatric nursing service specification.	Work still to begin.
	<p>Children's commissioning of health services continues to focus around implementation of the Local Transformation Plan, refreshed in October 2019 <a href="https://www.barnsleyccg.nhs.uk/local-transformation-plan-for-children-and-young-peoples-mental-health.htm">https://www.barnsleyccg.nhs.uk/local-transformation-plan-for-children-and-young-peoples-mental-health.htm</a>, acute paediatric services, community paediatric services, CAMHS and Local Authority joint commissioned services (including children's therapy services).</p> <p>Subsequent to the arrangements described in previous papers to the Governing Body, the following updates are provided:</p> <ul style="list-style-type: none"> <li>• FiM Local Transformation Plan</li> <li>• CAMHS</li> <li>• Acute paediatric services (Including the Community Paediatric Nursing Team)</li> <li>• Local Authority jointly commissioned children's services</li> </ul> <p><b>Future in Mind Local Transformation Plan</b></p> <p>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 is to be refreshed annually, October each year.</p> <p>Barnsley's refreshed Local Transformation Plan clearly articulates the transformation of services enabled by the Future in Mind investment. Key transformations include establishing a mental health support team in schools, MindSpace, a forerunner to the Trailblazer programme outlined in the Green Paper, 'Transforming Children and Young people's mental health provision (2017). Although both of Barnsley's bids to be part of the Trailblazer programme have been unsuccessful, due to the overwhelmingly positive impact of MindSpace, Governing Body agreed to fund a second mental health support team in schools, to focus on supporting the more vulnerable primary school-aged Children. This team will be established in 2020/21.</p> <p>NHS England have recently requested Expressions of Interest for bids to Wave 3 and 4 of the Trailblazer Programme. Due to the impending CAMHS procurement, Barnsley have intimated that we will submit an expression of interest for Wave 4 of the programme.</p>	

Chilypep, a local charitable organisation, are enabling the young people of Barnsley to influence and be part of service transformation through their wide, ongoing consultation processes and their facilitation and training of our young commissioners, OASIS. The Local Transformation Plan evidences the young people's passion and commitment to improving local services for young people and influencing national thinking.

The THRIVE approach, led by Public Health, was being implemented in Barnsley's Primary Schools but this approach was only adopted in 50% of the 77 schools. Unfortunately, due to ongoing costs borne by the schools for on-line access etc, the number of schools continuing to adopt this approach is now declining. Whilst we continue to support the THRIVE model, which has its origins in 'attachment theory', the financial burden borne by schools cannot be ignored and so we have been looking at alternative ways to better support the emotional health and wellbeing of all of the children at our Primary Schools and these will be presented to Governing Body for approval in due course.

### **NHS Specialist CAMHS**

Following an Independent review of the Barnsley NHS CAMHS service by NHS England's Intensive Support Team (IST), it was strongly recommended that a new CAMHS service specification be developed. A new CAMHS service specification has now been co-produced with Barnsley's young people and our partners (including Public Health, Local Authority Children's services commissioners, Family services, Early Years, CAMHS practitioners). The resultant specification moves away from the traditional tiered, medical model of delivery towards a more whole system approach based on the iThrive social model.

In September 2019 Governing Body decided to undergo a competitive tendering process in relation to delivery of the new CAMHS service specification. Unfortunately this resulted in a failed procurement and in December 2019, Governing Body took the decision to undertake a second competitive tendering process for delivery of the new CAMHS service specification, following a robust and comprehensive market engagement. A very positive market engagement event was held on 28<sup>th</sup> January, feedback from which were discussed at the CCG's February Finance and Performance Meeting, culminating in a few minor amendments to the KPI arrangements and the procurement timeline reviewed. No fundamental changes were made to the service specification and there were no changes to the financial envelope attributed to delivery of the new service specification. The proposed start date for delivery of the new service is to be 1 September 2020.

### **Acute Paediatric Services**

Until recently there has been limited commissioner focus on the acute paediatric services provided by BHNFT (Barnsley Hospital NHS Foundation Trust). An Independent Service Review of Barnsley's acute paediatric services was undertaken in July 2019 and Barnsley's Designated Safeguarding Nurse for Children is currently leading, with partners, on a number of the recommendations outlined within the review report.

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. SWYPFT are still commissioned to deliver post diagnostic support for those young people with co-morbidities who require additional mental health support. The waiting time to access this pathway was 2.5 years in August 2019 and this has reduced to 18 months in January 2020. It is anticipated that by June 2020 the waiting time will have been reduced to 18 weeks and that from July 2020 the Over 11 ASC Pathway will be fully NICE Compliant.

Children's Continuing Care Packages have seen a significant increase in cost in the last 12 months and the whole process is due to be reviewed in 2020. The clinical input into this service is provided by the Community Paediatric Nursing Team and changes have already been implemented to ensure a more robust approach and appropriate use of the DST (Diagnostic Support Tool) validated tool to indicate the level of need of the child and whether the child meets the criteria for continuing care funding. The adoption of this more robust approach has led to the majority of the children not being eligible for continuing care funding and this is causing additional stress within the system and some challenge from Local Authority colleagues. To continue this approach greater clinical check and challenge within the system will be required but, as these children often have complex health problems we also need to consider where, within the whole system, they will be able access the appropriate support.

Delivering the proposed future national specification for children's end of life pathway will also rely on the Community Paediatric Nursing Team and it is therefore timely, given the recommendation of the Independent Review, that a new service specification for the Community Paediatric Nursing team is co-produced with our young people and partners, to ensure this team delivers the services needed for our local population. Any such service specification will be taken through the CCG's Clinical Forum for advice and support.

The NHS England regional team have advised us recently that SYB ICS have developed 4 paediatric clinical guidelines on which they would like to consult with / receive feedback from Primary Care. The 4 clinical guidelines cover:

- I. Bronchitis
- II. Diarrhoea and vomiting
- III. Febrile child
- IV. Seizure

Once the guidelines have been received by the CCG they will be considered by the CCG's Clinical Forum.

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

Issues have recently been highlighted by BMBC's (Barnsley Metropolitan Borough Council) Children's Services Commissioners of particular challenges facing a Local Authority run respite home for children with complex health problems or behaviour that challenges. The main challenge the service faces is a continued increase in demand, particularly with regards to young people with autism, versus a limited capacity, as the home cannot currently be staffed to its



	<p>full capacity – in order for this to happen additional staff are required, which in turn requires additional funding.</p> <p>In relation to Children's Therapy services (physiotherapy and Occupational Therapy), Governing Body were fully aware of the challenges the service faced, in spite of pathway changes and innovative new staff roles which increased capacity. Waiting times continued to grow to beyond 30 weeks and so the CCG agreed additional, recurrent funding in March 2019. This funding has been effectively utilised and current waiting times have reduced significantly to around 6 weeks with all 500 children waiting for a sensory assessment having now been seen. We anticipate these reduced waiting times to be sustained throughout 2020/21.</p> <p>Historically, BMBC have funded, initially using funding via the 'Aiming High' programme, £112,000 that was used to support two LD nurses within the Local Authority in-house children's disability team. Although this service has been funded by BMBC for many years, in 2019 BMBC took the decision to discontinue funding this service, on the premise that it was funding a health service provision which should therefore be funded via Health. On further investigation however, it transpires that £53,000 of this funding was actually used to support the Children's Therapy services and a small amount was utilised to support short breaks.</p> <p>There has been significant transformation of services since the inception of the Aiming High programme and it is now felt that the support offered by the 2 LD posts is being delivered by other parts of the system, e.g. MindSpace provide support to parents of young people with autism or autistic traits; the CCG fund an ASC Practitioner within BMBC's family services. If future evidence suggests that there is a gap in service provision then we will undertake a review of the services to understand how that gap can best be met and commission the most appropriate services accordingly.</p>		
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>		
	<ul style="list-style-type: none"> <li>Note the report and the progress outlined.</li> </ul>		
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>		
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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	x
	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>
<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>

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>

## GOVERNING BODY

12 March 2020

### Mental Health 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 checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>									
<b>2.</b>	<b>PURPOSE</b>																
	<p>The purpose of this report is to provide Governing Body members with an update on the mental health services being delivered within the Borough and the achievement, or otherwise, of nationally recommended targets by these services.</p>																
<b>3.</b>	<b>REPORT OF</b>																
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Increase uptake of physical annual health checks for all patients on GP SMI registers.	Linking in with national work; now able to access performance data lead identified.
Implement new CAMHS service specification.	Procurement timeline identified - tenders due to be issued 28/2/2020.
Development of a CYP emotional health and wellbeing hub.	Chilypep lead partner but development supported by all partners; premises identified and lease secured.

As we come towards the end of the timeline for delivering the recommendations of the Five Year Forward View for Mental Health (FYFVMH) this report outlines the local progress made to date and provides an overview of the recommendations of the NHS Long Term Plan (LTP) in relation to Mental health services, the majority of which build upon the successes gained by implementing the FYFVMH.

The four guiding principles / priorities set out for mental health in the LTP are:

- Preventing people from developing mental health problems where possible
- Improving access to support for everyone who needs it
- Supporting people to recover and live well in the community
- Tackling inequality

The ambition in terms of mental health services is clearly articulated in NHS England's Mental Health Implementation Plan 2019/20 – 2023/24, accessible at [www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24](http://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24)

and the progress locally is outlined below:

**Specialist Perinatal Mental Health**

A Specialist Perinatal Mental Health team, provided by SWYPFT on a hub and spoke model, is fully established, with over 98% of women referred to the service from Barnsley being seen in their own home.

Expansion of this service is required in order to achieve the LTP ambitions which includes:

- Increase access to the service to 7.1% of the 2016 ONS birth rate (current activity is at 6.4%)
- Build a workforce that will enable an access target of 8.6% of the 2016 ONS birth rate to be achieved in 2022, as required within the LTP
- Extend the service to mothers up to 24 months after birth (currently the service is for mothers up to 12 months after birth)
- Ensure partners of the women accessing the service receive evidence-based assessments of their mental health and are signposted to appropriate support when required.

Barnsley CCG continue to fund a Specialist Mental Health Midwife, a key enabler in achieving positive mental wellbeing of users of the Barnsley Maternity Services. The Specialist Mental Health Midwife also outreaches into the local community with a number of service-user led community groups being established through this support.

### **Children and Young People's Mental Health**

The CCG's ambitions in relation to supporting young people's emotional health and wellbeing are outlined in detail within the October 2019 refreshed Barnsley Future in Mind Local Transformation Plan (<https://www.barnsleyccg.nhs.uk/local-transformation-plan-for-children-and-young-peoples-mental-health.htm>).

The focus of the refreshed Local Transformation Plan remains early intervention and prevention and this focus has led to a number of service transformations, including the development of a mental health support team in schools, MindSpace, with Governing Body agreeing to fund a second mental health support team in schools, to focus on supporting the more vulnerable, primary school-aged children. NHS England has recently requested submission of Expressions of Interest for Waves 3 and 4 of the Trailblazer Programme. Due to the impending CAMHS procurement Barnsley have intimated that we will submit a bid for Wave 4 of the Trailblazer programme.

The Children and young people's Eating Disorder pathway (a collaboratively commissioned service within the CKWB footprint) continues to achieve the national access and waiting time standards.

Following an Independent Review of Barnsley's NHS CAMHS service by NHS England's Intensive Support Team (IST) a new CAMHS service specification was co-produced with our young people (facilitated by Chilypep) and our partners, specifically Public Health, the Local Authority's Children's Services commissioners, Early Years services, the Youth Offending Team, service users, CAMHS practitioners and parents. A comprehensive consultation process was undertaken and as a result the new specification moves away from the traditional tiered medical model towards a more systems wide, social model based on the iThrive approach, an approach fully supported by Barnsley's Public Health team.

Following an initial failed procurement outcome, Governing Body made the decision in their meeting on 19 December 2019, to go out to procurement a second time, without changes to the new service specification and within the previously stated financial envelope, but following a more robust market engagement event. A successful market engagement event took place on 28<sup>th</sup> January 2020 and the associated procurement will now commence towards the end of February 2020, with a contract start date of 1 September 2020.

A key enabler in ensuring our young people experience positive mental health and wellbeing is the development of a children and young people's emotional health and wellbeing hub, supported by all partners in the Borough. Chilypep are leading on this development and have identified the YMCA building (First Floor) as ideal premises from which the hub could be delivered successfully. Updates on the progress of this development will be provided in future reports.

**Adult Common Mental Health Illnesses (IAPT)**

A new IAPT service has been delivered from October 2018 and has achieved all national recommended targets up to 31 March 2019. However, as has been previously reported, from April 2019 the IAPT service has not achieved the national access target – this reflects the picture in all other South Yorkshire and many national localities. The mitigating action implemented by the service (e.g. increasing the number of Stresspac courses offered; promoting the service via Facebook etc) have had a positive effect and may enable this end of year target (22% of the prevalent population) to be achieved.

Achieving the access targets for IAPT has been a challenge for the majority of IAPT services nationally. For 2020/21 the access target will be increased to 25% of the prevalent population and from 2020/22 onwards there will be a change in how the prevalent population is to be calculated as it is to be weighted in terms of levels of deprivation and the number of older people in the population.

Additional investment for 2020/21 has already been agreed to enable the IAPT service to extend into Long Term Condition pathways, initially focusing on Diabetes and cancer pathways but also developing links into the IBS (Irritable Bowel Syndrome) and Cardiac pathways. The IAPT service will continue to provide services as part of the neighbourhood teams but one particular challenge they face in Primary Care is the lack of space available within GP practices.

Initial discussions have taken place between the CCG, SWYPFT and SYEDA (South Yorkshire Eating Disorder Association) to consider developing an adult eating disorder pathway, an ambition highlighted within the Long Term Plan. Transformational funding is anticipated as being available to CCG's from 2021/22 and the service providers are in the process of developing a proposal based on the initial discussions with commissioners, together with the learning from the developments in West Yorkshire.

**Adult Severe Mental Illnesses (SMI) Community Care**

Barnsley's Early Intervention Psychosis (EIP) service continues to consistently surpass the national recommended waiting and access targets. Moreover, in a recent national 'deep dive' into the performance of EIP services throughout England and Wales, the Barnsley EIP service was rated as one of the top three performing services in the country. We are anticipating that Barnsley's EIP service will achieve Level 3 Status as required.

Barnsley CCG are partners within the South Yorkshire and Bassetlaw Integrated Care System Individual Placement and Support workstream. Following a procurement exercise South Yorkshire Housing Association have been awarded the contract to provide this service. As the contract award is fairly recent, updates on the progress of this service will be provided in future reports.

Work needs to continue at pace if we are going to increase the number of people on GP's SMI Registers who have an annual physical health check. The national target to be achieved is 60% by the end of March 2020 with the rate in Barnsley currently sitting around 40%, therefore this work needs to gain more focus over the next few months.

	<p><b>Mental Health Liaison and Crisis Care</b></p> <p>As a result of additional funding previously agreed by Barnsley CCG's Governing Body, Barnsley will have a fully operational, all-age mental health liaison service in Barnsley Hospital's Emergency Department from 1 March 2020. Aligned with this, the CAMHS Intensive Home-based Treatment Team is now accessible 24 hours a day, including weekends, which will enable the most appropriate and timely support to be provided to children and young people who may be experiencing a mental health crisis. The liaison service has been further enhanced by the successful bid to NHS England for additional funding to achieve CORE 24 Status. Barnsley were also successful in their bid to NHS England to establish a crisis assessment service as an alternative to attending A&amp;E or negating the need to bring the patient to the S136 Suite at Kendray.</p> <p>In parallel to these developments Barnsley Hospitals Emergency Department staff have started to use a Mental Health Triage Tool, the use of which will be evaluated in due course. Service users, with support from Local Authority colleagues, are auditing the liaison service against the standards set out in Clinical Guidance 16 which is in relation to self-harm, an issue that is sadly increasing in Barnsley's 10 – 25 year olds. It is widely recognised that there is limited support within the Borough to prevent escalation to mental health crisis and therefore, the Crisis Care Concordat members have established a time limited Task and Finish Group to look at developing a Safe Space / Crisis Café within the borough and have been making links with similar services in neighbouring localities.</p>
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note the report and the progress outlined.</li> </ul>
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	<ul style="list-style-type: none"> <li>N/A</li> </ul>

<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>			
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	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health	x	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:			
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	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>
<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>

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>

## QUALITY & PATIENT SAFETY COMMITTEE

24 February 2020

### Quality Highlights

#### 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>											
	Provide the March 2020 Governing Body with the agreed highlights of the February 2020 Quality & Patient Safety Committee. 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"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Jayne Sivakumar</td> <td>Deputy Chief Nurse</td> </tr> <tr> <td>Author</td> <td>Hilary Fitzgerald</td> <td>Quality Manager</td> </tr> </tbody> </table>				Name	Designation	Executive / Clinical Lead	Jayne Sivakumar	Deputy Chief Nurse	Author	Hilary Fitzgerald	Quality Manager
	Name	Designation										
Executive / Clinical Lead	Jayne Sivakumar	Deputy Chief Nurse										
Author	Hilary Fitzgerald	Quality Manager										
<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>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Quality and Patient Committee</td> <td>24 February 2020</td> <td>To raise as highlights to the Governing Body</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Quality and Patient Committee	24 February 2020	To raise as highlights to the Governing Body			
Group / Committee	Date	Outcome										
Quality and Patient Committee	24 February 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 24 February 2020, it was agreed that the following 3 quality issues are highlighted to the Governing Body and rated:</p> <ul style="list-style-type: none"> <li>• Green – Quality Policies</li> <li>• Amber – Pressure Ulcers</li> <li>• Red – Maternity Incidents</li> </ul> <p>Details of the highlights can be found in Appendix A of this report.</p>											

<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>	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>		
<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?		N
	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

	<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>Quality Policies</b>	<p><u>Infection, Prevention and Control Policy for Primary Care and General Practices</u></p> <p>QPSC received the updated Barnsley Clinical Commissioning Group's Infection, Prevention and Control Policy for approval.</p> <p><u>Get Fit First Policy</u></p> <p>QPSC received the revised Get Fit First Commissioning statements for approval along with updates to the accompanying 'Frequently Asked Questions (FAQ) for Clinicians' to incorporate the policy changes and the change for patients with a BMI over 30 and who smoke.</p> <p><u>IVF Policy</u></p> <p>QPSC was informed that recent legal advice had stated that the section in the CCG's infertility policy on the overseas visitor surcharge was incorrect and that the Policy would have to be amended. Going forward, this means that even if one patient is eligible for the surcharge, as the Policy is regarded as being for couples, both parties would be eligible for assisted contraception.</p>	<p><u>Infection, Prevention and Control Policy for Primary Care and General Practices</u></p> <p>QPSC approved the Infection, Prevention and Control Policy.</p> <p><u>Get Fit First Policy</u></p> <p>QPSC approved the changes to the Get Fit First Policy and 'Frequently Asked Questions (FAQ) for Clinicians' set out how to take these forward.</p> <p><u>IVF Policy</u></p> <p>QPSC approved the changes to the IVF Policy.</p>
<b>Pressure Ulcers</b>	<p>QPSC was notified of a concern raised by South West Yorkshire Partnership NHS Foundation Trust regarding the grading of pressure sores. The Committee was informed that serious incident data for the period 2016 – 2019 showed a significant drop in StEIS reportable incidents for Grade 3 pressure ulcers from Barnsley Hospital NHS Foundation NHS Trust. It has been highlighted that</p>	<p>QPSC was informed that the Chief Nurse is coordinating a Barnsley wide group to review the current pathways for pressure ulcers.</p>

Issue	Consideration	Action
	measurement for pressure ulcers can differ across wards/clinicians.	
<b>Maternity Incidents</b>	QPSC was informed that there have been five StEIS reportable obstetric incidents at Barnsley Hospital NHS Foundation Trust since end of July 2019.	Q&PSC agreed that the Quality Team should undertake further analysis of the recent incidents to establish if there any common themes from the intelligence that the CCG has so far received, and further assurances sought at the Clinical Quality Board.



## GOVERNING BODY

12 March 2020

## RISK AND GOVERNANCE EXCEPTION REPORT

## PART 1A – SUMMARY REPORT

1.	<b>THIS PAPER IS FOR</b>											
	Decision <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/>									
2.	<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 the Terms of Reference of the Primary Care Commissioning Committee</li> <li>To approve Remuneration Committee Terms of Reference (no changes made)</li> </ul>											
3.	<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									
4.	<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>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Primary Care Commissioning Committee</td> <td>30.01.2020</td> <td>Approved Terms of Reference</td> </tr> <tr> <td>Remuneration Committee</td> <td>13.02.2020</td> <td>Approved Terms of Reference</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Primary Care Commissioning Committee	30.01.2020	Approved Terms of Reference	Remuneration Committee	13.02.2020	Approved Terms of Reference
Group / Committee	Date	Outcome										
Primary Care Commissioning Committee	30.01.2020	Approved Terms of Reference										
Remuneration Committee	13.02.2020	Approved Terms of Reference										

<b>5.</b>	<b>EXECUTIVE SUMMARY</b>
<b>5.1</b>	<p><b>Governing Body Assurance Framework</b></p> <p>The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives.</p> <p>In line with the new Corporate Calendar the Governing Body will now receive the full Assurance Framework (GBAF) at every other meeting with a summary being brought to intervening meetings. In line with these reporting timescales the full GBAF is therefore presented to the March 2020 meeting of the Governing Body (Appendix 1). There is currently one risk on the GBAF 2019/20 rated as 'red' extreme risk in relation to cancer.</p>
<b>5.2</b>	<p><b>Corporate Risk Register</b></p> <p>The <i>Corporate Risk Register</i> 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 2).</p> <p><i>Red (extreme) risks:</i></p> <p>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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Ref CCG 14/15 (rated score 15 'extreme') – Potential impact on quality &amp; patient safety of incomplete D1 discharge letters.</li> </ul>

- 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.

### Updates

The Committees of the CCG continue to review and monitor risks in their areas of responsibility. The following updates to the corporate risk register arising from this process are presented to Governing Body for noting in the table below:

Ref	Risk Description	Current	Rationale
20/01	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.	3x3=9	New risk added to risk register by Q&PSC.
17/04	The CCG is taking forward an ambitious programme over 18 months to improve the quality and cost-effectiveness of primary care prescribing by limiting third-party ordering of repeat prescriptions and improving quality of how medicines are ordered.	1x3=3	In light of good work progression, Q&PSC agreed to remove this risk.
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.	1x3=3	Risk reviewed at January 2020 PCCC meeting where it was agreed to reduce the likelihood score to 1 and therefore the overall score to 3 (low risk).

### 5.3 Committee Terms Of Reference

In light of Membership Councils decision to remove the Lay Member for Accountable Care from the Constitution, Governing Body is asked to note and approve that Primary Care Commissioning Committee agreed at its meeting in January 2020 to remove this role from its Terms of Reference.

At its meeting in February 2020, Remuneration Committee also reviewed its Terms of Reference and agreed no changes are required. Governing Body is asked to note this.

### 5.4 DSP (Data Security and Protection) Toolkit

The DSP Toolkit is a self-assessment tool managed by NHS Digital. It draws together the legal rules and central guidance covering the management and protection of confidential information and IT systems and presents them in one

place as a set of Data Security Assertions. CCGs and other health and social care bodies are required to carry out self-assessments of their compliance against the DSP Toolkit requirements annually. In previous years Barnsley CCG has met or exceeded the required standards across all aspects of the Toolkit.

The 2019/20 DSP toolkit has significantly increased the number of requirements the CCG is expected to meet. The main are of change is a focus on cyber security.

#### *Position statement*

The 2019-20 DSP Toolkit self-assessment is well advanced. The eMBED IG Lead has led the process to ensure the CCG continues to meet the requirements. A review of the evidence within the Toolkit has been completed to enable any gaps to be identified and rectified as necessary.

Currently 75 of 106 assertions have been completed and there is a high degree of confidence that the remaining assertions will be achieved before the submission date. The main pieces of work that are currently underway but still remain to be completed are:

- Review of Information Risks and Dataflows
- Implementation of additional cyber security measures
- Data Quality Audit
- Survey of IT software and systems to identify unsupported items

The DSP Toolkit allows for action plans to entered in lieu of evidence of compliance, where an assertion cannot currently be met. Areas where this may be necessary include:

Requirement	Reason
IT Healthcheck and Cyber security testing of CCG websites - via NHS Digital	Capacity at NHSD (note – testing already completed at Sheffield CCG)
Implementation of IT system to manage smartphones and tablets	Being taken forward by new IT shared service across Sheffield, Barnsley and Bassetlaw
Implementation of NHS Secure Boundary solution	

#### *Internal Audit*

The CCG's internal auditor, 360 Assurance, is conducting a two phase audit of samples of CCG's evidence collated for the DSP Toolkit. Any actions required arising from this audit will be completed prior to submission of the Toolkit.

#### *Submission process*

In accordance with the process followed in previous years in the last two weeks of March, the Head of Assurance will review the evidence in the DSP Toolkit, ensure the findings of the final audit report have been taken into account, and then seek IG Group approval to submit the DSP Toolkit.

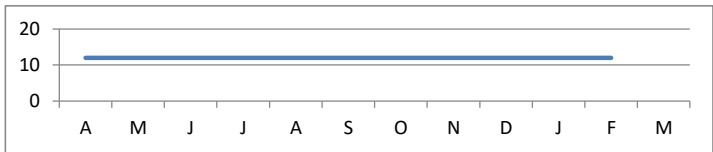
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Review the GBAF for 2019/20, and consider whether the risks are appropriately described and scored, and whether there is sufficient assurance that they are being effectively managed</li> <li>• Identify any additional positive assurances relevant to the risks on the GBAF</li> <li>• Review the Corporate Risk Register to confirm all risks are appropriately scored and described, and identify any potential new risks.</li> <li>• Note the inclusion of a new amber risk in relation to SWYPFT CQB meetings (21/01)</li> <li>• Note the removal of risk 17/04</li> <li>• Note the decrease in score for risk 15/04</li> <li>• Note and approve the removal of the Lay Member for Accountable Care from the membership of the Primary Care Commissioning Committee as set out in its Terms of Reference</li> <li>• Note that no changes are required to the Remuneration Committee Terms of Reference</li> <li>• Note the position statement and submission process with regard to the Data Security &amp; Protection Toolkit.</li> </ul>
<b>8.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>• Appendix 1 – GBAF 2019/20 FULL</li> <li>• Appendix 2 – Corporate Risk Register FULL</li> </ul>
<b>Agenda time allocation for report:</b>	
	10 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>

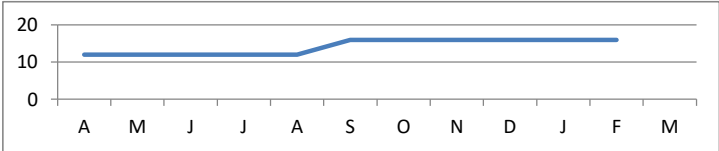
# NHS Barnsley CCG Governing Body Assurance Framework 2019-20

PRIORITY AREA 1: URGENT & EMERGENCY CARE				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY			
<ul style="list-style-type: none"><li>Increased clinical assessment of calls to NHS 111 &amp; CAS</li><li>Enhanced front door clinical streaming</li><li>Delivery of ambulance targets / conveyance with zero tolerance of delays over 30 minutes</li><li>Delivery of 4 hour A&amp;E standard</li><li>Improved patient flow and reduce length of stay</li><li>Free up hospital beds - Reduce non-elective activity</li><li>Enhance Same Day Emergency Care, increasing the proportion patients discharged on the day of attendance</li><li>Continue to deliver reductions in DTOC</li><li>Reduce A&amp;E by default selections on the DOS</li></ul>				Highest quality governance			If partners locally and across the ICS do not engage constructively together, to develop a model for urgent care at a South Yorkshire and Bassetlaw and Barnsley level, in line with best practice and national guidance there is a risk that urgent care services are unable to meet the growing demand, constitution standards for urgent care are not achieved and the quality of patient care is negatively impacted		
				High quality health care		✓			
				Care closer to home		✓			
				Safe & sustainable local services		✓			
				Strong partnerships, effective use of £		✓			
Links to SYB STP MOU									
8.4. Urgent and Emergency Care									
Committee Providing Assurance			FPC	Executive Lead		JW	Clinical Lead	SK	
Risk rating	Likelihood	Consequence	Total					Date reviewed	Feb-20
Initial	3	4	12					Rationale: Likelihood currently judged to be 'possible' given current pressures and challenges across the urgent care system and the developing nature of plans to deliver outcomes of the national urgent care review. Consequence is judged as major due to the potential impact on patient care.	
Current	3	4	12						
Appetite	3	4	12						
Approach	Tolerate								
Key controls to mitigate threat:				Sources of assurance				Rec'd?	
Operational planning templates 2019/20 were submitted to NHSE in April 2019. All activity plans are in line with forecast demand, have been agreed through contracting arrangements and are reflected in signed contracts.				Plan submitted to NHSE in line with required deadlines and the CCG have worked with NHSE to inform the final assurance process. Final feedback and confirmation of assurance received by NHSE/I and the ICS.				Plan Assured by ICS & NHSE/I	
Barnsley UEC Delivery Board meets monthly, with representation from the CCG, to ensure oversight of performance and planning for urgent care locally and ensure delivery of urgent care standards including local system wide planning for winter and other seasonal pressures.				CCG Medical Director and Director of Strategic Planning and Performance represent the CCG as members of the local delivery board. UEC Delivery Board evaluation of Winter 2018/19 took place at the Delivery Board in April and recognised the successes in delivering key standards and maintaining performance over the period. 2019/20 Winter Plans being finalised by providers and feeding into the system wide winter plan and escalation arrangements. UEC Delivery Board Performance Dashboard is in place enabling all key performance and activity information from across partners to be reviewed by the Board and for actions to be agreed to address any areas of concern. Operational performance of UEC services in 2018/19 was strong including A&E, LoS, DTOC and Ambulance Handovers. A&E Summit held in October 2019 to consider continuing demand on A&E and develop short, medium and longer term plans aimed at changing behaviour, ensuring people can access the right services and establish new models to meet demand.				Ongoing	



Urgent and Emergency Care Steering Board is in place as the UEC Programme Board of the South Yorkshire and Bassetlaw Integrated Care System. Representation in place for the UEC Delivery Board partners on the Steering Group and Commissioner Reference Group.	Barnsley UEC Delivery Board are represented by Barnsley CCG Director of Strategic Planning and Performance and Barnsley Hospital Deputy Director of Nursing (Operations) ensuring Barnsley place is contributing to system developments. SYB UEC Steering Board has agreed priorities which all places are signed up to deliver locally. Oversight by the SYB Steering Board and locally through the UEC Delivery Board. Successful procurement of a new Integrated Urgent Care/Clinical Advice (111) service with delivery commencing from April 2019 increasing access to clinical advice and linking with local services.	Ongoing
The CCG is developing a clear, prioritised delivery plan, to improve the out of hospital service offer and ensure that more people are able to be cared for and treated at home or in a community setting without the need for an hospital attendance or admission.	NEL Group has been established to oversee delivery of priority projects and this will feed into SMT and QDG. Community Services specification is being developed for integrated community and primary care services working as part of the PCN/Neighbourhood arrangements with a focus on providing proactive care at home or in a community setting and supporting people to be better able to manage their own conditions. Work taking place with Integrated CAre Partnership Group to agree principles and develop partnership plans to support the overall vision for 'left shift'	In progress
Urgent Care Services are in place and continuing to deliver improvements to already strong performance and enabling the ongoing delivery of planning priorities. An Integrated extended hours and out of hours primary care services (IHEART 365) is in place with contracts for both elements of service delivered by Barnsley Healthcare Federation.	New IUC/CAS is in place and increasing access to clinical advice Primary Care Streaming is in place with a navigation function signposting people away from ED where appropriate. A&E waiting time performance is consistently high, length of stay low and flow good through and out of hospital ensuring low levels of DTOC Ambulatory Care/SDEC pathways are in place including Clinical Decision Unit, Acute Frailty Unit, Ambulatory Medical Assessment Clinic, Surgical Assessment Unit and Childrens Assessment Unit	Ongoing
Performance reports to Finance and Performance Committee and Governing Body on the delivery of constitution standards and CCG Improvement and Assessment Framework. Twice yearly assurance reports provided to Governing Body.	Monthly reporting through the Integrated Performance Report to Finance and Performance Committee and bi-monthly to Governing Body	Ongoing
<b>Gaps in assurance</b>		<b>Positive assurances received</b>
<b>Gaps in control</b>		<b>Actions being taken to address gaps in control / assurance</b>
RR 15/07: If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response times targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected.	Regular consideration of YAS incident reporting by QPSC and GB to understand the frequency and severity of incidents associated with ambulance response.	
RR 18/04: 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	Activity levels are monitored on an ongoing basis through contract/performance management arrangements. NEL activity has been reviewed and work commenced to identify opportunities to support more patients at home to avoid the need for emergency hospital admission.	

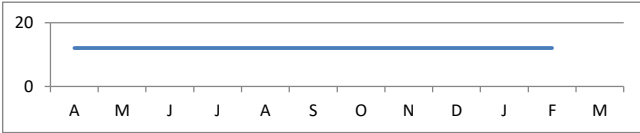


PRIORITY AREA 3: CANCER				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY	
<ul style="list-style-type: none"><li>Preventing cancer incidence</li><li>Reduced Inequalities especially those diagnosed at emergency admission.</li><li>Improved cancer diagnosed rates at stage 1 or 2</li><li>Early Diagnosis - Implement rapid assessment and diagnosis pathways for lung, prostate, colorectal and Upper GI cancers</li><li>Improve care and treatment - implement new cancer waiting times system</li><li>Improve Patient Experience along pathways and LWBAC</li><li>Increasing Positive Experience at EOL by increasing early identification and reducing 3 or more admissions in last 3 months of life</li><li>Deliver Survivorship Program (LWABC) including recovery package and stratified pathways</li><li>Commissioning for Value adopted if appropriate</li><li>Achieve 8 waiting time standards including the 62 day referral-to-treatment cancer standard.</li></ul>				Highest quality governance	✓	<p>1. Risk to delivery of the 62 day wait NHS Constitution standard if clear pathways from cancer diagnosis to treatment are not developed and shared by partner</p> <p>2. Risk to delivery of early diagnosis if:</p> <p>(a) the CCG does not effectively promote to the people of Barnsley the national screening programme</p> <p>(b) Practices do not consistently apply NICE guidance for cancer diagnosis and referral.</p> <p>3. Risk that, if the CCG does not have a clear local strategy for delivering cancer priorities and performance, the CCG will not secure full access to cancer transformation funding which would impact negatively on securing improvements to services for people Living With and Beyond Cancer (LWABC) and improving 62 day target and 8 WT standards</p> <p>4. Risk that the incidence of cancer is not reduced, and of poorer outcomes post treatment, if steps to promote healthy lifestyles for Barnsley people are not successful.</p>	
				High quality health care	✓		
				Care closer to home	✓		
				Safe & sustainable local services	✓		
				Strong partnerships, effective use of £	✓		
Links to SYB STP MOU							
8.6. Cancer							
Committee providing assurance		FPC	Executive Lead		JB	Clinical Lead	
Dr H Kadarsha							
Risk rating	Likelihood	Consequence	Total				
Initial	3	4	12				
Current	4	4	16				
Appetite	3	4	12				
Approach	Treat						
Key controls to mitigate threat:				Sources of assurance			
Programme Governance arrangements				Rec'd?			
Barnsley wide cancer group? SYB cancer alliance?				How reported back into CCG?			

<p>Steering Group: On track. CCG Contracting process: Reporting requirements relating to cancer A&amp;E attendance and Vague Symptoms included in acute contract for 19/20. 5-10 year Strategy: Macmillan possible funding withdrawn BHNFT/CCG working towards a solution.. (delete red) The CA Demand and capacity modelling will provide future trajectories; CCG /CRUK supporting practices with improvement plans to drive ED improvement at locality and practice level - these will be used to support PCN ED specification implementation and locality working; ED and screening and stakeholder meeting held to gain wider identification of priorities and action plan in place ; Workforce: MDT workshop: Using learning from the Cheshire and Merseyside models, the High Quality Services workstream of the CA will define scope and feed into CDGs. Pilots will be set up in each local trust and act as a vehicle for sharing learning. CCG working with CA to develop compassionate cancer nursing strategy.</p>	<p>HQS implementation group established, to develop and monitor quality priorities including CDG aim to reduce clinical variation and define quality measures for the CA programme. CCG will continue supporting at ICS/CA level via membership of group and CE CCG and Deputy Director representation at CA board. Steering group meeting 6 weekly and produces 6 weekly programme assurance and risk register that is approved by steering group and shared with CA. This group monitors programme delivery and updates shared with CCG SRO. An 6 monthly assurance report submitted for governing body meeting November 14th 2019. Primary care cancer measures within PDA are monitored by PC commissioning committee and 1/4 reporting via PDA monitoring process led by PC team; contracting process ensures controls in place for BHNFT and STHT performance and contractual totals. This is reported to CCG via Finance &amp; Performance committee.</p>	
<b>62 Day Waits</b>		
<p>current ( delete) CCG performance for Q4 is 84.2% (target 85%) and BHNFT on track to meet Q4 target. Introduction of timed pathway for prostate and lung started and on track. The colorectal pathway started by September 2019 and upper GI timed pathway planned to start in January 2020. CCG performance has dropped during for Q1 to 76% (target 85%). CCG unlikely to meet Q3 target. BHNFT Q1 performance was 80.8%. BHNFT aiming to meet target by end of Q3 2019/20. BHNFT October 2019 met target 85.7% for first time.</p>	<p>Performance is reported to CCG via Finance &amp; Performance committee and via CA board reporting arrangements. CCG meets BHNFT cancer lead monthly to monitor performance and gain assurance about improvement actions to address pathways; Steering group meeting 6 weekly and produces monthly programme assurance and risk register that is approved by steering group and shared with CA. This group monitors programme delivery and updates shared with CCG SRO monthly . CCG attends BHNFT CPIG group and raises assurance points that are addressed via the action log process. Reduction in performance due to large number urology backlog breaches cleared by STHT in May/June and increase in referrals to other pathways. Escalated to CCG via Finance &amp; Performance committee and mitigating actions provided for assurance . Recovery plan agreed with BHNFT at 'place based review'. CCG Ass DON gaining assurance about maintaining quality from BHNFT and STHT during recovery period. Monthly meetings planned to discuss PTL 38 day target performance and progression since the place based review.</p>	
<b>Prevention</b>		
<p>Be Cancer SAFE: links established with PHE colleagues; Locality Deame Team and BME and Polish populations. Joint BCS/Macmillan Health &amp; Wellbeing Hub proposal submitted to BMBC market, awaiting feedback. BCS working with practices to increase screening rates. Risky behaviours CQUIN: BHNFT and SWYPFT on target to deliver all parts including year-end targets. Screening: stakeholder workshop to be held April '19 to identify priority areas and gaps. Lynch screening: Paper to MT due 03/04/19. delete red On track for local pathology adoption as plan . Public health: Alcohol CleaR assessment being taken to Health and Wellbeing Board in April, on track to be delivered. Out of hours cervical screening pilot on track to deliver pilot .</p>	<p>Assurance is via 6 weekly cancer programme assurance process that ensures programme is on track and lack of progress addressed. The BCS work is reported to CCG via contractual process, via leads attendance at CCG Steering Group and bi-monthly assurance meetings with BCS by CCG cancer programme lead. Targeting Screening DNA/nonresponders via PDA indicator and BCS project focusing on 10 areas that have lowest reported screening rates. Out of hours cervical screening pilot monitored via existing I-Heart contract assurance .</p>	
<b>Early Diagnosis</b>		

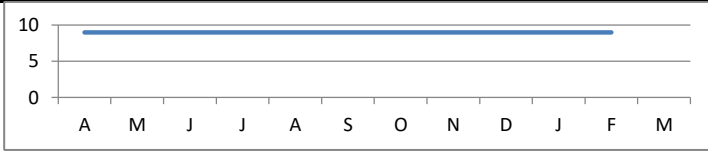
<p>Timed pathways: Lung (green rating): ED pathway discussed and progress to mirror GP pathway. Prostate (green rating): agreement of Triage protocol and process with all clinical teams. Referral system set up for GPs to refer using a RAS. Colorectal (Amber) Clinical agreement in place - safety of triage. Timed pathway on track to start 30 September. Vague Symptoms Pathway shared via BEST website, with primary care, secondary care and LMC; referrals are slow . SEA: Signed-up practices submitted SEAs and themes identified. . FIT - lower GI pathway: 67% of FIT Kits used compared to modelling number communication being sent regularly to primary care to increase usage. Tele dermatology pilot in place to reduce pressure on 2 WW skin pathway. Paper on using tel derm by BHNFT as triage to clinical forum consideration 2/1/20</p>	<p>Assurance is via monthly cancer programme assurance process that ensures programme is on track and lack of progress addressed. CCG attends CA monthly ED group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT for vague symptoms pathway and lower GI pathway implementataions. Lower GI pathway implementation Assurance is via 6 weekly cancer programme assurance process that ensures programme is on track and lack of progress addressed. CCG attends CA monthly ED group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT for vague symptoms pathway and lower GI pathway implementations. Lower GI pathway implementation monitored via QIPP monthly highlight reports .</p>	
<b>Better treatment and care</b>		
<p>Waiting times: With CA agree external support for demand and capacity work; continue rolling out timed pathway to reduce pressure on system. Quality Surveillance self-assessment: Results presented at QDG and shared with BHNFT. Improvement action and monitoring process to be agreed. Teledematology : CCG MT agreed 1 year Pilot , engagement survey to practices to ascertain preferred equipment option and general feedback distributed. 52% practuces using the equipment - plan in place to address uptake and IT issues.</p>	<p>Assurance is via monthly cancer programme assurance process that ensures programme is on track and lack of progress addressed. CCG attends CA monthly operational group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT and clinical forum . Tele dermatolgy pilot is reported via QIPP governance reports . Quality Surveillance self-assessment reported to CCG quality and safety committee annually and exceptions raised via this route . Ass DON gaining assurance about maintaining quality from BHNFT and STHT during recovery period.</p>	
<b>LWABC</b>		
<p>e-HNA/Care planning: Live pilot continues. CSW roles appointed. All templates completed in the 3 tumour sites. Supported self management: The Well has moved and reopened. Anxiety managements courses are well-attended. Risk stratified pathways: Clear pathways in place and being agreed regionally and locally –some delays still on local completion. Information: Macmillan Information will go in the new Wellwith Be Cancer Safe on the market and in outlying areas of Barnsley. Engagement and Project Governance: Dr Edgar and LWABC Project manager produced CCR template and guide for GP's. Project evaluation: evaluation work on-going with the Regional LWABC programme and the local evaluation including Anxiety management review of courses. Primary care: PDA/QOF support team visiting practices to support primary care with meeting deliverables. Letter written to Practices to offer a team support by CRUK and Macmillan funded Staff. EPaCCS all practices trained but issues with IT transfer of data between SWYPFT and GP practices is a risk.</p>	<p>5 Primary care cancer measures within PDA are monitored by PC commissioning committee and 1/4 reporting via PDA monitoring process led by CAT and PC team; the Barnsley LWABC steering group governance framework and LWABC Leads membership of CA LWABC programme ensures programme reported to CCG. LWABC is a cancer measures within PDA that is monitored by PC commissioning committee and 1/4 reporting via PDA monitoring process led by PC team;</p>	
<b>End of Life</b>		

<p>SWYPFT's Palliative/EoL Care: EoL strategy group meets to progress action plan. EpaCCs: Surveys to practices who have / have not undertaken training produced and distributed to encourage sign up and ascertain possible mobilisation issues. Macmillan ANP for Care homes: Post-holder continuing to roll out project across South and Central neighbourhood. New EOL strategy being developed and additional non-recurrent funding being used to increase early identification and reducing unavoidable admissions</p>	<p>reporting is via CCG being member of EOL strategy group and having responsibility to ensure strategy action plan on track. CCG reporting of Care homes ANP work plan gained by attending 1/4 implementation group and via CCG care homes programme governance. New EOL strategy production started and on track to be produced by March 2020. EOL group focusing on reducing unavoidable admissions and early identification- action plan in place. PDA assurance process monitoring EOL indicator compliance quarterly.</p>	
Communication and engagement		
<p>Patient Engagement Screening: screening week communication completed. (10-16 June 2019). Primary Care Education: Hot Topic started and had good attendance that is increasing the numbers attending. Macmillan GP visited a number of practices. Patient Engagement: Promotion of BeCancerSafe breakfast meetings successful. Promotion of BeCancerSafe team runner up award. A cancer care navigation tool has been developed by BCS and is being used within BCSG services. EOL strategy engagement plan in place to ensure patients and public influence priorities.</p>	<p>Assurance is via monthly cancer programme assurance process that ensures programme is on track and lack of progress addressed; Macmillan post educational events reported via evaluation reporting process and bi-monthly reporting process to Macmillan ensures on track and monthly meetings between Macmillan GP and CCG CL for cancer. The CCG via CA established communication and engagement group ensures actions and reporting are to CCG and via 6 weekly reporting for the cancer programme assurance reporting.</p>	
Gaps in assurance		Positive assurances received
Gaps in control		Actions being taken to address gaps in control / assurance

PRIORITY AREA 4: MENTAL HEALTH				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<p>Increase the number of children and young people receiving evidence-based treatment to improve their emotional health and wellbeing - the access target to be achieved in 2019/20 is 35%</p> <p>By Q4 2019/20 to improve access to psychological therapies (IAPT) to 22% of the local prevalent population and to 25% by 2021.</p> <p>Improve the IAPT moving to recovery rate to an ambitious targets of 60% acknowledging the national target is 50%</p> <p>Improve pre and post mental health crisis care support</p> <p>Crisis care: extend the Liaison Mental Health service in A&amp;E to include children and young people</p> <p>Reduce the numbers of suicides in Barnsley to the national average as a minimum</p> <p>Continue to Improve perinatal mental health</p> <p>Develop a South Yorkshire and Bassetlaw sustainable regional ASD /ADHD diagnosis and treatment service for adults</p> <p>Meet the Mental Health Investment Standard (MHIS)</p> <p>Improve access to healthcare and deliver annual physical health checks for the population - the target to be achieved for 2019/20 is 60% of those patients on the GP SMI Register</p> <p>66.7% of people with dementia aged &gt;65 should receive a formal diagnosis.</p>				Highest quality governance		<p>There is a risk that if the CCG and its partners are unable to manage and mitigate the potential barriers to improving mental health services - lack of workforce capacity, limited financial resources, and legacy 'backlogs' - the CCG's ambitions for these services will not be achieved and that delivery of the five year forward view for Mental Health will not be achieved.</p>					
				High quality health care							
				Care closer to home							
				Safe & sustainable local services							
				Strong partnerships, effective use of £							
Links to SYB STP MOU											
				8.5. Mental Health							
Committee providing assurance		FPC & QPSC		Executive Lead		PO	Clinical Lead		Dr M Smith		
Risk rating	Likelihood	Consequence	Total					Date reviewed		Feb-20	
Initial	4	3	12					<p>Rationale: Likelihood set as 4 (likely) because delivering the recommendations of the five year forward view of mental health is dependent upon additional financial resources and a fully trained, accessible workforce. IAPT services have been successfully tendered and the new service commenced from 1 August 2018 which is delivering a more ambitious programme. In order to increase access to Mental Health services, the capacity of the mental health services needs to be increased, primarily by increasing the workforce. There are limited, accredited training courses available locally which limits the ability of the service to grow. The South Yorkshire and Bassetlaw ICS MH/LD Board have established a workforce strategy group for South Yorkshire collaborating closely with Health Education England</p> <p>Consequence set as 3 (moderate) because the mitigated actions outlined will enable mental health services to provide, good quality outcomes and be in a state of readiness to effectively utilise the additional resources as and when they become available. NB Rising clinical need is escalated and responded to.</p>			
Current	4	3	12								
Appetite	4	3	12								
Approach	Tolerate										
Key controls to mitigate threat:				Sources of assurance				Rec'd?			
Recurrent investment to implement the local transformation plan (improving children and young peoples emotional wellbeing).				Quarterly Assurance reports / feedback to NHS England; monitored by C&YPT(Children and Young Peoples Trust) ECG (see note 2). ECG minutes to F&P Committee.				Ongoing			
Perinatal Mental Health - continue to implement the specialist perinatal health team and to fund the specialist mental health midwife post at BHNFT.				ICS Reporting Framework. Action notes to JCU for info. Regular updates to Governing Body				Ongoing			
Service provider developing robust workforce plans in conjunction with Health Education England National Workforce Strategy.				MHFYFV Dashboard, monitored via Adult Joint Commissioning Group (see note 1)				Ongoing			

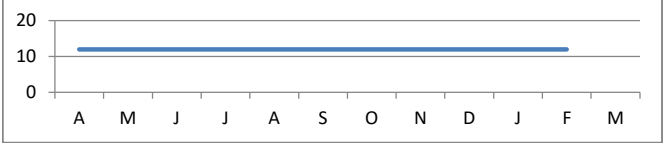
Increase the commissioning of ASD / ADHD services to 50% of the local evidence based prevalence. To develop a south Yorkshire and Bassetlaw regional ASD / ADHD diagnostic and treatment service. Additional investment in the Over 11 ASC pathway has been agreed to improve the waiting and access times on this pathway (waiting times are 2.5 years as at 30/4/2019)	ICS Reporting Framework. Successful Paper to May Governing Body re increased resource awaiting service mobilisation Progress monitoring by AJC Group (see note 1 below)	Ongoing
Continue to promote the local social prescribing service	Monitored via Adult Joint Commissioning Group (see note 1)	Ongoing
IAPT service has been successfully re-tendered with a revised service specification. The revised specification has been delivered by SWYPFT from October 2018 and is consistently achieving all national recommended targets	Oversight by F&PC, reporting into Governing Body. New IAPT service is fully implemented and all national IAPT targets are consistently achieved.	Complete
Barnsley Crisis Care Concordat Group have established three Task and Finish groups to i) assess the MH liaison service against Clinical Guidance CG16 (Self-harm); ii) consider the implementation of the Australian Mental Health Triage Tool and iii) consider the development of a Crisis Cafe within the	Monitored via Adult Joint Commissioning Group	Ongoing
Further to the NHS E IST review of Barnsley CAMHS a new service specification is being developed and the service will be tendered mid-October 2019	Draft service specification has been discussed at Clinical forum (1/8/19) and wider consultation will be undertaken with young people and parents and partners to develop a robust service specification which will deliver the appropriate support for Barnsley's young people in relation to their emotional health and wellbeing	Ongoing
Barnsley CCG have submitted a bid (circa £500,000) to enhance the Mental Health Liaison service to achieve CORE 24 Compliance. Barnsley CCG have also submitted a bid to NHS England to develop a Crisis Care Assessment unit to provide an alternative to A&E and reduce the utilisation of the S136 Suite	Monitored via Adult Joint Commissioning Group (see note 1)	Ongoing
<p>Note (1) - Adult Joint Commissioning group minutes go to F&amp;PC for information. It reports into the Health &amp; Wellbeing Board which is attended by the CCG CO and Chair and minutes go to GB.</p> <p>Note (2) - the Children's &amp; Young People's Trust ECG minutes go to F&amp;PC for information. It reports via TEG to H&amp;WB which is attended by the CCG Chair and CO and minutes go to GB. Specific issues may be raised with GB via quarterly Children's Services updates.</p>		
<b>Gaps in assurance</b>	<b>Positive assurances received</b>	
	Local Transformation Plan refreshed annual (October) and quality assurance reports to NHSE. Latest Assurance report (March 2019) gained a 'fully confident' rating of delivery from the NHS E Assurance panel	
<b>Gaps in control</b>	<b>Actions being taken to address gaps in control / assurance</b>	



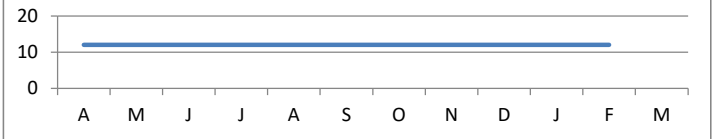
PRIORITY AREA 5: INTEGRATED CARE SYSTEM (ICS)				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY				
<p>System Level: There is a shared view that in order to transform services to the degree required to achieve excellent and sustainable services in the future, we need a single shared vision and plan in each Place and across South Yorkshire and Bassetlaw. Partners from across health and social care in each Place have come together to develop a single shared vision and plan as part of an Integrated Care System.</p> <p>CCG contributions to system wide working &amp; enabling work streams: Leadership and programme support</p>				Highest quality governance		✓		<p>There is a risk that the effectiveness of the ICS will be undermined if any of the member parties is unable to sign up to the system MOU, the direction of travel, and the mechanisms for collective decision making.</p> <p>The effectiveness of commissioning at place level across the full range of CCG priorities could be detrimentally affected if uncertainty re the future of commissioning across the system leads to disengagement or loss of capacity or direction locally.</p>		
				High quality health care		✓				
				Care closer to home		✓				
				Safe & sustainable local services		✓				
				Strong partnerships, effective use of £		✓				
				Links to SYB STP MOU						
				8.7 Workforce; 8.8 Digital & IT; 8.9. Development of Integrated Care in Place & System; 8.10. Commissioning reform; 8.11. Sustainable Hospital Services Review						
Committee Providing Assurance			ICS CPB JCC of CCGs	Executive Lead		LS				NB
Risk rating	Likelihood	Consequence	Total					Date reviewed		Feb-20
Initial	3	3	9					<p>Rationale: Likelihood has been scored at 3 (possible) because individual organisation will be required to deliver on their statutory duties and may prioritise these over partnership commitments. Consequence has been scored at 3 (moderate) because whilst we would not be able to harness the full benefits of integrated health and care the commissioning and provision of health and care services for Barnsley people would continue.</p>		
Current	3	3	9							
Appetite	3	4	12							
Approach	Tolerate									
Key controls to mitigate threat:				Sources of assurance						Rec'd?
Collaborative Partnership Board (CPB) provides strategic direction and oversight of the ICS, while the Joint Commissioning Committee of CCGs facilitates collective commissioning decisions over defined areas.				Minutes of both CPB and JCCC of CCGs are taken through the Governing Body						Ongoing
ICS Memorandum of Understanding signed by all parties in place outlining sign up to direction of travel in system and in place, recognising journey to local Integrated care partnerships				ICS MOU signed off by Governing Body and all Parties to the ACS for 17/18. MOU for 2018/19 between NHSE/I and ICS agreed and signed off by 1 October 2018. ICS go Live October 2018. Integration agreements between place and system developed (from October 2018 ).						Oct-18
Clear governance arrangements in place to enable to ICS to make both collective commissioning and provider decisions through the Joint Committee of Clinical Commissioning Groups (JCCC) and Providers Committee in Common (CiC)				Minutes of both CPB and JCCC of CCGs are taken through the Governing Body. ICS governance arrangements for Level 3 ICS from April 19 in place						Jul-19

The ICS has a clear management structure with sufficient capacity and resources to take forward its transformation programmes on behalf of the system.	Agreement of 2018/19 ICS nationally allocated transformation funding and partner contributions and sign off of 2018/19 ICS budget. Revised ICS Executive Management Team in place.	Jul-18
Work underway to identify 2019/20 commissioning priorities to be taken forward across the ICS footprint with JCCC oversight and potentially delegation of joint decision making subject to agreement of partner CCGs.	Paper setting out 2019/20 ICS commissioning priorities and collaborative commissioning arrangements agreed in principle by BCCG Governing Body March 2019. proposals for delegation of decision making to JCCC to be brought to a future GB.	Jul-18
Collective approach to decision making in relation to the Hospital Services Review in place within the Barnsley partnership and across the ICS.	Hospital Services Review received both by ICS Collaborative Partnership Board and by Barnsley CCG Governing Body. Governing Body agreed to the publication of the Strategic Outline Case October 2018.	Jun-18
<b>Gaps in assurance</b>		<b>Positive assurances received</b>
		SYB response to the NHS Long Term Plan collectively developed across partnership.
		Workshops with ICS and CCG Chairs and AOs planned for December 2019 and January 2020 to agree the way forward with commissioning reform Jan 2020
<b>Gaps in control</b>		<b>Actions being taken to address gaps in control / assurance</b>

# NHS Barnsley CCG Governing Body Assurance Framework 2019-20

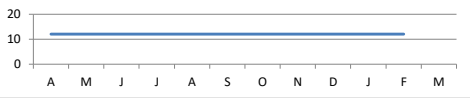
PRIORITY AREA 5.2: INTEGRATED CARE AT PLACE LEVEL				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<p>Development of Integrated Care Partnership (ICP) in Barnsley bringing Barnsley providers and commissioners together to plan and deliver care. This will include:</p> <ul style="list-style-type: none"><li>• Development of primary care networks and the supra-network</li><li>• Development of neighbourhood action plans that deliver better use of estates, support co-production and integration</li><li>• Population health management including PHMU, integrated care outcomes framework and local profiles and needs assessments that support neighbourhood prioritisation</li><li>• Development of a place-based workforce strategy</li><li>• Integrated commissioning with BMBC</li><li>• Service specification for the out-of-hospital model of care</li><li>• Strategic outline case for integrated care in Barnsley</li><li>• Set out how the local health system will specifically reduce health inequalities by 2023/24 and 2028/29</li></ul>				Highest quality governance		✓		<p>There is a risk that if the following threats are not effectively managed and mitigated the key deliverables will not be achieved:</p> <ul style="list-style-type: none"><li>• Financial pressure on individual organisations leads to reduced involvement/investment in the partnership working</li><li>• Constraints within the current legislative and regulatory framework limit progress with partnership working despite the clear direction of travel set out in the 5YFV and NHS LTP. NHS England is consulting on possible legal changes but these are unlikely to come into effect for at least 3 yrs</li><li>• Political uncertainty in part due to Brexit. Possibility that there will be a new government that has different policy objectives for the NHS although the main opposition parties are supportive of integration a different administration may take a different approach.</li><li>• Local public and political support because of a misunderstanding of the ambition of integrated health and care, partly because of the term “accountable care”, which has previously been used in the NHS, is associated with an American model of privatised health and care and partly because of association with changes through the hospital services review</li><li>• Maturity of the local provider partnership, financial and operating pressures in the system affect their ability to implement transformational change</li><li>• Capacity to constructively engage all relevant stakeholders in the development of integrated care and to deliver the cultural and behavioural change required (both staff and service users)</li><li>• Failure to demonstrate the impact and benefits of new ways of working in order to generate support and increase engagement</li><li>• Limited local leadership capacity, particularly for Primary Care Networks</li><li>• Ability of candidates to recruit into new primary care network roles</li></ul>			
				High quality health care		✓					
				Care closer to home		✓					
				Safe & sustainable local services		✓					
				Strong partnerships, effective use of £		✓					
				Links to SYB STP MOU							
8.7 Workforce; 8.8 Digital & IT; 8.9. Development of Accountable Care in Place & System; 8.10. Commissioning reform; 8.11. Sustainable Hospital Services Review											
Committee Providing Assurance		Governing Body	Executive Lead		JB	Clinical Lead			NB		
Risk rating	Likelihood	Consequence	Total					Date reviewed		Feb-20	
Initial	3	4	12					<p>Rationale:</p> <ul style="list-style-type: none"><li>- Likely impact due to possibility of adverse local media coverage, potential slippage leading to a key objective not being met and potential for external challenge</li><li>- Likely as it is possible that the impacts could recur occasionally</li></ul>			
Current	3	4	12								
Appetite	3	4	12								
Approach	Tolerate										
Key controls to mitigate threat:					Sources of assurance					Rec'd?	
Oversight of process by CCG Governing Body					Routine reporting of progress into Governing Body meetings (public and private) and discussions at development sessions					Ongoing	
Primary care engagement					Series of BEST events focussed on emerging guidance for primary care networks and the right model for Barnsley					Completed	
Engagement with the Membership Council and Local Medical Committee to gain support for integrated care objectives and primary care network proposals					Membership Council agreed to strategic direction at the meeting held on 3 July 2018					Completed	

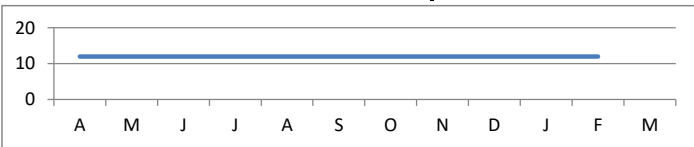
Local partnership governance arrangements	The CCG is a member of the Integrated Care Partnership and Delivery Groups and leads the Strategic Estates Group and Workforce Transformation Group. PHMU is forming.	Ongoing
Aligned resources	Place-based workforce lead appointed and transformation funding secured from HEE to support workforce modelling and strategy development. Commissioning team staff are aligned to integrated care priorities (Frailty, CVD and neighbourhoods) and there is agreement to align with BHF to support the development of PCNs and the supra-network.	Ongoing
Independent legal advisors appointed	Record of legal advice requested and received to date.	Completed.
Engagement with national bodies	Discussions with the Systems Transformation Group and New Business Models team at NHS England for Horizon Scanning and facilitating networking with other leading edge systems.	Ongoing
Staff engagement	Briefings have taken place. LS is attending team meetings to provide updates on the development of the ICS and ICP.	Ongoing
Communications and engagement	Communications leads from across the partners have co-produced a communications and engagement plan that has been signed off by ICPG.	Ongoing
<b>Gaps in assurance</b>		<b>Positive assurances received</b>
<b>Gaps in control</b>		<b>Actions being taken to address gaps in control / assurance</b>
18/02; 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.		<ul style="list-style-type: none"> <li>• Escalation of CCG concerns to BMBC senior management</li> <li>• Escalation via SSDG and health &amp; wellbeing board</li> </ul>

PRIORITY AREA 6: EFFICIENCY PLANS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<ul style="list-style-type: none"><li>Free up hospital beds</li><li>Best value across all CCG expenditure</li><li>Reduce avoidable demand</li><li>Reduce unwarranted variation in clinical quality and efficiency</li><li>Cut the costs of corporate services and administration - plan to deliver 20% reduction in running costs in 2020/21</li><li>Financial accountability and discipline for all trusts and CCGs</li><li>Plan for and deliver control total for 2019/20</li></ul>				Highest quality governance		✓		There is a risk that if the CCG does not develop a robust QIPP plan supported by effective delivery & monitoring arrangements, the required QIPP savings will not be achieved, resulting in a failure to achieve statutory financial duties and non compliance with NHSE business rules.			
				High quality health care		✓					
				Care closer to home		✓					
				Safe & sustainable local services		✓					
				Strong partnerships, effective use of £		✓					
				Links to SYB STP MOU							
				8.2. Managing demand and demand management							
				8.1. Efficiency programmes							
Committee Providing Assurance			FPC	Executive Lead			RN	Clinical Lead			Various
Risk rating	Likelihood	Consequence	Total						Date reviewed		Feb-20
Initial	3	4	12						Rationale: Likelihood currently judged to be 'possible' but will be kept under review. Consequence judged to be 'major' in light of potential impact on statutory duties, performance ratings, and organisational reputation.		
Current	3	4	12								
Appetite	3	4	12								
Approach	Tolerate										
Key controls to mitigate threat:				Sources of assurance						Rec'd?	
Structured project management arrangements in place to support delivery				F&PC scrutinised proposed monitoring on an ongoing basis & made recommendations to GB						Ongoing	
QIPP Delivery Group continues to be in place to maintain oversight of the QIPP programme				Progress reports to QIPP Delivery Group The CCG has plans identified against the 2019/20 QIPP target and these will be closely monitored with updates provided through QDG/F&P/GB. Work has commenced on identification of 2020/21 QIPP.						Ongoing	
Clinical Forum provides clinical oversight of projects				Monthly reports to Finance & Performance Committee and Governing Body						Ongoing	
Continued development and review of the CCG's Demand Management Programme (high value scheme)				Continual improvements and assessment of modelling of activity related schemes						Ongoing	
				Ongoing engagement with primary care and secondary care to support delivery of activity related schemes						Ongoing	
Continued development and review of the CCG's Medicines Optimisation QIPP 2019/20 to deliver prescribing efficiencies (high value scheme)				Clinical Pharmacists and Medicines management team continue to engage with Primary care and a validation of all efficiencies reported as delivered is undertaken within the Medicines Management team.						Ongoing	
Gaps in assurance				Positive assurances received							
				Discussions with BHNFT remain positive in moving to a new style of contract and expect to support the CCGs efficiency programme through 2019/20 and into 2020/21 The CCG is on track to deliver QIPP for 2019/20 with further plans being identified due to planned schemes not delivering as anticipated.							
Gaps in control				Actions being taken to address gaps in control / assurance							

	<p>Some concerns on the level of expected achievement against 2019/20 plans for demand management which are currently under review. Mitigating actions will be developed and reported through the QIPP delivery group, Finance and Performance Committee and Governing Body. Response teams also established to fast track in year opportunities. Mitigating actions still in development and expected to deliver against non delivery of planned schemes. The Governing Body and Finance and Performance Committee are fully engaged in discussions on 2020/21 QIPP requirements and the level of challenge and requirements to identify and deliver plans.</p>
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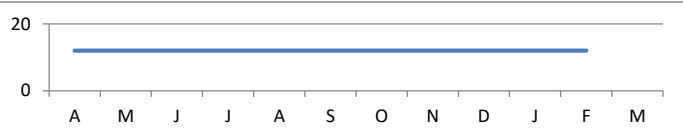
# **NHS Barnsley CCG Governing Body Assurance Framework 2019-20**

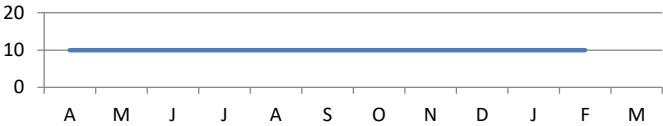
PRIORITY AREA 7: TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND / OR AUTISTIC SPECTRUM CONDITIONS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<p>Transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals by:</p> <p>-Reduce inappropriate hospitalisation and lengths of stay to be as short as possible</p> <p>- Improve access to healthcare and deliver annual physical health checks (eg cervical screening)</p> <p>-Invest in community teams</p> <p>-Ensure all children with learning disabilities, autism or both receive Community Care, Education and Treatment Review (CETR) if appropriate</p> <p>- Ensure all adults with learning disabilities, autism or both receive Community Care and Treatment Review (CTR) as appropriate</p> <p>-Increase uptake on annual health checks and learn from learning disability mortality reviews</p>				Highest quality governance		<p>There is a risk that if the CCG and its partners are unable to provide focussed case management and wrap around services the following negative consequences may result:</p> <p>-People with a learning disability or autistic spectrum conditions will enter hospital inappropriately</p> <p>-There will be difficulty discharging current patients</p> <p>- Potential prohibitively high cost of meeting needs</p> <p>-Inability of current provider market to meet needs</p> <p>-Difficulty in ensuring that the quality of care is high</p> <p>- Insufficient funding to ensure the appropriate level of care within the community</p>					
				High quality health care							
				Care closer to home							
				Safe & sustainable local services							
				Strong partnerships, effective use of £							
				Links to SYB STP MOU							
Committee providing assurance				FPC & QPSC		Executive Lead		PO / AR		Dr M Smith	
Risk rating		Likelihood	Consequence	Total							
Initial		4	3	12							
Current		4	3	12							
Appetite		4	3	12							
Approach		Tolerate									
Key controls to mitigate threat:						Sources of assurance				Rec'd?	
<p>A Complex Case Manager for Transforming Care patients has been in post from May 2019. The postholder will ensure CTR's and CETR's will be undertaken in a timely manner to ensure clients receive the most appropriate care in environments as close to Barnsley as possible.</p> <p>Appropriate services are being developed within Barnsley, where appropriate, to enable some of the most complex patients to return to Barnsley and be cared for within the local community</p> <p>Strong partnership arrangements with Calderdale, Wakefield and Kirklees (Transforming Care Partners CKWB) which will continue despite realignment of reporting footprint (Barnsley now to be reported with South Yorkshire &amp; Bassetlaw)</p> <p>Development of LD Strategic Health &amp; Social Care Improvement Group to maintain oversight of key legislation inc LEDER learning and transforming care. The identified LAC (Local Area Coordinator) for the LeDer Programme will be the Head of Commissioning (Mental Health, Childrens ad Maternity)</p> <p>The SEND lead for the CCG has been identified as the Head of Commissioning (Mental Health, Children's, Maternity). A vacancy for a Desigantged Clinical Officer for SEND has recently beebn advertised.</p> <p>Detailed plans, with timescales, have been developed for each patient identified within the Transforming Care cohort, to return these patients to appropriate local community settings as quickly and as safely as possible to improve their life outcomes</p> <p>A Barnsley Learning Disabilities Strategic Group has been established in April 2019 to continue the principles within the TCP programme - the CCG is represented on this multi-agency group by the Head of Commissioning (Mental Health, Children's and Maternity)</p>						<p>JCU reports to Finance &amp; Performance Committee with any Quality issues escalated to Quality &amp; Patient Safety Committee.</p> <p>Quarterly meetings with NHS England Spec Comm, who commission the existing placements for this cohort of patients, to determine progress made, workegin towards discharge.</p> <p>Quarterly assurance reports to be presented to Management Team outlining progress being made towards discharge of patients to the local community</p>				May-19	
										Jun-19	
										Ongoing	
										Ongoing	
										Ongoing	
										Ongoing	
										Ongoing	
Gaps in assurance						Positive assurances received					
Gaps in control						Actions being taken to address gaps in control / assurance					

PRIORITY AREA 8: MATERNITY				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
Continue to implement the Saving Babies' Lives care bundle to further reduce still birth, neonatal deaths, maternal deaths and brain injuries. Implement the SYB LMS (Local maternity service) - - Improve maternity safety, choice and personalisation - Liaise closely with the local MVP (Maternity Voice Partnership) to ensure local women are able to influence and shape the delivery of future services				Highest quality governance				There is a risk that the key deliverables will not be achieved if the following risks to delivery are not appropriately managed and mitigated: 1/ Achievement is dependent upon implementing the outcomes of the Hospital Services Review 2/ Lack of sufficient investment in additional staff resources to enable 'continuity of carer' 3/ Achievement is dependent on ICS maternity services and is at risk if there is failure of the ICS providers to integrate working practices fully to implement the LMS 4/ Lack of staff rotation between hospital and community based services may reduce the likelihood of fully delivering continuity of carer			
				High quality health care		✓					
				Care closer to home		✓					
				Safe & sustainable local services		✓					
				Strong partnerships, effective use of £		✓					
Links to SYB STP MOU											
8.5.											
Committees providing assurance		FPC & QPSC		Executive Lead		PO		Clinical Lead		Dr M Smith	
Risk rating	Likelihood	Consequence	Total					Date reviewed		Feb-20	
Initial	4	3	12					Rationale: Likely primarily due to the staffing issue inherent in delivering continuity of carer and there are no additional funding streams available. Consequence is moderate because this is primarily a local issue which will potentially result in the late delivery of the key objective within the better birth recommendations of delivering the 'continuity of carer.'			
Current	4	3	12								
Appetite	3	4	12								
Approach	Tolerate										
Key controls to mitigate threat:				Sources of assurance						Rec'd?	
3 Continuity of carer midwifery teams have been established focusing on smoking cessation, under age pregnancy and substance misuse				NHSE LMS assurance process						Ongoing	
CQB for each provider reports to Q&PSC				Yorkshire and Humber maternity dashboard (enables benchmark)						Ongoing	
Governing Body oversight				Reporting into QPSC, minutes to Governing Body with specific issues escalated by the Quality Highlights Report						Ongoing	
the local based maternity plan includes increasing the choice of where to give birth from the current two options available to the recommended three options (consultant led, home and midwifery led)				A newly established Maternity Hosted Network (led by Rotherham) will oversee the implementation of the Better Birth recommendations within the South Yorkshire and Bassetlaw region						Ongoing	
enhanced specialist smoking cessation support for women who smoke during pregnancy will be provided										Ongoing	
Gaps in assurance						Positive assurances received					
						In 2017/18 BHNFT benchmarked well positive update to June Governing Body. NHS England positively assured the SY&B ICS Maternity Plan in the assurance round in December 2018. The SY&B ICS LMS achieved the 2018/19 target for CoC (Continuity of Carer) of 20%					
Gaps in control						Actions being taken to address gaps in control / assurance					



**NHS Barnsley CCG Governing Body Assurance Framework 2019-20**

PRIORITY AREA 9: DIGITAL AND TECHNOLOGY				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY				
<div>1. Development of a system wide shared care record</div> <div>2. Ensure the delivery of the GP IT Operating Model to:</div> <div>- Comply with mandatory core standards re: interoperability and cyber security</div> <div>- Support the transition to HSCN from N3</div> <div>- Support the roll out of Windows10 to secure system security from cyber attack</div> <div>- Support the implementation and roll out of the NHS App, eConsultaion. APEX, GPIT refresh of IT equipment, Govroam</div> <div>- Support the wider use of digital technology as described within the Long Term Plan</div> <div>- Comply with the transition from GPSoC to GP IT Futures</div> <div>- Working closely with the SY&amp;B digital and IT workstream to deliver the digital road map</div>				Highest quality governance				<div>There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:</div> <div>- The contract for GP IT and Corporate IT support is nearing its end and appropriate alternative provision will need to be mobilised in a timely manner</div> <div>- Lack of IT technical expertise locally for input into projects and programmes of work</div> <div>- Primary Care colleagues fatigued with the amount of IT work scheduled</div> <div>- Short timelines to deliver projects</div> <div>- Supplier and equipment delays</div> <div>- constructive and timely engagement by system partners to deliver a SCR by 20/21</div>		
				High quality health care		✓				
				Care closer to home		✓				
				Safe & sustainable local services		✓				
				Strong partnerships, effective use of £		✓				
Links to SYB STP MOU										
Committees providing assurance			PCCC & SMT	Executive Lead		JB		Clinical Lead		JH
Risk rating	Likelihood	Consequence	Total					Date reviewed		Jan-20
Initial	4	3	12					<div>Rationale: Likelihood has been scored at 4 but will be kept under review. Consequence has been scored at 4 because of the eMbed contract situation.</div>		
Current	4	4	12							
Appetite	3	4	12							
Approach	Tolerate									
Key controls to mitigate threat:					Sources of assurance					Rec'd?
Barnsley IT Strategy Group					Monthly meetings to review SCR progress and refresh Digital Roadmap. Minutes to GB					Pending
Barnsley CCG Operational IT Group					Monthly meetings to review progress of the delivery of key projects and programmes. Updates to GB					Pending
GP IT and Corporate IT service commissioned from eMBED										Pending
Redcentric become the commissioned service to maintain HSCN										
Gaps in assurance					Positive assurances received					
Governance process to be established for the IT groups										
Gaps in control					Actions being taken to address gaps in control / assurance					
Lack of technical support to ensure deliverables are robust					CCG has some resource to obtain additional support if required					
Link with the IT Strategy group and the CCG Operational Group					Linkage through shared membership					
Incomplete information available from NHS Futures regarding future work										

PRIORITY AREA 10: COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY		
<ul style="list-style-type: none"><li>• Delivery of all the CCG's statutory responsibilities</li><li>• Deliver statutory financial duties &amp; VFM</li><li>• Improve quality of primary &amp; secondary services (inc reductions in HCAI, ensuring providers implement learning from deaths, and reductions in medication errors);</li><li>• Involve patients and public;</li><li>• Promote Innovation;</li><li>• Promote education, research, and training;</li><li>• Meet requirements of the Equality Act;</li><li>• Comply with mandatory guidance for managing conflicts of interest</li><li>• Adhere to good governance standards.</li></ul>				Highest quality governance		✓	There is a risk that if the CCG fails to deliver its statutory duties, due to weaknesses in its corporate governance and control arrangements, it will result in legal, financial, and / or reputational risks to the CCG and its employees.	
				High quality health care		✓		
				Care closer to home		✓		
				Safe & sustainable local services		✓		
				Strong partnerships, effective use of £		✓		
Links to SYB STP MOU								
Section 7 'Governance, Accountability, & Assurance'								
Committee Providing Assurance			Audit Committee	Executive Lead		RW	Lay / Clinical Leads	MG,MT,NBa, NBe, CM
Risk rating	Likelihood	Consequence	Total				Date reviewed	Feb-20
Initial	2	5	10				Rationale: Likelihood is 'unlikely' as arrangements now well established. Consequence is catastrophic due to very significant quality, financial & reputational impact of failure.	
Current	2	5	10					
Appetite	3	4	12					
Approach	Tolerate							
Key controls to mitigate threat:				Sources of assurance			Rec'd?	
Overall: Constitution, Corporate Manual, Prime Financial Policies, and suite of corporate policies				Audit Committee provides oversight, supported by internal & external audit reports & opinions, LCFS work etc			Ongoing	
Governing Body & Committee Structure underpinned by clear terms of ref and work plans				GB members sit on Committees. All Committee minutes taken to GB and significant issues are escalated. Committees produce annual assurance reports for the GB.			Ongoing	
Management Structure - responsibilities clearly allocated to teams and individuals				Management action monitored by regular senior management team meetings. SMT decisions with a financial consequence reported through F&PC.			Ongoing	
Finance: Budgetary control, contract monitoring & QIPP monitoring arrangements. Scheme of Delegation requires SMT approval for spending commitments <£100k and GB approval over this level.				Financial Plan signed off by GB each year. Monthly finance report to FPC and GB; internal & external audit reviews and opinions; GB formally adopt annual report & accounts.			Ongoing	
Performance monitoring arrangements				Integrated Performance Reports to FPC provides assurance across all NHS Constitution pledges. Summary reports to GB.			Ongoing	
Quality: comprehensive and well established arrangements in place to monitor, assure and improve the quality of all commissioned services including Clinical Quality Boards, Quality Assurance visits, benchmarking, Primary Care Quality Improvement Tool, outcomes from CQC inspections in both primary and secondary care, review of serious incidents and never events, complaints & compliments, review of FFT, nurse leads for safeguarding adults & children who represent the CCG on the local safeguarding boards.				Reporting of all relevant information to the Quality & Patient Safety Committee, with assurance to Governing Body through Quality Highlights reports and sharing of minutes.			Ongoing	

Patient & Public Involvement: strategy in place, well established Patient Council and OPEN network, close working with healthwatch, co-ordination of activity with partners, appropriate engagement & involvement re service changes, membership of consultation institute, active patient reference groups locally.	Oversight by Equality & Engagement Committee. Assurance to Governing Body via minutes and monthly PPI Summary reports. In 2017/18 Internal Audit Reviews and NHSE assurance process also provided assurance re robustness of our arrangements. Compliance with statutory guidance on patient and public participation in commissioning health and care is assessed via the NHSE 'improvement and assessment framework'. (rated green in 2017/18, 2018/19 and 'Green Star' in 2018/19).	Ongoing
Equality: EDS2 used to ensure compliance with PSED requirements; Equality Action Plan monitored via E&D Group and E&E Committee; E&D Lead; E&D training provided to all staff; EQIA policy in place and EQIAs attached to GB papers where appropriate; Staff survey results considered & acted upon; HR policies approved & embedded.	Progress monitored by Equality, Diversity & Inclusivity Group and reported quarterly to Equality & Engagement Committee. Assurance to GB via E&E Committee Minutes and annual assurance report. Summary of key actions on CCG website each year.	Ongoing
Conflicts of Interest: standards of business conduct policy in place & compliant with statutory guidance; registers of interests maintained & published; declared conflicts managed in meetings and / or during procurements; online training provided to key staff; oversight by Audit Committee; Conflicts of Interest Guardian in place; PCCC has delegated authority where GB cannot make decisions.	Oversight by Audit Committee. Regular reports to GB. Declarations at every Committee and GB meeting. Annual IA review of arrangements. NHSE Quarterly self certification process.	Ongoing
Information Governance: strategy & policies in place, SIRO / Caldicott Guardian identified, training provided for all staff, information asset register in place, committee report & business case template prompts consideration of IG issues. GDPR / compliant processes in place. DPO service provided by eMBED	DSP Toolkit (formerly IG Toolkit) compliance achieved every year. Reporting via IG Group==>QPSC==>GB.	Ongoing
Risk Management: Risk management framework (GBAF and RR) provides assurance that risks have been identified and are being managed	GBAF and Risk register updated monthly and considered at all Committees and meetings of the GB	Ongoing
Health & Safety and Business Continuity Group established to oversee compliance with statutory Fire & Health & Safety & Business Continuity requirements	Annual Report & update reports taken to Audit Committee.	Ongoing
MAST: Statutory & Mandatory training programme in place for all staff, inc GB members, as well as IPR reviews, development sessions for Governing Body inc conflicts of interest, risk management & assurance etc	L&D team provides dashboard which is considered by management team on a regular basis.	Ongoing
<b>Gaps in assurance</b>		<b>Positive assurances received</b>
	<p>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. The CCG received a 'significant assurance' opinion from Internal Audit following its review of the Governance &amp; Risk Management arrangements (Sep 2019).</p> <p>The CCG received a 'significant assurance' opinion from internal audit on its conflicts of interest arrangements (Dec 2019).</p> <p>The CCG received a 'substantial assurance' opinion from internal audit on the Integrity of the General Ledger and Financial Reporting (Jan 2020).</p>	
<b>Gaps in control</b>		<b>Actions being taken to address gaps in control / assurance</b>

RR 14/15 Discharge medication risks related to poor or incomplete D1 discharge letters	In September 2019 there were discussions at CQB (19/09/19) and also a D1 summit (26/09/19). D1 summit agreed key actions to be taken forward and meeting scheduled for Dec 19 to review progress. A further progress report will be provided to QPSC early in 2020. A further D1 summit meeting is scheduled for 27th January 2020.
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## RISK REGISTER – March 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)	16	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. Plans being developed following the UEC Summit in	Director of Strategic Planning & Performance  (Finance & Performance Committee)	Contract and Performance Monitoring	5	4	20	02/20	<b>Feb 2020</b> Plans being developed with partners to support the 'left shift' towards care outside of hospital.  <b>Jan 2020</b> NEL activity remains above plan for the YTD and QIPP schemes are yet to show sufficient impact to bring activity back in line with plan during 2019/20.	03/20

			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>October 2019.</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 mobilization and includes PCN/Neighbourhood developments.</p> <p>Priority areas of work identified to support ICP vision and principles for proactive care and care out of hospital.</p>							<p><b>Dec 2019</b> and therefore the risk rating has been adjusted to reflect the almost certain position.</p> <p><b>Nov 2019</b> NEL activity remains above for the YTD. QIPP schemes are yet to show impact in 2019/20. Additional schemes are being developed focused upon addressing NEL demand.</p>	
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	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)	Added to the Corporate Risk register in context of long standing and frequently articulated concerns with	4	4	16	10/19	<b>October 2019</b> Joint commissioning workshop bringing together GB GP members and BMBC elected members focused on children's	11/19

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			
		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.						respect to a basket of BMBC commissioned services notably:  0-19 Health Checks Weight management & smoking cessation					mental health and early years  <b>August 2019</b> Prevention s75 agreement now in place with BMBC with priority areas identified as young peoples and early years support and smoking.  <b>June 2019</b> The CCG and BMBC are working on proposals to set up a Joint Commissioning Board.	
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,	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	Head of Primary Care.  (Primary Care Commissioning Committee)	Governing Body	4	4	16	02/20	<b>February 2020</b> PDA work nearing completion for 2020-21. 2 CPs have accepted job offers and SPLW recruitment is on hold.  <b>January 2020 -</b>	03/20

			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
		(b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare services (d) Patients services could be further away from their home.				<p>work to supporting sustainable services in 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>3 conditional offers to Clinical Pharmacists by BHF as part of the Additional Roles via the Network Contract DES.</p> <p><b>December 2019</b> - Recruitment of additional roles underway as part of the Network Contract DES. 2020-21 PDA is under development.</p> <p><b>November 2019</b> There are a number of staffing initiatives included within the Network Contract DES and across the ICS that aim to recruit staff to support GP practices. Work is underway with the PCN and ICS to facilitate this. This further</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			
						The PDA requires Practices to 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.							mitigation helps to reduce the risk.	
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	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	02/20	<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.  <b>January 2020</b> No further updates.  <b>December 2019</b> Acute issues	03/20

			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>inappropriate changes when all the 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</p>											resolved. D1 summit meeting scheduled for 27th January 2020.	

			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
		GP Practice Summary Care Record or that the reconciliation is not sufficiently robust.												

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	<b>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:</b>	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	01/20	Jan 2020 – No further updates	02/20
	5	<b>a) 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.				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								
	3	b) Patients at home without a care package or a care package that is not being delivered as required.				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 to try and procure a care package to transfer patient to their own home. d) explore additional support								8

	2	<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>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 be adversely affected.	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	01/20	<b>Jan 2020 –</b> No further updates.  <b>Dec 2019</b> Due to a significant increase in operational pressures, YAS has changed its Resource Allocation Plan Level from 2 to 3. In light of this,	02/20

													QPSC agreed on 12 December 2019 that the risk score should remain unchanged. It will be reviewed at the next QPSC in February 2020.  <b>Nov 2019</b> Risk score to be considered at Dec 2019 Q&PSC meeting.	
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 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.  Development of further QIPP	Chief Finance Officer  Governing Body  (Finance & Performance Committee)	Risk Assessment	3	4	12	02/20	<b>Feb 2020</b> The CCG is on track to deliver 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.  <b>November 2019</b> Plans to mitigate	05/20

					<p>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>Monthly monitoring reporting to NHS England</p>					<p>against non-delivery of QIPP continue to be developed, the CCG continues to assume delivery of financial duties however plans needs to be put into place to ensure this can be achieved. A full review of investments has been undertaken to mitigate against the shortfall in delivery.</p> <p><b>August 2019</b> The QIPP plans for 2019/20 have been remodeled based on latest data and shows a gap in achievement. PI ans in the pipeline are now being progressed to ensure financial balance and achievement of financial duties can be achieved.</p> <p><b>May 2019</b> The CCG has a track record for delivery of QIPP and achieved 2018/19 QIPP</p>	
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													plans as per targets set. Plans are in place against the 2019/20 plan with other pipeline schemes also likely to contribute during the year. Work has commenced on identification of 2020/21 QIPP.	
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 will not meet the level of performance required to achieve its Provider Sustainability Funding (PSF) and also that the CCG will fail to deliver the NHS constitution standard and not achieve the Urgent Care element of the Quality	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 programme – Developing and implementing plans to improve in hospital patient flow.</p> <p>Daily Reporting and SitRep</p>	Director of Strategic Planning & Performance  (Finance & Performance Committee)	Risk Assessment	3	4	12	12/19	<p><b>December 2019</b> 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</p>	03/20



		Premium.				<p>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>is slightly below the 95% target at 94.4%</p> <p>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 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.	3	4	12	<p>The CCG's strategic objectives aim to support a safe and sustainable local hospital.</p> <p>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</p>	<p>Chief Finance Officer</p> <p>(Finance &amp; Performance Committee)</p>	Risk assessment	3	4	12	02/20	<p><b>Feb 2020</b></p> <p>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.</p> <p><b>November 2019</b></p> <p>The Trust are on track to achieve their control total. Discussions will remain ongoing to ensure any risks</p>	05/20

													are mitigated for the year end.  <b>August 2019</b> Discussions remain ongoing with the Trust and any risks to non-delivery of the control total will be reported to the Governing Body.  <b>May 2019</b> BHNFT achieved its control total for 2018/19 and has accepted its control total for 2019/20. Work will continue with BHNFT to ensure risks around delivery are managed effectively.	
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	02/20	<b>February 2020</b> Performance improving however remains below the national standard. Dec performance was 83% against the target of 85%.  <b>November 2019</b> BHNFT Performance continues to be	05/20

		service.											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  <b>August 2019</b> BHNFT Performance continues to be strong however the 62 day standard was not achieved in May. It was achieved for every quarter through 2018/19	
CCG 13/41	1,2, 4,8	Lack of completed Declarations in respect of the Policy on the Managing Conflicts of Interest and the Acceptance of Sponsorship, Gifts and Hospitality	3	3	9	Policy on the Managing Conflicts of Interest and the Acceptance of Sponsorship, Gifts and Hospitality Online training in Conflicts of Interest for relevant CCG staff.  Regular reminders by Corporate Affairs team to Governing Body, CCG staff, and Membership Council to submit declarations  Annual Internal Audit review of Conflicts of Interest	Head of Governance & Assurance  (Audit Committee)	Risk Assessment Identified by Audit Committee 30.05.13	3	3	9	12/19	<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.  <b>Sept 2019</b> No change to assessed risk. As per June update below AC will be	03/20

						provided significant assurance (Jan 2019)							asked to approve removal of this risk at its meeting in October 2019.	
													<b>June 2019</b> Subject to Audit Committee approval recommend removal of this risk and replacement with risk 15/05 (previously allocated to PCCC) which is a more recent and comprehensive description of the risks & mitigations.	
CCG 13/13 b	1,2	<p>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:</p> <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</p>	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 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</p>	<p>Head of Communications &amp; Engagement</p> <p>(Governing Body)</p> <p>(Equality and Engagement Committee)</p>	Risk Assessment	3	4	12	01/20	<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</p>	04/20

		patients and the public.				Engagement Strategy 19/20  Barnsley Patient Council PRGs are a requirement of the GP core contract  OPEN membership for any stakeholder, patient, public  Effective Service Change Guidance and Toolkit / Patient and Public participation in commissioning health and care - Statutory Guidance training in place for CCG staff  Review of, and implementation of, internal 14z2 form capturing engagement requirements combined with equality impact assessments.							participation in the 2018/19 IAF ratings published in July 2019.	
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 relationship with its membership could be damaged.	3	4	12	The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.  The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).	Head of Primary Care  (Primary Care Commissioning Committee)	Risk Assessment	2	4	8	03/20	<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.  <b>August 2019</b>	06/20

													The CCG continues to effectively manage its delegated responsibility.  <b>May 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 requirement for all staff (92% compliant).  Values & behaviors included	Head of Communications  (Equality and Engagement Committee)	Risk Assessment	2	4	8	01/20	<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> Lay Member for Patient & Public Engagement to ask for update at next meeting.	04/20

						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.								
CCG 19/04 (added July 19)		If the transition to new delivery arrangements for IT, IG and BI services is not managed effectively and/or suitable arrangements are not in place by March 2020 there are a range of risks including: <ul style="list-style-type: none"><li>Core functions of the CCG (Contract and Performance Management) will be adversely impacted.</li><li>The CCG would be at risk of non-compliance with IG regulations and the Law.</li><li>Non delivery of the GP IT Operating Model, the Local Digital, Roadmap, and</li></ul>	4	4	16	<ul style="list-style-type: none"><li>Ongoing EMBED service and contract management meetings.</li><li>The CCG is working with other partners across South Yorkshire and Bassetlaw to develop a revised specification model.</li><li>South Yorkshire and Bassetlaw Working Group has been established to consider options and plan transitions.</li><li>Working with EMBED to clarify assets, employees, 3<sup>rd</sup> contracts and activity data.</li><li>Ongoing liaison with NHS England Regional Team</li></ul>	Director of Strategic Planning & Performance  Finance and Performance Committee	Expiry of EMBED existing contract	3	4	12	01/20	<b>January 2020</b> Work on going to prepare for transition. Capacity in place to support delivery. Plans for TUPE in place along with arrangements for employee consultation.  <b>October 2019</b> Proposals for future service delivery agreed at Management Team and ratified at GB in September 2019. Mobilisation ongoing. <b>Sept 2019</b> Paper to be presented to GB in September setting out agreed proposals. Work ongoing with SYB	04/20

		other digital and technology elements of the LTP.											partners, eMBED and NHSE to ensure safe transition and mobilisation.	
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	<p>Fire Brigade inspections (Held by H &amp; S department)</p> <p>HSE inspections Reviewed</p> <p>Fire and Health and Safety Training within CCG</p> <p>Mandatory training reports</p> <p>Local shared Fire &amp; H&amp;S service provides oversight health and safety and fire advice through corporate services team</p> <p>Landlord (NHSPS) provides routine maintenance of emergency lights, fire extinguishers etc</p> <p>Annual Organisational Risk Assessments with action plans overseen by H&amp;S Group</p> <p>Oversight of Fire Safety Arrangements by H&amp;S Group reporting to Audit Committee</p>	Head of Governance & Assurance  (Audit Committee)	Risk Assessment	2	4	8	12/19	<p><b>Dec 2019</b> As at 30.11.19 90% of CCG staff have completed fire training. Fire drill 2.2.19 completed in 2 minutes with no issues identified.</p> <p><b>Sept 2019</b> Fire safety arrangements continue to be monitored via the H&amp;S&amp;BC Group. No significant risks have been identified through risk assessments and all actions are in hand. Fire drills completed twice a year revealed no major issues. Training compliance levels around 80% (Jul-19) - efforts are underway to raise compliance.</p>	03/20
CCG 13/20	1, 6	Conflicts of interest re commissioning, decommissioning and procurement	3	4	12	CCG has a conflict of interest policy and declarations of interest are included on every agenda.	Head of Governance & Assurance	Risk Assessment	2	4	8	12/19	<p><b>Dec 2019</b> No change to the risk. 26 of 28 staff have now</p>	03/20



		<p>processes. In light of national scrutiny of commissioning decisions made by Clinical Commissioning Group we need to ensure we have:</p> <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>				<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> <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</p>	(Finance & Performance Committee)					<p>completed the mandatory C of I training. Internal Audit review currently underway.</p> <p><b>Sept 2019</b> The risk has been reviewed, the position remains as previously reported and no reason to change risk description or score at this stage.</p>	
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						<p>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>eMBED 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 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>Head of Governance &amp; Assurance</p> <p>IT Group QPSC</p>	Internal Audit Review	3	3	9	02/20	<p><b>February 2020</b></p> <p>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></p> <p>Detailed planning for delivery of DSP Toolkit now underway. 360 Assurance have commenced early audit work to</p>	05/20	

						Additional NHSD provided, GCHQ accredited online training in cyber security provided for IAOs and IAAs  CCG self-assessed as fully compliant against the requirements of the DSP Toolkit 2019 which gives greater emphasis to data security.							support the CCg in identifying any gaps in our arrangements. Interim Toolkit submission completed 31.10.19.	
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	IAPT procurement undertaken during 2018 for a revised model and specification which aims to deliver improved outcomes and performance.  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.  Performance monitored and reported via the IPR.	Director of Strategic Planning & Performance F&P	Performance Monitoring	4	3	12	12/19	<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.	03/20
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	4	3	12	IAPT Intensive Support Team Review completed - final report now received.  Action/improvement Plan developed by SWYPFT to address all recommendations in the IST report.	Head of Commissioning (MH, children, Specialised)	Performance monitoring	4	3	12	12/19	<b>December 2019</b> Referrals into IAPT have been slightly below the required trajectory since April 2019 - the reason for the reduction in	03/20

		treatment they receive will be diminished				<p>CCG issued contract performance notice to 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>	QPS C PO					<p>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 an increase 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</p> <p><b>September 2019</b> The IAPT service continues to deliver to the new service specification and is further developing Long Term Condition pathways in relation to Diabetes and Cancer. Access</p>	
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													numbers are slightly lower than target for June and July but actions are being implemented to ensure this end of year target will be achieved. Moving to recovery target was not met in June but has returned to above 50%	
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	12/19	<b>December 2019</b> The planned CQC re-inspection went ahead in October 2019 and the practice was removed from special measures. We are continuing to offer support to the practice.  <b>Sept 2019</b> PC team has an action plan from the practice and are working to support meeting the actions. Follow up visits planned ahead of a CQC review inspection.	03/20
CCG 13/30	1, 5, 8	NHS Barnsley does not operate within the legal information	1	5	5	Annual DSP Toolkit and associated improvement programme	Head of Governance & Assurance	Risk Assessment	2	5	10	02/20	<b>February 2020</b> Work continues to deliver the DSP	05/20

		processing framework <b>Clinical Risk</b>				<p>NHS Barnsley IG Framework regularly reviewed and updated</p> <p>Full suite of IG Policies approved, regularly updated, and available to staff via website</p> <p>IG Incident reporting process</p> <p>Internal Audit annual reviews of DSP Toolkit evidence</p> <p>Mandatory CCG wide training on Data Security &amp; Protection</p> <p>SIRO &amp; Caldicott Guardian in post</p> <p>Data Protection Officer (DPO) in place under contract from eMBED</p> <p>IG expertise commissioned from commissioning support provider (eMBED)</p> <p>Information Asset register in place and regularly updated</p> <p>Privacy Impact Assessments form part of the CCG standard project management approach</p>	<p>Governing Body</p> <p>(Quality and Patient Safety Committee)</p>					<p>Toolkit requirements. Assurance received from eMBED data security team that all necessary arrangements are in place or on track. Report will be provided to Feb 2020 QPSC. Jayne Sivakumar now formally the Caldicott Guardian and training has been provided in the requirements of this role by the DPO.</p> <p><b>November 2019</b> Arrangement continue as described, no change to assessed score. Detailed planning for delivering DSP Toolkit currently underway – some lack of clarity re extent of eMBED support for some assertions. Early audit work by 360 Assurance will be helpful in identifying any obvious gaps in our</p>	
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													arrangements.	
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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	9	02/20		05/20
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	12/19	<p><b>December 2019</b> 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</p>	06/20

						<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>number of years and therefore the likelihood rating has been reduced to reflect this.</p> <p><b>September 2019</b> EPRR self-assessment has been completed and reviewed by the Health, Safety and Business Continuity Group. This will be presented to GB in September to provide assurance of compliance and will then be submitted to NHSE for assurance.</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</p>	Head of Governance & Assurance  (Audit Committee)	Risk Assessment	2	3	6	11/19	<p><b>November 2019</b> No change in 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</p>	05/20



						<p>&amp; Exec majority, and GP 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>						committees and activities.		
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	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	Head of Primary Care  (Primary Care Commissioni		1	4	4	10/19	<b>October 2019</b> The Primary Care Network DES offers further opportunities around the	04/20

		appropriate provision of services in all localities in Barnsley.				Services. The BHF is a provider on this framework.  APMS Contracts allow increased diversity of provision.	ng Committee)						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.  <b>March 2019</b> Reprocurement of the emergency framework has secured 2 new providers enables wider access to utilise. Existing providers were also successful in the procurement. <b>February 2019:</b> The 2 new staff members are now in post to support the CCG in managing its delegated responsibilities.	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on	2	3	6	The CCG has a well-established and effective patient and community engagement function, as well as robust governance supporting the function.	Head of Communications & Engagement  (Primary Care	Risk Assessment	1	3	3	02/20	<b>February 2020</b> NHS England has assessed the CCG as Green Star against the patient and community	02/21

		matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.				<p>The CCG considered its strategic capacity &amp; capability as part of the successful application process.</p> <p>The CCG is a member of the Consultation Institute and as such uses learning, best practice and advice service to support any consultation activity.</p>	Commissioning Committee)						<p>engagement indicator.</p> <p><b>February 2019</b> No changes to report</p> <p><b>March 2018</b> No changes to report</p> <p><b>February 2018</b> NHS England has assessed the CCG as Good against the new patient and community engagement indicator.</p>	
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	<p>CCG considered its strategic capacity &amp; capability as part of the successful application process.</p> <p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG is undertaking a review of management capacity including delegated responsibilities.</p>	Head of Primary Care  (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	02/20	<p><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 to 3 (low risk).</p> <p><b>August 2019</b> The CCG is recruiting 3 posts to support the work towards integration via a revised community service</p>	08/20

												specification and with the PCN		
												<b>February 2019:</b> The 2 new staff members are now in post to support the CCG in managing its delegated responsibilities.		
												<b>September 2018</b> The Primary Care Team have appointed to 2 news posts which will support the CCG in managing its delegated responsibilities for Primary Care. The posts will lead on contract management and transformation.		
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	Completion of Self Review Toolkit (SRT) in relation to 2015/16 Commissioner Standards – along with production of an action plan for development/rectification.  Annual Budgets and review of these on a periodic basis  Budgetary control system Regular Financial Reporting Cash flow Projections	Chief Finance Officer  (Audit Committee)	Risk Assessment	1	3	3	07/19	<b>July 2019</b> SRT submission in April 2019 scored as 'green' overall maintaining score from March 2018.  <b>July 2018</b> No update  <b>March 2018</b> SRT submission in March 2018	07/20

						<p>Fraud Policy in place</p> <p>Fraud Awareness</p> <p>Fraud locally agreed work plan</p> <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>scored the CCG as 'green' overall, maintaining the score from March 2016.</p>	
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## GOVERNING BODY

12 March 2020

## Integrated Performance 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>											
2.1	The Integrated Performance report aims to provide an overview of the performance of NHS Barnsley Clinical Commissioning Group (BCCG) up to the end of January 2020.											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1"> <tr> <th></th> <th><b>Name</b></th> <th><b>Designation</b></th> </tr> <tr> <td>Executive / Clinical Lead</td> <td>Roxanna Naylor / Jamie Wike</td> <td>Chief Finance Officer / Director of Strategic Planning and Performance</td> </tr> <tr> <td>Author</td> <td></td> <td></td> </tr> </table>				<b>Name</b>	<b>Designation</b>	Executive / Clinical Lead	Roxanna Naylor / Jamie Wike	Chief Finance Officer / Director of Strategic Planning and Performance	Author		
	<b>Name</b>	<b>Designation</b>										
Executive / Clinical Lead	Roxanna Naylor / Jamie Wike	Chief Finance Officer / Director of Strategic Planning and Performance										
Author												
<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"> <tr> <th><b>Group / Committee</b></th> <th><b>Date</b></th> <th><b>Outcome</b></th> </tr> <tr> <td>Finance and Performance Committee</td> <td>05/03/20</td> <td>Noted the report</td> </tr> </table>			<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>	Finance and Performance Committee	05/03/20	Noted the report			
<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>										
Finance and Performance Committee	05/03/20	Noted the report										
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
5.1	The reports provide details of the latest performance against key performance indicators and an overview of the financial performance of the CCG up to 31 January 2020 or the latest available position.											
5.2	The Finance and Performance Committee have received a more detailed report containing all indicators monitored by the CCG and detailed financial analysis to enable them to maintain oversight of performance and finance and provide											

	assurance to Governing Body.
5.3	The performance report attached at Appendix 1 provides a high level dashboard and an exception report which covers the NHS Constitution standards, quality indicators, key performance indicators linked to local priorities and financial performance.
5.4	<p>Performance against operational standards continues to be generally strong over the year for Barnsley patients with key standards in relation to referral to treatment, diagnostics, and CHC being achieved.</p> <p>Key performance indicator issues which are highlighted within the exception report are:</p> <ul style="list-style-type: none"> <li>• The number of people waiting longer than 4 hours in A&amp;E</li> <li>• The number of people entering IAPT services</li> <li>• The number of people waiting more than 31 days for subsequent treatment, where this treatment is radiology</li> <li>• The number of people waiting more than 62 days from referral to treatment following urgent referral</li> <li>• The number of people on the waiting list over 18 weeks following referral for treatment.</li> </ul>
5.5	<p><b>2019/20 Financial Performance</b></p> <p>As at 31 January the CCG is forecasting to achieve all yearend financial duties and planning guidance requirements, with an in-year balanced budget position. However in-year pressures, emerging risks and under delivery of planned efficiency schemes continue with a forecast underspend (after risk assessment in the 'most likely' scenario) of £313k. The Finance and Performance Committee are asked to note that the forecast position included within this report is based on an agreed position with Barnsley Hospital NHS Foundation Trust, moving away from the traditionally agreed national tariff contract and considering costs incurred within the Trust. Risks and Mitigations also include a further £1m contribution to the Trust position from ICS contributions and Winter funding. The Trust have to date suggested that they will be unable to contribute to the system further and that there is unlikely to be any further movement in the forecast position.</p> <p>Further information on the CCG's financial performance targets is set out in section 2 of Appendix 2.</p> <p>Appendix 2 also includes details of the CCG's efficiency programme. The position as at 31 January is that planned schemes are forecast to deliver £10.7m against the £13.1m target. Further in-year mitigations have been identified against the shortfall to ensure full achievement against the target.</p> <p>Further updates are provided through the Integrated Performance Report (Appendix 2) and QIPP reporting (Appendix 3) which are standing agenda items of the Finance and Performance Committee and Governing Body.</p>
5.6	<b>Financial Planning 2020/21</b>

	<p>Draft CCG financial plans were submitted on 5 March 2020, these draft budgets have been discussed in detail with the Finance and Performance Committee and discussions on the efficiency challenge for 2020/21 continue across Barnsley place through the Integrated Care Partnership Group.</p> <p>Further updates and budget approval report will be presented to the Governing Body meeting in May 2020.</p>		
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>		
	<p>Note the contents of the report including:</p> <ul style="list-style-type: none"> <li>• 2019/20 performance to date</li> <li>• projected delivery of all financial duties, predicated on the assumptions and actions required as outlined in this paper</li> <li>• the current forecast position on the CCG's efficiency programme</li> <li>• note progress on draft financial planning.</li> </ul>		
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>		
	<p><b>Performance Section</b></p> <ul style="list-style-type: none"> <li>• Appendix 1 – Barnsley CCG Monthly Performance Report to January 2020</li> </ul> <p><b>Finance Section</b></p> <ul style="list-style-type: none"> <li>• Appendix 2 – Finance Report 2019/20 – Month 10</li> <li>• Appendix 3 – 2019/20 QIPP dashboard</li> </ul>		
<table border="1"> <tr> <td><b>Agenda time allocation for report:</b></td> <td>15 Minutes</td> </tr> </table>		<b>Agenda time allocation for report:</b>	15 Minutes
<b>Agenda time allocation for report:</b>	15 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:																									
	<table border="1"> <tr> <td>1.1 Urgent &amp; Emergency Care</td><td>✓</td> <td>6.1 Efficiency Plans</td><td>✓</td> </tr> <tr> <td>2.1 Primary Care</td><td>✓</td> <td>7.1 Transforming Care for people with LD</td><td>✓</td> </tr> <tr> <td>3.1 Cancer</td><td>✓</td> <td>8.1 Maternity</td><td>✓</td> </tr> <tr> <td>4.1 Mental Health</td><td>✓</td> <td>9.1 Digital and Technology</td><td>✓</td> </tr> <tr> <td>5.1 Integrated Care @ System</td><td>✓</td> <td>10.1 Compliance with statutory duties</td><td>✓</td> </tr> <tr> <td>5.2 Integrated Care @ Place</td><td>✓</td><td></td><td></td> </tr> </table>	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	✓			
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:																									
	<table border="1"> <tr> <td>Management of conflicts of interest (s14O)</td><td></td> <td>Duties as to reducing inequalities (s14T)</td><td></td> </tr> <tr> <td>Duty to promote the NHS Constitution (s14P)</td><td>✓</td> <td>Duty to promote the involvement of each patient (s14U)</td><td></td> </tr> <tr> <td>Duty to exercise its functions effectively, efficiently and economically (s14Q)</td><td></td> <td>Duty as to patient choice (s14V)</td><td>✓</td> </tr> <tr> <td>Duty as to improvement in quality of services (s14R)</td><td></td> <td>Duty as to promoting integration (s14Z1)</td><td></td> </tr> <tr> <td>Duty in relation to quality of primary medical services (s14S)</td><td></td> <td>Public involvement and consultation (s14Z2)</td><td></td> </tr> </table>	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)						
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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?	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?	Y																								
	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>	
	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>

## **NHS Barnsley Clinical Commissioning Group Performance Report for Governing Body**

CCGs are accountable to their local populations and to NHS England for planning and delivering comprehensive and high quality care that meets the needs of their local community.



We have created the tools that you need to ensure that your activities and operations are compliant with the targets set within the CCG Assurance Framework.

**Putting Barnsley people first**



## Exception Report 2019/20



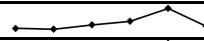


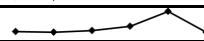





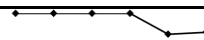




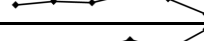
Key Performance Indicators by Exception				
Indicator	Target	Actual Period	Actual YTD	Period Performance
% 4 hour A&E waiting times - seen within 4 hours - CCG (Monthly)	95.00%	87.06%	91.31%	<p>The proportion of people waiting more than 4 hours in A&amp;E reduced in January but remained below the standard. 87.06% of Barnsley patients were seen within 4 hours and 86.92% of patients were seen within 4 hours at Barnsley Hospital.</p> <p>The UEC Delivery Board has established three work streams, one to ensure patients only need to attend A&amp;E where necessary, one to ensure patients known to services and at high risk of attendance/admission are receiving proactive care and have robust care plans in place and a third focussing on behaviour change.</p> <p>System plans to improve pathways and ensure timely access to care are also being developed with partners to avoid hospital admission where this is preventable.</p>
Cancer - % Patients seen within 31 days for subsequent treatment (Radiotherapy)	94.00%	77.78%	92.56%	<p>In December 6 out of 27 patients waited longer than 31 days for treatment following diagnosis where the treatment was Radiotherapy. Year to date performance for Barnsley CCG for 2019/20 is 92.56%, falling below the 94% target. All of the patients were waiting for treatment at Sheffield Teaching Hospital due to outpatient capacity.</p> <p>Performance against this standards is impacted by the small numbers and therefore no additional action has been agreed at this time however the CCG continue to work with lead commissioners and the Cancer alliance to improve pathways and performance.</p>
Cancer - % Patients seen within 62 days of referral from GP	85.00%	83.02%	79.24%	<p>In December 9 of 53 patients waited longer than 62 days to be treated following urgent referral. Year to date performance for Barnsley CCG for 2019/20 remains below the 85% target at 79.24%.</p> <p>7 of the breaches involved inter provider transfers (6 between Barnsley and Sheffield Teaching Hospital and 1 between Barnsley and Leeds). One was at Barnsley Hospital and one at STH.. The areas where the 85% target was not achieved were Head and Neck, Skin, Upper GI, Lung and Urology.</p> <p>The main reasons for the breaches were HCP initiated delay to diagnostics or treatment planning and outpatient capacity. The cancer steering board continue to focus on improving performance across the whole pathway.</p>
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.83%	1.59%	1.36%	<p>Barnsley CCG performance for January 2020 was 1.59%, missing target by 0.24%. Performance remains below the the required level to deliver the national expectation of 22% (1.83% per month) from the end of 2019/20, and increasing to 25% in 2020/21 and has remained below the increasing target for over 12 months.</p> <p>Monthly meetings are in place with the provider to support the expansion of the service and increase the numbers accessing IAPT services. A detailed paper was presented to the January meeting setting out the actions agreed to improve performance.</p>





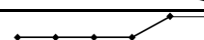


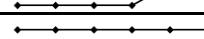



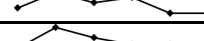



<p>% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)</p>	<p>92.00%</p>	<p> 91.72%</p>	<p> 93.62%</p>	<p>Barnsley CCG performance for December 2019 was 91.72%, missing target by 0.28%. Year to date performance for Barnsley CCG for 2019/20 is 93.62%, surpassing target by 1.62%. Performance at Barnsley Hospital remained above the standard at 92.65%.</p> <p>Performance was impacted by the significant pressures across providers in December due to non elective admissions and the planned reduction in elective activity as part of winter planning.</p> <p>The overall performance was impacted by performance across a number of providers with the biggest impact as a result of waits at Rotherham, Doncaster &amp; Bassetlaw and Sheffield Teaching Hospital.</p>
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## Governing Body Report 2019/20

Performance					
Outcomes	Target	Actual Period	Actual YTD	Period	Trend
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.83%	1.59%	1.36%	Jan-20	
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50.0%	54.8%	-	Jan-20	
CHC eligibility within 28 days	80.0%	95.7%	-	Q3 19/20	
Number of CHC Referrals	-	17	194	Jan-20	
Number of CHC Referrals Completed Within 28 Days	-	16	188	Jan-20	
% of CHC Referrals Completed Within 28 Days	80.0%	94.1%	96.9%	Jan-20	
Percentage of NHS Continuing Healthcare assessments taking place in an acute hospital setting	15.0%	0.0%	-	Q3 19/20	
Number of DSTs Completed in Acute Hospital Setting	-	0	0	Jan-20	
% DSTs Completed in Acute Hospital Setting	15.0%	0.0%	-	Jan-20	
% Patient experience of primary care - GP Services	-	80.7%	-	Aug-19	
% Patient experience of primary care - GP Out of Hours services	-	70.9%	-	Aug-19	
% 4 hour A&E waiting times - seen within 4 hours - CCG (Monthly)	95.0%	87.1%	91.3%	Jan-20	
% 4 hour A&E waiting times - seen within 4 hours (Type 1 BHNFT) (Monthly)	95.0%	86.9%	91.6%	Jan-20	
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.0%	91.7%	93.6%	Dec-19	
Number of 52 week Referral to Treatment Pathways Incomplete (Commissioner)	0	0	7	Dec-19	
% Patients waiting for diagnostic test waiting > than 6 wks from referral (Commissioner)	1.00%	0.46%	0.38%	Dec-19	
Cancer - % Patients seen within 2wks referred urgently by a GP	93.0%	93.1%	92.2%	Dec-19	
Cancer - % Patients referred with breast symptoms seen within 2 wks of referral	93.0%	93.0%	83.2%	Dec-19	
Cancer - % Patients seen within 31 days from referral to treatment	96.0%	97.4%	95.9%	Dec-19	
Cancer - % Patients seen within 31 days for subsequent treatment (Surgery)	94.0%	95.5%	92.9%	Dec-19	
Cancer - % Patients seen within 31 days for subsequent treatment (Drugs)	98.0%	100.0%	99.8%	Dec-19	
Cancer - % Patients seen within 31 days for subsequent treatment (Radiotherapy)	94.0%	77.8%	92.6%	Dec-19	
Cancer - % Patients seen within 62 days of referral from GP	85.0%	83.0%	79.2%	Dec-19	
Cancer - % Patients seen from referral within 62 days (Screening Service: Breast, Bowel & Cervical)	90.0%	100.0%	92.2%	Dec-19	
Cancer - % Patients being seen within 62 days (ref. Consultant)	85.0%	75.0%	79.1%	Dec-19	
Category1 - YAS Mean Response Time	07:00	06:54	07:07	Jan-20	
Category2 - YAS Mean Response Time	18:00	20:14	20:30	Jan-20	
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	100.0%	97.6%	98.4%	Q3 19/20	
Urgent operations cancelled for a second time	0	0	0	Dec-19	

Ambulance handover delays of over 30 mins	0		152		1593	Jan-20	
Ambulance handover delays of over 1 hour	0		7		133	Jan-20	
% Patient experience of primary care - GP Services	-		80.7%		-	Aug-19	
Trolley waits in A&E -zero waits from decision to admit to admissions over 12 hours - BHNFT (Month)	0		0		0	Jan-20	
Proportion of people waiting 18 weeks or less from referral to first IAPT treatment appointment	95.0%		99.7%		-	Jan-20	
Proportion of people waiting 6 weeks or less from referral to first IAPT treatment appointment	75.0%		95.6%		-	Jan-20	
Cancelled operations rebooked within 28 days	0		2		4	Dec-19	

Quality							
Outcomes	Target		Actual Period	Actual YTD	Period	Trend	
Patient experience of hospital care	77.3		75.8	-	YTD 2015/16		
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0		1		2	Dec-19	
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - BHFT	0		0		1	Dec-19	
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	YTD Target - 27		3		37	Dec-19	
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - BHFT	YTD Target - 13		2		28	Dec-19	
Number of mixed sex accomodation breaches (Commissioner)	0		0		0	Dec-19	

# **NHS Barnsley Clinical Commissioning Group**

## **Finance Report 2019/20**

### **Month 10**





# 1 Headline Messages and contents

Headline Messages	Contents	
<ul style="list-style-type: none"> <li>As at 31 January the CCG is forecasting to achieve all yearend financial duties and planning guidance requirements, with an in-year balanced budget position. However this position is predicated on the assumptions outlined within this report.</li> <li>The forecast position before mitigation show an overspend of £3,818k, with further risks of £1,350k identified. The Finance and Performance Committee received and considered detail on risks and mitigations with the current projections in the 'Most Likely' scenario indicating a potential net mitigation of £313k. Should the forecast position materialise in the 'worst case' prediction further efficiency plans of approx. £1,087k would need to be developed and delivered to ensure financial duties and targets are achieved. The CCG continues to work to identify further opportunities against this risk to ensure that financial duties and targets can be achieved.</li> <li>Acute contract activity data has been received for Month 9 flex from Barnsley Hospital, however the forecast position included within this report has shifted from the traditional national tariff based contract and is based on a cost based forecast agreed in principle with the Trust. Funding to support transformation and winter support is likely to be received to support the position further. The Trust have indicated that it is unlikely to see any further shift in the forecast position to support the system further despite activity and plans for escalation beds being lower than anticipated. This leaves a gap against the expected position which the CCG will need to mitigate to achieve financial balance.</li> <li>Other acute forecast positions are based on Month 8 data with an overall forecast overspend of £305k. Data will continue to be reviewed and forecasts updated.</li> <li>Primary Care prescribing data has been received for Month 8 and continues to show pressures with an overspend position. The forecast overspend at this stage is estimated to be approx. £2m. This has shifted downward from the Month 9 reported position by a further £300k. The main pressures are within NCSO and CAT M at £1.2M and increasing volumes and prices at £1.5m offset by 2018/19 accruals and income. The current forecast is based on data from NHS Shared Business Services and discussions with the Head of Medicines Optimisation suggest this is a 'worse' case scenario, however further risk is included within risk and mitigations considered by the Finance and Performance Committee. The Head of Medicines Optimisation is working closely with the Finance and Contracting team to ensure this position is reviewed and action is taken immediately.</li> </ul>	1	Headline Messages and Content
	2	Financial Performance Targets
	3	Monthly Finance Monitoring Statement – Executive Summary
	3.1	Detailed Summary Resource Allocation – Detailed Summary

## 1 Headline Messages continued

Headline Messages		
<ul style="list-style-type: none"><li>Continuing Healthcare continues to be a volatile area of expenditure and increases in the costs of care provided is creating significant budget pressures, current forecasts show an overspend of £1,431k. The main pressure experienced seems to be as a result of increasing care package costs rather than numbers of patients being eligible for continuing healthcare funding. Internal audit have commenced the review of CHC process with a view to report in March 2020.</li><li>The CCG's Efficiency Programme Management Office (PMO) continues to monitor and review delivery of the CCG's £13.1m efficiency programme. Planned schemes are expected to deliver £10.7m against the £13.1m target. Further in year mitigations have been identified to ensure that the target is achieved.</li></ul>		

## 2 Financial Performance Targets

### 1) Financial Duties

NHS Act Section	Duty	2019/20 Target £'000	2019/20 Actual Performance £'000	2019/20 Actual Achievement
223H (1)	Expenditure not to exceed income	448,535	448,535	YES
223I (2)	Capital resource use does not exceed the amount specified in Directions	49	49	YES
223I (3)	Revenue resource use does not exceed the amount specified in Directions	448,392	448,392	YES
223J(1)	Capital resource use on specified matter(s) does not exceed the amount specified in Directions	49	49	YES
223J(2)	Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	YES
223J(3)	Revenue administration resource use does not exceed the amount specified in Directions	5,872	4,351	YES

### 2) Financial targets/NHS England Business Rules requirements

Target/Business Rule Requirement	2019/20 Target	2019/20 Actual Performance £'000	2019/20 Actual Achievement
Delivery of in year balanced position	0	0	YES
0.5% Contingency to manage in-year pressures	2,218	2,218	YES

#### Comments

The CCG is forecasting to achieve all financial duties/targets and NHS England (NHSE) Business Rules predicated on the delivery of the CCGs efficiency programme and mitigations being identified against in-year pressures identified within this report.

It is important to note that whilst the in year position reflects a balanced budget the CCG has a historic surplus held by NHSE. NHSE has approved a drawdown from this resource in 2019/20 of £2m. The historic surplus balance in 2019/20 now totals £12,532k.

### 3 Monthly Finance Monitoring Statement – Executive Summary

PROGRAMME AND RUNNING COST AREAS	ANNUAL BUDGET RECURRENT £000	ANNUAL BUDGET NON RECURRENT £000	TOTAL ANNUAL BUDGET £000	YTD BUDGET £'000	YTD ACTUAL £'000	YTD VARIANCE OVER / (UNDER) £	FORECAST OUTTURN £'000	OUTTURN VARIANCE OVER / (UNDER) £
<b>PROGRAMME EXPENDITURE</b>								
Acute	225,022	593	225,615	188,011	193,858	5,846	233,808	8,193
Patient transport	2,191	0	2,191	1,825	1,885	59	2,262	71
Mental Health	35,555	1,177	36,732	30,594	29,811	(783)	35,827	(905)
Community Health	47,760	650	48,410	40,785	39,778	(1,008)	47,080	(1,330)
Continuing Health Care	22,626	473	23,099	19,187	19,989	802	24,530	1,431
Primary Care Other	58,532	1,158	59,689	49,836	49,336	(499)	59,327	(363)
Primary Medical Services (Co-Commissioning)	37,790	(22)	37,768	32,037	31,958	(79)	37,706	(62)
Other Programme Costs	5,812	(1,884)	3,928	3,278	1,206	(2,072)	1,880	(2,048)
<b>TOTAL COMMISSIONING SERVICES (INCLUDING PRIMARY CARE RESERVES)</b>	<b>435,287</b>	<b>2,145</b>	<b>437,432</b>	<b>365,553</b>	<b>367,819</b>	<b>2,267</b>	<b>442,420</b>	<b>4,987</b>
Corporate Costs - EMBED/DSCRO	207	0	207	173	173	0	207	0
Corporate Costs - IFR	37	0	37	31	44	14	44	7
NHS Property Services/Community Health Partnerships	694	0	694	578	589	10	706	12
<b>TOTAL CORPORATE COSTS</b>	<b>938</b>	<b>0</b>	<b>938</b>	<b>782</b>	<b>805</b>	<b>24</b>	<b>958</b>	<b>20</b>
<b>TOTAL PROGRAMME COSTS (INCLUDING PRIMARY CARE RESERVES)</b>	<b>436,225</b>	<b>2,145</b>	<b>438,370</b>	<b>366,334</b>	<b>368,625</b>	<b>2,290</b>	<b>443,378</b>	<b>5,007</b>
<b>RUNNING COSTS</b>								
Pay	2,886	321	3,207	2,726	2,192	(534)	2,713	(494)
Non Pay	2,128	372	2,500	2,087	1,255	(832)	1,800	(700)
Income	(166)	0	(166)	(139)	(45)	93	(163)	4
<b>TOTAL RUNNING COSTS</b>	<b>4,848</b>	<b>693</b>	<b>5,541</b>	<b>4,674</b>	<b>3,402</b>	<b>(1,272)</b>	<b>4,351</b>	<b>(1,190)</b>
CCG Reserves	2,052	1,994	4,047	0	0	0	4,047	0
NHS England Planning Guidance Reserves/required reserves	434	0	434	0	0	0	434	0
In Year (Over)/underspend	0	0	0	0	(1,019)	(1,019)	(3,818)	(3,818)
<b>TOTAL RESERVES/CONTINGENCY (EXCL. PRIMARY CARE RESERVES)</b>	<b>2,486</b>	<b>1,994</b>	<b>4,481</b>	<b>0</b>	<b>(1,019)</b>	<b>(1,019)</b>	<b>663</b>	<b>(3,818)</b>
<b>TOTAL EXPENDITURE</b>	<b>443,559</b>	<b>4,833</b>	<b>448,392</b>	<b>371,009</b>	<b>371,009</b>	<b>(0)</b>	<b>448,392</b>	<b>0</b>
Programme	401,035	4,469	405,504	334,298	334,298	0	405,504	0
Primary Care Co-Commissioning	37,016	0	37,016	32,037	32,037	0	37,016	0
Running Costs	5,529	343	5,872	4,674	4,674	0	5,872	0
<b>RESOURCE ALLOCATIONS</b>	<b>443,580</b>	<b>4,812</b>	<b>448,392</b>	<b>371,009</b>	<b>371,009</b>	<b>0</b>	<b>448,392</b>	<b>0</b>
<b>SURPLUS/(DEFICIT)</b>	<b>21</b>	<b>(21)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>

### 3.1 Resource Allocation – Detailed Summary

RESOURCE ALLOCATIONS - PROGRAMME, RESERVES & SURPLUS		RECURRENT £000	NON RECURRENT £000	TOTAL £000
Description	Month	£	£	£
Allocations -Final allocation after place-based pace of change	M1	399,162		399,162
Allocations - Other funding after pace of change	M1	1,682		1,682
Allocation - Primary Care Co-Commissioning	M1	38,113		38,113
Primary Care Co-Commissioning (defund indemnity adjustments)	M1	(1,097)		(1,097)
Recurrent changes In Year for 19/20 ( identification rule changes )	M1	188		188
Historical surplus Drawdown	M1		2,000	2,000
Month 12 IR changes	M3	(16)		(16)
Excess Treatment Costs - as expected	M3		(16)	(16)
Diabetes - Structured Education	M3		24	24
Diabetes - Transformation	M3		19	19
Improving Access Allocations 19/20 from National Programme	M3		99	99
Transfer of ventilators to NHS England as anticipated	M4	(34)		(34)
Takeover challenge Project	M4		6	6
Share of CKWB TCP allocation of £1.8m	M5		540	540
Maternity Transformation Funding	M5		124	124
Suicide Prevention Funding	M5		79	79
MH Liaison TF allocation	M5		253	253
Transformational funding to support implementation of RAPID & high value cancer pathways - pass through to BHNFT	M6		23	23
GP Forward View ICS funding - Development of PCNS	M6		219	219
Diabetes - Structured Education	M6		24	24
Diabetes - Transformation	M6		19	19
Flash glucose monitoring Q1	M6		12	12
Better Care Fund - Increase in contribution to BMBC as per national requirement	M6		215	215
Personalisation monies	M7		25	25
Complex Case Funding 2019/20 Bid 46	M7		40	40
Adult and Children's Palliative and End of Life Care Services	M7		127	127
MH Liaison Wave 2 Transformation Funding	M7		126	126
Enhanced GP IT infrastructure and resilience arrangements	M7		66	66
GPfV Primary Care Networks £161,613	M8		162	162
Charge Exempt Overseas Visitor (CEOV) Adjustments	M8		(236)	(236)
LeDeR Funding 2019/20 Bid 23	M8		44	44
Flash Glucose monitoring Q2	M9		24	24
Complex case funding 1920 bid 67	M9		25	25
Diabetes - Structured Education	M9		24	24
Diabetes - Transformation	M9		19	19
Crisis Response funding	M10		227	227
SCH IR/PEL	M10	53		53
Complex Case Funding 2019/20 Bid 66	M10		30	30
MH Liaison transformation funding 19/20	M10		126	126
<b>TOTAL RESOURCE ALLOCATION</b>		<b>438,051</b>	<b>4,469</b>	<b>442,520</b>

[illegible]

SUMMARY		£'000	£'000	£'000
Programme		401,035	4,469	405,504
Primary Care Co-Commissioning		37,016	0	37,016
Running Costs		5,529	343	5,872
TOTAL RESOURCE ALLOCATION		443,580	4,812	448,392

## Comments

Allocations in Month 10 are included within the table above.

2019/20 QIPP Schemes - Activity and Performance Dashboard M9

DEMAND MANAGEMENT		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total YTD	Total 2019/20
Demand Management															
Demand Management - Procedures	Baseline	637	630	622	641	591	520	636	657	536	541	551	598	5,470	7,160
	2019/20	549	527	724	659	541	642	735	620	515				5,512	
	Actual Reduction/Increase	-88	-103	102	18	-50	122	99	-37	-21				42	
	Variance to Baseline	-14%	-16%	16%	3%	-8%	23%	16%	-6%	-4%				1%	
	Actual Cost Reduction/Increase	-£174,055	-£125,089	£236,233	£88,393	£184,197	£412,906	£304,236	£122,403	£13,568					£1,062,792
Demand Management															
Spinal Injections	Baseline	29	22	23	28	24	26	25	21	20	24	19	17	218	278
	2019/20	18	20	8	24	11	22	13	18	16				150	
	Actual Reduction/Increase	-11	-2	-15	-4	-13	-4	-12	-3	-4				-68	
	Variance to Baseline	-38%	-9%	-65%	-14%	-54%	-15%	-48%	-14%	-20%				-31%	
	Actual Cost Reduction/Increase	-£5,684	-£560	-£8,016	-£4,423	-£6,739	-£1,689	-£6,137	-£960	-£2,006					-£36,214
Demand Management															
Acupuncture	Baseline	156	156	156	156	156	156	0	0	0	0	0	0	935	935
	2019/20	46	47	39	50	54	37							273	
	Actual Reduction/Increase	-110	-109	-117	-106	-102	-119							-662	
	Variance to Baseline	-70%	-70%	-75%	-68%	-65%	-76%							-71%	
	Actual Reduction/Increase	-£5,883	-£6,028	-£6,239	-£5,434	-£5,329	-£6,242								-£35,155
Demand Management															
COMBINED	Baseline	822	808	801	825	771	702	661	678	556	565	570	615	6,623	8,373
	2019/20	613	594	771	733	606	701	748	638	531				5,935	
	Actual Reduction/Increase	-209	-214	-30	-92	-165	-1	87	-40	-25				-688	
	Variance to Baseline	-25%	-26%	-4%	-11%	-21%	0%	13%	-6%	-4%				-10%	
	Actual Cost Reduction/Increase	-£185,622	-£131,677	£221,978	£78,536	£172,129	£404,975	£298,099	£121,443	£11,562	£0	£0	£0		£991,423

**BREATHE - RESPIRATORY**

Apr-19    May-19    Jun-19    Jul-19    Aug-19    Sep-19    Oct-19    Nov-19    Dec-19    Jan-20    Feb-20    Mar-20    Total YTD    Total 2019/20

BREATHE - Respiratory															
Non Elective Admissions for COPD	Target	93	90	76	61	74	62	80	81	128	144	114	87	744	1,089
	2019/20	133	122	85	76	87	103	101	122	133				962	
	Actual Reduction/Increase	40	32	9	15	13	41	21	41	5				218	
	Variance to Target	43%	36%	12%	24%	17%	66%	27%	51%	4%				29%	
	Actual Cost Reduction/Increase	£49,568	£85,827	£413	£26,977	£2,867	£114,904	£59,161	£138,775	-£21,106					£457,386

BREATHE - Respiratory															
Number of adult respiratory NEW secondary care outpatient appointments at BHNFT	Target	184	189	225	190	139	199	190	154	174	257	205	190	1,646	2,299
	2019/20	211	194	213	253	165	216	226	159	236				1,873	
	Actual Reduction/Increase	27	5	-12	63	26	17	36	5	62				227	
	Variance to Baseline	14%	2%	-5%	33%	19%	8%	19%	3%	35%				14%	
	Actual Cost Reduction/Increase	£5,904	£849	-£2,747	£13,764	£5,868	£3,701	£7,715	£775	£13,601					£49,430

BREATHE - Respiratory															
Number of adult respiratory FUP secondary care outpatient appointments at BHNFT	Target	234	293	365	296	238	259	299	258	196	477	448	261	2,438	3,625
	2019/20	295	334	294	343	238	286	426	281	358				2,855	
	Actual Reduction/Increase	61	41	-71	47	0	27	127	23	162				417	
	Variance to Baseline	26%	14%	-19%	16%	0%	10%	42%	9%	83%				17%	
	Actual Cost Reduction/Increase	£6,608	£4,969	-£7,004	£4,625	£41	£2,625	£12,537	£2,165	£16,506					£43,072

**DIABETES**

Apr-19   May-19   Jun-19   Jul-19   Aug-19   Sep-19   Oct-19   Nov-19   Dec-19   Jan-20   Feb-20   Mar-20   Total YTD   **Total  
2019/20**

Diabetes - Decrease over two years the number of hospital admissions in people aged over 18 years at Barnsley Hospital with a diagnosis of Diabetes or Specifically Related Conditions by 10% each year															
Ketoacidosis	Target	3	7	7	4	4	7	11	12	5	10	7	9	61	87
	2019/20	13	3	10	8	10	11	9	8	13				85	
	Actual Reduction/Increase	10	-4	3	4	6	4	-2	-4	8				24	
	Variance to Target	301%	-59%	37%	98%	147%	51%	-15%	-34%	167%				40%	
	Actual Cost Reduction/Increase	£11,913	-£6,354	£5,248	£7,438	-£7,957	-£6,531	-£2,021	-£9,829	£20,853					£12,761

Diabetes - Decrease over two years the number of hospital admissions in people aged over 18 years at Barnsley Hospital with a diagnosis of Diabetes or Specifically Related Conditions by 10% each year															
Hypoglycaemia	Target	0	2	1	0	2	0	0	0	1	0	0	1	5	6
	2019/20	1	0	0	0	0	0	0	1	0				2	
	Actual Reduction/Increase	1	-2	-1	0	-2	0	0	1	-1				-3	
	Variance to Target	100%	-100%	-100%	0%	-100%	0%	0%	100%	0%				-59%	
	Actual Cost Reduction/Increase	£0	-£1,725	-£2,193	£0	-£3,056	£0	£0	£3,115	-£2,193					-£6,053

Diabetes - Decrease over two years the number of hospital admissions in people aged over 18 years at Barnsley Hospital with a diagnosis of Diabetes or Specifically Related Conditions by 10% each year															
Hyperglycaemia	Target	0	1	0	0	2	2	0	0	0	0	0	0	4	4
	2019/20	0	1	0	0	0	3	0	0	0				4	
	Actual Reduction/Increase	0	0	0	0	-2	1	0	0	0				-0	
	Variance to Target	0%	23%	0%	0%	-100%	85%	0%	0%	0%				-1%	
	Actual Cost Reduction/Increase	£0	£3,594	£0	£0	-£3,552	£2,706	£0	£0	£0					£2,748

Diabetes - Decrease over two years the number of hospital admissions in people aged over 18 years at Barnsley Hospital with a diagnosis of Diabetes or Specifically Related Conditions by 10% each year															
Combined	Target	3	10	8	4	7	9	11	12	6	10	7	10	70	96
	2019/20	14	4	10	8	10	14	9	9	13				91	
	Actual Reduction/Increase	11	-6	2	4	3	5	-2	-3	7				21	
	Variance to Target	332%	-59%	23%	98%	37%	57%	-15%	-26%	129%				31%	
	Actual Cost Reduction/Increase	£11,913	-£4,485	£3,055	£7,438	-£14,565	-£3,825	-£2,021	-£6,714	£18,660					£9,455

Diabetes - Transfer current outpatient activity into Primary Care / Community settings															
Reduction in Outpatient Activity 10% each year - Firsts	Target	88	77	93	78	113	92	73	95	73	71	89	88	782	1,030
	2019/20	68	79	89	90	80	81	65	44	53				649	
	Actual Reduction/Increase	-20	2	-4	12	-33	-11	-8	-51	-20				-133	
	Variance to Target	-23%	3%	-4%	16%	-29%	-12%	-11%	-54%	-27%				-17%	
	Actual Cost Reduction/Increase	-£10,449	-£6,759	-£8,971	-£4,939	-£13,954	-£6,861	-£3,832	-£10,413	-£6,621					-£72,797

Diabetes - Transfer current outpatient activity into Primary Care / Community settings															
Reduction in Outpatient Activity 10% each year - Follow Ups	Target	364	403	488	368	434	334	394	384	358	353	291	328	3,527	4,499
	2019/20	302	286	397	317	230	297	365	227	284				2,705	
	Actual Reduction/Increase	-62	-117	-91	-51	-204	-37	-29	-157	-74				-822	
	Variance to Target	-17%	-29%	-19%	-14%	-47%	-11%	-7%	-41%	-21%				-23%	
	Actual Cost Reduction/Increase	-£7,174	-£12,699	-£10,469	-£3,859	-£19,896	£3,628	£3,114	-£6,286	-£452					-£54,094



**Minutes of the meeting of the Membership Council held on Tuesday 21 January 2020  
at 7.00 pm at Hilder House, 49/51, Gawber Road, Barnsley, S75 2PY**

**PRESENT**

Dr Nick Balac (Chairman)	Practice Representative (St Georges Medical Practice)
Dr Adebawale Adekunle	Practice Representative (Wombwell Chapelfield Medical Centre)
Dr Amjed Ali	Practice Representative (Woodland Drive Medical Centre)
Dr Sumanth Chikthimmah	Practice Representative (Burleigh Court Medical Centre)
Mehrban Ghani	Practice Representative: The Rose Tree PMS Practice BHF Brierley Medical Centre BHF Goldthorpe Surgery BHF Highgate Surgery BHF Lundwood Practice
Dr M Guntamukkala	Practice Representative (The Grove Practice)
Dr Z Ibrarhimi	Practice Representative Hoyland First PMS Practice
Dr Hussain Kadarsha	Practice Representative (Hollygreen Practice and Lakeside Surgery)
Dr Sudhagar Krishnasamy	Practice Representative (Royston Group Surgery) and CCG Medical Director
Dr Jamie MacInnes	Practice Representative (Dove Valley Practice) from inute reference MC 20/01/06)
Dr Indra Saxena	Practice Representative (Caxton House Surgery)
Dr Sepehri	Practice Representative (Hillbrow Surgery Mapplewell)
Dr Heather Smith	Practice Representative (Dr Mellor and Partners PMS Practice)
Dr Mark Smith	Practice Representative (Victoria Medical Centre PMS Practice)
Dr Mahipal Vemula	Practice Representative (Apollo Court Medical Centre)
Dr Stuart Vas	Practice Representative (Penistone Group Practice)

**IN ATTENDANCE**

Mike Austin	Primary Care Support
Chris Millington	Lay Member for Patient and Public Engagement & Primary Care Commissioning
Kay Morgan	Governance & Assurance Manager
Lesley Smith	Chief Officer

**APOLOGIES**

Dr Eddy Czepulkowski	Practice Representative (High Street Royston)
Dr John Harban	Practice Representative (Lundwood Medical Centre and The

Mike Simms  
Richard Walker

Kakoty Practice)  
Governing Body Secondary Care Clinician  
Head of Governance and Assurance

Agenda Item	Note	Action	Deadline
<b>MC 20/01/01</b>	<b>HOUSEKEEPING</b>		
	The Chairman provided information on the housekeeping arrangements for the meeting venue, including the fire procedures, nearest fire exit and toilet facilities.		
<b>MC 20/01/02</b>	<b>QUORACY</b>		
	The meeting was quorate.		
<b>MC 20/01/03</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 20/01/04</b>	<b>MINUTES OF THE MEETING HELD ON 17 SEPTEMBER 2019</b>		
	The minutes of the Membership Council meeting held on 3 December 2019 were verified as a correct record of the proceedings.		
<b>MC 20/01/05</b>	<b>MATTERS ARISING</b>		
	<p>The Membership Council considered the Matters Arising Report and the following updates were provided:</p> <p><b>Minute reference MC 19/12/08 2020/21 PDA Briefing Paper</b></p> <p><b>Get Fit First – Follow up of patients &amp; workload</b></p> <p>It was reported that there is an average of 15 - 25 letters per month per practice (6,000 – 10,000 Patients). This includes all patients referred to MSK who may not be on a surgical pathways.</p> <p>The CCG is currently considering an alternative approach to contacting patients by letter or SMS. Practices would be asked to provide a report identifying Get Fit First patients for the SPA to contact these patients.</p>		

Agenda Item	Note	Action	Deadline
	<p><b>Get Fit First List of exceptions to the schemes &amp; referral Criteria</b></p> <p>It was noted that the Get Fit First Commissioning Policy has been reviewed with a final version scheduled to be presented to the Quality and Patient Safety Committee on 20 February before being recirculated / displayed more prominently.</p> <p>The Get Fit First Commissioning Policy includes the exemptions to the scheme as an appendix. The policy has been reviewed as a result of feedback to clarify the existing position that exclusions apply to routine elective referrals if a period of health improvement delay would cause clinical risk rather than support improved outcomes.</p> <p><b>COPD – Validation of registers</b></p> <p>An indicator had been included in the PDA. This action was deemed complete.</p> <p><b>COPD – Review asthma guidance against the HITS COPD Scheme</b></p> <p>This action was reported as complete.</p>		
<b>MC</b> <b>20/01/06</b>	<b>CCG CONSTITUTION</b>		
	<p>Practice representatives acknowledged receipt of the Chief Executives letter dated 17 January 2020 (emailed to all Practices) regarding the NHS Barnsley CCG Constitution, vacant roles on the Governing Body and proposals regarding changing the terms of office for existing Governing Body members.</p>		
	<p><b>Constitution</b></p> <p>The Chief Officer presented the new national model constitution to the Membership Council highlighting the differences, benefits and flexibilities between the existing CCG Constitution and the model constitution.</p> <p>Members' attention was referred to paragraphs 3.6 of the model Constitution setting out the requirements for Practice Representatives including where contracts are held by a federation.</p> <p>The meeting was informed that consideration is being</p>		

Agenda Item	Note	Action	Deadline
	<p>given to the possibility of incorporating Membership Council meetings at BEST Events to facilitate attendance in the working day.</p> <p>The Membership Council agreed to adopt the new national model Constitution for Barnsley CCG</p> <p><b><i>Dr Jamie MacInnes joined the meeting</i></b></p>		
	<p><b>Vacant Roles on the Governing Body</b></p> <p>The Membership Council noted the vacant roles of the Governing Body for two elected GPs, one Practice Manager and one for a third Lay member and agreed the proposal to remove these roles from the Constitution.</p> <p><b>Terms of office for existing Governing Body members.</b></p> <p>Membership Council were informed that as at 31 March 2020 a number of Governing Body members had reached the end of their terms of office. Of these 3, will have served 7 years continuously. Under the Constitution these three members will not be currently eligible to re-apply for election. It is proposed that provision is made in the Constitution to extend the terms of office for these members for up to 2 years from 1 April 2020 thereby enabling continuity of clinical leadership for the CCG through changes in the commissioning landscape.</p> <p>The Chairman requested the views of the Membership Council on the proposals regarding the vacant roles and changing the terms of office for existing Governing Body members. Practice representatives indicated that the existing clinical and non-clinical leadership was outstanding in the CCG resulting in a well-run, successful and award winning organisation, the existing leadership needed to be protected. Colleagues in other CCGs recognise and are influenced by the developments made in Barnsley particularly, the developments in primary care and approach taken with the PCN model. The Governing Body is working well as a team without the vacant roles and decision making was unaffected. It was noted that clinical lead work may increase in the future. The Chairman commented that consideration will be given to how the Clinical Forum can integrate with Membership Council GP members.</p>		
	<b>The Membership Council agreed:</b>		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> <li>• To adopt the new national model Constitution for Barnsley CCG.</li> <li>• To remove the vacant Governing Body roles from the Constitution</li> <li>• To institute a 24 month 'standstill' period effective from 1 April 2020, which would entail extending the terms of office of all current elected, appointed, and Lay Members whose current terms end during this period to 31 March 2022.</li> </ul> <p><b>Agreed Actions</b></p> <p><i>To write to all Practice Representatives regarding the adoption of the new national model constitution for Barnsley CCG, removal of Governing Body roles and extension to terms of office.</i></p> <p><i>To seek approval from NHSE regarding amendments to the CCG's Constitution; to include provision for Membership Council to extend the maximum period of continuous service from 7 to 9 years.</i></p>	<p>LS/RW</p> <p>LS/RW</p>	<p>17.03.20</p> <p>17.03.20</p>
<b>MC</b> <b>20/01/07</b>	<b>PRIMARY CARE NETWORKS AND INTEGRATED NEIGHBOURHOOD TEAM UPDATE</b>		
	<p>The Chairman provided Membership Council with an update on the Primary Care Networks and Integrated Neighbourhood Team. It was noted that a single point of access (SPA) will be located at Kendray Hospital for Rightcare Barnsley and Community Nursing Services.</p> <p>Three Business Managers; Lynne Richards, Josh Lumb and Karen Chaplin had been appointed to support the Neighbourhood teams and clinical directors, sharing two localities each.</p>		
	<p>Membership Council were informed of feedback from a South Yorkshire and Bassetlaw Primary care event attended by CCG Chairs, Accountable Officers and PCN Clinical Directors about the National Service Specification. The collective feedback determined that the specification required review and reframing particularly in terms of the roles required to deliver the specification, training of staff and funding. It was noted that the General Practitioners Committee (GPC) did not support the specification.</p>		

Agenda Item	Note	Action	Deadline
	Dr Merhban Ghani informed Membership Council that as part of the integration of services the rapid Response Team will be based at Oaks Park. A meeting of the PCN Clinical Directors will take place on 22 January 2020 before the BEST event.		
<b>MC 20/01/08</b>	<b>ANY OTHER BUSINESS</b>		
	<b>08.1 A&amp;E - GP Referral Letter</b>		
	Due to winter pressures the A&E Consultant at BHNFT is requesting GPs to be mindful of providing a referral letter when sending patients to A&E or use the Rightcare Barnsley. A number of Practice Representatives commented that the Rightcare Barnsley regularly advised GPs to send patients to the Accident and Emergency. In these instances Practice Representatives were asked to document this advice in notes and on referral letters.		
<b>MC 20/01/09</b>	<b>MEMBERSHIP COUNCIL BRIEFING</b>		
	<p>It was agreed that the following items would be included in the Membership Council Briefing:</p> <ul style="list-style-type: none"> <li>• NHS Barnsley CCG Constitution <ul style="list-style-type: none"> <li>○ Letter re new national model Constitution</li> <li>○ Removal of 3 Roles from the membership of the Governing Body</li> <li>○ Extension of terms of office for Governing Body GP members who have currently served 7 years for up to a further 2 years from 1 April</li> </ul> </li> <li>• PCN Update &amp; National Service Specification</li> </ul>		
<b>MC 20/01/10</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 20/01/11</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	The next meeting of the Membership Council will be held on Tuesday 17 March 2020 at 7.00 pm in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.		

**Minutes of the Meeting of the Barnsley Clinical Commissioning Group AUDIT COMMITTEE held on Thursday 23 January 2020 at 9.30 am in the boardroom, Hilder House, 49/51 Gawber Road, Barnsley S75 2PY**

**PRESENT:**

Nigel Bell	Audit Committee Chair – Lay Member for Governance
Chris Millington	Lay Member for Patient and Public Engagement and Primary Care Commissioning

**IN ATTENDANCE:**

Adrian Bailey	Head of Finance (Statutory Accounts/Financial Reporting)
Rashpal Khangura	Director KPMG
Kay Meats	Client Manager, 360 Assurance
Kay Morgan	Governance and Assurance Manager
Roxanna Naylor	Chief Finance Officer

**APOLOGIES**

Dr Adebowale Adekunle	Elected Member Governing Body
Richard Walker	Head of Governance and Assurance

The Chairman welcomed everyone to the Audit Committee meeting.

Agenda Item	Note	Action	Deadline
AC 20/01/01	<b>QUORACY</b> - The meeting was declared quorate		
AC 20/01/02	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, GIFTS AND HOSPITALITY</b>		
	The Committee noted the Declaration of Interests Report. No new declarations were received.		
AC 20/01/03	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 31 OCTOBER 2019</b>		
	The Minutes of the meeting held on 31 October 2019 were verified as a correct record of the proceedings subject to correction of a typo graphical error.		
	<ul style="list-style-type: none"> <li><b>Minute reference AC 19/11/20 Audit Committee</b></li> </ul>	<b>KM</b>	<b>19.03.20</b>

Agenda Item	Note	Action	Deadline
	<b>Work plan Agenda Timetable</b>  Last bullet point to read – ‘KPMG Plan 2019/20 to January 2020 meeting’.		
<b>AC 20/01/04</b>	<b>MATTERS ARISING</b>		
	The Committee considered the Matters Arising Report. The following actions were agreed as complete; Minute References: <ul style="list-style-type: none"> <li>AC 19/11/08 – Time limits for mitigating actions against risks on the GBFA.</li> <li>AC 19/11/10 - Mental Health Investment Standard (MHIS)</li> <li>AC 19/11/23 AOB, Audit Committee Maturity Matrix</li> </ul>		
<b>STANDING AGENDA ITEMS</b>			
<b>AC 20/01/05</b>	<b>ASSURANCE ON COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES</b>		
	The Audit Committee noted the Assurance on Compliance with Standing Orders and Prime Financial Policies		
<b>THIRD PARTY ASSURANCE</b>			
<b>AC 20/01/06</b>	<b>INTERNAL AUDIT PROGRESS REPORT (360 ASSURANCE)</b>		
	The Client Manager, 360 Assurance introduced the Internal Audit Progress Report to the Audit Committee. Members were informed that the audit plan is on track to be delivered by 31 March 2020. It was noted that the Chief Finance Officer and Client Manager, 360 Assurance will consider how best to use the 16 remaining contingency days in plan and report back to the next meeting of the Audit Committee on 19 March 2020.		
	The Client Manager 360 Assurance explained that CCG executives and senior managers had been asked to identify potential areas of work for the 2020/21 Draft Outline Internal Audit and Counter Fraud Plan. The Committee provided comment on the suggested areas of work, as follows; <ul style="list-style-type: none"> <li><b>PCNs/Development of Neighbourhood</b></li> </ul>		



Agenda Item	Note	Action	Deadline
	<p><b>teams/Primary Care Hub</b> The Chief Finance Officer advised that this area will be picked up as part of provider contract monitoring arrangements.</p> <ul style="list-style-type: none"> <li> <b>Shared Care Record</b> The Chief Finance Officer commented that the procurement process for the shared care record provider had not yet commenced. The shared care record is unlikely to be in place until the last quarter of 2020/21. The CCG as a commissioner won't have access to records and therefore an audit would need to be clear on what was expected from the commissioner perspective. </li> <li> <b>Shared Services Reviews e.g. Human Resources and Individual Funding Requests.</b> It was noted that shared services reviews will be discussed at the South Yorkshire &amp; Bassetlaw Chief Finance Officers meeting. </li> <li> <b>CCG Outlier with Non Elective Admissions / Length of Stay and APEX Workforce Tool</b> It was clarified that the APEX Tool had only just been introduced into Practices and information from the tool maybe limited at this early stage of utilisation. The Chief Finance Officer agreed to speak with the Chief Officer about the thought process and links between the APEX Tool and non-electives and length of stay. </li> </ul> <p>The Committee Chair concluded discussion indicating that meetings with Executives and senior managers had been a valid process and similar risks identified by each manager. It was noted that the Client Manager 360 Assurance had yet to meet with the Chief Nurse. The feedback from this meeting will be emailed to Audit Committee members for information and comment.</p>		
	<p><b>The Audit Committee noted the key messages and progress made against the Internal Audit Plan.</b></p> <p><b>Agreed actions</b></p> <p><i>To speak with the Chief Officer about the thought process, risks and links between non-electives and length of stay and the APEX Tool and</i></p>	RN	19.03.20

Agenda Item	Note	Action	Deadline
	<p><b><i>To feedback the outcome from a meeting with the Chief Nurse Re potential areas of work for the Draft Outline Internal Audit and Counter Fraud Plan 2020/21 to Audit Committee members by email.</i></b></p> <p><b><i>To produce a form of words, to be approved by the Chief Finance Officer, explaining the rationale for not undertaking identified audits in this year's plan.</i></b></p> <p><b><i>To share the final Draft Outline Internal Audit and Counter Fraud Plan 2020/21 (when available) with the Audit Committee Chair and Management Team.</i></b></p>	<p>KMe</p> <p>KMe</p> <p>RN</p>	<p>19.03.20</p> <p>19.03.20</p> <p>19.03.20</p>
AC 20/01/07	<b>UPDATE FROM EXTERNAL AUDITORS &amp; AUDIT PLAN 2019/20</b>		
	The Director KPMG presented the Health Sector Update to the Audit Committee. The Committee noted the NAO update regarding Clinical Pension Tax Impacts on the NHS 2019/20. The Head of Finance (Statutory Accounts/Financial Reporting) will attend a local technical event.		
	<p>The Director KPMG described the approach to and requirements of the 2019/20 external audit plan. The Director KPMG explained the process of and risk assessment regarding the 'value for money conclusion'</p> <p>Members were informed that the Audit Opinion on the Mental Health Investment Standard (MHIS) had been produced. Approval to publish the audit opinion was awaited from NHSE. In response to a question raised it was clarified that all CCGs across the country had been charged within a similar price band (£12k to 18K) for the MHIS Audit work.</p>		
	<p><b>The Audit Committee noted the Health Sector Update</b></p> <p><b><i>Agreed Action</i></b>  <b><i>To seek Management Team approval for extra funding required for the MHIS audit work.</i></b></p>	RN	19.03.20
<b>ITEMS FOR APPROVAL</b>			
AC 20/01/08	<b>YEAR END TIMETABLE, ACCOUNTING POLICIES AND ASSURANCE REQUIREMENTS FOR THE 2019/20 ANNUAL REPORT AND ACCOUNTS</b>		

Agenda Item	Note	Action	Deadline
	The Head of Finance (Statutory Accounts/Financial Reporting) provided the Audit Committee with an update on the year-end timetable, accounting policies and assurance requirements for the 2019/20 accounts.		
	<p>The Audit Committee considered the draft 2019/20 Governance Year End Timetable in particular a proposal to hold the Audit Committee meeting (which makes recommendation about the adoption of the final audited Annual report, Governance Statement and Accounts 2019/20) a few days prior to or on the day of the Governing Body Extra Ordinary meeting extra ordinary meeting to consider adoption of final audited Annual report, Governance Statement and Accounts 2019/20.</p> <p>It was proposed that Audit Committee meeting be held on the same day (21 May 2020 at 8.30 am) as the Governing Body extra ordinary meeting (21 May 2020 at 11.00 am).</p>		
	<p><b>The Audit Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the accounting policies for the 2019/20 Annual Accounts (Appendix 1)</b></li> <li>• <b>Approved the draft 2019/20 Governance Year End Timetable (Appendix 2)</b></li> <li>• <b>Noted that the accounts will be prepared on a Going concern principle</b></li> <li>• <b>Noted the audit assurance requirements for Primary Care Co-Commissioning</b></li> <li>• <b>Approved the principle of using the audit assurance requirements for the Shared Financial Services with RCCG based on the principle adopted from 2017/18.</b></li> </ul> <p><b><i>Agreed Action</i></b></p> <p><b><i>To request approval from the Chief Executive and CCG Chairman to hold the Audit Committee meeting and Extra Ordinary Governing Body to consider recommendation and adoption of the final audited Annual report, Governance Statement and Accounts 2019/20 on the same day 21 May 2020.</i></b></p> <p><b><i>To amend the 2019/20 Governance Year End Timetable in line with comments received from the</i></b></p>	<p>RN</p> <p>KM</p>	<p>19.03.20</p> <p>19.03.20</p>

Agenda Item	Note	Action	Deadline
	<b><i>Audit Committee.</i></b>		
<b>GOVERNANCE</b>			
<b>AC 20/01/09</b>	<b>ASSURANCE FRAMEWORK RISK REGISTER</b>		
	The Audit Committee noted the Governing Body Assurance Framework and Risk Register Exception Report.		
<b>AC 20/01/10</b>	<b>REGISTERS OF INTERESTS, SPONSORSHIP, GIFTS &amp; HOSPITALITY</b>		
	The Audit Committee received and noted the Report on Registers of Interests, Sponsorship, Gifts & Hospitality and the Register of Procurement Decisions. Including the two new declarations of gifts, hospitality and sponsorship.		
<b>ITEMS FOR DISCUSSION</b>			
<b>AC 20/01/11</b>	<b>AUDIT COMMITTEE MATURITY MATRIX AND COMMITTEE EFFECTIVENESS SURVEY RESULTS</b>		
	<p>The Committee Chair introduced the Audit Committee Maturity Matrix and Committee Effectiveness Survey Results</p> <p><b>Audit Committee Maturity Matrix</b></p> <p>The Committee considered the elements of the Maturity Matrix and the following comments were received:</p> <p><b>Independence Element</b> - it was agreed that the Audit Committee met this requirement but just not in the same way. This element could be made green</p> <p><b>Membership Skills and knowledge Element</b> – The Chairman queried the added value of members of members from other CCG audit Committee attending a meeting of the Barnsley CCG Audit Committee. It was difficult to consider succession planning as new lay members are appointed by the CCG as vacancies arise.</p>		
	<p><b>Committee Effectiveness Survey Results</b></p> <p>Members considered the results of the Audit Committee Effectiveness Survey and discussion took place. The Lay</p>		

Agenda Item	Note	Action	Deadline
	<p>Member for Patient and Public Engagement and Primary Care Commissioning Members drew members' attention to the quality of agenda papers and although the overall opinion was positive, he queried if new members of the Committee would understand the papers? The purpose of the audit committee was clarified as providing assurance to the Governing Body on the CCGs internal control and governance arrangements. Information to Audit Committee is fairly prescribed in terms of content and the definitive role of the Audit Committee.</p> <p>It was noted that the Committee provide challenge where necessary on areas of concern for resolution by Management Team.</p>		
	<p><b>The Audit Committee noted the Audit Committee Maturity Matrix and Committee Effectiveness Survey Results.</b></p>		
<p><b>AC 20/01/12</b></p>	<p><b>AUDIT COMMITTEE ANNUAL ASSURANCE REPORT</b></p>		
	<p>The Committee received and considered the Audit Committee draft Annual Assurance Report 2019/20.</p>		
	<p><b>The Audit Committee noted the Draft Annual Assurance Report.</b></p> <p><b>Agreed actions</b></p> <ul style="list-style-type: none"> <li>• <b><i>To review the Audit Committee Minutes (period 1 March 2019 to 31 March 2020) to check for any further appropriate items to be included in the report.</i></b></li> <li>• <b><i>To add references in the Assurance Report Re:</i></b> <ul style="list-style-type: none"> <li>○ <b><i>Audit Committee recommendation for the Internal Audit Plan to be more based on operational areas.</i></b></li> <li>○ <b><i>Audit Committee identification of issues relating to safeguarding and Continuing Health Care.</i></b></li> <li>○ <b><i>The Mental Health Investment Standard Report.</i></b></li> </ul> </li> <li>• <b><i>To amend reference to completion of the HFMA Audit Committee Checklist from January 2020 to March 2020.</i></b></li> </ul>	<p>RW</p> <p>RW</p> <p>RW</p>	

Agenda Item	Note	Action	Deadline
	<i>Members were advised to inform the Governance and Assurance Manager of any other items for inclusion in the Assurance Report.</i>	ALL	
<b>AC 20/01/13</b>	<b>AUDIT COMMITTEE TRAINING REQUIREMENTS</b>		
	It was noted that a training Session facilitated by the Director KPMG will follow the Audit Committee meeting. A review of a mock audit report for challenge by Audit Committee members.		
<b>AC 20/01/14</b>	<b>ESCALATION OF ITEMS TO GOVERNING BODY</b>		
	<p>The Audit Committee agreed the following items for escalation to the Governing Body:</p> <ul style="list-style-type: none"> <li>• External Audit Plan</li> <li>• Draft Internal Audit Plan</li> <li>• Audit Committee Maturity Matrix</li> </ul>		
<b>ITEMS FOR INFORMATION</b>			
<b>AC 20/01/15</b>	<b>REFLECTION ON HOW WELL THE MEETINGS BUSINESS HAS BEEN CONDUCTED</b>		
	It was noted that all agenda items had been fully considered with a real focus on particular areas giving added value.		
<b>AC 20/01/16</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	The next meeting of the Audit Committee will be held on Thursday 19 March 2020 at 9.30 am, in the Boardroom, Hilder House, 49/51 Gawber Road, Barnsley, S75 2PY.		

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group  
FINANCE & PERFORMANCE COMMITTEE held on Thursday 9 January 2020 at  
10.30am in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley S75 2PY.**

**PRESENT:**

Dr John Harban	- Elected Member Governing Body - Contracting
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale Adekunle (from Item 10)	- Elected Member Governing Body
Jamie Wike	- Director of Strategic Planning & Performance
Nigel Bell	- Lay Member Governance
Dr Jamie MacInnes	- Elected Member Governing Body

**IN ATTENDANCE:**

Leanne Whitehead	- Executive Personal Assistant
Jeremy Budd	- Director of Commissioning

**APOLOGIES:**

Dr Nick Balac	- Chair
Lesley Smith	- Chief Officer
Dr Andrew Mills	- Membership Council Member
Patrick Otway	- Head of Commissioning (MH, Children, Specialised)

Agenda Item		Action & Deadline
<b>FPC20/01</b>	<b>QUORACY</b>	
	The meeting was declared quorate.	
<b>FPC20/02</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.	
<b>FPC20/03</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 5 DECEMBER 2019 – Approved.</b>	
<b>FPC20/04</b>	<b>MATTERS ARISING REPORT</b>	
	<b>FPC19/168 IPR</b>	
	It was reported that following previous discussions around	

	<p>approaching the ICS to explore a piece of work to understand the increase in Barnsley and to support Barnsley through to year end, that the CCG had not approached the ICS as yet as we are still working on the financial position and it is likely the year end position will achieve financial balance.</p> <p>Discussion was had around readmissions, Dr J Harban suggested that a spot audit be carried out and identify 50 or so readmissions and split these via clinical leads using a template to complete, this should show any potential issues that need to be addressed across patient pathways. It was agreed to take this to Clinical Forum to discuss and to create a template for this purpose and also review this from a quality prospective.</p> <p>An update was given on Breathe. It was reported that the service had requested introductory meetings with PCN's but the meeting for the South had been declined. The Chief Finance Officer also reported that she had requested the job plan information for the breathe nurses but this had not been received.</p> <p>The Chief Finance Officer reported that discussions were still being had around the financial position.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Director of Strategic Planning &amp; Performance to consider the merit in looking at readmission numbers by specialty and reason for readmission to inform the focus of the audit.</b></li> <li>• <b>Director of Strategic Planning &amp; Performance and Dr J Harban to take a proposal to Clinical Forum for discussion around spot audit and to develop a template for the reporting of findings.</b></li> <li>• <b>Dr J Harban to discuss introductory meeting with Breathe Service and South with Dr M Ghani.</b></li> <li>• <b>Chase up meeting with DR J Harban and Dr Mark Longshaw as no response had been received as yet.</b></li> </ul> <p><b>FPC19/151 IPR</b></p> <p>Dr J Harban reported that a consultant at Chesterfield had agreed to look at the MSK referrals as part of an independent clinical review and that this would hopefully show more detail.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Chief Finance Officer to share % numbers of referrals to secondary care from the MSK service compared to the new service being in place.</b></li> </ul> <p><b>The Committee received and noted the report.</b></p>	<p>JW</p> <p>JW/JH</p> <p>JH</p> <p>JH</p> <p>RN</p>
<b>FPC20/05</b>	<b>UPDATE ON RECENT PUBLISHED AND EXPECTED GUIDANCE</b> – No update to report.	



FPC20/06	UPDATE ON CONTRACTING CYCLE	
	<p>The Chief Finance Officer presented an update on the Contracting Cycle. It was reported that the team were looking at block payments included within contracts to determine if these arrangements should still remain within contracts for 2020/21. It was noted that the designated doctor role would come out as it had not been appointed to. It was reported that Angela Fawcett had picked up Children's Community Services including emergency care pathways (CAU) and that a draft outline specification for this should be expected by the end of March 2020.</p> <p>It was noted that the contract with Thames had now ended and First4Care had commence their contract on the 30 November 2019, no issues had been received to date and all indications are that the company are providing a very good service.</p> <p>It was reported that the visit to AMU/AMAC on the 25 November 2019 to develop the pathway for inclusion in the contract was cancelled and were struggling to get new dates in the diary. It was agreed this would escalated to Bob and Richard if not resolved.</p> <p>An update was given on 2020/21 Contract Negotiations for BHNFT discussions were being had, it was noted that the Trust doesn't agree to the CCG holding resource for escalation beds if a block type arrangement is agreed. If the CCG cannot come to an agreement with the Trust on contracts for next year the CCG will have to revert to national tariff arrangements with QIPP plans included. The team will start working through budgets once all information is available. A baseline activity plan has been initially agreed pending agreement on QIPP to be included. It was noted that no conversations had been had yet with SWYPFT on next year's contract but a letter had been drafted. It was reported that the Director of Finance at SWYPFT had flagged an issue in relation to Mental Health inpatient services and growing pressures due to safer staffing. The Chief Finance Officer had passed this to the Head of Commissioning (MH, Specialised, Children's) to look at to see if we could fund around £100k for this. An update was given on associate contracts, the STH contract had been received on the 8 January 2020 and this was being worked through it may present further pressures to add to QIPP.</p> <p><b>The Committee were asked to note the contents of the report including:</b></p> <ul style="list-style-type: none"> <li>• the update on 2019/20 contract monitoring.</li> <li>• Service Reviews being undertaken within the Finance and Contracting team and note progress (Stroke Services/Recovery College/Barnsley Hospital services/ Children's Community Nursing Services).</li> <li>• Contract negotiation items 2020/21</li> </ul>	

FPC20/07	<b>APPROVAL AND OR UPDATE ON PROCUREMENTS</b>	
	<p>An update report was presented to the Committee on Procurements. It was noted that there were no active tenders running at this time.</p> <p>It was reported that as the CAMHS service was not awarded it was decided by Governing Body to extend the current contract with SWYPFT until 30 June 2020, this is to allow time for a re-procurement following market engagement.</p> <p><b>The Committee were asked to note the procurement update.</b></p>	
FPC20/08	<b>INTEGRATED PERFORMANCE REPORT</b>	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the report to Committee as at 30 November the CCG were forecasting to achieve all yearend financial duties and planning guidance requirements, with an in-year balanced budget position. However in-year pressures, emerging risks and under delivery of planned efficiency schemes continue with a forecast overspend (after risk assessment in the 'most likely' scenario) of £298k. The Committee were asked to note that the forecast position included within the report is based on an agreed position with Barnsley Hospital NHS Foundation Trust, moving away from the traditionally agreed national tariff contract and considering costs incurred within the Trust. Risks and Mitigations also include a further £1.5m reduction in the position with the Trust however further work was required on this position to close the remaining gap and this will continue with fortnightly meetings with the Chief Finance Officer and Director of Finance. Monthly meetings have also being arranged with the Accountable Officer and Chief Executive.</p> <p>The Committee are asked to take immediate action to develop and implement efficiency plans for 2020/21, given the limited number of schemes currently in progress. Discussions at Governing Body took place on 19 December with Governing Body being asked to identify opportunities for discussion at the January 2020 meeting. The efficiency target based on initial Long Term Plan draft submission was £13.2m, however given changes to the current in year forecast position this efficiency requirement is likely to deteriorate further. Contract negotiations have commenced with activity plans being shared with Barnsley Hospital and discussions will remain ongoing during the coming weeks. The draft operational plan is expected to be completed during February 2020.</p> <p>The CCG's efficiency programme position as at 30 November is that planned schemes are forecast to deliver £11.2m against the</p>	

	<p>£13.1m target. Further in-year mitigations of £969k have been identified leaving a shortfall against plan of 931k which is expected to be delivered as discussions progress with Barnsley Hospital.</p> <p>An in-depth discussion was had around A&amp;E pressures and it was noted that a meeting was taking place on the 10 January with BHNFT to consider the challenges and potential to work together to identify alternative models to reduce the pressure as a result of increasing attendances at A&amp;E.</p> <p>Following communication to Governing Body Members in relation to suggestions to help with the 2020/21 QIPP only 1 response had been received, members asked to rethink and share any ideas. The target for next year will be in the region of £16m – 20m need to look at what are our statutory functions, what do we have to do and what can be reduce or stop, is it value for money, is it delivering improved outcomes for patients?</p> <p><u>Performance</u></p> <p>The Director of Strategic Planning and Performance updated members on the performance section of the report noting that performance continues to be generally strong for Barnsley patients with key standards in relation to referral to treatment, diagnostics, and CHC being achieved for the latest performance period.</p> <p>Key performance indicator issues which are highlighted within the exception report are:</p> <ul style="list-style-type: none"> <li>• The number of people waiting longer than 4 hours in A&amp;E</li> <li>• The number of people entering IAPT services</li> <li>• The number of people waiting more than 2 weeks following urgent referral for suspected cancer</li> <li>• The number of people waiting more than 31 days for subsequent treatment, where this treatment is radiology</li> <li>• The number of people waiting more than 62 days from referral to treatment following urgent referral</li> </ul> <p>A briefing note was included at appendix 3 providing an update on key issues and improvement actions in relation to cancer performance.</p> <p>Discussion was had around IAPT and the Committee asked that the Head of Commissioning (Children's, MH &amp; Specialised) bring more details on this to the January Governing Body meeting.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Members to rethink and share ideas around the QIPP target for 20/21 and to raise again with GB members.</b></li> <li>• <b>Update from PO on IAPT at January Governing Body.</b></li> </ul>	<p>ALL PO</p>
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	<p>The Committee were asked to note the contents of the report including:</p> <ul style="list-style-type: none"> <li>• 2019/20 performance to date</li> <li>• projected delivery of all financial duties, predicated on the assumptions and actions required as outlined in this paper</li> <li>• the current forecast position on the CCG's efficiency programme</li> <li>• immediate action required to ensure efficiency plans for 2020/21 are developed and implemented to ensure financial duties can be achieved.</li> </ul>	
<b>FPC20/09</b>	<b>ASSURANCE FRAMEWORK</b>	
	<p>The Director of Strategic Planning and Performance presented the Assurance Framework to the Committee. Discussion was had around QIPP target and the committee agreed to re look at this after April.</p> <p>The Committee were asked to:</p> <ul style="list-style-type: none"> <li>• Review the risks on the 2019/20 Assurance Framework for which the Finance and Performance Committee is responsible</li> <li>• Note and approve the risks assigned to the Committee</li> <li>• Review and update where appropriate the risk assessment scores for all Finance and Performance Risks</li> <li>• Identify any new risks that present a gap in control or assurance for inclusion on the Assurance Framework</li> <li>• Agree actions to reduce impact of high risks</li> <li>• Identify any sources of positive assurance to be recorded on the Assurance Framework to reassure the Governing Body that the risk is being appropriately managed.</li> </ul>	
<b>FPC20/10</b>	<b>RISK REGISTER</b>	
	<p>The Director of Strategic Planning and Performance presented the Risk Register to the Committee. Discussion was had around QIPP risk and the committee agreed to re look at this after April once the financial plan had been developed.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• Chief Finance Officer to look at narrative on the risk around QIPP for 2020/21.</li> </ul> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Review the Finance and Performance Committee Risk Register extract for completeness and accuracy</li> <li>• Note and approve the risks assigned to the Committee</li> </ul>	<b>RN</b>

	<ul style="list-style-type: none"> <li>• Review the risk assessment scores for all Finance and Performance risks</li> <li>• Identify any other new risks for inclusion on the Risk Register</li> <li>• Agree actions to reduce impact of extreme and high risks</li> <li>• Identify any positive assurances relevant to these risks for inclusion on the Assurance Framework</li> </ul>	
<b>FPC20/11</b>	<b>COMMITTEE EFFECTIVENESS SURVEY</b>	
	<p>CCG committee members were asked to complete a survey for each committee that they were a member of. A total of 4 responses were received for the Committee out of a possible 9. From the responses received the Committee demonstrates an overall consensus from members that the committee is working effectively and there were no findings from the survey which suggest any major actions to improve effectiveness.</p> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Consider the report and determine if any actions are required to improve the effectiveness of the Finance and Performance Committee.</li> </ul>	
<b>FPC20/12</b>	<b>MINUTES OF THE BHNFT CONTRACT EXECUTIVE BOARD – 21.11.19</b> – noted, also looking at committee structure going forward and possibly combining some meetings from April onwards.	
<b>FPC20/13</b>	<b>MINUTES OF THE SWYPFT CONTRACT EXECUTIVE BOARD –</b> no minutes.	
<b>FPC20/14</b>	<b>MINUTES OF THE CHILDRENS EXECUTIVE COMMISSIONING GROUP – 21.10.19</b> – noted.	
<b>FPC20/15</b>	<b>MINUTES OF THE ADULTS JOINT COMMISSIONING GROUP – 11.10.19</b> – noted. Chief Finance Officer felt that these meetings are quite operational and council led and may need to look at these meetings as part of joint commissioning arrangements.	
<b>FPC20/16</b>	<b>MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS</b>	
	<p>The Director of Strategic Planning and Performance presented the report the Committee. It was noted that there were no decisions to commit expenditure in December 2019.</p> <p><b>The Committee received and noted the report.</b></p>	
<b>FPC20/17</b>	<b>ANY OTHER BUSINESS</b> - No items were raised under this heading.	

<b>FPC20/18</b>	<b>AREAS FOR ESCALATION TO GOVERNING BODY</b>  <ul style="list-style-type: none"> <li>• IAPT update</li> <li>• Financial Position/QIPP</li> </ul>	
<b>FPC20/19</b>	<b>REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED</b>	
	The meeting went well and ran to time and all relevant business was discussed.	
<b>FPC20/20</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	Thursday 6 February 2020 at 10.30 am in the Boardroom at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group  
FINANCE & PERFORMANCE COMMITTEE held on Thursday 6 February 2020 at  
10.30am in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley S75 2PY.**

**PRESENT:**

Dr Nick Balac (Chair)	- Chair
Dr John Harban	- Elected Member Governing Body - Contracting
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale 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

**IN ATTENDANCE:**

Leanne Whitehead	- Executive Personal Assistant
Lucy Hinchliffe (item 7)	- Contract & Commissioning Support Manager

**APOLOGIES:**

Patrick Otway	- Head of Commissioning (MH, Children, Specialised)
Lesley Smith	- Chief Officer

Agenda Item		Action & Deadline
<b>FPC20/21</b>	<b>QUORACY</b>	
	The meeting was declared quorate.	
<b>FPC20/22</b>	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>	
	The Committee noted the declarations of interest report. The Chair raised there may be an interest for some members at item 7 of the agenda as the Barnsley Healthcare Federations could be a bidder, but as there was nothing material to this all could stay in attendance.	
<b>FPC20/23</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 9 JANUARY 2020 – Approved.</b>  <b>Agreed Actions:</b>  <ul style="list-style-type: none"> <li>It was noted that the response to the Committee survey</li> </ul>	

	could have been better but was agreed to check how future ones are sent to members as may have received one email for various committees, agreed report back to Governance Team.	JW
FPC20/24	MATTERS ARISING REPORT	
	<p><b>FPC20/04 Matters Arising (FPC19/168 IPR)</b></p> <p>It was reported that the audit of readmissions has taken place and the findings of the audit would be reported back to Clinical Forum then through Finance and Performance Committee. It was noted that 50 cases were presented but out of those 46 of the notes were able to be reviewed and 27 were deemed to be avoidable readmissions which may lead to a further audit on initial admissions which could then lead to a significant piece of work going forwards. Further update on this would follow.</p> <p><b>The Committee received and noted the report.</b></p>	
FPC20/25	CHILDRENS AND YOUNG PEOPLES MENTAL HEALTH SERVICE (CYPMHS) PROCUREMENT	
	<p>The report was presented to the Committee. It was noted that a market engagement event took place on the 28 January 2020 which was attended by various organisations and following the event the organisations were contacted via the procurement portal and asked to provide feedback on the specification by the 31 January 2020. Following that 29 questions had been received and based on this proposed amendments were suggested around the KPI's, specification and a revised start date of the 1 September 2020 from the 1 July 2020.</p> <p>Discussion was had around KPI's and was proposed that the financial achievements associated with the KPI's are not used for year 1 and are tapered for year 2 before full introduction in year 3. Discussion took place and it was agreed to request an up to date TUPE list, look at how to flex KPI's to make it more attractable and look at the 1 September 2020 start date.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• Once all relevant information is received/looked at, it was agreed to do a virtual approval via email to Finance and Performance Committee Members before final discussion at Governing Body.</li> </ul> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Review the proposed changes to the tender documentation to enable re-procurement and delivery of the new CYPMHS service by 1 September 2020.</li> <li>• Note that a final decision will be requested from members of Governing Body as per the urgent decision</li> </ul>	LH/ALL



	<b>making provisions as outlined in the CCG's constitution</b>	
<b>FPC20/26</b>	<b>FINANCIAL PLAN</b>	
	<p>The Chief Finance Officer reported that planning guidance and the template had just come out to CCG's. It was noted that the CCGs offer and position was set out at the Integrated Care Partnership Board and principles and enablers were discussed. The partnership agreed to the principles and it was agreed that the CCG would issue a letter setting these out along with contract offers. It was intended following comments from members that the letter would be sent to the Partnership Board members by the end of the week setting out the CCG's position.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Dr J Harban suggested that there may be some work to be done around clinical pharmacists and the PCN and agreed to discuss this with Chris Lawson and Mehrban Ghani with support from Chief Finance Officer.</b></li> <li>• <b>The Committee were aware of the scale of the challenge and agreed to share any comments on the letter asap.</b></li> </ul> <p><b>The Committee received and noted the update on the financial plan.</b></p>	<p><b>JH/RN</b></p> <p><b>ALL</b></p>
<b>FPC20/27</b>	<b>INTEGRATED PERFORMANCE REPORT INCLUDING QIPP REPORTING</b>	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the report to Committee highlighting that as of the 31 December the CCG were forecasting to achieve all yearend financial duties and planning guidance requirements with an in year balanced budget position. However in year pressures, emerging risks and under delivery of planned efficiency schemes continue with a forecast underspend (after risk assessment in the most like scenario) of £297k. It was reported that £500k of winter pressures monies had been received which would be paid straight to the Trust. There was also a possibility of some ICS underspend monies coming to places, but this needed to be confirmed.</p> <p><u>Performance</u></p> <p>The Director of Strategic Planning and Performance updated members on the performance section of the report noting that performance continues to be generally strong for Barnsley patients with key standards in relation to referral to treatment, diagnostics, and CHC being achieved for the latest performance period. Key performance indicator issues which are highlighted within the exception report are:</p> <ul style="list-style-type: none"> <li>• The number of people waiting longer than 4 hours in A&amp;E</li> </ul>	

	<ul style="list-style-type: none"> <li>• The number of people entering IAPT services</li> <li>• The number of people waiting more than 31 days for subsequent treatment, where this treatment is radiology</li> <li>• The number of people waiting more than 62 days from referral to treatment following urgent referral</li> </ul> <p>It was reported that IAPT was a big concern and this would be closely monitored.</p> <p><b>The Committee were asked to note the contents of the report including:</b></p> <ul style="list-style-type: none"> <li>• <b>2019/20 performance to date</b></li> <li>• <b>projected delivery of all financial duties, predicated on the assumptions and actions required as outlined in this paper</b></li> <li>• <b>the current forecast position on the CCG's efficiency programme</b></li> <li>• <b>immediate action required to ensure efficiency plans for 2020/21 are developed and implemented to ensure financial duties can be achieved.</b></li> </ul>	
<b>FPC20/28</b>	<b>DRAFT FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT</b>	
	<p>The draft annual report for the Finance and Performance Committee was presented to members for comments/additions prior to sign off at the Audit Committee in March.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Look at the wording around QIPP and share with Lay Member Governance for input, then happy to go to Audit Committee for sign off.</b></li> </ul>	<b>JW</b>
<b>FPC20/29</b>	<b>MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS</b>	
	<p>The Director of Strategic Planning and Performance presented the report the Committee the Finance &amp; Performance Committee is asked to note that the following decisions to commit expenditure were taken by Management Team during January 2020:</p> <ul style="list-style-type: none"> <li>• Agreed to fund an additional MASH (Multi Agency Safeguarding Hub) health practitioner £38052-£40858 pa</li> <li>• Agreed an £11275 contribution towards dedicated integrated care partnership group comms resource (12 month fixed term post, non recurrent)</li> <li>• Agreed to extend contract for tier 3 weight management service by 5 months to 31.3.21, at a cost of £9714</li> <li>• Approved £500 for sponsorship of the 'Best of Barnsley Dementia care Awards'</li> </ul> <p><b>The Committee received and noted the report.</b></p>	

<b>FPC20/30</b>	<b>ANY OTHER BUSINESS</b>	
	No items were raised under this heading.	
<b>FPC20/31</b>	<b>AREAS OF ESCALATION FOR GOVERNING BODY</b>	
	<ul style="list-style-type: none"> <li>• Financial Position and plan for 2020/21</li> <li>• CAMHS Procurement</li> </ul>	
<b>FPC20/32</b>	<b>REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED</b>	
	The meeting went well and ran to time.	
<b>FPC20/33</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	Thursday 5 March 2020 at 10.30am in Room 57 at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	

## GOVERNING BODY

12 March 2020

## PRIMARY CARE COMMISSIONING COMMITTEE HIGHLIGHTS REPORT

### 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 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 January 2020.											
<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>Chris Millington</td> <td>Chair PCCC</td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </tbody> </table>				Name	Designation	Executive / Clinical Lead	Chris Millington	Chair PCCC	Author	Julie Frampton	Head of Primary Care
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Executive / Clinical 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 45%;">Group / Committee</th> <th style="width: 20%;">Date</th> <th style="width: 35%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>PCCC</td> <td>30/01/2020</td> <td>Highlights agreed</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	PCCC	30/01/2020	Highlights agreed			
Group / Committee	Date	Outcome										
PCCC	30/01/2020	Highlights agreed										
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p>This report provides the November Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 30 January 2020.</p> <p>It was agreed at the meeting that the following would be highlighted:</p> <p style="padding-left: 40px;">The following practices have been inspected and received a rating of ‘Good’.</p> <ul style="list-style-type: none"> <li><b>High Street Practice, Royston</b></li> </ul> <p style="padding-left: 40px;">High Street Practice, Royston was inspected on the 8 October 2019. In the</p>											

report published on the 15 November 2019 the practice received a rating of Good overall and across all domains with the exception of services being effective which was rated as Requires Improvement.

The CQC completed an Annual review with the practice in May 2019. Following the Annual Review the CQC inspection focused solely on the domains of Safe, Effective and Well-led when they completed the inspection in October.

- **Lundwood Medical Centre**

A CQC inspection took place on the 19 November 2019. In the report published on the 20 December 2019, the practice received a rating of 'Good' overall and across all domains with the exception of services being safe which was rated as Requires Improvement.

The CCG is liaising with the practice and is assured that an action plan has been developed and to offer support.

- **The Dove Valley Practice**

The Dove Valley Practice was inspected on the 19 November 2019. In the report published on the 19 December the practice received a rating of Good overall.

The CQC completed an Annual review with the practice in May 2019. Following the Annual Review the CQC inspection focused solely on the domains of Effective and Well-led when they completed the inspection in November.

### **CQC Inspections – Requires Improvement Ratings**

The following practices have been inspected and received a rating of 'Requires Improvement'.

- **Caxton House Surgery**

A CQC inspection took place on the 16 October 2019. In the report published on the 6 December 2019, the practice received a rating of 'Requires Improvement' overall. The Safe, Caring and Responsive domains are rated Good with Effective and Well-led domains being rated as requires improvement.

The practice had last been inspected in February 2019 and had resulted in a rating of Inadequate overall. The safe, effective and well-led domains had been rated inadequate at this inspection, with responsive being classified as requires improvement and the caring domain rated as good.

The CCG is liaising with the practice for assurance that an action plan is progressing and to offer support.

- **The Rose Tree Practice**

	<p>A CQC inspection took place on the 2 October 2019. In the report published on the 27 November 2019, the practice received a rating of 'Requires Improvement' overall. The Effective, Caring and Responsive domains are rated Good with Safe and Well-led domains being rated as requires improvement.</p> <p>The practice had last been inspected in February 2019 and had resulted in a rating of Inadequate overall. The safe and well-led domains had been rated inadequate at this inspection, with effective, caring and responsive being classified as requires improvement.</p> <p>The CCG is liaising with the practice and is assured that an action plan is progressing and to offer support, particularly during a period of structural change.</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>Adopted Minutes Primary Care Commissioning Committee held on 28 November 2020.</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:	
	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	
	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>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>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>



**Minutes of the PUBLIC Primary Care Commissioning Committee meeting  
 held on Thursday, 28 November 2019 at 2.30pm in the Boardroom  
 Hilder House, 49–51 Gawber Road S75 2PY**

**PRESENT: (VOTING MEMBERS)**

Chris Millington ( <i>Chair</i> )	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Lesley Smith	Chief Officer
Nigel Bell	Lay Member for Governance
Mike Simms	Secondary Care Clinician
Richard Walker	Head of Governance & Assurance

**GP CLINICAL ADVISORS: (NON-VOTING)**

Dr Sudhagar Krishnasamy	Medical Director
Dr Mark Smith	Governing Body Member

**IN ATTENDANCE:**

Julie Frampton	Senior Primary Care Commissioning Manager
Leanne Whitehead	Executive Personal Assistant
Roxanna Naylor	Chief Finance Officer
Ruth Simms	Assistant Finance Manager
Julia Burrows	Director of Public Health, BMBC
James Barker	Chief Operating Officer, Barnsley Healthcare Federation
Madhavi Guntamukkala	GP
Paul Barringer	NHSE

**APOLOGIES:**

Dr Nick Balac	CCG Chairman
Victoria Lindon	Assistant Head of Primary Care Co-Commissioning, NHSE

**MEMBERS OF THE PUBLIC:**

Ben Skidmore
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Agenda Item	Note	Action	Deadline
<b>PCCC 19/11/01</b>	<b>APOLOGIES</b>		
	The Chair welcomed members to the meeting and apologies were noted as above.		
<b>PCCC 19/11/02</b>	<b>QUORACY</b>		
	The meeting was declared quorate.		
<b>PCCC 19/11/03</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	Dr Mark Smith declared a direct financial interest in agenda item 12 – Contractual Issues Report.		

	The Chair noted this declaration but agreed Dr Smith could remain present for the discussion.		
<b>PCCC 19/11/04</b>	<b>MINUTES OF THE LAST MEETING</b>		
	The minutes of the meeting held on 26 September 2019 were verified as a true and correct record of proceedings.		
<b>PCCC 19/11/05</b>	<b>MATTERS ARISING REPORT</b>		
	<u>PCCC Terms of Reference</u> Members noted that the query relating to the Vice Chair for the PCCC was included in the Risk & Governance Report which was on the agenda.		
<b>STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE</b>			
<b>PCCC 19/11/06</b>	<b>PRIMARY CARE NETWORK UPDATE</b> <p>The Senior Primary Care Commissioning Manager provided members with an update report on a number of areas of work progressing within the Barnsley Primary Care Network.</p> <p>The Committee noted that a considerable amount of work was happening at ICS level around PCNs to consider how CCGs could support practices within their own PCNs.</p> <p>Following a considerable amount of work Barnsley PCN was now up and running and meeting regularly as a cohort of practices.</p> <p>Following the update, members agreed that in order for the Committee to provide assurance to the Governing Body it would be helpful to receive a Primary Care Network Work Plan summary at future meetings.</p> <p>At this point the Chief Officer made reference to the fact that although a significant amount of work had been done in Barnsley to develop the PCN the ICS Strategy was still awaited and the Integrated Services Specification would not be available until April 2020. It would therefore be difficult to develop a work plan to ensure progress when the ask of the specification was not yet known. Concern was also expressed around keeping momentum especially as the specifications were not available.</p> <p><b>Action: PCN Work Plan to be developed and shared at future PCCC meetings.</b></p>	<b>JF</b>	

	<p><b>The Committee:</b> Noted the information contained in the Primary Care Network Update report.</p>		
<p><b>PCCC</b> <b>19/11/07</b></p>	<p><b>PRIMARY CARE STRATEGY UPDATE</b></p> <p>The Senior Primary Care Commissioning Manager presented the Primary Care Strategy update report.</p> <p>The Committee noted that the Barnsley Primary Care Strategy had been refreshed following the publication of the Long Term Plan, Network Contract DES and development of the Barnsley Primary Care Network. A second draft had been shared with the ICS Primary Care Steering Board to help inform the development of the ICS Primary Care Strategy which, once finalised, would be shared with the Primary Care Commissioning Committee.</p> <p>It was reported that further work was required to the Barnsley Primary Care Strategy to capture the CCG's aspirations in moving towards fully integrated Primary and Community teams and services.</p> <p><b>The Committee:</b> Noted the information contained in the Primary Care Strategy Update report.</p>		
<p><b>PCCC</b> <b>19/11/08</b></p>	<p><b>GP IT UPDATE</b></p> <p>The Senior Primary Care Commissioning Manager presented the GP IT Update which provided the Committee with an update on a number of local digital development projects for primary care which were either underway or due to be delivered over 2019/20 together with projects which would be delivered in 2020/21.</p> <p><u>SystemOne and EMIS Interoperability</u></p> <p>Wave one of the Interoperability which would allow <u>read only</u> information sharing of patient records between SystemOne and EMIS clinical systems had now been completed.</p> <p>The request to action wave two had been submitted and would include a further eight practices, i-heart, OOH plus over 40 community modules for services provided by SWYPFT. It was hoped wave two would be completed by the end of November 2019.</p> <p>Agreement from data controllers for the third wave to include community services provided by BHNFT, in hospital services and the outstanding three practices was in progress and would be completed within the current financial year.</p>		

	<p>It was noted that the Interoperability software only provided a <u>read only</u> functionality at the moment. It was hoped that the procurement and roll out of a fully shared care record to provide both read and write functions would take place during 2021/22.</p> <p><u>111 Direct Booking</u> Recent changes to the 2019/20 NHS standard contract included a new requirement for practices to make available one appointment per 3,000 patients per day for NHS 111 to book directly into practice appointments where the functionality existed.</p> <p>The CCG had been working with the Yorkshire Ambulance Service, NHS Digital and partners across South Yorkshire &amp; Bassetlaw to enable the functionality and governance arrangements.</p> <p>All but one GP practice in Barnsley had signed the data sharing agreement with YAS. The CCG continued to support that practice.</p> <p><u>Doctorlink</u> As detailed in the long term plan and through the network contract DES, there was a requirement for all GP practices to have an online digital consultation platform that would support video consultations and other new systems by 2020/21.</p> <p>Doctorlink was the online digital consultation platform that had been procured by Barnsley, Doncaster, Sheffield and Bassetlaw CCGs for a period of two years with the option of a two years extension.</p> <p>One Barnsley GP practice had implemented Doctorlink and a further five practices would receive installation over the next few weeks. A rolling programme was in place to install Doctorlink at all Barnsley CCG GP practices.</p> <p><u>IT Projects Update</u> The Committee noted the information provided on the following IT Projects:-</p> <ul style="list-style-type: none"> <li>• GPWIFI</li> <li>• HSCN</li> <li>• Windows 10 &amp; GPIT Refresh</li> <li>• Apex Tool</li> <li>• Population Segmentation Tool</li> <li>• Mobile Working</li> </ul>		
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	<b>The Committee: Noted the contents of the GP IT Update report.</b>		
<b>QUALITY AND FINANCE</b>			
<b>PCCC 19/11/09</b>	<p><b>FINANCE UPDATE</b></p> <p>The Assistant Finance Manager presented the Finance Update on the financial position detailing funding allocations for delegated Primary Care Co-Commissioning budgets as at 30 September 2019 (Month 6).</p> <p><u>Forecast Position 2019/20</u></p> <p>The Committee noted that the forecast position as at Month 6 (September) was £202k underspend, the majority of which related to the underutilisation of 18/19 accruals.</p> <p><u>ICS Transformation Funding</u></p> <p>The Committee were informed that a total funding resource of £2,359k across the South Yorkshire &amp; Bassetlaw footprint had now been received from the SYB ICS to support delivery of the General Practice Forward View and development of Primary Care Networks (PCNs).</p> <p>Barnsley CCG had been awarded £219k of the total funding which would be used to support the following schemes:</p> <ul style="list-style-type: none"> <li>• GP Retention £59k</li> <li>• Practice Resilience £37k</li> <li>• Reception &amp; Clerical Training £47k</li> <li>• Online Consultation £76k</li> </ul> <p>The Committee noted that the remaining funding of £1,156k would be utilised to support the development of PCNs. From this £956k would be distributed to SYB CCGs.</p> <p>Barnsley CCG had been allocated £162k which would be received in Month 8 (November). The remaining £200k would be retained by the ICS to fund an Organisational Development programme across SYB.</p> <p><u>2020/21 – 2023/24 Planning</u></p> <p>The Finance &amp; Contracting teams were currently developing the Long Term Financial Plan for 2020/21 to 2023/24 which would incorporate the Network Contract Direct Enhanced Service (DES) and other cost pressures funded from Primary Care Co-commissioning budgets.</p>		

	<p>It was noted that the budget for 2019/20 was above the CCGs allocation for Co-commissioning which would necessitate the use of Programme budgets to fund any shortfall against allocations.</p> <p>The Finance report indicated that this pressure was expected to increase, however full details of the plans would be reported at the CCG's Governing Body in January 2020 following which an update report would be shared with the Primary Care Commissioning Committee.</p> <p><b>The Committee noted the contents of the Finance Update report.</b></p>		
<p><b>PCCC</b> <b>19/11/10</b></p>	<p><b>CQC UPDATES</b></p> <p>The Senior Primary Care Commissioning Manager introduced the CQC Report which provided members with an update on the current CQC position in relation to Primary Care contracts.</p> <p><u>CQC Inspections – Good Ratings</u> The following practices had been inspected and received a rating of 'Good'.</p> <ul style="list-style-type: none"> <li>• Grimethorpe Surgery</li> <li>• Huddersfield Road Surgery</li> </ul> <p>The CCG would write to the practices to congratulate all staff on receiving the 'Good' rating and commendable CQC report and thanking the practice for their continued efforts to provide high quality services for the people of Barnsley.</p> <p><u>CQC Inspections Completed/Planned</u> The CQC had also completed inspections of the practices listed below.</p> <ul style="list-style-type: none"> <li>• Dove Valley Practice</li> <li>• Lundwood medical Centre</li> <li>• Royston High Street practice</li> <li>• Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service</li> </ul> <p>Details of the outcome and the CQC report would be shared when published.</p> <p><u>CQC Outcome Publicity</u> With the support of Barnsley CCG Dodworth Medical Practice (Apollo Court) had provided a media release which was published in the Barnsley Chronicle on</p>		

	<p>Friday, 18 October 2019. The article entitled 'GP Surgery in Good Health' focussed on the practice being rated 'Good' by CQC inspectors and being out of special measures.</p> <p><b>The Committee:-</b></p> <ul style="list-style-type: none"> <li>• Noted the Good rating from the CQC inspection of Grimethorpe Surgery</li> <li>• Noted the Good rating from the CQC inspections of Huddersfield Road Surgery and assurance of an action plan for the Well-Led domain rated as requires Improvement</li> <li>• Note the awaited CQC reports for: <ul style="list-style-type: none"> <li>○ Dove Valley Practice inspection completed 19 November 2019</li> <li>○ Lundwood Medical Centre inspection completed 19 November 2019</li> <li>○ Royston High Street Practice inspection completed 16 September 2019</li> <li>○ Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service were inspected 14 and 15 November 2019</li> </ul> </li> <li>• Noted the Publicity for the CQC outcome from the inspection of Dodworth Medical Practice (Apollo Court)</li> </ul>		
<p><b>PCCC</b> <b>19/11/11</b></p>	<p><b>APOLLO COURT UPDATE</b></p> <p>This item was taken at the beginning of the meeting.</p> <p>The Chair welcomed Dr Madhavi Guntamukkala and James Barker to the meeting who had been invited to provide the Committee with an update on the challenges, journey so far and future vision of the Apollo Court Medical Centre.</p> <p>Dr Guntamukkala reminded members of the historic problems surrounding Apollo Court Medical Centre (previously known as Dodworth Medical Practice) which had been highlighted following a CQC inspection on 10 July 2018 and as a consequence had put the practice into special measures.</p> <p>Following a great deal of time and support from the CCG to the previous practice contract holders to address the concerns raised in the CQC report, the Barnsley Healthcare Federation (BHF) took over the Apollo Court contract on 1 January 2019 and on 1 April 2019 Dr Guntamukkala joined BHF as a GP Partner on the contract.</p>		

	<p>Since that time the Partners and their teams had made significant improvements to the practice and further improvements were planned for its future success the detail of which was discussed and provided in the presentation.</p> <p>The Director of Public Health commented that going forward; systems needed to be in place to ensure a failing practice received support from the CCG in advance of a CQC visit. The Senior Primary Care Commissioning Manager informed the Committee that the Primary Care Team had developed a number of systems and processes to help bench mark and review practice performance together with a system to try and pre-empt any issues to ensure this situation did not happen again.</p> <p>Dr Guntamukkala informed the Committee that whilst it had not yet been confirmed, the CQC Inspector suggested that the CQC may award the practice a flagship status which would enable the practice, CCG and BHF to collaborate and support other practices who were struggling.</p> <p>The Chair and Committee congratulated Dr Guntamukkala, BHF and their teams for the extremely impressive turnaround of Apollo Court Medical Centre which had clearly not been an easy journey.</p> <p>Dr Guntamukkala and James Barker left the meeting at this point.</p>		
<b>CONTRACT MANAGEMENT</b>			
<b>PCCC 19/11/12</b>	<b>PUBLIC CONTRACTUAL ISSUES REPORT</b>		
	<p>The Senior Primary Care Commissioning Manager introduced the Contractual Issues Report which provided members with an update on the current contractual issues in relation to Primary Care contracts.</p> <p><b>PMS Contract Changes</b></p> <ul style="list-style-type: none"> <li><u>Victoria Medical Centre Contract Variation</u> An application had been received to vary the practice PMS contract in relation to a 24 hour retirement for Mark Smith on 9 January 2020.</li> </ul>		



	<p><b>GMS Contract Changes</b></p> <ul style="list-style-type: none"> <li>• <u>Hollygreen Surgery</u> An application had been received to add one GP partner, Dr Awadallah to the Hollygreen Surgery contract from 1 October 2019. As this practice held a GMS contract the addition did not require amending and was for Committee information only.</li> </ul> <p><b>Rent Reimbursement for GP Practices</b> The Committee noted that the CCG had responsibility to approve rent reimbursements in line with the National Health Services recurring premises costs. The following reviews had been approved and actioned since April 2019:-</p> <ul style="list-style-type: none"> <li>• All LIFT/Health Centre rents applied as per CHP schedule</li> <li>• C85003 Ashville</li> <li>• C85020 Huddersfield Road</li> <li>• C85622 Monk Bretton</li> <li>• C85005 Royston</li> <li>• C85013 Wombwell PMS</li> <li>• C85010 Rotherham Road (all buildings)</li> </ul> <p>The CCG continued to fund the increased expenditure through CCG programme budgets.</p> <p><b>The Committee:-</b></p> <ul style="list-style-type: none"> <li>• Approved the 24 hour retirement of Dr Mark Smith at Victoria Medical Centre</li> <li>• Noted the addition of Dr Awadallah to Hollygreen Surgery GMS contract</li> <li>• Noted the rent reimbursements.</li> </ul>		
<p><b>PCCC 19/11/13</b></p>	<p><b>PDA 2019/20 MID-YEAR REVIEW</b> The Senior Primary Care Commissioning Manager introduced the PDA 2019/20 Mid-Year Update report. The report excluded the Medicines Optimisation Scheme as progress was monitored directly by the Medicines Management Team.</p> <p><u>2019/20 PDA Contract</u> All 33 practices had submitted an invoice for 30% of the 2019/20 PDA contract. Practices had now been invited to invoice the CCG for the next 30% of the payment providing they had submitted both Q1 and Q2 data returns. To date 29 practices had submitted an invoice.</p> <p>Scheme leads had met to identify any schemes that were not delivering as expected and/or to identify practices which were not on target for any schemes.</p>		

	<p>Practices who were not on target for delivering had received additional support. In addition the CCG continued to provide intensive support to those practices where last year particularly they had difficulty achieving targets.</p> <p><b>The Committee: Noted the information within the PDA 2019/20 Mid-Year Report.</b></p>		
<b>GOVERNANCE, RISK AND ASSURANCE</b>			
<b>PCCC 19/11/14</b>	<b>RISK AND GOVERNANCE REPORT</b>		
	<p>The Head of Governance &amp; Assurance provided an overview of the Risk and Governance Report confirming that no new risks had been identified since the previous meeting which needed to be brought to the attention of the Committee from either the Assurance Framework or the Risk Register.</p> <p><u>Assurance Framework 2018/19</u> Appendix 1 of the report provided the Committee with an extract from the GBAF of the one risk for which the Committee were the assurance provider.</p> <p>The risk had been scored as 'Amber' High Risk and related to Risk Ref 2.1 - the delivery of Primary Care priorities if identified threat(s) were not successfully managed and mitigated.</p> <p><u>Risk Register</u> There were currently six risks on the Corporate Risk Register for which the Committee were responsible for managing. Of the six risks, there was one red risk (extreme), one amber risk (high), three yellow risks (moderate) and one green (low) risk.</p> <p>It was reported that risk reference CCG 14/10 'Primary Care clinical workforce' (red risk) had been on the risk register for quite some time, however given the significant work that had taken place over the last 12-18 months to try and build capacity in Primary Care the Committee were asked if the risk score was still appropriate.</p> <p>Following a short discussion the Committee agreed that risk reference CCG 14/10 should remain as a red risk for the foreseeable future.</p>		

	<p><u>Primary Care Commissioning Committee Terms of Reference</u></p> <p>The Committee were reminded that following the resignation of the Lay Member for Accountable Care, the role of PCCC Vice Chair was now vacant.</p> <p>At the PCCC meeting held in September the Lay Member for Governance agreed to act as the PCCC Vice Chair providing this did not cause a conflict of interest with his other CCG work responsibilities.</p> <p>The Head of Governance &amp; Assurance had consulted the relevant guidance around management of conflicts of interest and confirmed that providing the CCG ensured it maintained the integrity of the Lay Member for Governance's position as the conflicts of interest guardian, it was also possible to act as PCCC Vice Chair.</p> <p>It was consequently recommended that the Lay member for Governance act as the PCCC Vice Chair unless, when acting in that capacity, there was an item on the agenda where a conflict of interest needed managing then the Secondary Care Clinician would act as the PCCC Vice Chair for that particular item.</p> <p><b>The Committee:-</b></p> <ul style="list-style-type: none"> <li>• Reviewed and agreed that the risks were being appropriately managed and scored.</li> <li>• Reviewed risk reference 14/10.</li> <li>• Approved the proposal re the Vice Chair of the Committee for inclusion in the Terms of Reference.</li> </ul>		
<b>OTHER</b>			
<b>PCCC 19/11/15</b>	<p><b>REFLECTION OF CONDUCT OF THE MEETING</b></p> <p>The Committee agreed that the meeting had been conducted appropriately.</p>		
<b>PCCC 19/11/16</b>	<p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA</b></p> <p>The Chair requested questions from the member of the public. The following question and response was noted:</p> <p><b>Question – Will information relating to the Primary Care Network Clinical Director, the six Neighbourhood Directors and the clinical priorities be made available to the public and if so when?</b></p>		

	<i>Response: The CCG will be releasing information concerning the make-up, clinical priorities and other related information concerning the Primary Care Network. This information will be published on the CCGs website in the near future.</i>		
<b>PCCC 19/11/17</b>	<b>ITEMS FOR ESCALATING TO THE GOVERNING BODY</b> It was agreed to escalate the following items to the Governing Body:- <ul style="list-style-type: none"> <li>• CQC Update</li> </ul>		
<b>PCCC 19/11/18</b>	<b>DATE &amp; TIME OF NEXT MEETING</b> Thursday, 30 January 2020 at 2.30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley S75 2PY		

**Minutes of the NHS Barnsley Clinical Commissioning Group**  
**QUALITY & PATIENT SAFETY COMMITTEE**  
**Thursday 12 December 2019, 13:00pm-15:00pm**  
**Boardroom, Hilder House**

**MEMBERS:**

Dr Sudhagar Krishnasamy	- Medical Director (Chair)
Jayne Sivakumar	- Chief Nurse
Mike Simms	- Secondary Care Clinician
Dr Mark Smith	- Practice Member Representative Contracting Lead from the Governing Body
Chris Lawson	- Head of Medicines Optimisation
Dr Shahriar Sepehri	- Membership Council Representative
Chris Millington	- Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning
Dr Adebawale Adekunle	- Governing Body Member

**IN ATTENDANCE:**

Richard Walker	- Head of Governance and Assurance
Terry Hague	- Primary Care and Transformation Manager
Hilary Fitzgerald	- Quality Manager
David Lautman	- Lead Commissioning and Transformation Manager

**APOLOGIES:**

Dr Ibrar Ali	- Membership Council Representative
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Agenda Item	Note	Action	Deadline
<b>Q&amp;PSC 19/12/01</b>	<b>HOUSEKEEPING</b>		
	The Chair advised the meeting that there were no planned fire tests and explained the procedures in the event of a fire.		
<b>Q&amp;PSC 19/12/02</b>	<b>WELCOME, INTRODUCTIONS, APOLOGIES &amp; QUORACY</b>		
	Introductions were made and apologies noted as above. The meeting was declared quorate.		
<b>Q&amp;PSC 19/12/03</b>	<b>PATIENT STORY (DISCUSSION)</b>		
	The Head of Governance and Assurance shared a story about a patient's experience of end of life care after being discharged from hospital following a diagnosis of terminal cancer.		

	<p>The story was based on a complaint that the CCG had received from the patient's family in which they described a lack of co-ordinated care from multiple providers in the days leading up to the death of their relative. This resulted in the patient's pain not being adequately managed at the end of their life.</p> <p>The Committee discussed the story at length with members highlighting the importance of a co-ordinated approach to patient care and how a seamless handover of patient care makes a difference to patient experience. The Chief Nurse highlighted that the care from the providers in this case had been task orientated rather than a co-ordinated holistic approach. The introduction of neighbourhood teams should provide more co-ordinated care planning for patients.</p>		
<b>Q&amp;PSC 19/12/04</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	No declarations of interest relevant to the agenda were declared.		
<b>Q&amp;PSC 19/12/05</b>	<b>MINUTES OF THE MEETING HELD ON 10 OCTOBER 2019</b>		
	The minutes from the meeting on 10 October 2019 were approved and adopted as an accurate record of the meeting.		
<b>Q&amp;PSC 19/12/06</b>	<b>MATTERS ARISING REPORT</b>		
	<p>The Chair confirmed that all items were complete apart with the exception of the following minute references:</p> <p><b>Q&amp;PSC 19/10/08 MONTHLY QUALITY METRICS REPORT – (STANDING ITEM)</b></p> <p>A&amp;E Friends and Family Test pilot scheme results to be obtained – deferred to February 2020 meeting.</p> <p>Clarity required on the policy guidelines for Management of Acute Onset Testicular Pain - deferred to February 2020 meeting.</p> <p><b>Q&amp;PSC 19/10/15 CLINICAL QUALITY BOARDS: Adopted BHNFT CQB – 8 August 2019</b></p> <p>Committee secretary of BHNFT CQB to liaise with Chair of the BHNFT CQB regarding removal of "restriction" from minute reference 19/08/11.</p> <p><b>Post meeting update:</b> Committee secretary has requested approval from BHNFT to make changes to wording and is awaiting a response before amending.</p>	<p><b>JS</b></p> <p><b>JS</b></p> <p><b>HF</b></p>	<p><b>February 2020</b></p> <p><b>February 2020</b></p> <p><b>February 2020</b></p>

QUALITY AND GOVERNANCE			
Q&PSC 19/12/07	RISK REGISTER & ASSURANCE FRAMEWORK (STANDING ITEM)		
	<p>The Head of Governance and Assurance presented for assurance the relevant extract from the CCG's Risk Register and Assurance Framework and asked the Committee for comments on the completeness and accuracy of the contents and to identify any new risks for inclusion on the Risk Register. The Head of Governance and Assurance highlighted that the following two risks required particular consideration:</p> <p><b>Ref CCG 13/13 Yorkshire Ambulance Service</b> The Head of Governance and Assurance advised that whilst the update in the Risk Register inferred that the score could be reduced, more recent information from YAS indicated that it would not be appropriate to reduce the risk score given that the winter pressure period was about to start. The Committee agreed to defer amending the risk score until February 2020.</p> <p><b>Ref CCG 19/02 Thames Valley Ambulance Service (TASL)</b> The Head of Governance and Assurance advised that the risk relating to TASL should be removed from the risk register as the CCG's contract with the provider had ceased on 29 November 2019. The Committee approved the removal of the risk from the register.</p> <p>The Head of Governance and Assurance also requested that the Committee consider a proposed risk relating to domiciliary end of life care provision. The Chief Nurse provided the background to the proposed risk and the actions being taken to mitigate the risk. The Committee approved the wording of the risk and its addition to the CCG's risk register. The Head of Governance and Assurance advised that ongoing monitoring of the risk will occur in QPSC.</p> <p>In relation to risk ref 14/15 the Head of Medicines Optimisation advised the Committee that the acute issue that was included in the risk register update had been resolved. Therefore, the risk score should be the same as it was previously. The Head of Optimisation agreed to ask the Medicines Management Team to obtain feedback from practices about the new D1 form prior to the D1 summit.</p> <p>The members went on to discuss the new D1 form and it was reported that changes to medication are clearer on the new form but assurance is still required regarding the accuracy of the information on the</p>		
		CL	February 2020

<p>forms.</p> <p>The Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning agreed to feedback to the Governors meeting on 12 December 2019 that concerns remain in primary care around the accuracy of the contents of the D1s.</p>	CM	December 2019
<p>The Chief Nurse raised a new risk in relation to the operation of the South West Yorkshire Partnership Foundation Trust (SWYPFT) Clinical Quality Board. No meetings had taken place since July 2019 due to difficulties with aligning the availability of the Board's key members. Therefore, the CCG is not risk assured on the services the Trust provides. The Committee agreed that a risk should be formulated for the risk register in relation to the SWYPFT Clinical Quality Board.</p>	HF	December 2019
<p>The Head of Assurance and Governance presented the results of a survey of the Committee Effectiveness Survey. Overall the feedback was positive, but concerns/ queries were raised about the following issues:</p> <p><u>Duration of meetings</u> – there was feedback that more time was needed for the meetings. The Head of Assurance and Governance advised that this will be kept this under review.</p> <p><u>Committee work plan</u> – The Head of Governance and Assurance confirmed that the Committee has a workplan which is updated regularly and is submitted to the Committee twice a year.</p> <p><u>Timescale for sharing agenda papers</u> – papers are issued a week before the meeting which is the corporate standard.</p> <p><u>Strengthen link between contract monitoring and QPSC</u> – the links are via the Clinical Quality Boards. The Chief Nurse advised that the links with the contract team have strengthened in the last few months and ensuring CQBs are held before QPSC would also help. The Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning agreed that the monitoring of contracts needs strengthening.</p>		



Q&PSC 19/12/08	MONTHLY QUALITY METRICS REPORT – (STANDING ITEM)		
	<p>The Chief Nurse presented the key messages from the Quality Metrics report, as follows:</p> <p><b><u>Safeguarding</u></b></p> <p>The Committee was updated on changes to staffing resources in the CCG's safeguarding team, as follows:</p> <ul style="list-style-type: none"> <li>• The CCG's Designated Nurse for Children will be providing support to commissioning of children's services. In order to free up the capacity to undertake this new role, the Looked After Children (LAC) element of her role will be covered by the Designated Nurse for LAC at Sheffield CCG. In addition, a new Band 7 secondment post will support the safeguarding element of the role of the existing Designated Safeguarding Nurse.</li> <li>• A Band 4 administrator is due to start in the Quality Team in January 2020 which will providing support for the child death process, organisation of Care and Education Treatment Reviews and to support the Designated Clinical Officer in delivering the SEND agenda.</li> <li>• The new Designated Professional for Safeguarding Adults started in post on 2nd December 2019. This is a joint post with Sheffield CCG. The Chief Nurse thanked the following individuals for their hard work and commitment in the last few months in supporting the CCG's safeguarding adult duties whilst the post was vacant: Angela Fawcett (Designated Nurse for Safeguarding Children), Lee Oughton (Named GP Safeguarding Vulnerable People) and Jo Harrison (Nurse Quality Manager, MCA/DoL Sheffield CCG).</li> </ul> <p>QPSC was also informed that the Designated Doctor for Safeguarding Children has left the post, and BHNFT who host the role has been unsuccessful in recruiting a replacement. Available options to fulfil this role are currently being explored. In the interim, cover is being provided by the Designated Nurse, Named Doctor and the Named GP, Barnsley CCG. The Medical Director expressed concern that the position is vacant.</p> <p>The Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning agreed to raise the issue of the Designated Doctor for</p>	CM	December 2020

	<p>Safeguarding Children post at the next Governors' meeting.</p> <p><b>LEDER Review</b> The backlog of LEDER reviews is being addressed.</p> <p><b>Infection Prevention and Control</b> The number of C- Diff cases has increased and it is likely that BHNFT's target for 2019/20 will be breached. The Chief Nurse confirmed that there are no consequences for the CCG arising from this.</p> <p>The Trust is taking appropriate action to reduce the incidence of the infection. All cases are the subject of a Root Cause Analysis which is presented to the Post infection Review Group which is chaired by the Chief Nurse, Barnsley CCG. Since July 2019 only one case has been identified as being avoidable.</p> <p><b>Primary Care</b> The Primary Care Transformation Manager informed members that since the production of the Quality Highlights Report the CQC inspection report for Caxton House has been published. The practice has been rated "Requires improvement" overall with the domains for Safe, Caring and Responsiveness rated as good. This is an improvement from the last inspection when the practice was rated "Inadequate" overall.</p> <p>The Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning asked if there was any feedback from Primary Care about the performance of the 0-19 service. The Chief Nurse informed members that she was aware that there are issues around recruiting staff to the service. It was agreed that the Designated Nurse for Safeguarding Children should provide an update on the service to the next meeting.</p> <p>The Chief Nurse informed members that there had been significant staffing changes in BHNFT's safeguarding team due a number of staff leaving or due to leave. The CCG's Designated Nurse for Safeguarding Children has been providing support to the Trust. This issue has been put on the next BHNFT CQB agenda to discuss.</p>		
<b>Q&amp;PSC 19/12/09</b>	<b>BCCG PATIENT EXPERIENCE FEEDBACK QUARTER 2 REPORT 2019/2020</b>		
	The Quality Manager presented the BCCG Patient Experience Feedback Quarter 2 report for 2019/20 for information and assurance. The key highlights from		

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2020

	<p>the report were:</p> <ul style="list-style-type: none"> <li>• The CCG had received 21 complaints and concerns in quarter 2 of 2019/20, of which 11 were dealt with by the CCG's Quality Team.</li> <li>• 3 complaints related specifically to Barnsley CCG compared with 2 received in Q1 2019/20. 1 complaint related to the end of life care provided by multiple organisations;</li> <li>• 7 complaints related to other organisations and were resolved informally. The remaining complaints and concerns were redirected to other organisations.</li> <li>• All of the formal complaints received in Q2 2019/20 that were dealt with by BCCG were acknowledged within the statutory timescale of 3 working days.</li> <li>• 1 complaint was responded to within the CCG's agreed target response timescale of 20 working days. Two complaints were responded to within 25 working days and the formal response for the multi-agencies complaint took over 35 days.</li> <li>• All of the formal complaints in Q2 that related to Barnsley CCG were upheld.</li> <li>• During Q2 2019/20, there were two open PHSO investigations. The PHSO upheld both complaints. The CCG has provided apologies to the complainants and assurance to the PHSO that the CCG has taken action to implement the learning from the PHSO investigations.</li> </ul> <p>The Quality Manager also outlined the learning that had been identified from the complaints received and the actions taken as a result.</p> <p>The Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning enquired whether there had been any financial recompense in relation to the complaints. The Quality Manager confirmed that the CCG had made financial payments for two complaints that were upheld by the PHSO. This is in line with the PHSO's guidance on financial remedy.</p>		
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	The Medical Director expressed concern that one of the complaints in quarter 2 related to the waiting time for an assessment for Attention Deficit Hyperactivity Disorder given that the CCG had previously allocated additional resources for the service to reduce waiting times.		
<b>Q&amp;PSC 19/12/10</b>	<b>GET FIT FIRST (GFF) POLICY EVALUATION OUTCOME AND PROPOSED COMMISSIONING POLICY CHANGES</b>		
	<p>The Lead Commissioning and Transformation Manager presented a paper on the Get Fit First Policy Evaluation Outcome. The purpose of the paper was to outline some proposed changes to the GFF Policy following the evaluation activity and an action plan. The background to the proposed changes and the key points from the evaluation activities were outlined to the Committee.</p> <p>The Committee was asked to consider and comment on the proposed changes. The Committee discussed the paper at length and:</p> <ul style="list-style-type: none"> <li>• Noted the evaluation outcome paper and the student report;</li> <li>• Noted the action plan;</li> <li>• Provided comments on the GFF commissioning policy (including the exemptions document); and</li> <li>• Noted that the Policy is subject to wider engagement and stakeholder consultation and a final version of the Policy will be brought back to QPSC on 20 February 2020 for final approval.</li> </ul>		
<b>Q&amp;PSC 19/12/11</b>	<b>ACCESS TO INFERTILITY TREATMENT POLICY</b>		
	<p>The Lead Commissioning and Transformation Manager presented the updated Policy for approval. The Policy is a Yorkshire and Humber wide Policy created by a panel of clinicians and fertility experts. The following main points were highlighted:</p> <ul style="list-style-type: none"> <li>• The changes relate to who is eligible for treatment and mainly involve changes to wording to make the document easier to read;</li> <li>• The changes are intended to make sure that the Policy is more equitable in terms of the groups of people who can access treatment;</li> </ul>		

	<ul style="list-style-type: none"> <li>Overseas visitors who need to pay the NHS surcharge will no longer be eligible for NHS funded fertility treatment.</li> </ul> <p>The Lead Commissioning and Transformation Manager also outlined the results of the Policy engagement exercise and the changes made to the Policy as a result of this. There followed a detailed discussion about the proposed change in relation to smoking testing.</p> <p>The Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning queried whether the wording “same sex couples, and couples living with a disability...” was clear. The Lead Commissioning and Transformation Manager agreed to amend the wording for clarity.</p> <p>The Committee approved the Policy in principle subject to the section on smoking is retained as per the previously adopted version of the Policy.</p>	DL	December 2020
<b>Q&amp;PSC 19/12/12</b>	<b>APPROVED PRIMARY CARE REBATE SCHEME POLICY SYB JCCCG</b>		
	<p>The Head of Optimisation presented the Policy for adoption. The purpose of policy is to have a consistent approach to rebate schemes across South Yorkshire and Bassetlaw.</p> <p>The Committee agreed to adopt the Policy.</p>		
<b>Q&amp;PSC 19/12/13</b>	<b>SY&amp;B QUALITY SURVEILLANCE GROUP UPDATE – 29 NOVEMBER 2019</b>		
	<p>The Chief Nurse informed members that a question was raised at the last SY&amp;B Quality Surveillance Group meeting regarding the 2019 annual assessment that the CCG had submitted for cancer. In the assessment, the CCG has highlighted a risk regarding the lack of consultant acute oncology provision. The CCH has assessed this as requiring routine surveillance but this has been challenged by the Quality Surveillance Team who has asked that the service be placed in enhanced surveillance and to make a decision about whether that is a commissioner action or a commissioner and provider action. The CCG has provided the Team with details of the measures in place to mitigate the risk and is awaiting a response.</p> <p>The Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning informed members that the Governors at BHNFT have had a recent update from the Trust on the changes that they</p>		

	are making in relation to the service and the Trust reports that it is confident that these will make a difference. The Chief Nurse also expressed confidence in the actions that were in place but has put the issue on the next BHNFT CQB agenda to seek further assurance		
<b>COMMITTEE REPORTS AND MINUTES GENERAL</b>			
<b>Q&amp;PSC 19/12/14</b>	<b>MINUTES OF THE AREA PRESCRIBING COMMITTEE MEETING HELD ON 9 OCTOBER 2019</b>		
	Q&PSC received the minutes for information. No queries were raised by the Committee members.		
<b>Q&amp;PSC 19/12/15</b>	<b>MINUTES OF THE PRIMARY CARE QUALITY &amp; COST EFFECTIVE PRESCRIBING GROUP MEETING HELD ON 3 SEPTEMBER 2019 AND 3 OCTOBER 2019</b>		
	Q&PSC received the minutes for information. No queries were raised by the Committee members.		
<b>Q&amp;PSC 19/12/16</b>	<b>CLINICAL QUALITY BOARDS:</b> <ul style="list-style-type: none"> <li>• <b>Unadopted BHNFT CQB – 19 September 2019.</b></li> </ul>		
	Q&PSC received the minutes for information		
<b>GENERAL</b>			
<b>Q&amp;PSC 19/12/17</b>	<b>ANY OTHER BUSINESS</b>		
	The Lay Member for Public and Patient Engagement informed the Committee about some senior staff movements.		
<b>Q&amp;PSC 19/12/18</b>	<b>AREAS FOR ESCALATION TO THE GOVERNING BODY AND ITEMS TO BE COVERED IN HIGHLIGHT REPORT</b>		
	It was agreed the quality highlights to Governing Body should include: <ul style="list-style-type: none"> <li>• Safeguarding Staffing Resources - Amber</li> <li>• Patient Experience Feedback Quarter 2 2019/20 Report - Green</li> <li>• Adoption of Rebate Scheme Policy - Green</li> </ul>	<b>HF</b>	<b>December 2020</b>

<b>Q&amp;PSC 19/12/19</b>	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED:</b> <ul style="list-style-type: none"> <li>• <b>CONDUCT OF MEETING</b></li> <li>• <b>ANY AREAS FOR ADDITIONAL ASSURANCE</b></li> <li>• <b>ANY TRAINING NEEDS IDENTIFIED</b></li> </ul>		
	There were no items raised.		
<b>Q&amp;PSC 19/12/20</b>	<b>DATE AND TIME OF NEXT MEETING</b> Thursday 20 February 2020 at 1pm in the Boardroom, Hildder House, 49-51 Gawber Road, Barnsley, S75 2PY		

Adopted

**GOVERNING BODY****12 March 2020****EQUALITY & ENGAGEMENT COMMITTEE SUMMARY REPORT****PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	Decision	<input type="checkbox"/>	Approval									
		<input type="checkbox"/>	Assurance									
		<input checked="" type="checkbox"/>	Information									
<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>Name</th> <th>Designation</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>				Name	Designation	Executive / Clinical Lead	Chris Millington	Lay Member	Author	Carol Williams	Project Coordinator
	Name	Designation										
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>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>NA</td> <td></td> <td></td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	NA					
Group / Committee	Date	Outcome										
NA												
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p>Committee members agreed to highlight the following from the 20 February 2020 meeting:</p> <p>The Equality Delivery System EDS2 is a self-assessment which NHS commissioners are required to complete annually to grade where we are in relation to four main domains. Our 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 Equality Forums and Patient Council for their feedback and scrutiny. Once finalised this will be uploaded to the Barnsley CCG website.</p> <p>The Equality Objectives and action plan has been finalised for 2019-2021 and will be publically available on the CCG website. All staff had an opportunity to contribute to the development of this work and a database of evidence to show that we are fulfilling our objectives is being developed.</p>											



<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 21 November 2019</li> <li>Appendix B – Unadopted Equality &amp; Engagement Minutes 20 February 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			
	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>

## Appendix A

**Minutes of the Meeting of the EQUALITY AND ENGAGEMENT COMMITTEE held on Thursday 21 November 2019 at 1pm in the Boardroom, 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
Jayne Sivakumar	Deputy Chief Nurse, CCG
Richard Walker	Head of Governance & Assurance, CCG

### IN ATTENDANCE:

Karen Buttery	Business Improvement Intelligence Advisor, BMBC
Debbie Lindley	Engagement Officer, BMBC
Nicola Cresswell	Community Engagement & Consultation Team Leader, BMBC
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
Dr Indra Saxena	Membership Council Representative, CCG

Agenda Item	Note	Action	Deadline
<b>EEC 19/11/01</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 19/11/02</b>	<b>APOLOGIES</b>		
	Apologies were received as above.		
<b>EEC 19/11/03</b>	<b>QUORACY</b>		

Agenda Item	Note	Action	Deadline
	The Chair of the Committee declared that the meeting was quorate.		
<b>EEC 19/11/04</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	The Committee considered the declarations of interest report, no new declarations of interest were declared.		
<b>EEC 19/11/05</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 8 August 2019</b>		
	The minutes of the meeting held on 8 August 2019 were adopted and verified as a correct record of the proceedings.		
<b>EEC 19/11/06</b>	<b>MATTERS ARISING REPORT</b>		
	The Committee noted the actions from the 8 August 2019 meeting were closed along with all other actions from previous meetings.		
<b>PATIENT AND PUBLIC INVOLVEMENT</b>			
<b>EEC 19/11/07</b>	<b>BARNSELEY SERVICE USERS FORUM</b>		
	<p>The Community Engagement &amp; Consultation Team Leader and the Engagement Officer for BMBC gave an update on the work of the Barnsley Service User Forums. The forums are funded by a grant and, with the exception of the Mental Health Forum, all have received their funding. The forums are in the process of identifying the 2020 priorities and setting up meetings.</p> <p>The forums are sharing good practice via their links with BMBC employees - the Community Engagement &amp; Consultation Team Leader and the Engagement Officer - who are supporting them to attain the same level of development across the forums. The BMBC employees are also promoting the work of the forums to the area teams and inviting local people to join forums which may be of interest to them.</p> <p>Governance of the forums is via the Your Voice Partnership, The Early Help Adults Delivery Group and the Stronger Communities Partnership meetings. It was acknowledged that there is work to do to ensure that output from the forums is shared widely including with commissioners who have a statutory duty to involve people and show how they do that.</p>		

Agenda Item	Note	Action	Deadline
	<p>BMBC and the CCG are developing a shared engagement planner which ensures that we maximise the work of forums and avoid duplication; by working together we can ensure that meaningful engagement takes place in a timely manner.</p> <p>There had been plans for an Independent Chair of all of the forums however this has not been taken forward as the Community Engagement &amp; Consultation Team Leader and the Engagement Officer are the link between all the forums. The Head of Engagement and Communication will follow this up outside of this committee.</p>		
	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>• <b>The Head of Communications and Engagement discuss the role of an independent chair of the forums with BMBC colleagues.</b></li> </ul>	<b>KW</b>	<b>31.01.20</b>
<b>EEC 19/11/08</b>	<b>AN ALTERNATIVE WORLD</b>		
	<p>The Equality, Diversity &amp; Inclusion lead shared a powerful presentation with the committee where we were asked to believe that we were all heterosexual in a world where we were the minority, approximately 8% of the population, and LGBT people were the majority.</p> <p>The journey through history told of atrocities, exclusion and inequalities endured by this minority that were still being experienced in recent times. The presentation clearly demonstrated to us all how far we have come but also highlighted that we have a long way to go to attain true equality.</p> <p>The session highlighted the value of seeing things through other people's eyes together with the importance of seeing the possible impact of health and care professionals' attitudes and behaviours in all circumstances.</p> <p>The session today was part of a wider launch of the NHS Rainbow Badge at the CCG and across its membership.</p>		
	<p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>The Equality, Diversity &amp; Inclusion Lead to run a similar session with Governing Body members.</b></li> <li>• <b>The Equality, Diversity &amp; Inclusion Lead to run</b></li> </ul>	<p><b>CBB</b></p> <p><b>CBB</b></p>	<p><b>31.03.20</b></p> <p><b>27.11.19</b></p>

Agenda Item	Note	Action	Deadline
	the session at the CCG Staff Briefing in November 2019 to launch the NHS Rainbow Badge.		
<b>EEC 19/11/09</b>	<b>JOINT SERVICES NEEDS ASSESSMENT (JSNA)</b>		
	<p>The Business Improvement Intelligence Advisor from BMBC shared the newly designed JSNA website which was launched in October 2019. This can be accessed via the BMBC website and in the new year will be hosted by the IBarnsley.info website which will be the central repository for all information in relation to Barnsley. The JSNA website is more accessible and easy to navigate and is a live document which will be refreshed on an ongoing basis as information becomes available, unlike the old model which was refreshed every 3 years. There are borough profiles and information at ward level; in the new year it will be possible to design reports to extract relevant data to inform commissioning intentions.</p> <p>All members agreed that this is a very well designed website and an excellent resource. Members were encouraged to contact the Business Improvement Intelligence Advisor with suggestions of other subjects that could be considered and any points for accuracy.</p> <p>It was also noted that CCG staff will be expected to use the JSNA in completing Equality Impact Assessments.</p>		
	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>• <b>The Head of Communication and Engagement suggested offering a similar workshop to the Barnsley VCSE sector to assist in planning and funding applications.</b></li> </ul>	<b>KW</b>	<b>30.11.19</b>
<b>EEC 19/11/10</b>	<b>MINUTES OF THE PATIENT COUNCIL MEETINGS</b>		
	<p>The Committee received minutes of the Patient Council meetings as follows:</p> <p><b>31 July</b> – The focus of the meeting was Be Cancer Safe with the speaker focussing on four key components – screening, awareness, fast action and early diagnosis. The aim of the programme had been to sign up 1500 cancer champions who are trained volunteers who talk to their friends and relatives about screening opportunities. To date there are 2,600 champions. Plans for 2020 and beyond were shared particularly about more work with</p>		

Agenda Item	Note	Action	Deadline
	<p>hard to reach communities that do not traditionally attend screening.</p> <p><b>25 September</b> – The focus of the meeting was ageing well and frailty, the speaker was The Deputy Chief Nurse of the CCG who shared how the use of digital technology is enhancing care for people living in care homes. The programme has so far been rolled out to 17 of the 68 care homes in Barnsley which covers 927 of the 1,600 people residing in care homes in Barnsley. The service is helping to avoid GP visits and attendances at the emergency department.</p> <p>The second part of the meeting focussed on frailty and the work being undertaken to better understand the degrees of frailty, the high rate of falls and how many falls are not reported. Positive work is taking place across the borough and there is still lots to do.</p>		
<b>EQUALITY</b>			
<b>EEC 19/11/11</b>	<b>EQUALITY, DIVERSITY &amp; INCLUSION WORKING GROUP ACTION LOG</b>		
	The Equality, Diversity & Inclusion Working Group Action Log from the meeting held on 30 September 2019 was shared for information.		
<b>EEC 19/11/12</b>	<b>EQUALITY OBJECTIVES</b>		
	The Equality Objectives for 2019-2021 were shared with committee members for approval. The Head of Communications and Engagement stated that these had been shared with the wider CCG for their feedback. The committee supported and approved the objectives, subject to minor changes with lead officers.		
<b>QUALITY GOVERNANCE</b>			
<b>EEC 19/11/13</b>	<b>CCG RISK REGISTER AND ASSURANCE FRAMEWORK &amp; COMMITTEE EFFECTIVENESS SURVEY</b>		
	<p>The Committee received the Risk Register and Assurance Framework on behalf of the Head of Governance &amp; Assurance.</p> <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</p>		



Agenda Item	Note	Action	Deadline
	<p>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> <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 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>In light of good work progression, the committee agreed to reduce risk reference CCG 14/16 to 2 x 4 = 8, amber high.</p> <p>The committee agreed that the risks are being appropriately managed and scored as at 21 November 2019.</p> <p><b>Committee Effectiveness Survey results</b> The findings from the Equality &amp; Engagement Committee survey responses demonstrate an overall consensus from Members that the committee is working well. There were no findings from the survey which would suggest immediate major actions to improve the effectiveness of the committee. Minor areas identified have been actioned. The Chair encouraged all members to speak to him at any time if they had queries or feedback about the committee.</p>		
	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>• <b>The Head of Governance and Assurance is to update the relevant section on the risk register to reflect the above changes.</b></li> </ul>	RW	13.02.20

Agenda Item	Note	Action	Deadline
EEC 19/11/14	<b>HR POLICIES</b>		
	<p>The HR Manager provided an update on the following policies:</p> <p><b>Trans Equality in the Workplace policy</b>  This policy is a heavily adapted version of the CCG's current 'Gender reassignment support in the Workplace' policy. Due to the amount of amendments to bring the policy 'up to date' with correct language, terminology and legislative changes the document was presented as a new policy. Changes are:</p> <ul style="list-style-type: none"> <li>• Generally speaking all terminology that previously referred to gender reassignment was updated to 'trans people' or 'people in the trans process'</li> <li>• A new statement detailing Gender Recognition Act has been included at section 1.4</li> <li>• Statements including outdated language referring to "someone who chooses to cross-dress" were deleted from section 2</li> <li>• Section 3 was re-worded to include up to date terminology and more widely recognised definitions</li> <li>• Section 4 was updated to include specific detail of Disclosure and Barring Service process.</li> </ul> <p>The policy has been adopted by neighbouring CCGs and will be rolled out to all staff, new starters and highlighted to recruiting managers. BHNT has developed a policy very similar to this for staff and patients.</p> <p>The committee approved the Trans Equality in the Workplace policy.</p> <p><b>Zero Tolerance Policy</b>  A recent independent investigation into a complaint recommended, amongst other things, that the CCG should develop a policy that sets out clearly how acts of, and allegations of, physical and non-physical assault against its staff are investigated and responded to.</p> <p>Our existing Security Policy contained a section on dealing with harassment, aggression &amp; violence against staff; as such this section has been used as a starting point for a standalone draft 'Zero Tolerance' policy. The policy has been developed using other NHS organisations policies and includes a 'Zero Tolerance Statement' which will also be used on the CCG website and displayed in reception.</p>		

Agenda Item	Note	Action	Deadline
	This draft policy is currently out to consultation, and the HR Manager sought virtual approval of this policy from the committee in December 2019. The Committee agreed this approach so that the CCG can share the clear 'zero tolerance' message with all staff via the policy as soon as possible.		
	<b>Agreed Actions:</b> <ul style="list-style-type: none"> <li>The HR Manager to ensure the Trans Equality in the Workplace policy will replace the existing policy.</li> <li>The HR Manager to circulate the Zero Tolerance Policy to committee members</li> </ul>	ES  ES	30.11.19  31.12.19
<b>GENERAL</b>			
<b>EEC 19/11/15</b>	<b>ANY OTHER BUSINESS</b>		
	The Engagement Manager informed members that the NHSE Improvement Assessment Framework may need to be submitted before the committee next meets therefore members will be contacted for their input.		
<b>EEC 19/11/16</b>	<b>ITEMS TO HIGHLIGHT IN THE GOVERNING BODY ASSURANCE REPORT</b>		
	<p>Committee members agreed to highlight the following areas:</p> <ul style="list-style-type: none"> <li>Approval of the Trans Equality in the Workplace Policy</li> </ul> <p>This will be part of the report provided to the Governing Body by The Head of Governance and Assurance.</p>		
<b>EEC 19/11/17</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 guest speakers from BMBC had found it useful to understand how their work links to the CCG.</p> <p>Committee members feel assured by the ongoing activities in relation to equality and engagement.</p>		
<b>EEC 19/08/18</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	The next meeting of the Equality and Engagement Committee will be held on 20 February 2020 at 3pm in		

Agenda Item	Note	Action	Deadline
	Meeting Room 1, Hilder House.		

**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 EQUILITY 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
	<p>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.</p>		
<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>		

Agenda Item	Note	Action	Deadline
<b>GENERAL</b>			
<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>		
	<p>Committee members agreed to highlight the following areas:</p> <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 19/08/18</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.		

**Joint Committee of Clinical Commissioning Groups**

**Meeting held IN PUBLIC**

**23 October 2019, at the Boardroom, NHS Sheffield CCG**

**Action Summary DRAFT**

<b>155/19</b>	<b>Declarations of Interest</b>  New members of the Committee to submit completed Declaration of Interest forms to the Committee Clerk.	<b>TH</b>
<b>156/19</b>	<b>Questions from the Public</b>  That a simplified “easy read” version of the Hospital Services Programme be produced for the public, explaining the difference between transformation and reconfiguration.	<b>AN</b>
<b>159/19</b>	<b>Update on Hospital Services Programme</b>  That an easy read version be produced as well as a simple one-page summary of the document.  Issue a letter to NHS Derby and Derbyshire CCG asking for sign off for the report as they were not present at the meeting.	<b>AN / HS</b>  <b>AN</b>

**Minutes of the Meeting of  
The Joint Committee of Clinical Commissioning Groups  
Public Session**

**Meeting held 23 October 2019,  
at Boardroom, NHS Sheffield CCG DRAFT**

**Present:**

Dr David Crichton, Clinical Chair, NHS Doncaster Clinical Commissioning Group (Chair)  
 Andrew Goodall, Healthwatch Representative  
 Priscilla McGuire, Lay Member  
 Lisa Kell, Director of Commissioning, South Yorkshire and Bassetlaw Integrated Care System  
 Jackie Mills, Director of Finance, NHS Sheffield Clinical Commissioning Group  
 Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System  
 Idris Griffiths, Accountable Officer, NHS Bassetlaw Clinical Commissioning Group  
 Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group  
 Dr Nick Balac, Clinical Chair, NHS Barnsley Clinical Commissioning Group  
 Dr Richard Cullen, Clinical Chair, NHS Rotherham Clinical Commissioning Group  
 Jeremy Budd, Director of Commissioning, NHS Barnsley Clinical Commissioning Group  
 Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group  
 Brian Hughes, Director of Commissioning and Performance, NHS Sheffield Clinical Commissioning Group  
 Dr Terry Hudson, Clinical Chair, NHS Sheffield Clinical Commissioning Group  
 Dr Eric Kelly, Clinical Chair, NHS Bassetlaw Clinical Commissioning Group

**Apologies:**

Dr Chris Clayton, Chief Executive Officer, NHS Derby and Derbyshire Clinical Commissioning Group  
 Dr Avi Bhatia, Clinical Chair, NHS Derby and Derbyshire Clinical Commissioning Group  
 Matthew Groom, Assistant Director, Specialised Commissioning, NHS England  
 Philip Moss, Lay Member  
 Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group and Interim Accountable Officer, NHS Sheffield Clinical Commissioning Group

**In attendance**

Sir Andrew Cash, Chief Executive, South Yorkshire Bassetlaw Integrated Care System  
 Alexandra Norrish, Programme Director Hospital Services Review, South Yorkshire and Bassetlaw Integrated Care System  
 Mags McDadd, Corporate Committee Clerk, South Yorkshire and Bassetlaw Integrated Care System

**Public in attendance**

Nora Everitt, SYBNAG	Steve Merriman SYBNAG	Peter Deakin BSONHS
Ben Skidmore, Novo Nordisk Ltd	Steve Sullivan, Bayer	Ken Dolan, BSONHS
S Henley, BSONHS		

Minute reference	Item	ACTION
C153/19	<b>Welcome and introductions</b> The Chair welcomed members and attendees to the meeting. Dr Terry Hudson, Clinical Chair, NHS Sheffield CCG was welcomed to his first meeting of the JCCCG. Public members present were thanked for the questions submitted in advance of the	

	meeting.	
<b>C154/19</b>	<b>Apologies</b> Apologies were received and noted. There was no representation from NHS Derby and Derbyshire CCG.	
<b>C155/19</b>	<b>Declarations of Interest</b>  There were no declarations of interest.  New members of the Committee were asked to submit completed Declaration of Interest forms to the Committee Clerk	<b>TH</b>
<b>C156/19</b>	<b>Questions from the public</b>  Questions were submitted prior to the meeting. The JCCCG provided a response.  Questions from SYBNAG members to the JCCCG October 2019 meeting:  <b>1. Commissioning for Outcomes Policy:</b> <b>a)</b> How will people be involved in proposals and decisions about the clinical procedures that will be added to the list of those already on the existing SYB Commissioning for Outcomes Policy, given that this will reduce the range of services available to people in SYB?  <u>Response:</u> The JCCCG invites written questions on the items on our agenda. Unfortunately, this item is not on the agenda. However, we will give some consideration to this when developing this work.  <b>b)</b> What are the arrangements for monitoring how the Commissioning for Outcomes Policy has affected people in SYB and will these arrangements involve patients, carers and the public across SYB?  <u>Response:</u> The JCCCG invites written questions on the items on our agenda. Unfortunately, this item is not on the agenda. However, we will give some consideration to this when developing this work.  <b>2. Hospital Services Review</b> <b>a)</b> What do you see as being the main drivers of the transformation strategy and what are the main outcomes that you are looking to achieve before you would reconsider reconfiguration?  <u>Response:</u> The main drivers of the transformation strategy are concerns around the sustainability of acute hospital services: in particular, workforce shortages and the implications for quality and equality of services that result from these. The main outcome that we would be aiming to achieve is a more stable and sustainable approach to workforce. In particular, this includes improved recruitment and retention, and better use of new workforce roles, enabling us to achieve sustainable levels of staffing without relying on locum and agency staff.  <b>b)</b> What metrics will be used to measure the success of transformation and will these include a patient focus?	



	<p><u>Response:</u> The NHS already has a large number of performance metrics which are measured and tracked at a national level. Part of the success of transformation would be whether we become more able to achieve these metrics: for example, does transformation of Urgent and Emergency Care make us more able to meet the national target for 4 hour waiting times in A&amp;E; or has transformation improved scores against the Friends and Family Test which is one of the main measures of patient satisfaction.</p> <p>In addition we will be asking each of the Hosted Networks to develop a small number of specific metrics to track the impact of transformation and to act as early warning signals if transformation is not having the necessary impact. These will be developed once the Networks are set up, but they might for example include measures of patient feedback, or measures around workforce.</p> <p><b>c)</b> Will the six monthly review process considering the successful progress of transformation directly involve patients and will the findings be shared with patients and the public?</p> <p><u>Response:</u> The review process to track the impact of transformation will be designed once the Networks are set up.</p> <p><b>d)</b> Can you provide some information for the public explaining, in Plain English, the difference between transformation and reconfiguration, but in addition to the usual Easy Read versions of information?</p> <p><u>Response:</u> Transformation is described in the reports of the Hospital Services Review as being about improving services in the settings where patients currently receive care, or about enabling acute care to be provided closer to home.</p> <p>It is often about using the workforce in a different way, for example bringing in Advanced Medical Practitioners to support the traditional roles of consultants and nurses. It is also about making sure that all hospitals in the area provide the same care in a given situation, so that all patients are getting good quality care. Reconfiguration is defined by the House of Commons Research Briefing as “changes in location or the type of treatment provided, usually as part of a reorganisation of services across a larger health geography.”</p> <p>There can be some overlap between these two terms, and reconfiguration would usually be accompanied by transformation.</p> <p><b>e)</b> What implications are there for patients in a hospital unit where experienced staff are moved to support another hospital’s unit that is struggling, as part of the hosted network approach?</p> <p><u>Response:</u> None of the Hosted Networks are currently proposing to move staff from one hospital to another.</p> <p>As the Networks are set up, there are many different ways that hospitals could support each other. At the moment, some of the hospitals regularly send consultants to other sites, for example where Sheffield Teaching Hospital consultants run regular outreach clinics in the other hospitals. Some hospitals have appointed staff who work half their time in one hospital and half in another, for example some gastroenterologists who work across Barnsley and Rotherham. This is designed as a</p>	
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	<p>standard part of job planning for the two sites.</p> <p>NE requested a simplified “easy read” version of the Hospital Services Programme to be available for the public, explaining the difference between transformation and reconfiguration.</p>	<b>AN</b>
<b>157/19</b>	<p><b>Ratification of previous meetings</b></p> <p>The minutes of the public meeting held on 25 September 2019 were accepted as a true and accurate record.</p>	
<b>158/19</b>	<p><b>Matters Arising</b></p> <p>All items are scheduled for future agendas.</p>	
<b>159/19</b>	<p><b>Update on Hospital Services Programme</b></p> <p>The JCCCG received the updated final report on the Hospital Services Programme, DC confirmed that the final report of the Hospital Services Programme had been provided to the Joint Committee for discussion and agreement.</p> <p>AN advised that a draft of the final report had been discussed in all the CCG Governing Bodies in August / September, and in the September JCCCG meeting. There had been two main comments: that there needed to be greater clarity on the difference between emergency and planned reconfiguration; and that the impact of transformation needed to be monitored on an ongoing basis.</p> <p>AN said that she had worked with members of the JCCCG to develop the revised text, which had been circulated to the JCCCG for agreement.</p> <p>IG for Bassetlaw CCG and NB for Barnsley CCG confirmed that their concerns had been met and they were content with the text.</p> <p>Representatives from Rotherham, Sheffield and Doncaster CCGs confirmed that the changes to the text were sufficiently small that they did not feel they needed to take the revised version back to their Governing Bodies prior to agreement.</p> <p>PMG requested that an easy read version should be produced, and it was agreed that the ICS team would commission one, as well as producing a simple one-page summary of the document.</p> <p>EK queried whether the document would be available in other languages, and HS confirmed that the website has a translate function.</p> <p>The Chair queried whether NHS Derby and Derbyshire CCG would need to sign off the report, since they were not present at the meeting. The group agreed that it would be good practice to confirm their agreement in writing.</p> <p>The Chair advised that the JCCCG were content to sign off the report for publication, subject to agreement from Derby and Derbyshire CCG.</p>	<p><b>AN / HS</b></p> <p><b>AN</b></p>
<b>160/19</b>	<p><b>Any other business</b></p> <p>There was no further business noted.</p>	

161/19	<p><b>Date and Time of Next Meeting</b></p> <p>The Chair informed the meeting that the next meeting will take place Wednesday 20<sup>th</sup> November 2019 at NHS Sheffield CCG.</p>	
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**Joint Committee of Clinical Commissioning Groups**

**Meeting held IN PUBLIC**

**29 January 2020 at the Boardroom, NHS Sheffield CCG**

**Action Summary DRAFT**

<b>168/20</b>	<b>YAS Contractual MOU SYB 2020/21</b> a) Update the report to include page numbers.  b) That a copy of the MOU be stored online as part of the formal Committee papers and a copy be available in all five CCGs.	<b>BH</b>  <b>AOs</b>
<b>169/20</b>	<b>JCCCG Work Plan Progress Report</b> a) That the report is circulated to Governing Bodies Public sessions for consideration.  b) Circulate the report to CCG Committee Secretaries and Personal Assistants for Governing Bodies meetings.	<b>AOs</b>  <b>MM</b>
<b>170/20</b>	<b>Hyper Acute Stroke Service (HASU) Final Update</b> That both Barnsley and Rotherham residents are provided with adequate patient information in relation to the new HASU model.	<b>HS /</b> <b>MH</b>

**Minutes of the Meeting of  
The Joint Committee of Clinical Commissioning Groups  
Public Session**

**Meeting held 29 January 2020,  
at Boardroom, NHS Sheffield CCG DRAFT**

**Present:**

Dr David Crichton, Clinical Chair, NHS Doncaster Clinical Commissioning Group (Chair)  
Andrew Goodall, Healthwatch Representative  
Lisa Kell, Director of Commissioning, South Yorkshire and Bassetlaw Integrated Care System  
Jackie Mills, Director of Finance, NHS Sheffield Clinical Commissioning Group  
Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System  
Idris Griffiths, Accountable Officer, NHS Bassetlaw Clinical Commissioning Group  
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group  
Dr Nick Balac, Clinical Chair, NHS Barnsley Clinical Commissioning Group  
Dr Richard Cullen, Clinical Chair, NHS Rotherham Clinical Commissioning Group  
Jeremy Budd, Director of Commissioning, NHS Barnsley Clinical Commissioning Group  
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group  
Brian Hughes, Director of Commissioning and Performance, NHS Sheffield Clinical Commissioning Group  
Dr Terry Hudson, Clinical Chair, NHS Sheffield Clinical Commissioning Group  
Will Cleary-Gray, Chief Operating Officer, South Yorkshire and Bassetlaw Integrated Care System  
Dr Eric Kelly, Clinical Chair, NHS Bassetlaw Clinical Commissioning Group  
Dr Chris Clayton, Chief Executive Officer, NHS Derby and Derbyshire Clinical Commissioning Group  
Philip Moss, Lay Member  
Sir Andrew Cash, Chief Executive, South Yorkshire Bassetlaw Integrated Care System

**Apologies:**

Priscilla McGuire, Lay Member  
Dr Avi Bhatia, Clinical Chair, NHS Derby and Derbyshire Clinical Commissioning Group  
Matthew Groom, Assistant Director, Specialised Commissioning, NHS England  
Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group and Interim Accountable Officer, NHS Sheffield Clinical Commissioning Group

**In attendance**

Mags McDadd, Corporate Committee Clerk, South Yorkshire and Bassetlaw Integrated Care System  
Rachel Gillott, Programme Director, SYB ICS (agenda item 6)  
Marianna Hargreaves, Transformation Programme Lead, SYB ICS (agenda item 8)

**Public in attendance**

Nora Everitt, SYBNAG  
Elaine Borthwick, Pfizer  
Steve Merriman, SYBNAG  
Naveen Judha, SYBNAG

Minute reference	Item	ACTION
C162/20	<p><b>Welcome and introductions</b></p> <p>The Chair welcomed members and attendees and deputies to the meeting.</p> <p>The Chair, on behalf of the Committee conveyed condolences to the public representatives on the passing of Ken Dolan, a regular attendee at JCCCG Public meetings.</p> <p>Public members present were thanked for the questions submitted in advance of the meeting.</p>	
C163/20	<p><b>Apologies</b></p> <p>Apologies were received and noted.</p>	
C164/20	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>	
C165/20	<p><b>Questions from the public</b></p> <p>Questions were submitted prior to the meeting. The JCCCG provided a response.</p> <p>Questions from SYBNAG members to the JCCCG January 2020 meeting:</p> <p><b>Question 1</b></p> <p>In the Minute C156/19 d) the question asked for information in “<i>in Plain English</i>” for the public explaining the difference between transformation and reconfiguration, but the question specifically asks for this information to be “in addition to the usual Easy Read versions of information”.</p> <p>So please can you explain why:</p> <ul style="list-style-type: none"> <li>minute C156/19 e) and the Action Summary both report something completely different which the question did not ask for (namely a “<i>simplified ‘easy read’ version of the Hospital Services Programme be produced for the public, explaining the difference between transformation and reconfiguration.</i>”)</li> <li>are you making work for yourselves, or a subcontractor, when the question only asked for a Plain English definition of the two terms ‘transformation’ and ‘reconfiguration’ (please note - a definition of the difference between Plain English and Easy Read can be provided)</li> </ul> <p><b>Response</b></p> <p>As with all the Hospital Services Review reports, we have produced an Easy Read version.</p> <p>The explanation for the difference between transformation and reconfiguration has been drafted in Plain English and we note your helpful comment regarding the minute.</p> <p><b>Question 2 – JCCCG Progress Report</b></p> <p>(a) Paragraph 3.4 says “all JCCCG meetings now held in public” this implies complete openness and transparency, in line with the Nolan Principles of Public Life; does this openness and transparency also apply to the delivery plan, the performance report and the specific decisions referred to in points 3.5 and 3.6?</p>	

**Response**

The JCCCG Progress Report will be received quarterly at the JCCCG meetings held in public and also the CCG Governing Bodies held in public. Delegated decisions made by the JCCCG will continue to be made in meetings held in public.

**2 (b)** Given we are still awaiting a response from the Joint Scrutiny Health Committee concerning lack of access to public transport for families and visitors, the increases in patient transfers between hospitals and health facilities, the severe bed shortages and specialist facilities and the continuing centralisation of services causing many severe hardship and stress, isn't it essential that the ICS Transport group be reinstated with a democratically representative group, a meaningful brief and the facilities to support and inform the public of changes, options and costs?

**Response**

A Transport Group was set up to support the potential for service change during the review of Hospital Services. Work also took place to look into transport issues during the Hyper Acute Stroke Services service change proposals.

With regards to the Hospital Services Review Transport Group, the Final Report did not recommend service changes and therefore the Group had no agenda and was stood down. With regards to the Hyper Acute Stroke Services as the pathway is now in place feedback is now routinely gathered as part of patient experience.

There are currently no JCCCG plans to change access to local services but if this changes the Transport Group will be reinstated.

The Chair asked to discuss outside the meeting, to consider holding a closure meeting or bring to attention at a patient forum.

**Question on 3- HASU Update**

(a) Post HASU transfers to Rotherham and Barnsley are working well in line with the agreed Regional Patient Flow Policy, with a very small number of delays reported.

Could you tell us:

- Reasons for the above delay
- How will future delays be avoided?

**Response**

Overall Rotherham and Barnsley residents have flowed well through the new regional pathway since the changes were enacted. There are a number of reasons why transfers may not go ahead as originally planned including a change in patient circumstances.

Monitoring is in place to ensure oversight of patient flows and to promote proactive conversations and continuous quality improvement to aid timely flow through the regional pathway.

**3 (b) Section Lessons learned**

Very surprised and dismayed that the new model was installed on the agreed dates, when clinical leads were not properly ready to start the new model. Staff with the appropriate qualifications, skills and experience need to be in Place to respond to the clinical needs of the patient in a timely and effective manner.

Could you please answer following:

- Why did you decide to go ahead with the implementation of the new model on the agreed dates, when this very important element of the model was not

	<p>quite in place?</p> <ul style="list-style-type: none"> <li>• Why is that it was decided that the risks involved in this, were not important enough to delay the starting date to ensure a safer implementation of the model?</li> <li>• Provide details of workforce structures and plans to address the above</li> </ul> <p><b>Response</b></p> <p>Strong clinical leadership was in place as a key component of the HASU work programme and this enabled us to implement the changes in line with the agreed implementation dates.</p> <p>All HASU units successfully recruited additional staff, including nurses and allied health professionals with the skills and expertise ahead of the planned changes to ensure safe implementation of the model.</p> <p>Each HASU unit has a workforce model that supports their service delivery and is linked into the delivery of the wider stroke pathway.</p> <p>Workforce planning is an area that will be taken forward by the new Stroke Hosted Network.</p> <p><b>3 (c) Evaluation, assessment and monitoring of the new HASU service model</b></p> <p>It is stated that the new HASU model was installed successfully, but we don't know the extent to which the new model is successful in terms of patient care, its impact on patients and the expected outputs and outcomes from the patient/carer perspective. Not just in the sense of staff being kind, understanding and caring, but also and very importantly, in the sense of timely clinical interventions and outcomes.</p> <p>Could you please answer/ provide the following information:</p> <ul style="list-style-type: none"> <li>• details of the evaluation system used to assess the above</li> <li>• details of what is being evaluated/ assessed</li> <li>• details of the monitoring system in place, including information of what is being monitored, who is involved in the monitoring, monitoring stages, data collation systems, products needed, reports systems etc.</li> <li>• details of whether patients/ public have been engaged or consulted on this.</li> </ul> <p><b>Response</b></p> <p>The specification for the new SYB HASU model included reporting and monitoring requirements. Most quality indicators included in the reporting were based on the evidence based nationally identified indicators set out as part of the SSNAP (Stroke Sentinel National Audit Programme) to enable us to measure improvements in stroke care.</p> <p>A monitoring dashboard has been developed to enable us to monitor these and the plan is for this to be monitored as part of routine contract monitoring.</p> <p>The Stroke Hosted Network will have a key role in embedding the new model and enabling us to realise the benefits. This will need to include understanding the experience for patients and their families and using this to drive continuous quality improvement.</p> <p><b>3 (d)</b> If you did not have the above system in place, before the implementation of the new model (to start gathering systematic data from its inception), can you explain the reason for this. Such an important service, which in many cases deals with life and death, and whose interventions can have long term quality of life consequences for patients, it needs a rigorous, effective, timely evaluation and monitoring system, to be able to avoid unintended mistakes in the future, as well as serving as a tool for</p>	
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	<p>service improvement.</p> <p><b>Response</b> The monitoring dashboard was developed ahead of implementing the new model.</p> <p>Data has been systematically gathered by providers in relation to key quality indicators set out in SSNAP. The dashboard aims to bring together data from a number of different data sources, including SSNAP, patient flows and activity data and there is a commitment to continuous quality and service improvement.</p> <p><b>3 (e) Risk management</b> Risk management is a very important supporting element in delivering a new service model, and more so when people's lives depend on such a service. Awareness of risks, sharing and reporting on them are of paramount importance. Risk systems are key to ensure the service is as safe as possible. It is important that a risk system is in place in order to raise the "alarm" when needed, to avoid fatal consequences, Could you tell us why you think the decision to go ahead and implement the new model was a responsible one when a rigorous, well thought risk management system was not embedded in its structures, especially in its initial stages when anything could have gone wrong?</p> <p><b>Response</b> The decision to change the way Hyper Acute Services is provided across South Yorkshire and Bassetlaw was made following a rigorous business case which addressed risks. Risk management was undertaken at both programme and organisation/service level throughout the programme.</p>	
<b>C166/20</b>	<p><b>Ratification of previous meetings</b></p> <p>The minutes of the public meeting held on 23 October 2019 were accepted as a true and accurate record.</p>	
<b>C167/20</b>	<p><b>Matters Arising</b></p> <p><u>Update on Hospital Services Programme</u> The Group noted that NHS Derby and Derbyshire CCG confirmed that the report was signed off at their Governing Body meeting held on 7 November 2019.</p>	
<b>C168/20</b>	<p><b>YAS Contractual MOU SYB 2020/21</b></p> <p>RG presented a report on collaborative commissioning of Integrated Urgent and Emergency Care services, noting the key points for the JCCCG.</p> <p>The Committee noted that Integrated Urgent and Emergency Care Services are commissioned on a collaborative basis across Yorkshire and Humber (Y&amp;H). These arrangements have been formalised through an overarching MOU, previously reviewed by the Committee, and signed off by all Yorkshire and Humber Clinical Commissioning Groups (CCGs) Governing Bodies on an individual basis.</p> <p>CCG representation within the overarching Y&amp;H wide MOU is enabled through a nominated sub-regional lead CCGs from each of the three STP/ICSSs, a responsibility undertaken by Sheffield CCG on behalf of other CCGs in the ICS footprint. The South Yorkshire and Bassetlaw MOU builds on the wider regional working agreements setting out the sub-regional working arrangements for South Yorkshire and Bassetlaw, formalising roles and responsibilities of both the lead CCG and the CCGs that it represents, building on the successful joint working arrangements that have taken</p>	

	<p>place in recent years. It does include a principle that requires the SYB CCGs to agree financial amounts and contract tolerances in advance of the annual Y&amp;H wide negotiations, of which Sheffield CCG use to support and inform the discussions. RG confirmed that no decisions would be taken by Sheffield CCG outside of these parameters and issues requiring formal decisions would be presented to JCCCG as required as part of the agreed delegation arrangements.</p> <p>The Committee noted that a previous draft of the MOU was discussed at the Joint Committee Sub-Group which recommended that additional detail be included to clarify the process of agreeing contract tolerances.</p> <p>RG added that the MOU had been discussed with finance colleagues and has been amended to reflect their feedback.</p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. The Chair recommended that page numbers are added to the report.</li> <li>2. The Committee recommended that a copy of the MOU be stored as part of the formal Committee papers and a copy be available at all five CCGs.</li> </ol> <p>Following discussion, the Committee noted the report and endorsed the recommendation to support the MOU and the proposal to collectively agree contract tolerances to support the annual contract negotiations.</p>	<p><b>RG/BH</b></p> <p><b>AOs</b></p>
<b>C169/20</b>	<p><b>JCCCG Work Plan Progress Report</b></p> <p>LK presented the newly formatted report, setting out the progress made by the Joint Committee during the last quarter on joint commissioning work within the five Places agreed on the JCCCG work plan.</p> <p>The group noted the key achievements and risks identified and escalated to the Joint Committee Sub-Group.</p> <p>The report will be shared with the Governing Bodies to update members on the current work of the JCCCG and delivery against the agreed work plan.</p> <p>LK added that the Joint Committee Sub-Group are responsible for managing the performance and risk assessment of the work plan, assuring the JCCCG of delivery against agreed timescales.</p> <p>The group noted that data on improved outcomes for patients would form part of the ongoing development of the report.</p> <p><b>Action:</b></p> <p>LK asked the Committee to ensure the report is circulated to Governing Bodies Public sessions.</p> <p>Circulate the report to CCG Committee Secretaries and Personal Assistants.</p> <p>The Manual Agreement and Terms of Reference will be reviewed at the end of March 2020 to incorporate any changes agreed by the Joint Committee for 2020/21.</p>	<p><b>AOs</b></p> <p><b>MM</b></p> <p><b>LK</b></p>
<b>C170/20</b>	<p><b>Hyper Acute Stroke Service (HASU) Final Update</b></p> <p>MH presented an update on the SYB Hyper Acute Stroke Service model implemented as planned in line with the agreed date, with changes taking place in Rotherham on 1<sup>st</sup></p>	

	<p>July 2019 and Barnsley on 1<sup>st</sup> October 2019.</p> <p>MH added that providers continue to work together to enable the delivery of the HASU model, a daily teleconference call provides oversight of patient flow and a weekly call with providers to ensure issued identified are proactively managed.</p> <p>MH added that the HASU Implementation Group had representation from all key stakeholders, including Trusts, the ambulance service and Stroke Association, provided oversight of the implementation, coordinating capital/estates plans, workforce planning/recruitment and operational planning.</p> <p>The HASU Implementation Group was stood down in December 2019 and the Stroke Hosted Network is due to commence in early 2020. In year 1 the Stroke Hosted Network work programme will have a focus on embedding the new South Yorkshire and Bassetlaw HASU model focusing on quality improvement and benefits realisation.</p> <p>The Committee noted that CCGs will work together to monitor the HASU model through the dashboard as part of business as usual and will work with the Stroke Hosted Network to drive quality improvements and ensure that we realise the benefits of the new model including improved outcomes for patients.</p> <p>The Committee noted a summary table of lessons learnt with contributions from both providers and commissioners with key recommendations for consideration when approaching similar work programmes in future.</p> <p>Barnsley CCG and Rotherham CCG shared positive comments on the implementation of the new model.</p> <p>MH added that a regional patient leaflet is available and an “Easy Read” leaflet is to be available in HASU units.</p> <p><b>Action:</b> The Committee asked to ensure that both Barnsley and Rotherham residents are provided with adequate patient information in relation to the new HASU model.</p> <p>The Committee noted the details of the report:</p> <ul style="list-style-type: none"> <li>• The implementation of the full SYB HASU model.</li> <li>• The transition plan to enable the new SYB HASU model to be managed as business as usual, with a focus on benefits realisation through the Stroke Hosted Network.</li> <li>• The lessons learned.</li> </ul>	MH/HS
<b>C171/20</b>	<p><b>Yorkshire and Humber IVF Access Policy</b></p> <p>IG presented a revised policy to inform the Committee that Clinical Commissioning Groups (CCGs) in the Yorkshire and Humber areas have agreed to a shared approach for specialist fertility services. The shared policy sets out who is eligible for specialised services and not how many cycles of fertility treatments are paid for by individual CCGs.</p> <p>IG added that the proposed changes are minimal and will not affect how people may be eligible for treatment, and will make access to specialist fertility treatment more equitable to people who are registered as patients with one of the CCGs.</p> <p>The Committee noted that the revised policy is currently going through Governing Boards Public sessions and all updates within it are in line with NICE guidance.</p>	

	The Committee noted the contents and approved the revised Access to Fertility Policy.	
<b>C72/20</b>	<p><b>Local Elections, Purdah implications for service change decision making</b></p> <p>The Committee noted that Sheffield, Barnsley and Rotherham local authorities will undergo council elections in May 2020, therefore, will enter into a period of purdah or pre-election period of sensitivity. During this period specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants and local government officials.</p> <p>The Committee noted that some JCCCG business may be impacted during this period.</p>	
<b>C173/80</b>	<p><b>Any other business</b></p> <p>There was no further business noted.</p>	
<b>C174/80</b>	<p>Date and Time of Next Meeting</p> <p>The Chair informed the meeting that the next meeting will take place on 26<sup>th</sup> February 2020, NHS Sheffield CCG.</p>	