NHS
Barnsley
Clinical Commissioning Group

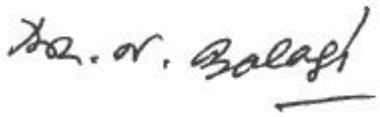
A meeting of the NHS Barnsley Clinical Commissioning Group Governing Body will be held on Thursday 9 July 2020 at 9.30 am Via Microsoft Teams

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	Declarations of Interest relevant to the agenda	Assurance	**GB/Pu 20/07/04** Nick Balac	9.30 am
5	Patient Story	Note	Jayne Sivakumar	09.35 am 10 mins
6	Patient and Public Involvement Activity Report	Assurance	**GB/Pu 20/07/06** Kirsty Waknell	9.45 am 5 mins
7	Questions from the Public & Response	Information	**GB/Pu 20/07/07** Kirsty Waknell	9.50 am 5 mins
8	Minutes of the Extra Ordinary meeting held on 18 June 2020	Approval	**GB/Pu 20/07/08** Nick Balac	9.55 am
9	Matters Arising Report	Note	**GB/Pu 20/07/09** Nick Balac	9.55 am 5 mins
	Strategy			
10	Covid-19 Response Update	Assurance	**GB/Pu 20/07/10** Jamie Wike	10.00 am 10 mins
11	Covid-19 Stabilisation and Recovery	Information	**Presentation** Jeremy Budd	10.10 am 10 mins
12	Cancer Programme Update	Information & Assurance	**GB/Pu 20/07/12** Mike Simms Hussain Kadarsha	10.20 am 10 mins

	Quality and Governance			
13	Quality Highlights Report	Assurance	**GB/Pu 20/07/13 TO FOLLOW** Jayne Sivakumar	10.30 am 10 mins
14	Risk & Governance Exception Report	Assurance	**GB/Pu 20/07/14** Richard Walker	10.40 am 5 mins
	Finance and Performance			
15	Integrated Performance Report	Assurance and Information	**GB/Pu 20/07/15** Roxanna Naylor Jamie Wike	10.45 am 10 mins
	Committee Reports and Minutes			
16	Committee Reports & Minutes			10.55 am 5 mins
	16.1 Unadopted Minutes of the Audit Committee Meeting held on 18 June 2020	Assurance	**GB/Pu 20/07/16.1** Nigel Bell	
	16.2 Finance and Performance Committee Update 18 June 2020	Assurance	**GB/Pu 20/07/16.2** Nick Balac	
	16.3 Assurance Report from the Primary Care Commissioning held on 28 May 2020.	Assurance	**GB/Pu 20/07/16.3** Chris Millington	
	16.4 Minutes of the Quality and Patient Safety Committee held on 20 February 2020	Assurance	**GB/Pu 20/07/16.4** Sudhagar Krishnsamy	
17	Reports Circulated in Advance for Noting: • ICS System Leader Update			
18	Reflection on how well the meeting's business has been conducted: • Conduct of meetings • Any areas for additional assurance • Any training needs identified	Assurance	Nick Balac	11.00 am
	General			
19	**Date and Time of the Next Meeting:** Thursday 10 September 2020 at 09.30 am via Microsoft Teams			11.00 am 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

NHS
Barnsley
Clinical Commissioning Group

GOVERNING BODY

09 July 2020

Declarations of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*	X	*Information*	
2.	**PURPOSE**						
	To foresee any potential conflicts of interests relevant to the agenda.						
3.	**REPORT OF**						

	Name	Designation
Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance
Author	Paige Dawson	Governance, Risk & Assurance Facilitator

4. SUMMARY OF PREVIOUS GOVERNANCE

The matters raised in this paper have been subject to prior consideration in the following forums:

Group / Committee	Date	Outcome
N/A		

5. EXECUTIVE SUMMARY

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.

The table below details what interests must be declared:

Type	Description
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.

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.

Members should also declare if they have received any Gifts, Hospitality or Sponsorship.

6.	**THE GOVERNING BODY IS ASKED TO:**
	• 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.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	• Appendix A – Governing Body Members Declaration of Interest Report

Agenda time allocation for report:	5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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*

2. Links to statutory duties

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)	

3. Governance Considerations Checklist *(these will be especially relevant where a proposal or policy is brought for decision or approval)*

3.1 Clinical Leadership

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***

3.2 Management of Conflicts of Interest (s14O)

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***

3.3 Discharging functions effectively, efficiently, & economically (s14Q)

Have any financial implications been considered & discussed with the Finance Team?	***NA***
Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	***NA***

3.4 Improving quality (s14R, s14S)

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

NHS Barnsley Clinical Commissioning Group

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	• GP Partner at Wombwell Chapelfields Medical Centre
		• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
		• Clinical sessions with Local Care Direct Wakefield
		• Clinical sessions at IHeart
		• Member of the British Medical Association
		• Member Medical Protection Society

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	• Partner at St Georges Medical Practice (PMS)
		• Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract
		• Member of the Royal College of General Practitioners
		• Member of the British Medical Association
		• Member of the Medical Protection Society
		• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
		• Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).
		• Clinical Lead Primary Care South Yorkshire and Bassetlaw ICS (Commissioning).
Nigel Bell	Lay Member - Governance	• Ad hoc provision of Business Advice through Gordons LLP
		• Lay Member representing South Yorkshire & Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire & Bassetlaw Integrated Care System

Name	Current position (s) held in the CCG	Declared Interest
John Harban	GP Governing Body Member	• GP Partner at Lundwood Medical Centre and The Kakoty Practice, Barnsley
		• AQP contracts with the Barnsley Clinical Commissioning Group to supply Vasectomy, Carpal Tunnels and Nerve Conduction Studies services
		• Owner/Director Lundwood Surgical Services
		• Wife is Owner/Director of Lundwood Surgical Services
		• Member of the Royal College of General Practitioners
		• Member of the faculty of sports and exercise medicine (Edinburgh)
		• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
		• Chair of the Remuneration Committee at Barnsley Healthcare Federation
M Hussain Kadarsha	GP Governing Body Member	• GP Partner in Hollygreen Practice
		• GP Partner in Lakeside Surgey, Goldthorpe (Partner in Company Alliance Primary Care LTD)

Name	Current position (s) held in the CCG	Declared Interest
		• The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG
		• Member of the British Medical Association
		• Director of YAAOZ Ltd, with wife
		• Malkarsha Properties Ltd (Director)
		• Partner (share holder) in Primecare LTD – holding the APMs contract for Lakeside Surgery and Goldthorpe
Sudhagar Krishnasamy	Medical Director	• GP Partner at Royston Group Practice, Barnsley
		• Member of the Royal College of General Practitioners
		• GP Appraiser for NHS England
		• Member of Barnsley LMC
		• Member of the Medical Defence Union

Name	Current position (s) held in the CCG	Declared Interest
		• Director of SKSJ Medicals Ltd • Wife is also a Director
		• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
		• Undertakes sessions for IHeart Barnsley
Jamie MacInnes	Governing Body Member	• GP Partner at Dove Valley Practice
		• Shareholder in GSK
		• 3A Honorary Senior Lecturer
		• Wife has a position as a Consultant Breast Surgeon with Leeds Hospital Trust.
Chris Millington	Lay Member	• Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 2018) • Partner Governor Barnsley Hospital NHS Foundation Trust (since 6 February 2019)
Roxanna Naylor	Chief Finance Officer	• Partner works at NHS Leeds Clinical Commissioning Group.

Name	Current position (s) held in the CCG	Declared Interest
Mike Simms	Secondary Care Clinician	• Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Mark Smith	GP Governing Body Member	• Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles.
		• Director of Janark Medical Ltd
		• Practice is a Member of Barnsley Healthcare Federation which may provide services to Barnsley CCG
Lesley Smith	Governing Body Member	• 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.
		• Interim Accountable Officer NHS Sheffield CCG
		• Chief Executive, Deputy System Lead, South Yorkshire & Bassetlaw Integrated Care System
Jayne Sivakumar	Chief Nurse	• Director of RJS Healthcare Ltd – a healthcare company which receives referrals from healthcare organisations.
		• Husband is a Consultant Surgeon at the Mid Yorkshire Hospital NHS Foundation Trust.

In attendance:

Richard Walker	Head of Governance and Assurance	• Nil
Jamie Wike	Head of Planning, Delivery and Performance	• Nil
Jeremy Budd	Director of Commissioning	• Director – Your Healthcare CIC (provision of community health services and social care services in SW London) • Director – Barnsley Estates Partnership Limited (LIFT Company for Barnsley) • Director – Barnsley Community Solutions (Tranche 2) Limited (LIFT Company for Barnsley) • Director – Barnsley Community Solutions (Tranche 3) Limited (LIFT Company for Barnsley) • Director Belenus Ltd (Dormant, non-trading)

NHS
Barnsley
Clinical Commissioning Group

Governing Body
9 July 2020
Patient and Public Involvement Activity Report

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*		*Information*	*x*

2. PURPOSE

This report outlines the patient and public involvement activity we have carried out to help inform commissioning decisions and service development.

3. REPORT OF

	Name	**Designation**
Executive	Lesley Smith	Chief Officer
Author	Kirsty Waknell	Head of Communications and Engagement

4. SUMMARY OF PREVIOUS GOVERNANCE

The matters raised in this paper have been subject to prior consideration in the following forums:

Group	**Date**	**Outcome**
• *Barnsley-wide & CCG command and control cells*	*June 2020*	*Approach supported*

5. SUMMARY

This is the first report since entering the national level 4 incident management command and control process due to Covid-19.

This paper outlines the approach that is being taken across the Barnsley and South Yorkshire and Bassetlaw to hear patient and public voice during the Covid-19 pandemic, including their views on service changes brought about as a result of the pandemic. It also sets out how we intend to continue conversations as some restrictions ease but many, which would be prohibitive to the 'normal' involvement approach, remain in place.

It also outlines the NHS England and Improvement guidance *'Good practice for working with people and communities during the COVID-19 outbreak'.*

Our proposed approach sits alongside the South Yorkshire Local Resilience Forum Communications and Engagement Plan and the South Yorkshire and Bassetlaw Integrated Care System engagement plan.

6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	• Note for NHS England and Improvement 'Good practice for working with people and communities during the COVID-19 outbreak' guiding approach to patient and public involvement during the current time • Note the local approach to co-ordinate the collation and analysis of patient and public involvement activities.

Agenda time allocation for report:	5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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

2. Links to statutory duties

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)	✓

3. Governance Considerations Checklist

3.1 Clinical Leadership

Have GB GPs and/or other appropriate clinicians provided input and leadership?	***Y***

3.2 Management of Conflicts of Interest (s14O)

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***

3.3 Discharging functions effectively, efficiently, & economically (s14Q)

Have any financial implications been considered & discussed with the Finance Team?	***NA***
Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	***NA***

3.4 Improving quality (s14R, s14S)

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	**Reducing inequalities (s14T)**

Has an Equality Impact Assessment (EIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	***NA***

3.6	**Public Involvement & Consultation (s14Z2)**

Has a 14Z2: Patient and Public Participation Form been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	***NA***

3.7	**Data Protection and Data Security**

Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	***NA***

	Procurement considerations

Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	***NA***
Has a Single Tender Waiver form been completed if appropriate?	***NA***
Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	***NA***

3.9	**Human Resources**

Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***

3.10	**Environmental Sustainability**

Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***

PART 2 – DETAILED REPORT

1 INTRODUCTION

The COVID-19 outbreak poses fundamental challenges to public authorities in how they go about meeting their usual duties and it has been necessary for them to adapt. Patient and public participation is no exception and we must prioritise the health, safety and welfare of patients, staff and wider society.

NHS England and Improvement have suggested in their document *'Good practice for working with people and communities during the COVID-19 outbreak'* that there are some general principles to follow when thinking about public participation over the next few weeks and months.

The document highlights that there is no obligation for patient and public participation to be face-to-face and any such involvement activity should only be undertaken where not prohibited or discouraged by the latest government advice.

The document also highlights that the NHS duty to involve the public is unaffected by the outbreak or any emergency legislation. However, where there is a genuine and pressing need to make a decision about, or a change to, services to protect the health, safety of welfare of patients or staff, then the NHS duty to involve the public may be met with very limited public involvement. However, it is important to keep a record of any decisions including any involvement that has taken place as part of the process. The document states that it may also be necessary to carry out further engagement if it is intended that temporary changes will become permanent.

Here is their advice about some common scenarios:

Q: We are about to launch a consultation on a major service change / reconfiguration, what should we do?
A: The coming weeks and months are likely to see very high demand on frontline services, so it makes sense to delay any significant activity which can be postponed to free up capacity. Members of the public are also likely to be limited in their ability to get involved due to illness, self-isolation and caring responsibilities. Many groups and networks who would usually form a staple part of your consultation plan are unlikely to be meeting. On the basis of government advice at 18.03.20, social distancing means that face-to-face events should not go ahead.

These factors may mean the consultation is not the best use of public resources, or make it more difficult for some consultees to be reached and/or to provide meaningful response. We recommend that you consider these factors when deciding whether to postpone or make changes to your consultation plans.

Q: What if we need to take an urgent decision during the outbreak?
A: At the time of writing, the NHS duty to involve the public is unaffected by the outbreak or any emergency legislation. However, where there is a genuine and pressing need to make a decision about, or a change to, services to protect the health, safety of welfare of patients or staff, then the NHS duty to involve the public may be met by very limited public involvement. At the very least changes to services should be announced to the public at the earliest reasonable opportunity.
In such circumstances, you are not required to consult your local overview and

scrutiny committee prior to taking the decision (but you should still promptly notify the committee of the decision taken and why no consultation has taken place).

However, this approach should be used only when necessary and it is likely that regular engagement with patients, staff and other stakeholders will be essential for practical reasons in any event (for example so that patients understand how to access services). It remains important to liaise with your overview and scrutiny committee, local Healthwatch and other key stakeholders, ideally before taking the decision, where possible. Remember too that you may need to carry out further engagement in future if it is intended that temporary changes will become permanent.

Q: We are about to start engagement or consultation in response to a provider giving notice or have a need to retender a service. What should we do?
A: Many of the considerations relevant to major service change or reconfiguration apply, as outlined above. In addition, it would be appropriate to consider interim approaches which could help to 'buy time' and enable the engagement or consultation to be postponed to a later date. For example, extending the current contract or arrangement, or enacting a temporary change to service provision. If you must go ahead at this point, consider virtual or online engagement approaches, and working with local Healthwatch or a relevant patient group to ensure some meaningful patient and public participation, even if this is from a smaller group.

Q: We are recruiting Patient and Public Voice (PPV) Partners, do we need to stop?
A: As with all potentially 'non-essential' activity, consider the impact on staff capacity at this time of high demand. However, there is not necessarily any need to pause this recruitment, assuming your existing communications routes are still operating. It would be appropriate to consider interviewing shortlisted candidates virtually rather than face-to-face, for example using video conferencing or webinar technology. As many meetings are likely to be moved to online methods during the coming weeks, this is also a chance for potential PPV Partners to showcase or build their technical skills. The exception is likely to be if you are targeting recruitment at groups known to be digitally excluded, for example inclusion health groups, in which case postponement may be the most sensible approach.

Q: We have a number of established forums or groups for hearing from members of the public, with meetings scheduled over the coming weeks and months, should we cancel them?
A: Many people are likely to have concerns about travelling and attending meetings or events over the coming weeks and months, and others will be self-isolating or have responsibilities. Therefore, it would be appropriate to consider changing face-to-face meetings to teleconferences, video conferences or webinars. If this is unlikely to work for group members, then it may be necessary to cancel meetings for the time being.

2.	INVOLVEMENT ACTIVITY
Activity	
2.1 Proposed approach to involvement going forwards We must now consider how best to ensure the voice of our patients and the public is heard in the work that we do and how we can continue conversations as some	

restrictions ease but many, which would be prohibitive to the 'normal' involvement approach, remain in place.
We are proposing a three phased approach to involvement during this time:

2.2 Involvement with affected patient cohorts

This involves hearing from service users who are, or could be, specifically affected by proposed or temporarily enacted changes. This includes data captured by patient experience teams in Trusts, and those who capture patient experience in primary and social care, as well as targeted engagement through patient lists/ surveys for specific clinics etc.

In addition, for example, Healthwatch Barnsley is producing a report on people's experiences. The Barnsley cancer steering group and the Cancer Alliance patient involvement meetings have continued online and have informed work to communicate the importance of going to your GP to get signs and symptoms of cancer checked out. Where possible these types of involvement groups have continued and have helped inform our work.

2.3 Hearing from the wider public

As part of Integrated Care System, we will be part of accelerated plans to recruit to a 3000 strong database of people from South Yorkshire and Bassetlaw who are demographically representative of our population. People will sign up to digitally engage with us initially and we will are working through how we can do this for those with no digital access.

In Barnsley we are also working on a more co-ordinated approach to the collection and analysis of feedback from a wide range of sources. The aim is that we can focus our collective efforts for a more targeted and speedier way of informing decision makers.

2.4 Hearing from vulnerable communities

We want to look at new ways to talk to people who are often vulnerable and who may be even more so during this time. Working with a range of partners will help us understand who can do this and how we can do this effectively.

Local partners, including local Healthwatch, patient groups and Voluntary, Community and Social Enterprise (VCSE) organisations, as well as Patient and Public Voice (PPV) Partners will be key to this engagement.

We are also looking at how we can collect insights coming from the Barnsley emergency contact centre, the community responders and other similar channels which have come about because of the pandemic.

NHS
Barnsley
Clinical Commissioning Group

Minutes of the Barnsley Clinical Commissioning Group Governing Body Extraordinary Meeting held on Thursday 18 June 2020 11.00 am Via Microsoft Teams.

PRESENT:

Dr Nick Balac (in the chair)	Chair
Dr Adebowale Adekunle	Member
Nigel Bell	Lay Member Governance
Dr John Harban	Member
Dr Hussain Kadarsha	Member
Dr Sudhagar Krishnasamy	Medical Director
Dr Jamie MacInnes	Member
Mr Chris Millington	Lay Member PPE & Primary Care Commissioning
Roxanna Naylor	Chief Finance Officer
Mr Mike Simms	Secondary Care Clinician
Jayne Sivakumar	Chief Nurse
Lesley Smith	Chief Officer
Dr Mark Smith	Member

IN ATTENDANCE:

Jeremy Budd	Director of Commissioning
Leanne Hawkes	Deputy Director 360 Assurance
Rashpal Khangura	KPMG Director
Kay Morgan	Governance and Assurance Manager
Kirsty Waknell	Head of Communications and Engagement
Richard Walker	Head of Governance and Assurance
Jamie Wike	Director of Strategic Planning and Performance

APOLOGIES

None

Ref	Agenda Item	Action	Deadline
GB/EO 20/06/01	**HOUSEKEEPING**		
	The Governing Body agreed to record the extra ordinary meeting, as a trial in advance of the Governing Body Meeting in public session on 9 July 2020. Microsoft Teams Meeting etiquette was discussed. Members were reminded to use the 'hand up' facility if they wished to signal to the Chairman that they would like to asked a question or provide comment.		

NHS Barnsley Clinical Commissioning Group

Ref	Agenda Item	Action	Deadline
	A number of issues were highlighted by members in accessing the Microsoft Teams meetings. ***Agreed Action*** ***To ascertain the issues members are experiencing when accessing Teams meetings, current devices used and broadband to resolve issues.***	**RW**	
GB/EO 20/06/02	**QUORACY**		
	The Chair declared that the meeting was quorate.		
GB/EO 20/06/03	**DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA**		
	The Governing Body received the Declarations of Interest, Sponsorship, Hospitality and Gifts Report. No other new declarations of interest were received.		
GB/EO 20/06/04	**NHS BARNSLEY CCG AUDITED ANNUAL REPORT AND ACCOUNTS 2019/20**		
	The Head of Governance and Assurance presented the Governing Body with the CCG's audited Annual Report and Accounts 2019/20. The Governing Body was asked to consider approval of the Annual Report and Accounts 2019/20 and the Management Representation Letter for signature by the Chief Officer and submission to external auditors on 18 June 2020 The Governing Body was advised that the draft Annual Report and Accounts had been prepared in late March / early April and reviewed in detail by the Audit Committee on 23 April 2020. NHS England had completed an interim certification of the Annual Report and provided feedback that the CCGs Annual Report substantially met all requirements. A small number of minor suggestions were advised and these have been incorporated in the final version. To date only one amendment has been recommended by KPMG for inclusion within the revised Annual Report and Accounts, relating to the wording of Note 1 'Going Concern' which has been incorporated into the version of the final accounts presented to Audit Committee for its		

NHS Barnsley Clinical Commissioning Group

Ref	Agenda Item		Action	Deadline
	consideration on 18 June 2020 for final review immediately prior to the Governing Body extra ordinary meeting. The Head of Governance and Assurance highlighted that references to the Barnsley Healthcare Federation within the CCG Annual Report had been strengthened, on the request of the CCG Chairman with respect to the Federations role in both establishing the Primary Care Network and in co-ordinating the response to the covid-19 epidemic. Audit Committee approved the proposed additional wording. The Chief Officer endorsed the additional wording, commenting that the Federation was the largest in the country and had provided strong leadership during the Covid- 19 emergency. The Audit Committee recommended the CCG's audited Annual Report and Accounts 2019/20 to the Governing Body for approval and adoption. The Governing Body considered the following range of governance papers in support of the Annual Report & Accounts.			
	4.1	**Performance Report and Accountability Report**		
		The Governing Body received and noted the Performance Report and Accountability Report 2019/20.		
	4.2	**Annual Accounts**		
		The Governing Body received and noted the Annual Accounts 2019/20.		
	4.3	**KPMG Reports - ISA 260 Summary of Audit Findings 2019/20 and Draft Annual Audit Letter**		
		The KPMG Director presented the ISA 260 Report to the Governing Body. It was noted that the External Auditors intended to issue an unqualified ('clean') opinion on the Annual Report and Accounts following their approval and adoption by the Governing Body on 18 June 2020. The KMPG Director reported that the audit had been supported and complemented by a good standard of documents provided by the Finance		

NHS Barnsley Clinical Commissioning Group

Ref		Agenda Item	Action	Deadline
		Team and timely responses to queries. The Finance Team were thanked for their responsiveness to the KPMG Audit Team. The Chief Officer expressed her appreciation to the Chief Finance Officer and her team for producing the CCGs annual accounts in challenging circumstances against a backdrop of the Covid-19 emergency. The Chief Finance Officer thanked the Head of Governance and Assurance and Head of Communications and Engagement for their work on the Annual Report. The Governing Body also expressed their appreciation to all involved with the CCG's Annual Report and Accounts.	RN	19.06.20
	4.4	**Head of Internal Audit Opinion & Annual Report 2019/20** .		
		The Head of Internal Audit Opinion provided 'significant assurance' that there is a sound framework of governance, risk management and control within the CCG. She also advised that Substantial Assurance had been determined in respect of 'follow up actions'. This being the appropriateness of the organisation's response to internal audit recommendations made and action subsequently implemented The Governing Body received and noted the Head of Internal Audit Opinion & Annual Report 2019/20		
	4.5	**Annual Report of the Local Counter Fraud Specialist 2019/20**		
		The Governing Body received and noted the Annual Report of the Local Counter Fraud Specialist 2019/20.		
	4.6	**CCG Committees Annual Assurance Reports 2019/20**		
		The Governing Body received and noted the CCG Committees Annual Assurance Reports, providing assurance that the Committees of the Governing		

NHS Barnsley Clinical Commissioning Group

Ref	Agenda Item		Action	Deadline
		Body have discharged the responsibilities delegated to them in their Terms of Reference and have managed the key risks within theirs remit.		
	4.7	**Management Representation Letter**		
		Members were advised that the Audit Committee had recommended Governing Body to approve and sign the Management Representation Letter, to confirm that the financial statements are true and that they have been prepared in accordance with the accounting policies directed by NHS England. .		
	4.8	**Statement as to Disclosure to Auditors**		
		Governing Body was reminded of the Statement as to Disclosure to Auditors which forms part of the Accountability Report. All members present confirmed they were able to make this declaration.		
	4.9	**Approval and Adoption of Annual Report and Accounts and approval of the Letter of Representation**		
		The Governing Body: • **Received the audited Annual Report and Accounts 2019/20** • **Received and considered the ISA260 External Auditor's Report 2019/20 and the Draft Annual Audit Letter 2019/20** • **Received the final Head of Internal Audit Opinion 2019/20** • **Received the Annual Report of the Local Counter Fraud Specialist 2019/20** • **Received and noted the Committee Annual Assurance Reports 2019/20** • **Received and approved the Management Representation Letter 2019/20 and authorised the Chief Officer to sign it on the CCG's behalf** • **Confirmed that the Statement as to Disclosure to Auditors is accurate** • **Approved and adopted the Annual Report**		

NHS Barnsley Clinical Commissioning Group

Ref	Agenda Item	Action	Deadline
	and Accounts 2019/20 • **Authorised the Accountable Officer to sign and date the Performance Report, the Accountability Report, the Statement of Accountable Officer's Responsibilities, and the Statement of Financial Position on the CCG's behalf.**		
GB/EO 20/06/05	**DATE AND TIME OF THE NEXT MEETING** Thursday 9 July 2019 at 9.30 via Microsoft Teams.		

NHS
Barnsley
Clinical Commissioning Group

GOVERNING BODY
(Public session)

9 July 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 12 March 2020

Table 1

Minute ref	Issue	Action	Outcome/Action
GB 20/03/12	**PRIMARY CARE ASSURANCE REPORT** To ascertain the effectiveness of the 'Releasing Time for Care' programme in Barnsley Practices. To include information about joint working between Barnsley Primary Care and the SYB ICS in the next Primary Care Assurance Report. To ascertain if there is flexibility of the Doctor link system to stream patients as appropriate to suitable alternative services. To collate and review available data regarding the Social Prescribing service rates of patient and service reengagement and report findings to the Governing Body.	**JW (JF)** **JW (JF)** **JW** **JW**	
GB 20/03/17	**QUESTIONS FROM THE PUBLIC ON BARNSLEY CLINICAL COMMISSIONING GROUP BUSINESS** Question - Dementia Patients To arrange for the member of the public to meet with the Memory Team.	**JS**	In progress of being arranged

2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Table 2

Minute Ref	Issue	Action	Outcome/Actions
GBPu 19/01/13 GB 19/03/06	**MENTAL HEALTH 5 YEAR FORWARD VIEW BUSINESS CASE** To submit NHSE evidence to the Clinical Forum re how an IAPT-LTC service can reduce acute healthcare costs associated with long term conditions.	**PO**	**COMPLETE** - the evidence was provided within the original IAPT Business Case – IAPT LTC is now a 'must do' as part of the NHS Long Term Plan
GB 19/03/10	**CHILDRENS COMMISSIONING REPORT** To clarify the figures in relation to costs of the revised over 11 years ASC pathway***.***	**PO**	**COMPLETE -** the ASD pathway has been redesigned and delivered by BHNFT – waiting times are significantly reduced (from 2.5 years to 9 months)
GB 19/03/11	**TRANSFORMING CARE UPDATE** To ascertain the impact of re-provision and gain Governing Body approval.	**PO**	**COMPLETE** - the Transforming Care programme and the challenges faced were outlined and discussed within a recent Governing Body Development session.
GB 19/09/09	**NEIGHBOURHOOD TEAMS** To formally include the BREATHE service into phase one of Neighbourhood Teams Specification and progress via contractual route.	**JB**	**ONGOING** – Co-location agreed.

	To establish Task and finish group to ensure BREATHE is integrated into Neighbourhood teams*.*	**JB**	**ONGOING** – as above.
GB 19/09/11	**COMMISSIONING OF CHILDRENS SERVICES QUARTERLY MONITORING REPORT** 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. To submit the specification for the Community Paediatric Service to Clinical Forum in November 2019. To submit the specification to the Children's Executive Group in the first Instance. To consider Paediatric Services Specification for integrated care working.	**PO** **PO** **PO** **PO**	All four 'actions' link to the same piece of work i.e. the development of a new Community Paediatric Service specification – progress has been delayed but will be picked up again shortly
GB 19/09/13	**MENTAL HEALTH UPDATE** To present local and South Yorkshire & Bassetlaw regional suicide prevention plans to a future meeting of the Governing Body or Developmental session.	**PO**	Rescheduled from 28 May 2020 to 29 October 2020
GB 19/11/03	**PATIENT STORY - YOUNG COMMISSIONERS, OASIS** To consider how the voice of the young commissioners can be involved with the work of the CCG and Health and Wellbeing Board.	**LS/NB**	**IN PROGRESS** - Under consideration Patient Council Member; considering introductions via

			her contacts.
GB 20/01/11	**BEREAVEMENT SERVICES** To consider a Governing Body patient story around Bereavement Support Services. 12/03.20 - *To* produce a composite Patient Story around bereavement services including coroner involvement for the Governing Body. To invite a local Authority representative to attend the Governing Body Development Session for discussion on the Bereavement support services in Barnsley.	**CM KW JS** **PO**	**Complete** - unable to progress due to Covid' Rescheduled from 28 May 2020 to 29 October 2020
GB 20/01/16	**ACCESS TO INFERTILITY TREATMENT POLICY** The Quality & Patient Safety Committee to write to the Author/Lead of the Access to Infertility Treatment Policy with their reservations regarding smoking.	**SK**	**COMPLETE -** Advised not to write to ICS about infertility policy changes for smoking since the policy was agreed by all the other CCG's in SYB.
GB 20/01/21	**COMMITTEE REPORTS AND MINUTES - QPSC MINUTES** To give consideration to the application of Get Fit First Policy in conjunction with the Infertility Treatment Policy	**SK**	Linked to 20/01/16.
GB 20/01/22	**QUESTIONS FROM THE PUBLIC –** **QUESTION - Mental Health Services 5 Year Plan, Children and Young Peoples emotional wellbeing** To share the report of the final Future in Mind Stakeholder event with the member of the public.	**PO**	**COMPLETE** - Details have been provided – also directed member of public to the refreshed FiM Local Transformation Plan .

NHS
Barnsley
Clinical Commissioning Group

GOVERNING BODY

9 July 2020

COVID19 Update

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**
	Decision ☐ *Approval* ✓ *Assurance* ✓ *Information* ✓
2.	**PURPOSE**
	To provide Governing Body with an update in relation to the CCG response to the Coronavirus Disease (COVID19) outbreak including the CCG role in supporting the national and regional response through the command and control structures. This paper provides an update on the key developments, new guidance for CCG's and the headline actions taken by the CCG since the last update on 28 May 2020. The Governing Body will be presented with a separate report covering the approach and plans for stabilisation and recovery in Barnsley and providing an update on plans and priorities.
3.	**REPORT OF**

	Name	**Designation**
Clinical Lead	Nick Balac	Chair
Executive Lead & Author	Jamie Wike	Director of Strategic Planning and Performance (Accountable Emergency Officer)

4.	**SUMMARY OF PREVIOUS GOVERNANCE**

The matters raised in this paper have been subject to prior consideration in the following forums:

Group / Committee	Date	Outcome
Management Team/CCG Gold Command	Weekly MT Call and Daily CCG Gold Call	Updates and decisions as noted in Appendix 1

5. UPDATE REPORT

5.1 Introduction

Following the declaration by the World Health Organisation (WHO) on 11 March that the COVID19 outbreak be classified as a pandemic and the introduction of 'lock down' restrictions on 23 March the CCG Governing Body noted on 26 March that the situation was being managed as a level 4 incident for the NHS with national command and control structures in place. This continues to be the current position and therefore the command and control structures previously described remain in place.

The Government and the NHS have however started the planning process to consider how to begin to stabilise, recover and reset. Work is ongoing nationally, regionally and locally to consider how this work should be taken forward and what the priorities should be for the NHS over the next year and beyond. This work is taking place in the knowledge that there may be a number of scenarios in relation to the pandemic, ranging from a continued decline in the number of cases of COVID19, to there being a second surge and wave which coincides with the winter period and the associated seasonal flu and other conditions.

As the COVID response continues to be classified as a level 4 incident, the temporary changes to the CCG decision making governance arrangements remain in place. In line with these arrangements all decisions taken are:

- Logged in the Covid19 incident logs
- Reported to SMT Gold Command for ratification as soon as practical, and
- Summarised for Governing Body through this report.

5.2 Command, Control and Co-ordination Arrangements

The command, control and co-ordination structures described to Governing Body on 30 April remain in place across the health and care system in Barnsley. This includes the health and care coordination arrangements consisting of a Barnsley Health and Social Care Strategic Co-ordination Group (Gold), a
Health and Social Care Tactical Group (Silver) and operational groups (Bronze).

Since the last report on 28 May, there has been some work to review the role of certain groups within the command and control structures to free up capacity to focus on ensuring that system and CCG priorities are delivered. To facilitate this, the Barnsley wide Gold and Silver Groups have been structured to ensure sufficient focus on both response and addressing issues arising and on delivering the agreed priorities for stabilisation and recovery.

	The CCG command and control structure and clinical leadership arrangements also remain in place and in line with the above changes the CCG/Primary Care Silver Group and the clinical forum have started to focus more on ensuring robust plans are in place and delivered to build on the learning from changes that have been implemented in response to COVID19.
5.3	**Service Changes and Key Decisions** Since the last report on 28 May 2020 there have been no new services (for patients) introduced and no services have been suspended as a result of capacity issues associated with COVID19. During the period the key points to note have been: • The successful delivery of a comprehensive programme of support for Care Homes, including delivery of infection and prevention control training to every care home. • The ongoing support to GP practices to support their work to follow up and support shielded patients. • The extension of the COVID home visiting service to September 2020 to continue to provide access to primary care services for patients with COVID of with symptoms. • The extension of the Intermediate Care – Acorn Unit bed provision in Buckingham and the GP Oversight to September 2020. • The enhancement and further development of local testing arrangements, including the introduction of antibody testing. In line with the governance and decision making arrangements relating to COVID19 and to support some of the changes described above, the CCG have taken a number of decisions since the Governing Body meeting on 28 May 2020. These are included for information at Appendix 1. Whilst the temporary changes to the CCG decision making governance arrangements continue to remain in place, a number of CCG committees have now begun to meet again to enable effective oversight of the CCG's business and support delivery of statutory duties and responsibilities. This includes the Finance and Performance Committee, Primary Care Commissioning Committee and Quality and Patient Safety Committee.
5.4	**Supporting our workforce** Protecting the health, safety and welfare of our staff within NHS Barnsley CCG during the COVID19 pandemic is extremely important and therefore all employees have been working from home since 30 March 2020. To be able to effectively support all employees we recognise the importance of assessing which of our employees fall into clinically vulnerable or 'at risk' groups. As such we requested that initial risk assessments be completed for ALL staff, using an agreed template to understand how we can support employees during this difficult time. In accordance with a request from NHS England/Improvement to collate and publish information relating to the risk assessment of at risk staff, the number of completed risk assessments as at 1st July 2020 is detailed below:

Team	Total No. of Staff	No. of Risk Assessments Completed	Percentage of Risk Assessments Completed	Total Number of BAME Staff	No. of BAME Staff Risk Assessments Completed	Percentage of BAME Staff Risk Assessments Completed
CHC	22	21	95%	1	1	100%
Commissioning and Transformation	10	8	80%	0	0	N/A
Comms	3	3	100%	0	0	N/A
Corporate 1	3	3	100%	0	0	N/A
Corporate 2	7	6	86%	0	0	N/A
Finance	10	9	90%	1	1	100%
Medicines Management	53	44	83%	11	9	82%
Primary Care	8	6	75%	0	0	N/A
Quality	8	4	50%	0	0	N/A
Total	**124**	**104**	**84%**	**13**	**11**	**85%**

* GP Members of the Governing Body have been risk assessed within their practice and all members of Governing Body are currently working remotely, and will continue to do so.

Additional mitigation over and above the individual risk assessments:

In addition to the risk assessments that are being conducted for all staff, any employee that identifies themselves as part of an 'at risk group' will be offered a further layer of risk assessment using a more in-depth risk management tool to better understand the level of support required by the organisation to protect them.

On the back of the risk assessments, consideration is currently being given to enabling a small number of employees to begin to work from Hillder House where the risk assessment has identified that this will improve their work environment and where this can be done in a safe way.

6. THE GOVERNING BODY IS ASKED TO:

- Note the update provided in this paper
- Note the decisions made by the CCG Gold Command as set out in Appendix 1

7. APPENDICES / LINKS TO FURTHER INFORMATION

- Appendix 1 – CCG Gold Command Decisions

Agenda time allocation for report:	*10 minutes*

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (*place ✓ beside all that apply*):

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*

2. Links to statutory duties

This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (place ✓ beside all that are relevant):

Management of conflicts of interest (s14O)	**See 3.2**	Duties as to reducing inequalities (s14T)	**See 3.5**
Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
Duty to exercise its functions effectively, efficiently and economically (s14Q)	**See 3.3**	Duty as to patient choice (s14V)	
Duty as to improvement in quality of services (s14R)	**See 3.4**	Duty as to promoting integration (s14Z1)	
Duty in relation to quality of primary medical services (s14S)	**See 3.4**	Public involvement and consultation (s14Z2)	**See 3.6**

3. Governance Considerations Checklist *(these will be especially relevant where a proposal or policy is brought for decision or approval)*

3.1 Clinical Leadership

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***Y***
Proposals to be signed off by virtual Governing Body meeting	

3.2 Management of Conflicts of Interest (s14O)

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***

3.3 Discharging functions effectively, efficiently, & economically (s14Q)

Have any financial implications been considered & discussed with the Finance Team?	***NA***
Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	***NA***

3.4	**Improving quality (s14R, s14S)**	
	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	**Reducing inequalities (s14T)**	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	***NA***
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	***NA***
3.6	**Public Involvement & Consultation (s14Z2)**	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	***NA***
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	***Y***
	GB and PCCC meetings will not be held in public for the duration of the outbreak due to the need for social distancing.	
3.7	**Data Protection and Data Security**	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	***NA***
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	***NA***
3.8	**Procurement considerations**	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	***NA***
	Has a Single Tender Waiver form been completed if appropriate?	***NA***
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	***NA***
3.9	**Human Resources**	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***
3.10	**Environmental Sustainability**	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***

APPENDIX 1 – SUMMARY OF GOLD COMMAND DECISIONS AND APPROVALS (FOR GOVERNING BODY TO NOTE)

Date	Decision
26.3.20	Noted delegation of decision making authority from Governing Body to CCG Gold Command for duration of coronavirus epidemic.
26.3.20	Noted emerging arrangements for regional and Place command & control arrangements.
30.3.20	Covid 19 Discharge Model Funding – noted that BCCG and LA had agreed to adopt a pooled approach in respect of the Covid-19 Funding.
30.3.20	Noted mobilisation and development of primary care hot & cold sites.
1.4.20	Noted that the Community Covid-19 Management Service – offering Home visits and clinics will be available from 2.4.20
2.4.20	Gold Command supported and approved a proposal to procure an additional 60 beds in the community for patients recovering from Covid 19, who have been discharged from hospital into the community, but are unable to return home due to clinical or social reasons, including patients at EoL.
3.4.20	Hillder House car park opened up for use by BHNFT staff
3.4.20	CCG staff working over bank holiday weekend to be reimbursed at appropriate enhanced rate.
6.4.20	Noted proposal to use Eclipse data to support effort to identify vulnerable high risk patient cohort.
6.4.20	To mitigate the possibility that Practices may not receive PPE from the central hub, it was agreed to continue with the proposal to order kit from local suppliers.
6.4.20	As part of the Long Term Plan for mental health, NHSE had previously requested all mental health trusts have a 24/7, single point of access for urgent mental support that is available to the public. This was originally expected to be delivered by March 2021, however NHSE have now asked for the service to be delivered within the next week as a priority ahead of the peak of the COVID-19 pandemic. West Yorkshire had gone out to procurement in January 2020, awarded a 2 year contract and are currently in the mobilisation phase and SWYPFT are part of that solution. The contract that West Yorkshire has put into place would extend to Barnsley. Members supported the proposal for Barnsley to be included in the contract.
8.4.20	Noted that BCCG and the LA had been working together to coordinate a volunteer medicines delivery service, delivering medication to vulnerable and high risk patients at home. It had been agreed to adopt a local approach, which Meds Mgt team is co-ordinating.

APPENDIX 1 – SUMMARY OF GOLD COMMAND DECISIONS AND APPROVALS (FOR GOVERNING BODY TO NOTE)

8.4.20	Gold Command supported a proposal to extend the Teledermatology pilot until the end of August 2020.
8.4.20	Gold Command supported the Cancer Alliance proposal to reduce the endoscopy demand for high risk patients by introducing fit testing for 2ww referral.
8.4.20	Gold Command noted the reimbursement summary that captured the covid related costs up to 31st March 2020 which the Chief Officer would sign off before being submitted.
9.4.20	Gold Command noted and supported a proposal to commission 30 Intermediate Care beds at Mapleton Court for a period of 3 months with the caveat that the unit would offer recovery provision for step down Covid-19 positive patients only. Alternative provision would be sourced for step up non-Covid-19 patients.
9.4.20	Gold Command supported the H&C Gold and Silver Command proposal to enhance the capacity to provide drive through testing facilities at BHNFT for Staff from Primary Care, Community and Social Care.
15.4.20	Noted the NHSE&I command to transfer paediatric activity to Sheffield Children's Hospital, and noted that the paper would be shared with BCCG Governing Body for noting.
16.4.20	Gold Command noted and approved the discharge criteria into Mapleton Court and the wider intermediate care bed base, with the caveat that document would be subsequently amended to incorporate elements of the DoH Adult Social Care guidance.
16.4.20	SMT agreed that further to the initial planning and decision around Mapleton Court, to provide funding for 30 beds, that this would be initially for 15 beds on a block basis with the potential to increase to 30 beds if required for a 3 month period with a 4 week notice period.
22.4.20	Gold Command noted a paper which captured the services changes across acute and primary care. To mitigate any challenges regarding the decisions made, it was agreed that the report would be monitored and maintained regularly and submitted to the Governing Body to note.
22.4.20	Gold Command supported a consolidated approach to enhance capacity in iHeart for all Barnsley patients on the 8th May Bank Holiday.
29.4.20	Gold Command considered a request from BMBC to fund the purchase of PPE for care homes at a cost of £160k, with the caveat that if the CCG's claim was unsuccessful, the Local Authority would reimburse BCCG for the full amount. Following discussion Gold Command agreed to review the charging mechanisms and explore BMBC funding this

APPENDIX 1 – SUMMARY OF GOLD COMMAND DECISIONS AND APPROVALS (FOR GOVERNING BODY TO NOTE)

	from all the additional allocations they had received. [The CFO has now informed BMBC they must fund the PPE given this was the purpose of the resource they have received which is included within the guidance].
29.4.20	Gold Command supported the proposal to purchase the MAPP Software license - to be reviewed at the end of the first year.
07.5.20	Gold Command approved the Primary Care proposal for additional capacity to meet anticipated demand on the 8th May Bank Holiday.
13.5.20	Gold Command approved to extend the GP Locum cover until the end of June 2020, to be reviewed again end of June 2020.
20.5.20	Gold Command agreed to sign up to the Care Market Resilience Review, supporting the proposal utilising COVID funding.
20.5.20	Gold Command agreed to support the principle of continuing to host Nursing Vocational Training Scheme posts within BHF but would not be in a position to fund the costs in 2020/21. It was agreed that the CCG should discuss with BHF to identify if and how they would like to continue to support NVTS placements and how this could be funded from funding already available to BHF.
20.5.20	It was identified on the CCG Silver Call that the variation to the GP contract requiring practice cover remains in place and that the guidance from NHSE is that CCG's are able to define the level of cover for May Spring Bank Holiday required. Gold Command agreed to support the Bank Holiday proposal.
Further decisions logged since 28 May 2020 Governing Body:	
29.05.20	Gold Command agreed the approach to allocate the resources required from within the CCG to support GP practices in their work to follow up with and support shielded patients in line with current guidance.
12.06.20	In relation to Covid Home visiting services, Gold Command agreed to continue funding to September until the service is evaluated and future service requirements determined.
12.06.20	Caxton House Locum cover to be provided due to single handed practice/shielding to support resilience for July 2020. To be provided by BHF.
12.06.20	Intermediate Care – Acorn Unit bed provision in Buckingham/GP Oversight agreed to extend to September 2020. Costs to be reclaimed through block arrangements or covid funding depending on NHSEI guidance from July
01.07.20	Get Fit First – SMT noted the proposal which had been discussed and supported by Clinical Forum to temporarily adjust the application of the policy to allow referrals and health improvements to commence at the same time to avoid additional waits for routine treatments whilst

APPENDIX 1 – SUMMARY OF GOLD COMMAND DECISIONS AND APPROVALS (FOR GOVERNING BODY TO NOTE)

	services continue to be impacted by COVID. Further consideration will be given to ensure that people who are severely obese are not disproportionately impacted and are provided with the support they need to meet the threshold for surgery where surgery is required.

NHS
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Clinical Commissioning Group

Covid 19 – Recovery and Stabilisation Priorities and Deliverables

Public Governing Body

9th July 2020

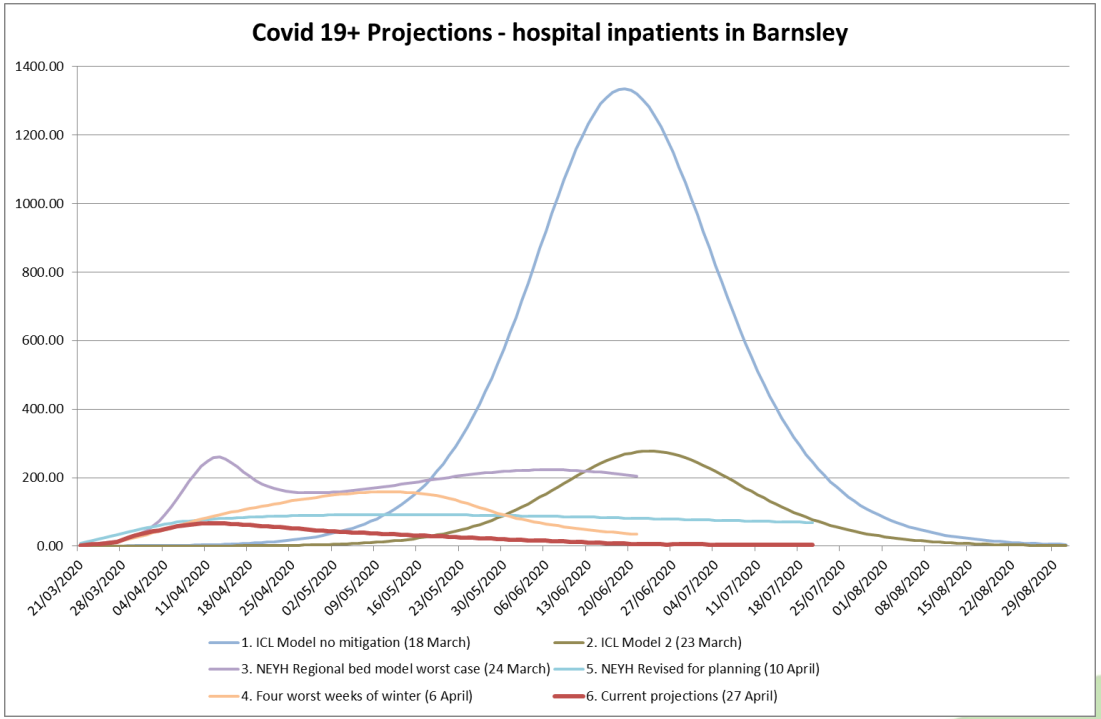
C19 Recovery and Stabilisation

1. What we planned for
2. What we have seen
3. How we responded
4. What we have learned
5. Where we are now
6. The GB ask

What we planned for

NHS Barnsley Clinical Commissioning Group

- Early modelling suggested the health and care system would quickly be overwhelmed with high numbers of people with C19 requiring treatment for serious illness
- Social distancing and other measures introduced by the Government significantly reduced community transmission preventing the rate of infection reaching the levels that were the basis for early models
- The health and care system in Barnsley prepared for and his seen enormous change as a result of C19 but has maintained essential service provision for local residents



What we have seen

NHS Barnsley Clinical Commissioning Group

- Barnsley has had higher recorded rates of C19 than the national and regional average since the onset of pandemic
- This appears to be a mix of proactive testing, an older and more deprived population, more underlying diseases increasing the susceptibility to C19, a high density of care homes and natural disease variation
- The reducing trend in C19 that we have seen nationally has been more resistant in Barnsley since the acute peak tailed off, but we have not seen any increase in cases since the peak.
- This stubborn baseline has largely been driven by clusters of cases in some warehouse and distribution facilities, and outbreaks in some care homes.
- These are now starting to dissipate and we are seeing very early signs of recovering a reducing trend in Barnsley more in line with the national trend.
- As C19 protracts and social distancing is eased, we will continue to see a rise in scale, scope and complexity in society and in the health and wider system that is reminiscent of pre-C19 but with C19 remaining clear and present and the economic and social fall out starting to manifest.

How we have responded

What did we change as part of our immediate response?

- Better **flow** of people between primary, community and secondary care services by ensuring senior clinical input early on in clinical pathways and processes and implementing the discharge to assess (D2A) model.
- Minimising face to face contacts to prevent spread of infection – rapidly moving to **digital or triage first**
- **Closer working between community teams, primary care and social care** to support people who need ongoing care and support at home or in a care home, including those at the end of life
- Supporting **vulnerable** people including those on the **Shielded Patient List** (SPL) through the C19 contact centre, mobilisation of volunteers within neighbourhoods and primary care
- **Supporting our staff and communities** who have been extraordinary throughout the outbreak to help those in need of care.

How did we work together?

- Collaboration partnership working across organisations
- Leadership across all service areas
- Rapid redeployment of staff
- Sharing resources to meet the most pressing challenges (PPE, Resource)
- Flexible / Agile
- Strong Communication
- Citizen / Resident / Patient / Neighbourhood focussed

What were the key enablers?

- Incident Response = Responsive Decision making
- Focus on outcomes
- Shared data and intelligence
- Patient Record Sharing – need to continue this

What we have learned

- System Leadership & Collaboration
- Resource Allocation / Financial Balance
- Flexibility / Agility
- Place base case load / data sharing
- Led by health and care professionals
- Holistic prioritisation

Principles of working	
1.	**Partnership works.** Only by working collectively can we deliver at pace and scale to support local people
2.	We need to be **flexible and agile** because of the dynamic situation we are in. This includes how we allocate our **resources** to the right place and take the opportunity to release cost improvements
3.	**Barnsley Wide Place-based case load.** Lots of people have had their care delayed through the outbreak and social distancing will prevent some services from returning to previous activity levels. There needs to be a system-wide approach to prioritising people and services to maximise health benefits.
4.	**Building clinical and professional consensus** as one and moving towards shadow integrated care governance
5.	Need to look **holistically at prioritisation of health and well-being**, and an equitable offer
6.	**Clear and consistent key messaging and communication is valued**. Focus on building upon joint communications and engagement activity to keep people informed and engaged.

Where we are now

NHS Barnsley Clinical Commissioning Group

- Agreed principles for partnership working remain the same as pre-COVID-19
- Importance of system leadership and partnership working has been reinforced by C-19
- Shared leadership and governance key to delivering system financial balance
- NHS Reset – move nationally to more formal integrated care governance
- Quality and Efficiency: the key focus areas have not changed from pre C19 but have been re-emphasised and the momentum/effectiveness of partnership working now means can move at a greater pace. Workstreams to deliver efficiency and improved outcomes being established; building on C19 progress and historic partnership working

Priorities to March ‘21

NHS Barnsley Clinical Commissioning Group

- Priority One: C19 Management and Recovery
- Priority Two: Supporting Complex, Vulnerable & Shielded People (including our workforce)
- Priority Three: Understanding the impacts of the epidemic
- Priority Four: ‘Lock in’ C19 transformation & Planned care coordination
- Priority Five: Achieve financial balance

Deliverables

NHS Barnsley Clinical Commissioning Group

1. Coronavirus management & recovery	2. Supporting complex, vulnerable and shielded people (incl workforce)	3. Understanding the impacts of the epidemic	4. Lock in change Planned care coordination and place based caseload	5. Financial balance
• Surge planning, stress testing • Hot / cold sites • Track, trace, apps, portal, testing, vaccination • Protect ICU capacity • Continuation of gold, silver, bronze to support	• Plan for continued use of contact centre and CVS • Consistent, best offer, support to staff • Offer to population groups / population segmentation, incl BAME, LD etc • Flexible workforce arrangements	• Vulnerability index to support new approach to prioritisation • Patient and citizen experience – learning from what local people have told us, then responding to and acting on this in a timely way • Shared data and reporting – continue & automate	• Embed discharge pathway and understand staff/resource implications • C19 recovery and rehabilitation offer embedded in neighbourhood teams • Care home market sustainability • Intermediate care bed requirements • A&E front door model implemented • Consistent approach to use of digital first tools with focus on outpatients and planned care • Coordinated recovery plan, incl use of estates to maximise capacity • Shared care record	• System response to funding opportunities • Reduced cost base plans for implementation by 21/22 • Agreed allocation methodology and plan to implement

Outcomes and impacts

NHS Barnsley Clinical Commissioning Group

Priorities and deliverables

Short term outcomes

System ready for C19 activity surges and winter

Reducing rate of new infections

Those most at risk of serious illness are protected

Those most vulnerable in society are supported

The health and care workforce are supported and celebrated & diversity is recognised

Financial risk is minimised

Capacity is maximised

Medium term impacts

Right care, right time and right place

Improved sustainability and quality of health and care services

Care home market is stabilised

Health and care inequalities are reduced

Cost base across health and care is reduced towards system financial balance

Barnsley 2030 Alignment

Key considerations

- Risk of continued local C19 infection situations and outbreaks leading to escalation locally as seen in other parts of the country and internationally
- Hidden harms from C19 such as potential for delayed presentations of more serious conditions
- Expectations of service users and local residents around models of service delivery for example face-to-face versus telephone or online
- Non-C19 related urgent care increasing putting an already stretched system under increasing pressure
- Health and care workforce and gone above and beyond through the outbreak, under immense pressure and need to be supported through recovery
- Staff who have been shielded need to be supported to return to work appropriately
- Varying impact on different staff groups
- Some services may not be able to restart to recover to the same activity levels because of social distancing rules
- Limited time and window of opportunity to maintain recent working practices and build upon and strengthen these.

Governing Body Ask

- Governing Body has previously discussed and agreed these priorities and deliverables at the GB development session on the 25th June.
- The priorities and deliverables have also been discussed and agreed in principle at the Integrated Care Partnership Group on the 25th June.
- Clinical Senate has also been engaged and was supportive (30th June).

➢ Governing Body is now formally asked to approve these priorities and deliverables, noting that these will inevitably be subject to some change depending upon C19 activity. Approval will allow the CCG to continue to engage with system partners and to push forward the transformation plan required to deliver against the priorities.

NHS
Barnsley
Clinical Commissioning Group

Governing Body

9 July 2020

Cancer Programme Update - Stabilisation Plan and Interim Assurance
PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*	x	*Assurance*	x	*Information*	

2. PURPOSE

The aim of this paper is to:

1. To provide assurance to Governing body about the stabilisation plan and mitigating actions enacted by the CCG and Barnsley Cancer Steering group during the COVID 19 EPPR period to reduce the impact on the cancer pathway delivery .
2. To provide assurance to the Governing body and Barnsley population that the CCG has a plan in place about how to handle the impact of COVID on the pathway
3. To outline the future actions being undertaken by the CCG to instil confidence that a stabilisation plan is in place, that will be focusing on prioritising mitigating actions that may have the clinically greatest harm reduction and moving to a pre-Covid position .
4. To ask for the priorities outlined in this paper to be noted and supported as an interim assurance update.

3. REPORT OF

	Name	**Designation**
Executive / Clinical Lead	Jeremy Budd	Director of Commissioning
Clinical Leads	Dr K Hussain /Mr M Simms	Governing Body – Clinical Leads
Author	Siobhan Lendzionowski	CAT Lead/Programme Lead

4. SUMMARY OF PREVIOUS GOVERNANCE

The matters raised in this paper have been subject to prior consideration in the following forums:

Group / Committee	**Date**	**Outcome**
Cancer Steering Group	21 May 2020	Agreed the Priority Areas

Clinical Forum	8 June 2020	Approved 'in principle' plan/support implementation	
Senior Management Team	24 June 2020	Approved assurance paper/ recommended update Governing Body	

5. EXECUTIVE SUMMARY

1. Introduction

Governing body is being asked to take note of the Cancer Steering group Cancer Programme Stabilisation Plan enacted during the COVID period April-June 2020. Secondly to approve the plans continuation of outstanding actions and new planned priorities for the next 3-6 months. Thirdly to support the implementation of the priorities outlined in this paper. This paper will also outline the mitigating actions being undertaken to stabilise the pathway delivery and ensure that Barnsley population health outcomes are the priority during the next 3-6 month period. The paper also includes the Cancer Alliance Recovery plan overlapping actions. This is in order to reflect that these wider ICS structures have been supporting the Barnsley recovery.

2. COVID Period – April to July 2020

During April/early June 2020 a Cancer Programme Stabilisation plan (refer to Appendix A for detailed plan and Appendix B for Cancer Stabilisation plan on a page) was produced by the Cancer Steering group to:

- Minimise the risks and impact of Coronavirus on the pathway for patients currently referred and whom were potential referrals into the pathway
- Stabilise the cancer pathway delivery
- To provide the CCG with an interim assurance framework for the cancer programme to work within during the EPPR period and stabilisation period.
- To ensure that the CCG had a governance process in place that enabled it to respond to the Cancer Alliance recovery and mitigating action planning.

The plan was developed over a month's period by the CCG two Clinical Leads and CCG Programme/Commissioning Lead in partnership with the multi-agency Barnsley Steering group members that include BHNFT; BMBC and SWPFT, public/patient representatives. The views of the CCG Clinical Forum have also been sought in order to provide a 'sense check' that the priorities were the correct ones, achievable and aligned with Primary Care resilience planning.

The primary risks to the Cancer pathway delivery throughout this period was :

1. significant reduction in 2 week wait referrals from 230-250 a month to 60 at one point (76% reduction)
2. patients lost to escalation, follow-up or treatment and thus presenting a clinical risk as a result of lack of action or delay
3. as a result of unusable or inaccurate reporting, an inability to prioritise patients as a result of clinical urgency or chronology; safety netting
4. impact of cancellations and deferrals on patients health
5. Patients were waiting for diagnostics due to the impact of Coronavirus. For e.g. a reduced endoscopy activity due to significant risk of COVID transmission during procedure
6. reduced attendance for appointments due to patient choice
7. concern that an increase in cancers diagnosed at a later stage due to screening programmes pausing; vulnerable groups 'shielding; fear of

Coronavirus spread reducing demand; a further 'surge' in demand due to coronavirus on hospital resources .

8. the impact on quality of EOL patient care due to increased demand on community services; care homes; primary care and virtual interactions.
9. lack of effective communication and engagement with patients /population of Barnsley with regard to how providers and CCG responding to the situation - impact on their treatment options; pathway changes because of the coronavirus demand and the continuing restrictions required to manage this situation.

Some of the actions taken at this time were:

- A variety of methods were used to let people know that they should continue to contact their GP practice if were worried about having cancer and why it was really important. e.g. articles in the Barnsley Chronicle; and key messages promoted via social media and through patient groups .Public and patient feedback was used to tailor these messages and ensure they made the most impact. This action did have an impact and has increased referrals from a 76% reduction back up to only a 25% reduction compared to pre-Covid. Refer to appendix C for the Chronicle article.
- BHNFT set up a more robust recording system to ensure patients were prioritised based on clinical need and will continue to keep prioritising patients treatments based on clinical need. This is the same for STHT and Weston Park patients.
- All patients on the BHNFT or STHT treatment and referral pathway were contacted multiple times to ensure clinical OPD occurred. These in the majority moved to virtual clinic appointments. Face to face clinics at BHNFT clinics continued if patient wanted to attend in this manner
- Chemotherapy continued to be offered and alternative treatment options were provided if the patient chose to not attend
- The Well Centre and Cancer support workers continued their work but virtually e.g. sent information to all patients about how to manage risks; and where to access support if worried about care or how to psychological impacts; the cancer choir continued virtually
- Community and hospice services increased the support to people at EOL who wished to be at home, as this demand increased considerably. Also some people chose to not go the hospice during the first few months.
- Introduced the FIT test to provide additional prioritisation tool for lower GI referrals; and a virtual referral tele dermatology option.

In the second half of this period the CCG also focused on supporting health and social care services with the move to a co-ordinated stabilisation position that is in line with Barnsley 'stabilisation and recovery' plan and principles. This includes being prepared for any further Coronavirus demand on the pathway; embedding new ways of working that were a response to the EPPR situation and working as part of the Cancer Alliance to optimise actions that will improve Barnsley population mortality and morbidity.

This included:

- Further work on ensuring patients whom were due to be screened or on this pathway were contacted and received treatment if a priority
- To ensure cervical screening could start again on 6 June worked with primary care and BHNFT to be prepared for this change

- Working on how can meet the back log of diagnostic tests and treatments built up during this period and will continue due to social distancing rules at BHNFT reducing number of people who can attend at the same time. This includes asking people to go to Claremont independent hospital instead for tests and treatments; making it safer for people to attend endoscopy unit.

3. Future Stabilisation Plans – from July Onwards

The majority of the first initial actions in the mobilisation actions have been implemented or started. The next priorities for the group are to implement the Second Phase of NHS response to COVID-19 for cancer services and continue with the outstanding actions from the stabilisation plan. These next 3 months priorities and actions will therefore focus also on:

Areas of Priority	Current Position	Challenges	Position in 3 months by October 2020	Cancer Alliance Recovery Actions/ Overlaps
Diagnostics on track and reducing waiting list back log	Endoscopy capacity increased and colonoscopy started /FIT test in place to support triage – large back log that will not be met based on current activity levels at BHNFT	Staff available to provide tests space to provide tests; managing lower and upper GI referrals on a waiting list	Reduced some of backlog of patients/ Barnsley people using additional resources via regional hub and community based diagnostic provision/ increased activity at BHNFT/STHT 8am-8pm	Modelling future activity and resource demand/ Centralised diagnostics triaging that is equitable and meets demand/one additional community based diagnostic provision for SY&B
	Regional surgical hub resource not being fully used/process in place to identify suitable patients at BHNFT	Patients reluctance to travel to Claremont /lack of staff resource to provide provision	increased number of patients confident to travel/all slots used/lack of resources solved	Surgical hub developed to reduce back log (12 slots allocated to Barnsley)/more space at BHNFT for cancer patients treatments
2 week referrals back on track and 62 days RTT targets met	Overall activity 31/5 183 (80%) compared to 226 (2019) referrals increase activity on pressurised pathways– upper GI increased	BHNFT resource to meet Lower and Upper GI activity /reduced activity due to social	Referrals at pre COVID level /used CA modelling to predict and respond to demand/ additional	Centralised diagnostics triaging that is equitable and meets demand / surgical hub provision in place

	from 20 to 26 per week /Lower GI 32 to 39/ safety netting in place	distancing	resources in place to meet demand	
Screening in place	New invitations started again 6/6 for Cervical /back log of tests to undertake/ Bowel and Breast priority people only being screened.	BHNFT capacity to meet new referrals/ Increase in referrals that have cancer/staff for radiology reporting for breast	Capacity in place for Bowel screening and breast reporting/ Out of hours cervical screening started/ Early Diagnosis PCN DES plans agreed	ICS radiology workstream provided BHNFT funding for home based image provision - challenge is IT for reporting
Minimising risk of unintended consequences due to COVIID impact	Safety netting and triage in place for all referrals/ MDT case management/risk stratification / 104 day harms process strengthened- increased from 1 per quarter to 5 for May	Meeting demand as more patients become Priority 1; reduced survival as increase late presentations	Increased capacity in place to meet demand/ modelling used to predict demand/ number of 104 days referral breaches reducing	centralised safety netting/ MDT and PTL in place to reduce risks / Clinical and quality groups working on increasing clinical assurance
Managing patients fears and concerns about attendance/ treatment changes	Several communications and engagement activities undertaken to allay fears / using real time feedback within messages and with people who can influence this agenda/Wellbeing centre using virtual methods/ All patients on pathway have regular contact with services	Some patients still reluctant to attend / fear using public transport/taxi/ lack of virtual connection to engage with service / Black people at greater risk/ psychological impact of Covid19	Travel solution in place; increased numbers returned to practices and hospital provision/safety netting process able to respond to public concerns/provide answers to fears/queries	Tool kit produced in conjunction with SYB Cancer Alliance patient and public engagement group/ Barnsley patient council member sits on this group / Clinical Delivery Groups picking this up as a priority and have safety net in place

It is recommended that Governing Body take note of the stabilisation plan and mitigating actions enacted and approve the next 3 months priorities for the CCG and BCSG.

	GOVERNING BODY IS ASKED TO:
	1. Take note of the stabilisation plan and provide additional recommendations/comments to the Cancer Steering group about future priorities. 2. Agree to support the implementation of the actions and deliverables outlined in the paper. 3. Approve this paper as an interim assurance and update for the cancer programme.
	APPENDICES / LINKS TO FURTHER INFORMATION
	Appendix A: Cancer Programme Stabilisation Plan  MASTER BCSG Stabilisation plan Jun **Appendix B: Cancer Stabilisation plan on a page**  Barnsley Cancer Stabilisation Plan on a **Appendix C: Chronicle article**  covid article - April 24 2020 Referrals.pdf

Agenda time allocation for report:	*10 minutes*

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (*place ✓ beside all that apply*):

1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
2.1 Primary Care		7.1 Transforming Care for people with LD	
3.1 Cancer	x	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:	*Cancer GBAF*

2. Links to statutory duties

This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (place ✓ beside all that are relevant):

Management of conflicts of interest (s14O)	**See 3.2**	Duties as to reducing inequalities (s14T)	**See 3.5**
Duty to promote the NHS Constitution (s14P)	**x**	Duty to promote the involvement of each patient (s14U)	**x**
Duty to exercise its functions effectively, efficiently and economically (s14Q)	**See 3.3**	Duty as to patient choice (s14V)	
Duty as to improvement in quality of services (s14R)	**See 3.4**	Duty as to promoting integration (s14Z1)	
Duty in relation to quality of primary medical services (s14S)	**See 3.4**	Public involvement and consultation (s14Z2)	**See 3.6**

3. Governance Considerations Checklist

3.1 Clinical Leadership

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***Y***
Discussions have been held with Governing body CL's prior to submission.	

3.2 Management of Conflicts of Interest (s14O)

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***

3.3 Discharging functions effectively, efficiently, & economically (s14Q)

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***

3.4 Improving quality (s14R, s14S)

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 Reducing inequalities (s14T)

Has an Equality Impact Assessment (EIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	***NA***

3.6 Public Involvement & Consultation (s14Z2)

Has an s14Z2: Patient and Public Participation Form been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	***NA***

3.7 Data Protection and Data Security

Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	***NA***

3.8 Procurement considerations

Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	***NA***
Has a Single Tender Waiver form been completed if appropriate?	***NA***
Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	***NA***

3.9 Human Resources

Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***

3.10 Environmental Sustainability

Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***
N/a	

2020/21 Barnsley Cancer Steering Group Stabilisation Plan

REF	Programme	LEAD Insert Initials	RAG	start date	Review date	Reports to	Interdepencies	Escalation	Links	Whats changed	Progress Made	Position in 3 months by October 2020
	COVID-19											
1	**Completed ongoing actions (updates still required) C&O =Completed & Ongoing**											
1.1	Ensure safety netting for screening and symptomatic patients	SL/MK	C&O	16/04/2020	16/07/2020	BCSG	Primary Care resilience plan				Action to discuss with PCN/CF how gain assurance in place - Q is this within PC resilience. Safety netting and triage in plcae for all referrals/MDT case management/risk stratification/104 day harms process strengthened.	
1.2	Implement FIT in high risk to support symptomatic lower GI triage/diagnosis	JC	C&O	16/04/2020	16/07/2020	BCSG	Primary Care/BHNFT		Cancer Alliance - Modelling future activity and resource demand.Centralised diagnostics triaging that is equitable and meets demand.		JC Comments 17/06/2020: This work has been completed - the GP's need to continue to send Lower GI 2ww suspeceted Cancer patient referrals and also ensure a FIT is requested (only without rectal bleeding being present) at the same time.	
1.3	Ongoing cancer pathway reprioritisation of work due to COVID-19	SL	C&O	16/04/2020	16/07/2020	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice			Increase of Upper and Lower GI referrals causing an additional backlog for this service	14/5 BHNFT developing recovery plan re 2ww, backlog and diagnostic future capacity. CPIG 14/5/20 clinicians requested to provide demand projections for diagnostics and possible outsourcing. Also, promoted virtual consultations to continue and increase as appropriate. Cervical screening start date letter issued to Primary Care 18/5/20	
1.4	Maintain focus with minimised clinical input during COVID outbreak.	SL	C&O	16/04/2020	16/07/2020	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice				BCSG meetings now back to monthly meetings BSCG has an additional CCG Governing Body member at the virtual meetings. BHNFT has a COVID contingency plan in place for potential increase in COVID cases.	
1.5	Mapping work of current site specific pathway provision open	JC	C&O	16/04/2020	16/07/2020	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice				BHNFT : review and look at each pathway daily within the cancer team and twice weekly with the services at our patient tracking list meetings. We escalate issues in the pathway at this point and look at how to resolve.	
1.6	Screening : agree start date including OH cervical	SL/JC		16/04/2020	16/07/2020	BCSG	PHE		ICS radiology workstream provided BHNFT funding home based image provision		New invitations started again 6/6 for Cervical /back log of tests to undertake/ Bowel and Breast priority people only being screened. BHNFT capacity to meet new referrals/ Increase in referrals that have cancer/staff for radiology reporting for breast	
1.7	Test MDT referral proforma with BHNFT Skin team.	KB/JC	C&O	16/04/2020	16/07/2020	BCSG					In progress. BHNFT consultant involved in development. In progress as part of BHNFT recovery stabilisation plan. Update to be given at next meeting. 28/5 : Meeting planned for Thursday the 11th June Cancer Alliance key stakeholders to agree to progress with the standardisation and creation of a generic MDT referral form for all tumour sites. Preferred plan to develop in infoflex to support digital roadmap work.	
1.8	BHNFT/PC environments ready to meet COVID recovery – cold/ Hot/	SL/JC	C&O	16/04/2020	16/07/2020	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice			Back log of patients awaiting screening and blood tests due to impact of cleaning treatment room after each patient.	In progress. BHNFT have a process in place to contact patients on waiting list. Comms to Barnsley community regarding services BHNFT- working on plans along with CCG to understand what the hospital site can look like to maximise the best possible patient experience and services closer to home where possible.	
1.9	PC environments ready to meet COVID recovery – cold/ Hot/	HK	C&O	16/04/2020	16/07/2020	BCSG					PC hot and cold sites in place + virtual consultations	
1.10	Ensure people who are shielded have access services .	HK/MS	C&O	16/04/2020	16/07/2020	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice				Primary Care are contacting shielded patients. SL working with Comms to regularly promote cancer awareness articles in the Barnsley Chronicle and to reinforce 'NHS is open for business' message. Article to be included in Chronicle that also focusses on people who already have cancer.	
1.11	**BHNFT** - Weekly update 2ww referrals demand and activity - to monitor recovery and respond to expected demand	JC/JQ	C&O	16/04/2020	16/07/2020	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice		Cancer Alliance - Centralised diagnostics triaging that is equitable and meets demand/surgical hub provision in place.		07/06/2020 - Update on Referrals recieved as at the last week of May referrals had continued to increase and are now only 18% lower than the last week in May in 2019 with over half the tumour sites recieving a higher weekly referral amount . The Trust continue to complete Consultant triage and where clincial agreed a telephone service to support reduction in patient travel to hospital this is working extreamly well and something that will support the recovery planning.	
1.12	**Primary Care** - Weekly update 2ww referrals demand and activity - to monitor recovery and respond to expected demand	JC/JQ	C&O	16/04/2020	16/07/2020						Clinical Forum updated by HK/MS on 21/5 BHNFT have a process in place to contact patients on waiting list, ie safety netting in place.	
1.13	EOL - Care Homes residents receiving quality care	JO/SL	C&O	16/04/2020	16/07/2020	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice				positive patients, support materials and access to support post covid for care home staff is being developed via the EOLC steering group. There is an expectation in the number of increased referrals to specialist palliative care referrals as clinics etc return to normal. Issues of concern include an increased level of psychological need as a result of the impact of the covid crisis – this is	
2	**Actions in next 30 days**											
2.1	Devise local comms strategy to ensure patients present with symptoms.	**SL/KW**	C&O	16/04/2020	16/07/2020	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice		Tool kit produced in conjuction with Cancer Alliance patient and public engagement group.		Several communications and engagement activities undertaken to allay fears/using real time feedback withn messages and with people who can influence this agenda. Wellbeing centre using virtual methods. All patients on pathway have regular contact with services. Some patients still reluctant to attend for fear of using public transport/taxi. Lack of virtual connection to engage with service. BAME are at greater risk. Psychological impact of COVID-19.	
2.2	Support SACT roll out planning to aid with capacity during COVID and beyond	**SA**		16/04/2020	16/07/2020	BCSG	STHT/CA				Virtual meeting across SY&B to review current position so that can take into account changes occurred due to COVID i.e. have in place now: SACT operating SOP; SACT predication tool and daily escalation process in place; virtual appts. BHNFT considering community venue for provision of service .	
2.3	Recruitment - to CDGs Chairs re ensure BHNFT clinicians represented and supporting CWT On track for CCG and BHNFT	**JD**		16/04/2020	16/07/2020	BCSG					No further chairs recruited. Escalated to BHNFT to identify and support . Reiterate that CDG Chair does not need to be a medic - that no chair for Upper GI.	
2.4	Use CA recovery and impact COVID modelling to mitigate risks survival, increased in late cancer	**SL**		16/04/2020	16/07/2020	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice/CA				In progress . Due w.c 30/6/2020	
2.5	Endoscopy services recovery (action 1.2)	**JC**	**C&O**	16/04/2020	16/07/2020	BCSG			**action 1.2**		17/06/2020: Endoscopy procedures for both Upper and Lower GI pathways commenced the early June. These lists however are significatly reduced do to PPE and Environmental Social Distancing factors to ensure both patients and staff are safe. Working alongside the ICS we have agreed to a 7 day isolation period pre procedure with a swab test 72 hours before. The clinical team have also completed a exercise on all the waiting list to prioritites patients into categories to ensure that the Independent sector can be utilised equitably accross the SYB Cancer Alliance footprint. With these Endoscopy session	

SECOND PHASE OF NHS RESPONSE TO COVID-19 FOR CANCER SERVICES 8 JUNE 2020

	Areas of Priority								Cancer Alliance Recovery Actions/Overlaps	Challenges	Current Position	Position in 3 months by October 2020
	Diagnostics on track and reducing waiting list back log (See actions 1.2 and 2.5)			08/06/2020	30/09/2020				Modelling future activity and resource demand/ Centralised diagnostics triaging that is equitable and meets demand	Staff available to provide activity; space to provide tests; managing lower and upper GI referrals on a waiting list	Endoscopy capacity increased and colonoscopy started /FIT test in place to support triage – large back log that will not be met based on current activity levels at BHNFT	Reduced backlog of patients/ utilising additional resources via regional hub and community based diagnostic provision
	Diagnostics on track and reducing waiting list back log (See action 7.1)			08/06/2020	30/09/2020				Surgical hub developed to reduce back log (12 slots allocated to Barnsley)	Patients reluctance to travel to Claremont /lack of staff resource to provide provision	Regional surgical hub resource not being fully used/process in place to identify suitable patients at BHNFT	increased number of patients confident to travel/all slots used/lack of resources solved
	2 week referrals back on track and 62 days RTT targets met (See action 1.11)			08/06/2020	30/09/2020				Centralised diagnostics triaging that is equitable and meets demand / surgical hub provision in place	BHNFT resource to meet Lower and Upper GI activity /reduced activity due to social distancing	Overall activity 31/5 183 (80%) compared to 226 (2019) referrals increased pressurised areas – upper GI increased 26/20 and Lower GI 39/32/ safety netting in place	Referrals at pre COVID level /used CA modelling to predict and respond to demand/ additional resources in place to meet demand
	Screening in place (See action 1.6)			08/06/2020	30/09/2020				ICS radiology workstream provided BHNFT funding home based image provision	BHNFT capacity to meet new referrals/ Increase in referrals that have cancer/staff for radiology reporting for breast	New invitations started again 6/6 for Cervical /back log of tests to undertake/ Bowel and Breast priority people only being screened.	Capacity in place for Bowel screening and breast reporting/ Out of hours cervical screening started/ ED DES plans agreed
	Minimising risk of unintended consequences due to COVIID impact (See action 1.1)			08/06/2020	30/09/2020				centralised safety netting/ MDT and PTL in place to reduce risks / Clinical and quality groups working on QA.	Meeting demand as more patients become Priority 1; reduced survival as increase late presentations	Safety netting and triage in place for all referharms process strengthenedrals/ MDT case management/risk stratification / 104 day	Increased capacity in place to meet demand/ modelling used to predict demand
	Managing patients fears and concerns about attendance/ treatment changes (See action 2.1)			08/06/2020	30/09/2020				Tool kit produced in conjunction with CA patient and public engagement group	Some patients still reluctant to attend / fear using public transport/taxi/ lack of virtual connection to engage with service /BAME greater risk/ psychological impact of Covid19	Several communications and engagement activities undertaken to allay fears / using real time feedback within messages and with people who can influence this agenda/Wellbeing centre using virtual methods/ All patients on pathway	Travel solution in place; increased numbers returned to practices and hospital provision/safety netting process able to respond to public concerns/provide answers
3	**Actions in next 45 days start (C&O =Completed & Ongoing)**											
3.1	Work to develop and utilise eRS referral data (cancer and non cancer) within Power BI & Complete first site specific Power BI - ERS data sharing agreement in place	**SL/JQ**		16/04/2020	14/08/2020	BCSG						In progress via Shared Care Record working group
3.2	Agree which elements of DES will continue with primary care/PCN - develop cancer champions	**SL/HK**		16/04/2020	14/08/2020	BCSG						In progress once PC resilience plan agreed , need to identify PCN lead for DES implementation.

REF	Programme	LEAD Insert Initials	RAG	start date	Review date	Reports to	Interdepencies	Escalation	Links	Whats changed	Progress Made	Position in 3 months by October 2020
3.3	Work with programme role for Prehabilitation pending YCR confirmation of funding.	**SL**		16/04/2020	14/08/2020	BCSG						Timescale dependent on cancer alliance programme delivery. Next update at Inequalities and Early Diagnosis Meeting on 5 July 2020
3.4	Workforce planning in place to meet new challenges /recovery	**SA**		16/04/2020	16/07/2020	BCSG	integrated workforce group					BHNFT been flexing staff but need longer term stabilisation plan in place; Workforce changes/demands to be raised via integrated workforce group via Joe Minton.
3.5	Capacity to flex for changes in demand - Across Cancer pathway	**ALL**	**C&O**	16/04/2020	16/07/2020	BCSG	Barnsley Stabilisation principles					This will be incorporated into recovery plan of partners of Barnsley Cancer Steering Group. BHNFT evaluating and increasing non-face to face intervention to understand impact on people . To ensure dove tails into PC work on this area
3.6	Keep in mind' affordability of new ways of working as when BAU may not have financial funding to continue	**ALL**		16/04/2020	16/07/2020	BCSG	Barnsley Stabilisation principles					Ongoing/Any issues report to SL/Picked up by Barnsley wide stabilisation group principles
3.7	Stabilise EOL pathway post covid and respond to increased demand within community/people homes	**SL/JO**		07/05/2020	16/07/2020	BCSG	Bronze OH cell					steering group action plan in place to stabilise increase in activity to community and people own homes; Verification of death/EOL ACP via virtual consultation distributes to PC + SWYPFT/care homes; BEST website has EOL page with resources; SPC Consultants supporting SWYPFT with additional demand; Increasing supportive care at home quality CHc packages - developing one provider model with hospice and SWYPFT;
4	**Actions in next 60 days (C&O =Completed & Ongoing)**											
4.1	Use patient experience to redesign services and be innovative e.g.. introduce drive by - vaccination programme; diabetic screening; redesign of venues especially where people mix/pass each other e.g. X Ray corridors . use CA support of external design staff and current staff	**SL**		16/04/2020	14/08/2020	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice					Using Macmillan helpline and phone line intelligence for comms and Barnsley cancer group action plan development. Patient representative on BCSG has provided feedback. All means of feedback are utilised. A video has also been developed.
4.2	Stabilisation for prevention programme	**Sak/EN**		16/04/2020	14/08/2020	**BCSG**	PHE plans/Barnsley Stabilisation principles					Distributed to Primary Care, other screening programmes plus Cervical screening. BHNFT has a plan in place for impact of screening restart. Discussed at CPIG 14/5/20, lack of resource capacity for breast screening . Risk that BHNFT unable to deliver in timescale required by PHE. BHNFT discussed mobile screening resource across Cancer Alliance as an option to bridge the gap. PreCOVID breast screening and radiology was a concern and remains so. Escalate to Cancer Alliance JC/SL. Cancer Awareness training module also devised and exploring options for delivery of training. in conjunction with Dearne Neighbourhood Group – trial remote offer. OSC paper on screening on BMBC website – to be picked up once BAU.
4.3	Increase assurance of triaging in BHNFT and PC	**JC/HK**		16/04/2020	16/07/2020	**BCSG**						Working with CCG to explore 'bolt on' systems to support mandatory referrals completion within GP practices will be required to maximise clinical triage in both Primary and Secondary Care. With high quality referrals, clinical triage can reduce patient travel for 1st OPA by maximising Straight to Test pathways and Telephone / Video Consultation with patients experiencing a smoother and faster decision making, all support the new 28 days Faster Diagnosis standard that goes live from 1st of July.
5	**LWABC phase 2**											
5.1	Risk stratification and non face-to-face consultations; including psycho/social support via CNS/CSW/VCSE	AT/SA		16/04/2020	16/07/2020	BCSG						(i) MDT discussion changing across all three tumour sites to better flag and capture a patient's risk status and FU pathway (ii) Remote Monitoring work progressing with support from Lead Clinicians. Prostate Group established and Design Review work well underway. Colorectal Kick Off meeting has taken place, Group agreed and first Design Review meeting pending (iii) COVID has forced FU activity to change and clinicians keen to retain positives gained from this new way of working, patients receptive too BUT effective RS to be personalised requires different approaches and outcomes based on patient need rather than blanket policy.
5.2	using HNA Data to inform priorities	AT/SA		16/04/2020	16/07/2020	BCSG						Now have an evidenced based record in Infoflex and the analysis facility via Power Bi to better understand the needs of Barnsley cancer patients. Some patients still offered a formal HNA (typically by telephone) but not always appropriate for a number of reasons therefore welfare calls/informal support is offered; value of which should not be underestimated. On the back of Macmillan's insight into cancer patients high level concerns coming in via their helpline (extra 5,000 calls per week), localities including ours have been asked to pass on the high level concerns coming through from patients (see Summary Report).
6	**Understanding the effectiveness of non-face to face interaction; for whom in what context and why?**											
6.1	Work with stakeholders across the Cancer Alliance/ICS; acute, primary and community including charitable and VCSE sector, to evaluate the impact on both patient outcomes (clinical and psychosocial) and provider efficiency, of non-face to face interaction	SL		16/04/2020	Aug-20	BCSG	CCG/PC/BHNFT/ SWYPFT/BHF/ Hospice					In progress- act upon CPIG/CA evaluation findings when available. Continue to promote Virtual appts to reduce demand and introduce triages into all pathways; meet cancer waiting targets and reduce spread of COVID. BCSG to use Healthwatch survey to identify public feedback on COVID response to ensure influencing development of plan /changes keep- EB action.
7	**Maintenance & Restoration of cancer pathways. Inequity in service provision**											
7.1	Working with IS Cell to develop surgical hub and explore potential for a diagnostic hub maximising NHS and IS capacity			16/04/2020	16/07/2020	BCSG						IN PROGRESS - being considered within CA and Barnsley Stabilisation principles; BHNFT providing weekly capacity gap tracker to CA to highlight/request resource as required
7.2	Ensure system approach to maximising CA /local capacity and compliance with standardised clinical guidelines to restore services.			16/04/2020	16/07/2020	BCSG	Barnsley Stabilisation principles					IN PROGRESS - being considered within Barnsley city wide stabilisation principles/ BHNFT developing demand model as part of recovery work; work with PCN to ensure compliance in place ; FIT in place and dermatology pilot continues to reduce demand and increase triaging ability. histology capacity will need to be considered as this may limit the recovery/speed of change .
7.3	Screening : agree start date including OH cervical (action 1.7)			16/04/2020	16/07/2020	BSG	PHE plan					Distributed to Primary Care PHE start dates and guidance , other screening programmes plus Cervical screening. BHNFT has a plan in place for impact of screening restart. Discussed at CPIG 14/5/20, lack of resource capacity for breast screening . Risk that BHNFT unable to deliver in timescale required by PHE. BHNFT discussed mobile screening resource across Cancer Alliance as an option to bridge the gap. PreCOVID breast screening and radiology was a concern and remains so. Escalate to Cancer Alliance JC/SL resource /staff availability
8	**Size of backlog due to stalled diagnostic pathway (particularly endoscopy) and deferment of treatment. Risk of disease progression not being recognised early and impacting on potential treatment opportunities.**											
8.1	COVID reporting. Safety netting and activity modelling work underway to inform future recovery plans. Pilot work with CanCollaborate to assist with demand and capacity modelling.			16/04/2020	14/08/2020	BCSG						In progress
8.2	Expedite Rapid Diagnostic 'hub' approach with IS. Expedite networked imaging to enable timely reporting. Expedite digital pathology to enable timely histopathology reporting. Expedite MDT transformation (Standards of Care) presenting which will impact on early diagnosis and compound peak in activity during recovery phase			16/04/2020	Jul-20	BCSG	CA timescales					In progress . BCSG provided feedback to CA on possible approaches and actions. Potential for diagnostics that can be done in GP lift buildings. Could be centrally shared resources and reduce patients attending hospital - mobile CT provision; a cold environment to reduce COVID risk; Can CTC for the Lower GI pathway be completed in this setting; need to ensure PC resilience level of service in place as may impact on how fast can set this up; CA working on equity of service provision included in any future plans.
8.3	Endoscopy services recovery (action 2.5)			16/04/2020	Jul-20	BCSG	CA timescales					In progress. Capacity within endoscopy suite remains an issue. Decision being made, w/c 21/5 regarding priority patients e.g colonoscopies. Ensure environment is suitable to restart is still an issue due to corridors in endoscopy unit. Balancing capacity between urgent and routine referrals, an issue for both Lower GI and Upper GI diagnostic capacity for referrals remains a major risk before can restart and address backlog. BHNFT to look at using indepeendent sector to outsource diagnostic backlog.
9	**Governance for plan /Programme (C&O =Completed & Ongoing)**											

Initials	Name	Job title
SL	Siobhan Lendzionowski	Lead Commissioning and Transformation Manager
KW	Kirsty Waknell	Head of Communications and Engagement
HK	Dr Hussain Kadarsha	Clinical Lead – Cancer
SE	Dr Steph Edgar	Macmillan GP
LR	Lynne Richards	Primary Care Transformation Manager
JQ	Janine Quate	Programme Officer
AT	Alison Thorp	LWABC Project Manager (job share)
EN	Emma Nebard	Screening and Immunisation Coordinator
SAk	Sohaib Akthar	Public Health Practitioner
RC	Rebecca Clarke	Public Health Principal
SAn	Sara Andrews	Lead Cancer Nursing Manager and LWABC Project Manager
RB	Rachel Ball	CRUK Facilitator
SC	Sue Clarke	Macmillan Partnership Manager - South Yorkshire
JC	John Crossland	Lead Cancer Manager
JW	Jan Walker	Patient Services Director
JF	Julie Ferry	Chief Executive
JO	Janet Owen	End of Life Care – Clinical Lead
PH	Paul Hughes	Service Development Manager
GS	Gill Stansfield	Deputy District Director / Clinical Transformation Lead
JJ	Julia Jessop	Cancer Alliance Programme Director
AP	Andrea Parkin	Head of Nursing

Organisation
Barnsley CCG
Barnsley CCG
Barnsley CCG
Barnsley CCG
Barnsley CCG
Barnsley CCG
BHNFT
NHS England & NHS Improvement
BMBC
BMBC
BHNFT
Cancer Research UK
Macmillan
BHNFT
Barnsley Hospice
Barnsley Hospice
SWYPFT
SWYPFT
SWYPFT
South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance
Barnsley Healthcare Federation

2020/21 Barnsley

REF	Programme	LEAD Insert Initials	RAG
	COMPLETED ACTIONS		

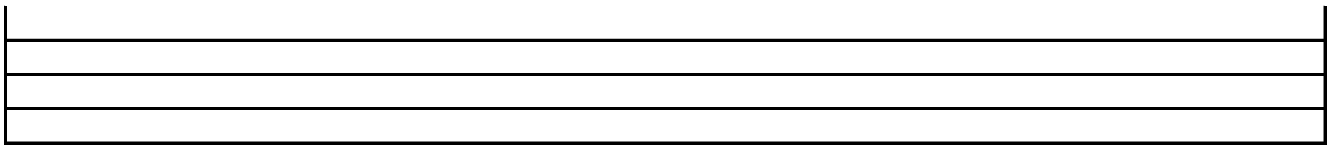
v

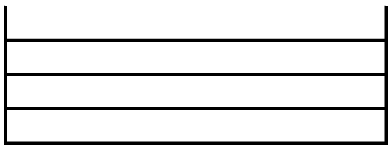
/ Cancer Steering Group Stabilisation Plan - COM

start date	End date/review	Reports to	Interdepencies	escalation

MPLETED ACTIONS

Current position
BCSG meetings taking place fortnightly instead of monthly with an additional CCG Governing Body member at the virtual meetings. BHNFT has a COVID contingency plan in place for potential increase in COVID cases. **BCSG meetings back to monthly**





Barnsley Cancer Stabilisation Plan on a Page

Actions 15-30 days – start date 16 April 2020

- Safety netting for pausing screening implications impact.
- Fit lower GI
- Cancer pathway review and prioritisation
- COVID recovery environments
- Shielded patients
- Regular comms to all stakeholders
- EOL care homes
- Restabilisation of 2ww referrals prev covid numbers
- Endoscopy services recovery
- Increasing recruitment - to Clinical Development Groups across Cancer Alliance.
- Mitigate risks survival, increased in late cancer

Actions 45-60 days

- Utilise eRS referral data
- Elements of DES to continue
- Development of Prehabilitation
- Workforce planning
- Capacity to flex for changes in demand
- Continue to assess affordability/ROI
- Stabilise EOL pathway
- Use patient experience to redesign services and be innovative
- Stabilisation for prevention programme
- Increase assurance on triaging

LWABC Phase 2

- Increasing risk stratification and non face-to-face consultations options
- Using HNA Data to inform priorities

Overlaps with Cancer Alliance at place level

- Understanding the effectiveness of non-face to face interaction; for whom in what context and why?
- Maintenance & Restoration of cancer pathways. Inequity in service provision
- Size of backlog due to stalled diagnostic pathway (particularly endoscopy) and deferment of treatment. Risk of disease progression not being recognised early and impacting on potential treatment opportunities.

Agencies give united message that healthcare continues – despite crisis

HEALTH and care partners across South Yorkshire and Bassetlaw are appealing to local people to continue using GP and emergency care services during the current Covid-19 outbreak.

This follows a reported sharp reduction in the numbers of people seeking urgent and time-critical care for other 'non-Covid-19' major health conditions such as stroke and heart disease.

South Yorkshire and Bassetlaw's NHS organisations have reported a sharp decline in numbers using emergency services and primary care settings, such as GP centres, for major health conditions that include heart attacks, stroke, transient ischaemic attacks (TIAs).

NHS organisations are also worried that children with emergency health needs and women who have issues with their pregnancy aren't seeking help early enough.

All of the region's NHS organisations are now launching a joint appeal, to highlight the importance of using vital NHS services – even during the current Covid-19 outbreak.

People are advised to continue following the government and NHS guidance for when to see a GP, pharmacist or visit A&E.

However, hospitals continue to run critical services including those for across South Yorkshire and Bassetlaw.

GP practices also remain open by providing phone and video consultations in the first instance. Some practices also have designated centres where non-Covid-19 patients can be seen and treated as previous, plus in some cases, offering home visits.

Mental health services such as Improving Access to Psychological Therapies (IAPT), also remain open for business in which they are reorganising services to align to digital technologies.

Hospitals, GP surgeries and mental health trusts will have information about which services they are currently running on their respective websites, and you can also follow them on social media for up-to-the-minute changes.

It comes in response to perceived concerns and anxieties amongst patients about the risk of infection if attending hospital sites, even if that visit is recommended by a health practitioner.

If the trend continues, health experts in South Yorkshire and Bassetlaw believe this could lead to wider health issues in the region in the long-term.

But the NHS across the region wants to reassure the public that there is capacity in GP and emergency services and that it is safe for people to use them.

The message follows government advice in the daily coronavirus briefings which have highlighted the importance of contacting emergency care services for conditions which require urgent investigation.

Professor Des Breen, Medical Director for the South Yorkshire and Bassetlaw Integrated Care System said: "Partners across the region have extensively prepared to manage the Covid-19 outbreak while also ensuring that they are able to manage emergency care services.

"If pregnant women have any concerns about noted lack of movements in their baby they should contact their midwife.

"If experiencing an urgent health issue, we advise people to contact GP through their phone or video consultations, call or go online to NHS 111, or call 999 for ambulance assistance if experiencing a health emergency.

Charities including The British Heart Foundation, Stroke Association and Macmillan Cancer Support are also among those raising awareness of the importance of being seen by a medical practitioner with troubling or concerning symptoms.

Bereavement, drugs and alcohol services and children's eating disorder services in local areas are also reaching out to support people concerned about their own or someone else's wellbeing.

Mental health resources such as the NHS 'Every Mind Matters' site provides information on managing low mood, anxiety and depression, specifically relating to staying at home.

If you have any concerns for your own health or for a family member, please ring your GP or NHS 111.

'Stay at home' strategy is not right one for urgent care

BARNSLEY Hospital is asking people not to let fear of Covid-19 put them off coming to hospital if they need urgent medical care.

The hospital said it was vital that adults, parents and children should continue to attend hospital if they needed urgent medical attention.

During the coronavirus outbreak, many hospital emergency departments across the country have noticed a decrease in patients coming in for serious non-Covid issues.

Emergency department staff are concerned that some patients are choosing to stay at home even when they need emergency care, out of fear of contracting the virus.

Doctors at Barnsley hospital said the 'stay at home' strategy was not the correct one for someone with a life-threatening medical emergency like stroke or heart attack.

They reassured people that the hospital had the appropriate equipment, expertise and protocols to keep all patients safe – both those with Covid-19 and those without.

Emergency Department Consultant Dr David Walker said: "We have new 'hot and cold' entry arrangements at our Emergency Department.

"We understand people are anxious when they come into hospital and this way of working enables us to focus separately on patients who need specific support in relation to coronavirus and on those who need more general emergency department support."

Expectant mothers who have concerns should also contact the hospital, and women are continuing to access maternity services including the Barnsley Birthing Centre.

"To protect mums and families, staff have been asking about any Covid-19 symptoms before they enter maternity services and birthing partners have been required to have their temperature recorded to ensure it is below 37.7 degrees prior to entry to the hospital.

"If you have any concerns during your pregnancy please call: 01226 432249. You will be given advice and advised what to do next."

■ NHS 111 can help anyone who has an urgent medical problem and is not sure what to do.

To get help from NHS 111, you can: go to 111.nhs.uk (for people aged five and over) or call 111. Call 999 in a medical emergency, when someone is seriously ill or injured and their life is at risk.

Father of autistic man makes emotional plea...

'Don't put off getting urgent medical care'

THE father of an adult autistic man treated at Barnsley Hospital has appealed to people not to let fears about Covid-19 delay them from seeking urgent medical care.

Julian Yaqub's son Joel was rushed into Barnsley Hospital by ambulance after Joel had a seizure on Monday April 13.

Joel, who is 27, is severely autistic with learning difficulties. He is normally cared for by Aspire in the Community Barnsley, which provides residential care for people with autism and learning difficulties

He comes home at weekends to his family home in Shelley where he was staying during the Covid-19 lockdown at the time of his seizure.

Julian said Joel's mum Julie Anderson, 56, a mental health nurse who works in dementia care, had luckily caught Joel as he fell during the frightening seizure.

Julian, 56, said: "Joel was diagnosed with autism when he was three but had never had a fit before. He was later christened

'The Tornado' because he could turn his speech and language therapist's consulting room upside down in 30 minutes; he stripped plaster off the walls as a hormonal teenager.

"Now he is 6ft 1in and 17 stone so his behaviour can look scary.

"Barnsley Hospital emergency department is divided into suspected Coronavirus and non-Coronavirus sections so when Joel had his seizure we went into the non-Coronavirus side.

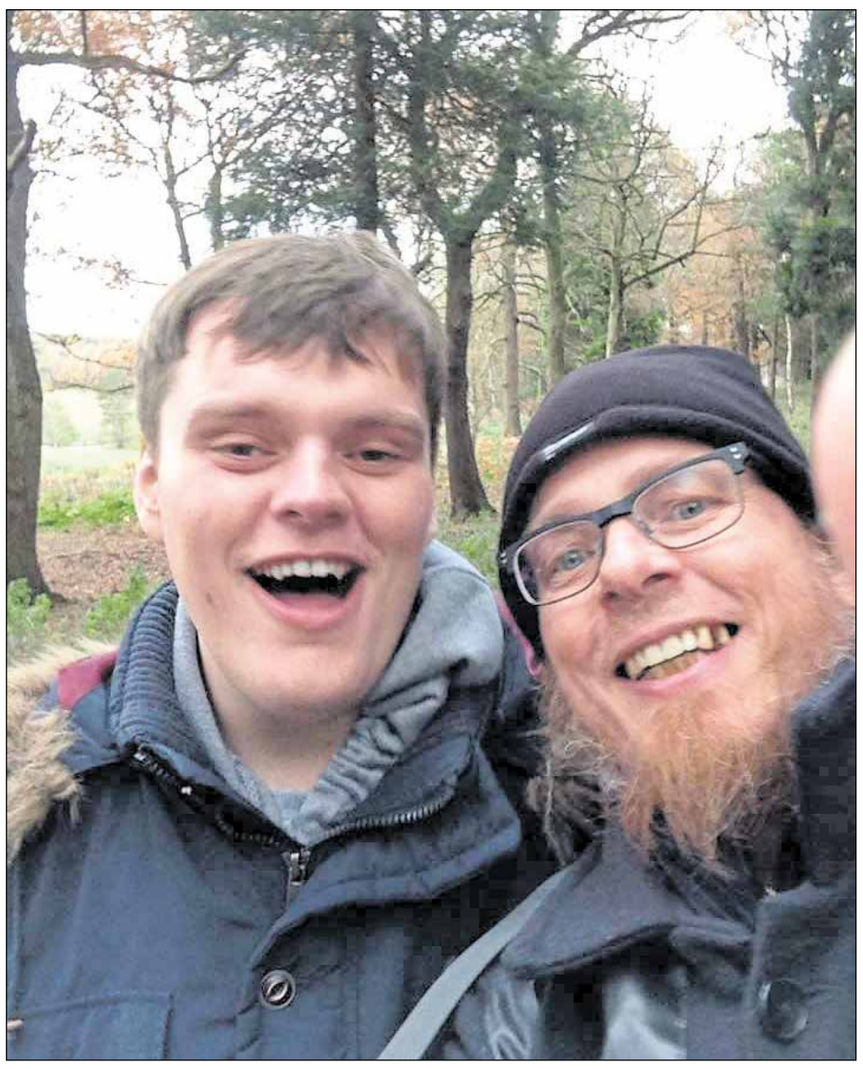
"They had to put a cannula into Joel's arm – quite a traumatic experience. But I talked to the doctors and nurses and they were brilliant.

"They are a real team who are impeccably kind. One staff member was even singing to Joel to keep him calm.

"The paramedics were also brilliant in the ambulance."

Joel received emergency care and after being poorly for a few days is now safely back at home in Shelley and is relaxed and happy and once again enjoying his collection of over 1,000 videos – mainly children's TV and films

Julian, an autism educator, Tweeted 'a big beautiful shout-out' of thanks to the hospital, describing the team who cared for Joel as "all amazing."



APPEAL: Julian with his son Joel who needed urgent medical treatment.

'Suspicious of cancer' referrals are down by half since crisis began

DOCTOR Kadarsha, GP lead for cancer at Barnsley Clinical Commissioning Group, is urging people not to ignore any unexplained changes to their body or concerns which could indicate the presence of cancer.

Please don't put off contacting your GP during the Covid-19 crisis.

'Suspicious of cancer' referrals, when a GP refers a patient to a specialist hospital team to be seen within a two week timescale, are down by nearly half at the moment.

Health teams are concerned that people are putting off contacting their GP as they normally would because of potential health concerns regarding coronavirus, or leaving their house against government advice.

Dr Kadarsha said: "The number of people I am referring for tests, to see if it is a suspected cancer, has

dropped significantly over the last month.

"People are not contacting the surgery with symptoms that could indicate a need for further investigations that could diagnose cancer or more usually give them the 'all clear'.

"I really want to stress that if you or your family and friends are concerned about unusual changes to your body don't put off contacting your GP.

"We are only a phone call away for any of your health concerns. Having spoken to your GP on the telephone they may be able to reassure you, or ask you to see them in the surgery for an examination and other tests and referrals if they are required.

"They can do this safely and quickly."

The earlier people are diagnosed with cancer the better the outcome.

GP surgeries remain open across with patients asked to telephone their surgery if you wish to make an appointment with your doctor and nurse.

Surgeries have processes in place to ensure they can continue to treat their patients safely.

You can use the DoctorLink app if you have access to technology for online and video GP consultations, so people don't always need to visit the surgery in person.

AT Barnsley Hospital Charity, we want to say a massive thank you to everyone who has supported us during the Covid-19 period. Whether you sent messages of encouragement for our staff, supplies from your business, a monetary donation, or bought items from our Amazon wish list, we want you know we appreciate it all.

We've seen so much compassion and kindness from our local community during this time – a real morale boost for everyone working at the hospital.

You're helping to support our staff and patients at such a crucial time – thank you so much!

Intensive care unit lead nurse Leanne with a donation from ASOS.

Hospital volunteers Allie and David helping distribute donated items.

Emergency Contact Centre

We've launched a new emergency contact centre to respond to COVID-19 (coronavirus) related emergencies for vulnerable people, and to respond to services who need support.

If you, or someone you know, needs emergency support visit:

barnsley.gov.uk/covid-19-emergency-support

If you're unable to fill the online form in, you can call us on:

01226 774444 or freephone 0808 196 3531

Lines are open from 9am to 5pm Monday to Friday, and 9am to 4pm Saturday and Sunday.

The centre can only help those vulnerable people and families who need emergency support such as;

- essential supplies.
- help with medication.
- over-the-phone befriending.

The contact centre is not for general enquiries, it's to provide emergency help to those who need it. For general information about coronavirus disruption and support, please visit **barnsley.gov.uk/coronavirus.**

NHS
Barnsley
Clinical Commissioning Group

GOVERNING BODY

09 July 2020

RISK AND GOVERNANCE EXCEPTION REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*	✓	*Assurance*	✓	*Information*	
2.	**PURPOSE**						
	• To assure the Governing Body re the delivery of the CCG's annual strategic objectives • To assure the Governing Body that the current risks to the organisation are being effectively managed and monitored appropriately • To receive the updated Governing Body work plan						
3.	**REPORT OF**						

	Name	Designation
Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance
Author	Paige Dawson	Governance, Risk & Assurance Facilitator

4. SUMMARY OF PREVIOUS GOVERNANCE

The matters raised in this paper have been subject to prior consideration in the following forums:

Group / Committee	Date	Outcome
N/A		

5. EXECUTIVE SUMMARY

5.1 Governing Body Assurance Framework

The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. There is no GBAF update for Governing Body at this stage as the GBAF is currently in abeyance. Updating the GBAF was suspended at the peak of covid and it is now proposed that a new GBAF is developed once 2020/21 planning guidance is received and priorities & key deliverables are clearer.

5.2 Corporate Risk Register

The *Corporate Risk Register* is a mechanism to effectively manage the current risks to the organisation. Governing Body receives the full Risk Register twice a year (September and March) with exception reports brought to intervening meetings. This report therefore provides the Governing Body with the full Corporate Risk Register (Appendix 2).

Red (extreme) risks:

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

- Ref CCG 18/04 (rated score 16, 'extreme') - If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.

- Ref 18/02 (rated score 16 'extreme') - If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.

- Ref CCG 14/10 (rated score 16 'extreme') – Risks resulting from not being able to attract and retain a suitable and sufficient Primary Care clinical workforce.

- Ref CCG 14/15 (rated score 15 'extreme') – Potential impact on quality & patient safety of incomplete D1 discharge letters.

- Ref CCG 19/05 (rated score 15 'extreme') - If the health and care system in Barnsley is not able to commission and deliver end of life care services of sufficient quality and capacity to support end of life patients in the community, there are risks for the CCG across a number of areas.

- Ref CCG 13/13 (rated score 15 'extreme') – Quality & patient safety risks relating to Yorkshire Ambulance Service (YAS). If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response time targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected.

A Barnsley CCG COVID Risk Register is currently in development. This will be shared with Governing Body upon completion and will be monitored and managed through Barnsley CCG Gold Command.

5.3	**Committee Meetings** Governing Body will recall that during the initial COVID response period, meetings of Committees of the Governing Body were suspended as the focus was on coordinating the pandemic response via the gold and silver command framework. In recent weeks however the Committees of the Governing Body have begun to resume some 'business as usual' – Audit Committee, Remuneration Committee, Finance & Performance Committee, Primary Care Commissioning Committee and Quality & Patient Safety Committee have all held meetings. Henceforth the deliberations of the Committees will be reported through Governing Body in the usual way.
5.4	**Declarations of Interest** Throughout the COVID period, Declarations of Interest have continued to be monitored and new starters have been completing necessary forms for logging. The updated registers can be found on Barnsley CCG's internet page https://www.barnsleyccg.nhs.uk/about-us/registers-of-interest.htm .
5.5	**Freedom of Information** During the COVID period, Freedom of Information requests have been continually logged and responded to. 41 requests have been received since 1 March 2020. Out of the 41 requests, 3 were responded to slightly over their deadline dates due to COVID. The other 38 requests were all responded to within the 20 day timeframe.
5.6	**CCG Policies** At the start of the COVID period routine review of policies was put on hold as there were other priorities. The routine review of policies has now been resumed: • Remuneration Committee has adopted the SYB *Management of Organisational Change Policy* which has now been published on the CCG's website • Equality and Engagement Committee has approved virtually a number of minor changes to the following policies: *Acceptable Standards of Behaviour Policy, Disciplinary Policy, Maternity, Adoption, New Parent Support (Paternity) and Parental Leave Policy, and the Policy on Trade Union Facilities Time Off for Union Representatives*. Going forward policies will now be routinely reviewed in accordance with the usual time frames (3 yearly or earlier if required by changes to guidance or legislation).
5.7	**Annual Report & Accounts** Governing Body formally adopted the Annual Report and Accounts 2019/20 at its meeting on 18th June 2020. Since then the CCG has received the opinion on the accounts from KPMG, has submitted these documents to NHS England and has published them on the CCG's website at this link https://www.barnsleyccg.nhs.uk/annualreport .

	The final Annual Audit Letter from KPMG has also been circulated round Governing Body Members and published at the same link.
5.8	**Governing Body Assurance Work Plan/Agenda Timetable 2020/2021** As part of governance and assurance processes the Governing Body is required to have a timetable of agenda items and plan of its work. It was agreed that the work plan would be submitted to the Governing Body on a quarterly basis for review and update as appropriate. The Governing Body Assurance Work Plan / Agenda Timetable at appendix 2 has been updated to May 2021.
6.	**THE GOVERNING BODY IS ASKED TO:**
	• Review the Corporate Risk Register to confirm all risks are appropriately scored and described, and identify any potential new risks. • Note updates on Committee Meetings, Declarations of Interest, Freedom of Information, CCG Policies, and the Annual Report and Accounts 2019/20. • Approve the proposed work plan.
8.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	• Appendix 1 – Corporate Risk Register (red risks only) • Appendix 2 – Governing Body Assurance Work Plan / Agenda Timetable

Agenda time allocation for report:	5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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:	*ALL*

2. Links to statutory duties

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)	

3. Governance Considerations Checklist *(these will be especially relevant where a proposal or policy is brought for decision or approval)*

3.1 **Clinical Leadership**

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***

3.2 **Management of Conflicts of Interest (s14O)**

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***

3.3 **Discharging functions effectively, efficiently, & economically (s14Q)**

Have any financial implications been considered & discussed with the Finance Team?	***NA***
Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	***NA***

3.4 **Improving quality (s14R, s14S)**

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

RISK REGISTER – June 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

			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**
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**	05/20	**Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.** **Feb 2020** Plans being developed with partners to support the 'left shift' towards care outside of hospital. **Jan 2020** NEL activity remains above	06/20

			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.				October 2019. Additional Primary Care Capacity is in place for same day appointments through IHEART and Home Visiting Services CCG commissioned Out of Hospital Services being remodeled as part of the Neighbourhood Team mobilization and includes PCN/Neighbourhood developments. Priority areas of work identified to support ICP vision and principles for proactive care and care out of hospital.							plan for the YTD and QIPP schemes are yet to show sufficient impact to bring activity back in line with plan during 2019/20. **Dec 2019** and therefore the risk rating has been adjusted to reflect the almost certain position. **Nov 2019** 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.	

			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**
18/02	1,2, 5,6	If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.	4	4	16	Escalation of CCG concerns to BMBC senior management Escalation via SSDG and health & wellbeing board To be raised and discussed at H&W Board development Session (August 2018)	Jeremy Budd (SSDG)	Added to the Corporate Risk register in context of long standing and frequently articulated concerns with respect to a basket of BMBC commissione d services notably: 0-19 Health Checks Weight management & smoking cessation	4	4	**16**	05/20	**Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.** **March 2020** Met with BMBC CEO and SMT to agree an approach. Agreed to further develop and also agreed to visit Tameside LA/CCG to understand what benefits joint commissioning had delivered for their place. **December 2019** consulted with GB and MC re pursuing Joint Commissioning governance arrangements with BMBC and received	06/20

			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**
													agreement to start discussions. **October 2019** Joint commissioning workshop bringing together GB GP members and BMBC elected members focused on children's mental health and early years	
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality	**3**	**3**	**9**	The Long Term Plan includes a section on workforce planning and Network Contract DES includes provision for a number of Primary Care specific roles. The Network Contract DES has a number of deliverables that will support staff and work to supporting sustainable services in Barnsley. NHS England has published an Interim People Plan to support the workforce challenge.	Head of Primary Care. (Primary Care Commissioning Committee)	Governing Body	**4**	**4**	**16**	05/20	**Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.** **March 2020** PDA work is ongoing. PC team is working with the PCN to understand the workforce plans now thee is a wider choice of	06/20

			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**
		healthcare services (d) Patients services could be further away from their home.				The CCG's Primary Care Development Workstream has a workforce element and the Barnsley Workforce Plan is under development which will include Primary Care. Links have been developed with the Medical School to enhance attractiveness of Barnsley to students The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. 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 & 2 technicians in March 2019. 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							staff roles. **February 2020** PDA work nearing completion for 2020-21. 2 CPs have accepted job offers and SPLW recruitment is on hold. **January 2020 -** 3 conditional offers to Clinical Pharmacists by BHF as part of the Additional Roles via the Network Contract DES.	

			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**
						issues or pressure points.								
14/15	1, 5, 6	There are two main risks: 1. Scant or absent information relating to why medication changes have been made. Poor communication of medication changes , even if changes are appropriately made for therapeutic/safety reasons, creates a patient safety risk when post discharge medicines reconciliation is being undertaken by the GP practice. The risk being that the GP practice may either accept inappropriate changes when all the patients' risk factors have not been accounted for by the hospital clinicians or an error has been made or not 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**	05/20	**Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.** **Feb 2020** 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. **January 2020** No further updates. **December 2019** Acute issues	06/20

			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**
		clinically important changes as not confident about the reasons for the change. 2. Clinically significant safety alerts, such as contraindicated combinations of medication, are being frequently triggered by primary care prescribing systems during post discharge medicines reconciliation when adding medicines to the Patients Primary Care Record. This indicates that either the hospital is not reconciling medicines using the GP Practice Summary Care Record or that the reconciliation is not sufficiently robust.											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**
CCG 19/05 *added Dec 2019*	6 5 3	**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:** **a) Quality and Patient Safety Risks** Delayed discharges due to staff not being able to obtain care packages leading to patients not being able to be in preferred place of care at end of life. b) Patients at home without a care package or a care package that is not being delivered as required.	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. 2) CHC EOL team to: a) email all providers each morning requesting what care package vacancies they have b) liaise with Rightcare Barnsley to provide updates on care packages c) offer 24 hour placement in residential/NH to all patient awaiting a care package in hospital to prevent delayed discharge and then to continue to try and procure a care package to transfer patient to their own home. d) explore additional support	Chief Nurse QPSC	End of Life Team in BCCG Continuing Healthcare Team	5	3	**15**	05/20	**Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.** **March 2020 –** no further updates **Jan 2020** – No further updates	06/20

	2	**b)Financial Risks** Increased costs to CCG due to having to obtain care from specialist providers Delayed discharges will affect CCG's efficiency plans **c) Performance Risks** Delayed discharges impact upon patient flow which could affect delivery of 4 hour A&E standard and elective waiting times. Increase in non-elective admissions to hospital because of patients being left without care in the community.				from neighbourhood nursing service/ palliative care services in Barnsley e)Care packages to be spot purchased from any provider f) CHC EOL team to contact care providers on Barnsley borders to identify if they could pick up packages just over the borders.								
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**	05/20	**Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.** **March 2020 –** no further updates. **Jan 2020 –** No further	06/20

													updates. **Dec 2019** Due to a significant increase in operational pressures, YAS has changed its Resource Allocation Plan Level from 2 to 3. In light of this, QPSC agreed on 12 December 2019 that the risk score should remain unchanged. It will be reviewed at the next QPSC in February 2020.	

GOVERNING BODY – PUBLIC SESSION
ASSURANCE WORK PLAN/AGENDA TIMETABLE 2020/2021 (Covid-19)

AGENDA ITEMS	Exec Lead	Jul-20	Sept-20	Nov-20	Jan-21	Mar 21	May 21
Opening Items							
Housekeeping	NB	✓	✓	✓	✓	✓	✓
Apologies	NB	✓	✓	✓	✓	✓	✓
Quoracy	NB	✓	✓	✓	✓	✓	✓
Declarations of Interests Report	RW	✓	✓	✓	✓	✓	✓
Patient & Public Involvement Activity Report	KW	✓	✓	✓	✓	✓	
Questions from the Public & Answers	KW	✓	✓	✓	✓	✓	✓
Minutes of previous GB/Pu meeting	NB	Jun 20 Ex Ord	Jul 20	Sept 20	Nov 20	Jan 21	Mar21
Matters Arising Report	NB	✓	✓	✓	✓	✓	✓
Strategy							
Report of the Chief Officer, inc as required: • SY&B ICS Updates • Assurance Letters from NHSE • NHSE IAF outcomes	LS	✓	✓	✓	✓	✓	✓
Covid-19 response Update	JW	✓	✓	✓	✓	✓	✓
Update & Assurance Priority Areas on GBAF **Pending planning Guidance & Agreement of 2020/21 GBAF**							
Barnsley Integrated Care Update (as required)	JB	✓ As reqd.	✓ As reqd.	✓ As reqd.	✓ As reqd.	✓ As reqd	✓ As reqd
Urgent & Emergency Care Update	JW						
Primary Care Update	JF/NB						
Cancer Update	LS						
Mental Health Update	PO						
Transforming Care Update	PO						
Maternity Update	PO						

AGENDA ITEMS	Exec Lead	Jul-20	Sept-20	Nov-20	Jan-21	Mar 21	May 21
Digital and IT Updates	JB						
Quality & Governance							
Quality Highlights Report	JS	✓	✓	✓	✓	✓	✓
Commissioning of Children's Services quarterly monitoring reports including child sexual exploitation	PO		✓			✓	
Risk and Governance Exception Reports, to include: • Governing Body Assurance Framework • Corporate Risk Register • Register of Interests & Register of Gifts Hospitality • IG / GDPR / Cyber Update • Policies – as required • Constitution changes - as required • EPRR & Business Continuity	RW JW	✓ Full Full 	✓ Ex Ex ✓	✓ Full Full 	✓ Ex Ex 	✓ Full Full ✓ ✓	✓ Ex Ex ✓
Updating of Governing Body Assurance Work Plan/Agenda Timetable	RW	✓		✓		✓	
Terms of Reference (AC, FPC, QPSC, EEC, RC, PCCC, ICOPC)	RW		✓				
Committee Annual Assurance Reports for AC, F&P, Q&PSC, E&EC and PCCC	RW						✓
Annual Report & Accounts To EO meeting in May	RN						✓
Finance & Performance							
Integrated Performance Report inc QIPP	RN/JW	✓	✓	✓	✓	✓	✓
2020/21 Budgets	RN						✓
Operational and Financial Plan 2020/21 –	RN/JW	✓			✓		

AGENDA ITEMS	Exec Lead	Jul-20	Sept-20	Nov-20	Jan-21	Mar 21	May 21
Miscellaneous							
Annual Report – Childrens Safeguarding	JS		✓				
Annual Report – Adult Safeguarding	JS		✓				
Covid-19 Response Update	JW	✓					
Covid-19 Stabilisation and Recovery	JBud	✓					
Cancer Programme Update	MS HK	✓					
Add miscellaneous items							
Add miscellaneous items							
Committee Minutes & Assurance Highlight Reports							
Minutes of Audit Committee	NBe	18/06/20		15/10/20			
Minutes of Finance and Performance Committee	NB	Verbal from 02/07/20	02/07/20 mins	03/09/20 01/10/20	05/11/20 03/12/20	01/21	02/21
Minutes of Quality & Patient Safety Committee	SK	23/04	18/06	13/08/20	22/10/20		
Assurance Report / Minutes of Equality and Engagement Committee	KW		07/05 13/08		19/11/20		
Primary Care Commissioning Committee Assurance Report / Minutes	CM	Ass Rep	Ass Rep 20/07/202 mins 8/05	Ass rep 24/09/20 Mins 30/07/20	Ass rep 26/11/20 Mins 14/09/20	Ass Rep 30/01/21 Mins 26/11/20	
Minutes of Membership Council	NB		14/07/20	14/09/20	17/11/20		
Minutes of Health and Well Being Board (Refer Peter Mirfin at the BMBC)	NB	✓	✓	✓	✓	✓	✓
Minutes of the PUBLIC Joint Committee of Clinical Commissioning Groups	LS	✓ As reqd	✓ As reqd	✓ As reqd	✓ As reqd	✓ As reqd	✓
Closing Business							
Reflection on how well the meeting's business has been conducted	NB	✓	✓	✓	✓	✓	✓
Close meeting and move into Private Session	NB	✓	✓	✓	✓	✓	✓

NHS
Barnsley
Clinical Commissioning Group

Governing Body

9 July 2020

Integrated Performance Report

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**

Decision		*Approval*		*Assurance*	X	*Information*	X

2.	**PURPOSE**
2.1	This report provides an update on the CCGs performance against key performance indicators, including constitution standards, an update on the CCGs financial position and updates on financial reimbursements outstanding to 31 May 2020. This report also provides details of Covid-19 related expenditure and expenditure approved by SMT Gold Command relating to the pandemic for May 2020.
3.	**REPORT OF**

	Name	**Designation**
Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer/ Director of Strategic Planning and Performance
Author	Jamie Wike	

4.	**SUMMARY OF PREVIOUS GOVERNANCE**
4.1	The matters raised in this paper have been subject to prior consideration in the following forums:

Group / Committee	**Date**	**Outcome**
Finance and Performance Committee	18 June 2020	Update on financial position to Month 2

5.	**EXECUTIVE SUMMARY**
5.1	**2020/21 - Finance Update – Month 2**

The CCG Governing Body was informed in May 2020 of CCG notified allocations to July 2020 which totalled £150.049m for the period April to July 2020.

Expenditure Area	**Notified Allocations April to July 2020 £'000**
Programme	136,038
Primary Care Co-Commissioning	12,901
Running Costs	1,110
Total Allocation to July 2020	**150,049**

This allocation does not take account of the CCGs underlying recurrent deficit position previously reported and does not remove any non recurrent expenditure, contributions or allocations included within the 2019/20 accounts. This allocation is not intended to cover additional costs incurred relating to Covid-19 as a monthly claims process exists currently for these costs. This allocation is not in line with January 2020 notified allocations and extrapolated would lead to a £11m shortfall against the notified full year position.

Guidance issued to CCGs in April 2020 set out details of block payments to be made to NHS providers and the notified allocations assume these block payments to July 2020.

The Month 2 forecast position to Month 4 only is set out in Appendix 1 shows a forecast deficit position against the allocation of £6.6m (including a forecast of £2.3m relating to covid-19 costs).

Top-up allocations have not yet been confirmed to Month 2, however the CCG is expecting to receive an allocation of £3.4m (£1.236m covid 19) to ensure a balanced budget position is achieved, recent correspondence from NHSEI has set out that top ups will not be released at this time due to further assurances being required. The Covid-19 costs of £1.236m have been reimbursed and allocations have been received. With the uncertainty around CCG expenditure top-up allocations and no confirmation these will be received the CCG is reporting a deficit position of £2.2m and is unable to achieve financial balance at this stage given the limited flexibilities with mandated block contracts in place and efficiency plans being unable to be delivered as a result of Covid-19.

The Chief Finance Officer continues to liaise with NHSEI to ensure all required assurance is provided to allow release of the resource.

Further verbal updates will be provided to the Governing Body as these are received.

5.2 **Covid-19 Finance Update**

During the Covid-19 pandemic associated costs can be reclaimed through a NHSEI monthly reimbursement process. Table 1 below details of costs reclaimed for May 2020. CCG SMT Gold Command approved the submission of this claim and all costs for April and May have been reimbursed by NHSEI.

Commentary - spend type	TOTAL REVENUE COSTS - May 2020
Intermediate Care - Move of Acorn Unit to Independent Sector to free up bed capacity at BHNFT	43,179
Mapleton Court - Additional bed capacity	83,506
Discharge to Assess costs (Including CHC costs)	393,271
PPE/deep cleaning /Hotsite for Primary Care costs	31,968
Locum cover single handed practice shielding	27,075
Bank Holiday - May claims	34,402
Covid 19 home visiting service	54,167
Support to D2A/Primary Care - Overtime claims	10,551
Home working costs	1,440
Communications	1,796
Other minor costs	14,504
Total Covid-19 Submission - May 2020	**695,858**

In line with the delegated approval process agreed at Governing Body in March 2020, the CCG Gold Command has also approved all expenditure relating to Covid-19

Commentary - spend type	TOTAL REVENUE COSTS
Acorn Unit to remain at Buckingham to September 2020, with medical oversight provided by BHF. To review block expenditure and remove if CCG are able to make adjustments locally for bed expenditure.	£115,000 plus £1k per day for medical oversight
Covid-19 Home Visiting Service to September 2020	£162,500
Practice – locum cover	£1,000 per day to end of July

Further updates on costs approved relating to Covid-19 will be reported to the Governing Body on a monthly basis.

5.3 **Performance Update**

The summary performance reports (attached at Appendix 2 and 3) provide the Finance and Performance Committee with an overview of performance across key areas of CCG responsibilities and include NHS constitution standards and key operational performance indicators.

Appendix 2 provides the committee with details of the final out turn performance for 2019/20, whilst appendix 3 provides the latest performance up to month 2 (May 2020) where data is available.

The information included in both performance reports clearly shows the adverse

	impact of COVID19 upon delivery of some constitutional standards including those which have been consistently delivered previously such as referral to treatment times and waiting times for diagnostic waits. Counter to that, the reduced level of activity has resulted in presentation of an improved performance picture in relation to Ambulance response times and for a number of cancer standards. It should however be noted that this does not necessarily reflect improved delivery.
6.	**THE FINANCE AND PERFORMANCE COMMITTEE IS ASKED TO:**
	Note the contents of the report including: • Finance update to Month 2 and potential risk that the CCG may not be able to deliver financial balance due to top up allocations not yet being received and the CCGs inability to deliver efficiencies given the block contracts in place and impact of Covid-19 on other efficiency programmes. • The Covid-19 expenditure approved by SMT Gold in line with delegated responsibilities • Year End Performance for 2019/20 and current performance as at month 2 against key operational and constitution standards.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	Finance Section • Appendix 1 – Finance position as at Month 2 **Performance Section** • Appendix 2 – IPR Year End 2019/20 • Appendix 3 – IPR M2 2020/21

Agenda time allocation for report:	10 Minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework:

1.1 Urgent & Emergency Care	✓	6.1 Efficiency Plans	✓
2.1 Primary Care	✓	7.1 Transforming Care for people with LD	✓
3.1 Cancer	✓	8.1 Maternity	✓
4.1 Mental Health	✓	9.1 Digital and Technology	✓
5.1 Integrated Care @ System	✓	10.1 Compliance with statutory duties	✓
5.2 Integrated Care @ Place	✓		

The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	*18/04, 13/3, 13/31, 15/12, 17/05*

2. Links to statutory duties

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)	

3. Governance Considerations Checklist

3.1 Clinical Leadership

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***

3.2 Management of Conflicts of Interest (s14O)

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***

3.3 Discharging functions effectively, efficiently, & economically (s14Q)

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

Appendix 1 - Forecast position as at Month 2

	Net Expenditure Plan 31/05/2020 YTD £'000	Net Expenditure Actual 31/05/2020 YTD £'000	Net Expenditure Variance 31/05/2020 YTD £'000	MEMO Net Expenditure of which Covid 19 included in YTD Actual 31/05/2020 YTD £'000
Revenue Resource Limit (in year to Month 4)	**75,049**			
Acute services - NHS (Block)	38,464	38,148	316	0
Acute services - Independent/commercial sector (outside of Nationally procured)	854	854	0	0
Acute Services - Other Net Expenditure	(141)	27	**(168)**	**0**
Acute Services - TOTAL	**39,177**	**39,029**	**147**	**0**
MH Services - NHS (Block)	5,870	5,576	**294**	**0**
MH Services - Independent / Commercial Sector (outside of Nationally procured)	974	1,062	**(88)**	**88**
MH Services - Other non-NHS	340	340	**0**	**(88)**
MH Services - Other net expenditure	(109)	12	**(121)**	**88**
Mental Health Services - TOTAL	**7,075**	**6,990**	**85**	**88**

Community Health Services - TOTAL	**8,060**	**9,081**	**(1,021)**	**224**
Continuing Care Services - TOTAL	**2,808**	**3,913**	**(1,105)**	**516**
Prescribing	7,998	8,195	**(198)**	**0**
Community Base Services	1,102	1,472	**(370)**	**373**
Out of Hours	241	241	**0**	**0**
£1.50 per head PCN Development Investment	66	66	**0**	**0**
GP IT Costs	169	200	**(31)**	**11**
PC - Other	546	690	**(144)**	**21**
Primary Care Services (ISFE)	**10,121**	**10,865**	**(743)**	**405**
General Practice - GMS	2,064	2,064	**0**	**0**
General Practice - PMS	2,148	2,148	**0**	**0**
Other List-Based Services (APMS incl.)	565	565	**0**	**0**
Premises cost reimbursements	934	934	**0**	**0**
Primary Care NHS property Services Costs - GP	0	0	**0**	**0**
Other Premises costs	0	2	**(2)**	**2**
Enhanced services	66	66	**0**	**0**
QOF	665	665	**0**	**0**
Other - GP services	9	277	**(268)**	**0**
Primary Care Co-Commissioning (ISFE)	**6,450**	**6,721**	**(271)**	**2**

Other Programme Services (ISFE)	**802**	**1,080**	**(279)**	**0**
Total Commissioning Services	**74,494**	**77,679**	**(3,186)**	**1,235**
Running Costs (ISFE)	**555**	767	**(212)**	**0**
Total CCG Net Expenditure	**75,049**	**78,447**	**(3,398)**	**1,236**
In Year Underspend/(Deficit)	**0**	**(3,398)**	**3,398**	

Net Expenditure Plan 31/07/2020 Month 4 £'000	Net Expenditure Actual 31/07/2020 Month 4 £'000	Net Expenditure Variance 31/07/2020 Month 4 £'000
150,049		
76,927	76,300	628
1,708	1,708	0
(282)	55	**(337)**
78,353	**78,062**	**291**
11,739	11,152	**587**
1,948	2,124	**(176)**
681	681	**0**
(217)	24	**(241)**
14,150	**13,981**	**170**

16,121	**18,159**	**(2,038)**
5,616	**7,826**	**(2,209)**
15,947	16,342	**(395)**
2,204	2,756	**(552)**
482	482	**0**
131	131	**0**
337	389	**(52)**
1,092	1,387	**(295)**
20,194	**21,487**	**(1,294)**
4,128	4,128	**0**
4,295	4,295	**0**
1,130	1,130	**0**
1,868	1,868	**0**
0	0	**0**
0	4	**(4)**
132	132	**0**
1,330	1,330	**0**
18	554	**(537)**
12,901	**13,442**	**(541)**

1,603	**2,160**	**(557)**
148,939	**155,117**	**(6,178)**
1,110	1,534	**(424)**
150,049	**156,651**	**(6,603)**
0	**(6,603)**	**6,603**

Commentary Actual 31/07/2020 Month 4 TEXT
Due to split of block between community/MH and other categories, main variance is budgets for Non contracted activity being lower than allocation received. Further work to be undertaken in Mth 3 to confirm the block splits.
Due to split of block payments and balancin off position to allow reconciliation of budgets to NHSEI notified position
Budgets and actuals split based on contracts not as per NHSE budget document therefore £294k (Forecast £587k) shown below in community. Further work to be undertaken in Mth 3 to confirm the block splits.
Covid 19 Costs £88K and YTD £176K

YTD/FOT - £224k (FOT £448K) due to covid-19 costs, balance relates to committed expenditure in line with CCG financial plan. YTD - £294k (FOT - 4 months £588k) shown above in MH (May need to review in Month 3) We have shown the balance of block payment to SWYPFT in community which previously has been coded to CHC/NCAs. Balance of variance relates to increased BCF contribution in line with guidance and Social Prescribing contract and spot purchase bed capacity (non covid) which had non recurrent income from BMBC in 2019/20 and is therefore not included in the allocation received. Further work to be undertaken in Mth 3 to confirm the block splits.
Increased costs in care packages as market prices increase and complexity of patient increases. Market development not progressed as planned to deliver efficiency as planned. Covid 19 YTD £516K (FOT £1,032K). Non recurrnet benefit of accruals not expected at 2019/20 levels therefore allocations are not sufficienct to cover expected costs.
Growth in prescribing expected at 7.5% with planned efficiencies not being delivered as a result of covid-19
£373k covid related costs YTD and in FOT £552K
GP IT budgets set in line with guidance.
FYE of phase 2 clinical pharmacist posts
Increased FYE in costs across all expenditure areas. Main variance relates to impact of additional roles and new GP contracts. Further detailed work will be undertaken in Month 3.

The allocation assumes continuation of non recurrent contributions in 2019/20 from BMBC (Prevention and contribution to intermediate care services) which are not expected and were not included within CCG plans, this is therefore creating a pressure in the position as non recurrent income/contribution have not been removed from notified allocations.

see breakdown of narrative above

In 2019/20 the CCG delivered 20% reduced in running cost as required, however this has been removed from the actual expenditure to determine allocations and therefore removes the savings required again in error. This has been reported to NHSEI.

Includes Covid-19 forecast of £2.3M and CCG deficit of £4.3M

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Performance, Quality & Outcomes Report

2020/21 : Position statement using latest information

for the July 2020 meeting
of the Finance and Performance Committee

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard - 2020/21 Month 2

Performance Indicator		Target	CCG Quarterly	CCG Latest Monthly Position		CCG Latest YTD Position	Latest Provider Total Monthly Position: Barnsley Hospital	Latest Provider Total Monthly Position: Yorkshire Ambulance Service
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		Provisional 75.47%	May-20	77.91%	Published Apr-20 80.63%	
	No patients wait more than 52 weeks for treatment to start	0		12	May-20	18		
Diagnostic test waiting times	Patients waiting six weeks or more for a diagnostic test	1%		Provisional 71.71%	May-20	-	Published Apr-20 63.85%	
			Q4 19/20					
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	89.50%	94.50%	May-20	94.69%	94.25%	
	No patients wait more than 12 hours from decision to admit to admission	0		0	May-20		0	
			Q4 19/20					
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	95.81%	92.63%	Apr-20	92.63%	92.72%	
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	95.08%	94.12%	Apr-20	94.12%	94.12%	
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	96.31%	97.89%	Apr-20	97.89%	100.00%	
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.26%	100.00%	Apr-20	100.00%	100.00%	
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	91.41%	96.00%	Apr-20	96.00%	#N/A	
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	82.09%	100.00%	Apr-20	100.00%	#N/A	
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	80.36%	85.37%	Apr-20	85.37%	84.72%	
	2 month (62 day) wait from referral from an NHS screening service	90%	79.41%	50.00%	Apr-20	50.00%	50.00%	
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	86.96%	83.33%	Apr-20	83.33%	94.12%	

Produced by
Information and Intelligence Team, NHS Sheffield CCG

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard - 2020/21 Month 2

Performance Indicator		Target	CCG Quarterly		CCG Latest			Latest Provider Total Monthly Position	
					Monthly Position		YTD Position	Barnsley Hospital	Yorkshire Ambulance Service
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins			7mins 17secs	May-20			7mins 17secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins			15mins 15secs	May-20			15mins 15secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins			0hrs26mins38secs	May-20			0hrs26mins38secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins			1hrs52mins54secs	May-20			1hrs52mins54secs
IAPT	Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.83%			0.97%	Apr-20	0.97%		
	Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50%			51.09%	Apr-20			
	Proportion of people waiting 18 weeks or less from referral to first IAPT treatment appointment	95%			100.00%	Apr-20			
	Proportion of people waiting 6 weeks or less from referral to first IAPT treatment appointment	75%			96.86%	Apr-20			

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Information and Intelligence Team, NHS Sheffield CCG

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Performance, Quality & Outcomes Report

2019/20 : End of Year Position statement using latest information

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly	CCG Latest Monthly Position		CCG Latest YTD Position	Latest Provider Total Monthly Position: Barnsley Hospital	Latest Provider Total Monthly Position: Yorkshire Ambulance Service
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		Published 88.74%	Mar-20	93.00%	Published Mar-20 88.73%	
	No patients wait more than 52 weeks for treatment to start	0		2	Mar-20	9	3	
			Q4 19/20					
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	89.50%	90.10%	Mar-20	90.91%	91.03%	
	No patients wait more than 12 hours from decision to admit to admission	0		0	Mar-20		0	
			Q4 19/20					
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	95.81%	96.35%	Mar-20	93.03%	97.08%	
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	95.08%	96.63%	Mar-20	85.75%	81.82%	
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	96.31%	94.66%	Mar-20	96.00%	93.51%	
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.26%	97.96%	Mar-20	99.66%	100.00%	
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	91.41%	97.30%	Mar-20	92.24%	#N/A	
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	82.09%	85.71%	Mar-20	90.04%	81.82%	
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	80.36%	80.85%	Mar-20	80.19%	87.14%	
	2 month (62 day) wait from referral from an NHS screening service	90%	79.41%	66.67%	Mar-20	88.18%	64.29%	
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	86.96%	91.67%	Mar-20	81.10%	94.44%	

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Information and Intelligence Team, NHS Sheffield CCG

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly	CCG Latest Monthly Position		CCG Latest YTD Position	Latest Provider Total Monthly Position: Barnsley Hospital	Latest Provider Total Monthly Position: Yorkshire Ambulance Service
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		8mins 1secs	Mar-20			8mins 1secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		23mins 53secs	Mar-20			23mins 53secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		2hrs14mins44secs	Mar-20			2hrs14mins44secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		2hrs54mins15secs	Mar-20			2hrs54mins15secs
IAPT	Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.83%		1.76%	Mar-20	1.41%		
	Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50%		59.09%	Mar-20			
	Proportion of people waiting 18 weeks or less from referral to first IAPT treatment appointment	95%		100.00%	Mar-20			
	Proportion of people waiting 6 weeks or less from referral to first IAPT treatment appointment	75%		94.63%	Mar-20			

Produced by
Information and Intelligence Team, NHS Sheffield CCG

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Minutes of the Meeting of the Barnsley Clinical Commissioning Group AUDIT COMMITTEE held on Thursday 18 June 2020 at 9.30 via Microsoft Teams

PRESENT:

Nigel Bell	Audit Committee Chair – Lay Member for Governance
Dr Adebowale Adekunle	Elected Member Governing Body
Chris Millington	Lay Member for Patient and Public Engagement and Primary Care Commissioning

IN ATTENDANCE:

Adrian Bailey	Head of Finance
Dr Nick Balac	CCG Chairman
Leanne Hawkes	Deputy Director 360 Assurance
Rashpal Khangura	KPMG Director
Kay Morgan	Governance and Assurance Manager
Usman Niazi	Assistant Client Manager 360 Assurance
Roxanna Naylor	Chief Finance Officer
Chris Taylor	Counter Fraud Specialist
Kirsty Waknell	Head of Communications and Engagement
Richard Walker	Head of Governance and Assurance

APOLOGIES

Kay Meats	Client Manager, 360 Assurance

Ref	Agenda Item	Action	Dead line
AC 20/06/01	**HOUSEKEEPING –** Microsoft Teams Meeting etiquette was discussed.		
AC 20/06/02	**QUORACY -** The meeting was declared quorate		
AC 20/06/03	**DECLARATIONS OF INTEREST, SPONSORSHIP, GIFTS AND HOSPITALITY**		
	The Committee noted the Declaration of Interests Report. No other new declarations of interest were received.		
AC 20/06/04	**MINUTES OF THE PREVIOUS MEETING HELD ON 23 APRIL 2020**		

Ref	Agenda Item	Action	Dead line
	The Minutes of the meeting held on 23 April 2020 were verified as a correct record of the proceedings.		
AC 20/06/05	**MATTERS ARISING**		
	The Committee noted that all actions on the Matters Arising Report are complete.		
ITEMS FOR DISCUSSION			
AC 20/06/06	**NHS BARNSLEY CCG ANNUAL REPORT AND ACCOUNTS 2019/20**		
	The Head of Governance and Assurance introduced the NHS Barnsley CCG Annual Report and Accounts 2019/20 to the Audit Committee. It was noted that the Audit Committee had previously reviewed the Draft Annual Report and Accounts in detail on 23 April 2020. The NHSE review of the draft annual report determined that the Annual Report substantially met all the requirements. NHSE had raised just a small number of minor suggestions all of which had been incorporated in the final draft version. The Audit Committee noted the very few minor changes made to the Annual Report and Accounts from the change log provided. The ask of the Audit Committee is to recommend to the Governing Body that it approves and adopts the Annual Report and Accounts 2019/20 (subject to any final necessary amendments agreed at the meeting). .		
	6.1 Draft CCG Annual Report – Performance & Accountability Report		
	The Head of Governance and Assurance highlighted that references to the Barnsley Healthcare Federation within the CCG Annual Report had been strengthened. on the request of the CCG Chairman with respect to their role in both establishing the Primary Care Network and in co-ordinating the response to the covid-19 epidemic. Audit Committee approved the proposed additional wording. The Audit Committee reviewed and noted the changes made to the Performance and Accountability Report.		

Ref	Agenda Item		Action	Dead line
	6.2	**Final Accounts 2019-20**		
		The Committee received and considered the CCG's Final Accounts 2019/20 and noted the amendment recommended by KPMG, relating to the wording of Note 1 'Going Concern'. This has been incorporated into the version of the final accounts presented to Audit Committee for its consideration.		
	6.3	**Head of Internal Audit Opinion & Annual Report**		
		The Deputy Director 360 Assurance presented the 2019/20 Internal Audit Annual Report and Head of Internal Audit Opinion to the Audit Committee. The Committee noted the overall opinion of 'significant assurance'. The Deputy Director 360 Assurance advised that Substantial Assurance had been determined in respect of 'follow up actions'. This being the appropriateness of the organisation's response to internal audit recommendations made and action subsequently implemented.		
	5.4	**Annual Report Local Counter Fraud Specialist**		
		The Counter Fraud Specialist introduced the 2019/20 Counter Fraud, Bribery and Corruption Annual Report to the Committee. In addition to the work plan the Counter Fraud Team had completed two extra pieces of work mandated by the Counter Fraud Agency.		
	5.5	**Annual Governance Report from External Auditors KPMG (ISA 260)**		
		The KPMG Director presented the External Audit Report 2019/20 to the Audit Committee. The KPMG Director confirmed that it was their intention to issue an unqualified ('clean') opinion on the Annual Report and Accounts following their approval and adoption by the Governing Body on 18 June 2020. Members' attention was drawn to the one unadjusted audit difference, relating to prescribing expenditure. The KPMG Director explained that this did not effect the overall opinion.		

Ref	Agenda Item		Action	Dead line
		The KMPG Director reported that the audit had been supported and complemented by a good standard of documents provided by the Finance Team and positive responses to queries. The Finance Team were thanked for their responsiveness to the KPMG Audit Team. The Audit Committee also expressed their appreciation to all involved with the CCG's Annual Report and Accounts. ***Agreed Action:*** ***To convey the appreciation of the Audit Committee to the Finance Team, Head of Governance and Assurance and the Head of Communications and Engagement for their excellent work in producing the CCG's Annual Report and Final Accounts 2018/19.***	**RN**	**19.06.20**
	5.6	**Draft Annual Audit Letter**		
		The Committee noted the Draft Annual Audit Letter. ***Agreed Action*** ***To share the final Annual Audit Letter as soon as available with Members of the Audit Committee.*** ***To submit the final Annual Audit Letter to the 15 October 2020 Audit Committee meeting.***	**RN** **RK**	**01.07.20** **15.10.20**
	5.7	**Management Representation Letter**		
		The Committee noted the Management Representation Letter. The Director KPMG highlighted that reference to prescribing; in respect of the one unadjusted audit difference had been included in the letter for completeness.		
	5.8	**Third Party Assurances - Service Auditor Reports**		
		The Committee considered the summary Third Party Assurances Received 2019/20 and noted the minor control issues identified in two of the reports and the fact that one report was still awaited. Notwithstanding these issues the Audit Committee agreed with the Chief Finance Officer's view that sufficient additional mitigating controls are in place.		

Ref	Agenda Item	Action	Dead line
	The Committee Chair commented that the third party assurance was a positive report.		
	The Audit Committee: • **Reviewed the amended Annual Report and Accounts 2019/20** • **Received the final Head of Internal Audit Opinion 2019/20** • **Received the final Annual Report of the Local Counter Fraud Specialist 2019/20** • **Received and consider the ISA260 External Auditor's Report 2019/20 and the Draft Annual Audit Letter 2019/20** • **Reviewed the Management Representation Letter** • **Received the summary of Third Party Assurances appended to this report** **On the basis of the above Committee agreed to recommend to the Governing Body that it approves and adopts the Annual Report and Accounts 2019/20 (subject to any final necessary amendments agreed at this meeting).**		
AC 20/06/07	**DATE AND TIME OF NEXT MEETING**		
	The next meeting of the Audit Committee will be held on Thursday 15 October 2019 at 9.30 am, via Microsoft Teams. Agreed Action • To extend duration of meeting to 1 hour and 30 minutes • To arrange an Audit Committee pre meet with External Auditor KPMG.	 **KM** **KM**	 **15.10.20** **15.10.20**

NHS Barnsley Clinical Commissioning Group

Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group FINANCE & PERFORMANCE COMMITTEE held on Thursday 18 June 2020 at 10.00am via Microsoft Teams.

PRESENT:

Dr Nick Balac (Chair)	- Chair
Dr John Harban	- Elected Member Governing Body - Contracting
Lesley Smith	- Chief Officer
Roxanna Naylor	- Chief Finance Officer
Dr 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
Jeremy Budd	- Director of Commissioning

IN ATTENDANCE:

Leanne Whitehead	- Executive Personal Assistant

APOLOGIES:

Patrick Otway	- Head of Commissioning (MH, Children, Specialised)

Agenda Item		Action & Deadline
FPC20/55	**QUORACY**	
	The meeting was declared quorate.	
FPC20/56	**DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVENT TO THE AGENDA**	
	The Committee noted the declarations of interest report. There were no declarations of interest raised relevant to the agenda.	
FPC20/57	**MINUTES OF THE PREVIOUS MEETING HELD ON 5 March 2020** – Approved.	
FPC20/58	**MATTERS ARISING REPORT**	
	FPC20/37 - Matters Arising Report FPC20/26 Financial Plan The Chief Finance Officer reported that she was planning to speak with Chris Lawson within the wider context of clinical pharmacists.	**RN**

	FPC20/39 - Financial Plan and Operational Planning Discussion around home visiting had taken place at gold SMT. **The Committee received and noted the report.**	
FPC20/59	**FINANCE UPDATE**	
	The Chief Finance Officer presented a report to the Committee. The report provided details on the CCGs forecast against the notified allocations to 31 July 2020. The report also includes details of all funding decisions made by the CCGs Gold Command relating to Covid-19. These costs are fully reimbursable through submission of a monthly return to NHSEI. It was reported that the allocation for April to July was £150m the CCG were notified of this towards the end of April/beginning of May. Top up allocations have not been appoved yet for month 2, however the CCG is expecting to receive an allocation of £3.4m (£1.236m covid 19) to ensure a balanced budget position is achieved. Monthly top-up exercises are expected to continue to July 2020 to cover the forecast deficit position reported. However this position will be subject to further update as forecast positions are refined, given the limited data available at Month 2. Discussion was had around covid related expenditure for May this cost was £695k, and approx £500k for April had been claimed but had not yet been reimbursed. A list of approved expenditure was included within the report. The Chief Officer reported that Deloittes were expected to do an audit of all covid claims therefore asked that all teams and the Federation were made aware of this to ensure we are in a strong position to respond and have everything in place to support this. The Chief Finance Officer noted that discussions had been had with all and also BMBC. Further updates on covid costs would be reported to members on a regular basis. **The Committee were asked to note the contents of the report including:** • **The notified allocation –April to July 2020.** • **The forecast deficit position to July 2020 and top up arrangements in place to ensure financial balance is achieved.** • **The Covid-19 costs for May - 2020/21 and costs approved by CCG SMT Gold.**	
FPC20/60	**PLANNING UPDATE**	
	The Chief Finance Officer presented a planning update report to	

	the Committee. It was reported that at the May Governing Body members were informed of allocations up to July, work was ongoing and an issue around block payment had been flagged, but no response had been received as yet. To date all financial planning, performance and contract management had been suspended. Further guidance is expected towards the end of July/early July. It was noted that timescales may be tight therefore could have to share with F&P members virtually. Finance plans are expected to be drafted by the end of June without any notified allocations being received and final plans need to be completed by 22 July 2020 once final guidance and details on how allocations will be apportioned are received. The Director of Strategic Planning and Performance gave an update noting that activity guidance planning was delayed and had been asked to do some urgent work to understand/demonstrate to bring activity back in and were looking at what could delivered with any additional investment. It was reported that the position was different in SYB and had agreed to share the position on impact across Primary Care, Community and Mental Health as well as acute. The assumption return had been completed on the 17 June 2020 and was showing a dip but would expect to see activity towards the end of year and will need to work with providers on growths and dips etc and where they have been. It was noted that we need to be mindful as to what happens next in flows of money would it be a system or place or CCG allocation, confirmation on this was awaited. **The Committee were asked to note the contents of the report including:** • **The process for planning from August 2020 and the timescales expected for submissions of finance and activity plans.** • **Note the potential requirements to inform the committee of developments and updates via email or through CCG SMT Gold Command if approval of returns is required.**	
FPC20/61	**ANY OTHER BUSINESS**	
	Discussion was had on Payments by Results (PbR) and how this as unlikely to return as the basis for contracts in the future. The need to look forward at services against the opportunities needed to progress at pace in order to allow costs to be taken out of the system.. Barnsley are an outlier and spend more than others on acute services, it was noted this could be challenge going forward, however if the CCG are to achieve financial balance this work must be progressed.	

FPC20/62	**ITEMS FOR ESCALATION TO GOVERNING BODY**	
	• Financial Position • Planning Update • Move forward with planning and recovery moving into 2021/22 planning from September	
FPC20/63	**DATE AND TIME OF NEXT MEETING**	
	Thursday 2 July 2020 at 10.30am via Microsoft Teams.	

NHS
Barnsley
Clinical Commissioning Group

GOVERNING BODY

09 July 2020

PRIMARY CARE COMMISSIONING COMMITTEE HIGHLIGHTS REPORT

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*	✓	*Information*	

2. PURPOSE

The purpose of this report is to provide Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 28 May 2020.

3. REPORT OF

	Name	**Designation**
Lay Member Lead	Chris Millington	Chair PCCC
Author	Julie Frampton	Head of Primary Care

4. SUMMARY OF PREVIOUS GOVERNANCE

The matters raised in this paper have been subject to prior consideration in the following forums:

Group / Committee	**Date**	**Outcome**
PCCC	28.05.2020	Highlights agreed

5. EXECUTIVE SUMMARY

This report provides the July Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 28 May 2020.

It was agreed at the meeting that the following would be highlighted:
1) CQC reports:

- The Kakoty Practice was inspected on 10 December 2019. In the report published on 30 January 2020 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'. It was noted that the CQC had published the wrong report for the Kakoty Practice. This error had been reported to the CQC with a request for the correct report

	to be published. • Burleigh Medical Centre was inspected on 4 March 2020. In the report published on 23 April 2020 the practice received a rating of Good overall with 'requires improvement' for the 'working age people' population group due to the below target cervical screening figures. The CQC inspection focussed solely on the domains of Safe, Effective and Well-led. A 'desk-top' inspection had taken place for the following two practices both of which had a domain rating of 'requires improvement' in an earlier inspection. • Lundwood Medical Practice – now rated good for "safe". • Huddersfield Road Surgery – now rated good for 'well led' 2) <u>Quality Outcome Framework Payments (QOF)</u> NHS England had agreed a slight change to how QOF payments would be determined for the 2019/20 final payment in order to ensure practice income was maintained. As practices had been unable to complete some of the work planned to achieve their QOF points, due to the impact of Covid, an assessment of the last quarter, based on the achievement during 2018/19, would be used to agree the final payments for 2019/20. Work had already commenced and was to be completed to establish fair QOF payments for all Barnsley GP practices for payment by 01 June 2020. The outcome of which would be brought back to the next Primary Care Commissioning Committee meeting. <u>QOF aspiration payments for 2020/21</u> It was noted that a further review would be carried out relating to QOF aspirational payments for 2020/21 as practices may require a top up payment to provide income security.
6.	**THE GOVERNING BODY / COMMITTEE IS ASKED TO:**
	• Note the above which is provided for information and assurance.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	• None

Agenda time allocation for report:	*5 mins.*

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (*place ✓ beside all that apply*):

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*

2. Links to statutory duties

This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (place ✓ beside all that are relevant):

Management of conflicts of interest (s14O)	**See 3.1**	Duties as to reducing inequalities (s14T)	**See 3.4**
Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
Duty to exercise its functions effectively, efficiently and economically (s14Q)	**See 3.2**	Duty as to patient choice (s14V)	
Duty as to improvement in quality of services (s14R)	**See 3.3**	Duty as to promoting integration (s14Z1)	
Duty in relation to quality of primary medical services (s14S)	**See 3.3**	Public involvement and consultation (s14Z2)	**See 3.5**

3. Governance Considerations Checklist *(these will be especially relevant where a proposal or policy is brought for decision or approval)*

3.1 Clinical Leadership

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.2 Management of Conflicts of Interest (s14O)

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.3 Discharging functions effectively, efficiently, & economically (s14Q)

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***
If relevant provide brief details here OR cross refer to detailed report if used	

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

NHS
Barnsley
Clinical Commissioning Group

Minutes of the NHS Barnsley Clinical Commissioning Group
QUALITY & PATIENT SAFETY COMMITTEE
Thursday 20 February 2020, 13:00pm-15:00pm
Boardroom, Hillder House

MEMBERS: Dr Sudhagar Krishnasamy	-	Medical Director (Chair)
Mike Simms Dr Mark Smith Chris Millington Dr Adebowale Adekunle	- - - -	Secondary Care Clinician Practice Member Representative Contracting Lead from the Governing Body Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning GP Governing Body Member
IN ATTENDANCE: Richard Walker Terry Hague Hilary Fitzgerald Paige Dawson (minutes) David Lautman (up to agenda item 11) Jos Vines (agenda item 13 only)	 - - - - - -	 Head of Governance and Assurance Primary Care and Transformation Manager Quality Manager Risk, Governance and Assurance Facilitator Lead Commissioning and Transformation Manager Clinical Nurse Specialist - Infection Prevention and Control
APOLOGIES: Jayne Sivakumar Dr Shahriar Sepehri Chris Lawson Dr Ibrar Ali	 - - - -	 Chief Nurse Membership Council Representative Head of Medicines Optimisation Membership Council Representative

Agenda Item	Note	Action	Deadline
Q&PSC 20/02/01	**HOUSEKEEPING**		
	The Chair advised the meeting that there were no planned fire tests and explained the procedures in the event of a fire.		
Q&PSC 20/02/02	**WELCOME, INTRODUCTIONS, APOLOGIES & QUORACY**		
	Introductions were made and apologies noted as above. The meeting was declared quorate.		

Q&PSC 20/02/03	**PATIENT STORY**		
	The GP Governing Body Member shared a story about a seven year old child who had been given the wrong medication for a water infection, which had resulted in the child being hospitalised. The error occurred within the community pharmacy which had issued the wrong medicine. The Committee discussed the story at length with members highlighting the importance of quality checking prescriptions within community pharmacies. It was agreed that the Governing Body Member would check with the Pharmacy as to whether the incident had been flagged up and to check whether any learning had been picked up.	**AA**	**April 2020**
Q&PSC 20/02/04	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	No declarations of interest relevant to the agenda were declared.		
Q&PSC 20/02/05	**MINUTES OF THE MEETING HELD ON 12 DECEMBER 2019**		
	The minutes from the meeting on 12 December 2019 were approved and adopted as an accurate record of the meeting.		
Q&PSC 20/02/06	**MATTERS ARISING REPORT**		
	The Chair confirmed that all items were complete with the exception of the following minute references: **Q&PSC 19/12/08 MONTHLY QUALITY METRICS REPORT – (STANDING ITEM)** The Lay Member for Patient and Public Engagement and Chair of Primary Care Commissioning Committee reported that he had received feedback that there is currently no plan to recruit to the Designated Doctor post at this time. The post had gone out to advert but here were no suitable candidates. The responsibilities of the role are currently shared between Dr Kerrin, the Designated GP and Angela Fawcett, Designated Nurse- Safeguarding Children, Barnsley CCG. Also, there has been assurance from Sheffield CCG that their Designated doctor will offer support on occasion. There have not been any gaps in services noted from the post not being filled.		

	Q&PSC 19/12/11 ACCESS TO INFERTILITY TREATMENT POLICY The Lead Commissioning and Transformation Manager updated the Committee in relation to the Access to Infertility Treatment Policy. Since approving the Policy at Governing Body in January 2020, more recent legal guidance has been received by the CCG, which identified that the Policy was reflecting an incorrect position in relation to 'Charges to Overseas Visitors'. The policy has now been updated to reflect the correct position. The Committee approved the updated Policy and agreed that there was no need for it to be taken back to Governing Body for approval as the update was minor. **Q&PSC 19/10/08 MONTHLY QUALITY METRICS REPORT – (STANDING ITEM) – Healthcare Safety Investigation Branch Report - Management of Acute Onset Testicular Pain** The Quality Manager referred members to the recommendation that NHS England/Improvement should work with relevant stakeholders to develop guidance for this condition. It was agreed consideration should be given to developing local guidelines in the intervening period. The Quality Manager agreed to contact BHNFT regarding this.	**HF**	**April 2020**
QUALITY AND GOVERNANCE			
Q&PSC 20/02/07	**RISK REGISTER & ASSURANCE FRAMEWORK (STANDING ITEM)**		
	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 Lay Member for Patient and Public Engagement and Chair of Primary Care Commissioning Committee raised whether the Coronavirus threat should be put on the risk register. The Head of Governance and Assurance stated that if it becomes a significant outbreak then it should be put on the Risk Register.		
	The Committee: • Reviewed the risks on the Assurance Framework for which the Quality and Patient Safety Committee is responsible.		

	• Noted and approved the risks assigned to the Committee. • Considered and approved inclusion of new risk in relation to SWYPFT Clinical Quality Board meetings. • Considered and approved the removal of risk 17/04 in relation to quality and cost-effectiveness of primary care prescribing.	**RW** **RW**	**February 2020** **February 2020**
Q&PSC 20/02/08	**MONTHLY QUALITY METRICS REPORT – (STANDING ITEM)**		
	The Quality Manager presented the key messages from the Quality Metrics report. **BHNFT inpatient data for the Friends and Family Test (FFT)** FFT data shows that 98% of respondents would recommend their inpatient service which is the same percentage as July 2019. The Trust's November 2019 result is higher than the national figure of 96%. Also, of the 23 inpatient areas that received sufficient responses to be statistically viable, 10 scored 100% for this marker and all areas scored above 90%. Only 73% of respondents would recommend A&E at BHNFT compared with 84% nationally. The November 2019 data represents a significant decrease from the Trust's results for July 2019 which was 84%. **Complaints** BHNFT –There was an increase in the number of formal complaints received in quarter 2 (74) compared with quarter 1 (48). It was highlighted that the average number of working days to close formal complaints was 60 days in quarter 2 compared with 56 in quarter 1 2019/20, and that this performance needs to be kept under review. Also, 75% of the Trust's formal complaints had been upheld, or partially upheld. It was highlighted that the CCG needs to obtain more assurance about how the Trust is embedding learning from complaints. SWYPFT - there was a small increase in the number of complaints received in quarter 2 (43) compared with quarter 1 (38). Overall the number of complaints has declined since January 2018 due to more concerns being resolved informally. Also, at the last SWYPFT CQB meeting it was reported that compliance with their target response time of 40 days had improved significantly.		

	Serious incidents reported on StEIS There have been a cluster of five StEIS reportable maternity incidents in the Trust since end of September 2019. Members 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 from the Trust about the learning from the incidents. The Lay Member for Public and Patient Engagement commented that there had been no quality assurance visits at BHNFT for some time and that these should be considered within the next few months.		
	The GP Governing Body Member left the room at 13.45pm.		
	Infection Prevention Control The target for C Diff cases at BHNFT has been breached. This was discussed at a recent BHNFT CQB meeting where significant assurance was provided by the Trust on the actions being taken to reduce C Diff. **Primary Care** The Primary Care and Transformation Manager presented the for ongoing assurance the key aspects of recent CQC inspections. Dove Valley and Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service have been rated "Good" overall. Lundwood Medical Centre has received a rating of Good overall and across all domains with the exception of services being Safe which was rated as Requires Improvement. Caxton House had received an overall rating of 'Requires Improvement'. The CCG is liaising with the practices regarding their action plans. **YAS** – The Quality Manager confirmed that there have been no further YAS meetings since the last update to Q&PSC on 10 October 2019. **Healthcare Safety Investigation Branch** The Quality Manager highlighted the latest report from HSIB which highlights 'devastating' impact of delays and pressure on national glaucoma services. Members were asked to note that BHNFT is taking action to develop failsafe prioritisation processes and policies to manage risk of harm to ophthalmology patients. The CCG is monitoring the progress via the BHNFT CQB.		

	There followed a lengthy discussion about the potential for transferring some of the work undertaken by the Ophthalmology Department to community optometrists. The Lay Member for Patient and Public Engagement and Primary Care Commissioning Chair raised the staff survey results for BHNFT, and highlighted that the Trust is placed first for its work in relation to Equality and Diversity, led by Colin Brotherston-Barnett, Equality, Diversity and Inclusion lead		
	The Governing Body Member re-joined the meeting at 13.50pm.		
	The Committee: • Noted the contents of the report. • Asked that consideration be given to undertaking a quality assurance visit at BHNFT. • Asked that the transfer of some hospital ophthalmology services to community services be raised at the QIPP Group	**HF** **DL**	**April 2020** **April 2020**
Q&PSC 20/02/09	**QUALITY & PATIENT SAFETY COMMITTEE ANNUAL REPORT**		
	The Quality Manager presented the Q&PSC Annual Report for assurance and comment, in particular the achievements of the Committee. The Head of Governance and Assurance asked that the results of the Committee's effectiveness survey be included and that the Committee has made better use of complaints data in 2019/20.		
	The Committee noted and approved the report subject to: • The report showing a Deputy attending on behalf for the Head of Primary Care. **Post meeting note: It was confirmed that the Head of Primary Care is not a member of QPSC and therefore their attendance details do not need to be recorded.** • The inclusion of the committee effectiveness survey results and reference to the Committee making better use of complaints data.	**HF**	**March 2020**
Q&PSC 20/02/10	**SY&B QUALITY SURVEILLANCE GROUP (QSG) UPDATE – 24 JANUARY 2020 UPDATE**		
	The Quality Manager related the shared learning from the thematic review of suicides that had been presented at the January 2020 QSG meeting. This		

	showed that there has been no rise in numbers of suicides overall. The suicide rate was actually the lowest rate for 30 years although this is not reflected in some localities. It was highlighted that a member of the Quality Team attends the Barnsley multi-agency suicide learning panel.		
Q&PSC 20/02/11	**GET FIT FIRST IN BARNSLEY COMMISSIONING STATEMENTS**		
	The Lead Commissioning and Transformation Manager presented the revised Get Fit First Commissioning Statements and Frequently Asked Questions, which have been updated to incorporate changes discussed at Q&PSC on 12 December 2019. Since then, the revised statements have been circulated amongst stakeholders for additional input and comments. Assurance was given to committee members in relation to the efficiency of the Individual Funding Request (IFR) process. It was confirmed that decisions have to be made within 14 days by the panel. Urgent decisions can also be made on the same day.		
	The Committee: • Approved the revised Get Fit First Commissioning Statements (Weight Management and Smoking) and the FAQ for Clinicians.		
	The Lead Commissioning and Transformation Manager left the meeting at 14.05pm.		
Q&PSC 20/02/12	**BARNSLEY CCG PATIENT EXPERIENCE FEEDBACK REPORT – QTR. 3 2019/20**		
	The Quality Manager presented the Barnsley CCG Patient Experience Feedback Report for quarter 3 of 2019/20. It was highlighted that the CCG had received 36 complaints and concerns in Q3 of 2019/20, an increase from Q2. Members were informed that contacts about the Doctorlink digital service may increase in Q4 based on concerns raised about its use at the pilot practice. The Quality Team is currently monitoring these contacts and has already been in touch with the Service Manager at Doctorlink to discuss. Overall, response timescales were highlighted as		

	good by the committee.		
	The Committee: • Considered the intelligence in the report about services being provided by BCCG or our providers. • Commented that the report provided assurance that complaints and concerns received by Barnsley CCG are being managed effectively.		
Q&PSC 20/02/13	**INFECTION PREVENTION AND CONTROL (IPC) POLICY FOR PRIMARY CARE AND GENERAL PRACTICES**		
	The Clinical Nurse Specialist for Infection Prevention and Control presented the IPC Policy. It was confirmed that a full review and update of the Policy has been completed. The updated Policy now includes electronic links to appendices, enabling clinicians to quickly access certain sections of the Policy. It was agreed that as no significant changes had been made to the Policy, it could be approved at Q&PSC and noted in the Governing Body Highlights Report.		
	The Committee: • Considered and approved the Infection Prevention and Control Policy for Primary Care and General Practices.		
Q&PSC 20/02/14	**INFORMATION GOVERNANCE UPDATE**		
	The Head of Governance and Assurance presented the Information Governance Update. Key highlights of the report were: • The CCG's Information Asset Register has been reviewed throughout the year. Information Asset Owners (IAOs) have been contacted to verify existing risk assessments and dataflow records. • The CCG's Internal Auditors, 360 Assurance, is conducting a two phase audit of samples of the CCG's evidence collated for the Data Security and Protection (DSP) Toolkit. 360 Assurance has completed phase one. Their final report, when completed, will be submitted to Q&PSC.		

	• In the last two weeks of March, the Head of Assurance will review the evidence in the DSP Toolkit, to ensure the findings of the final audit report have been considered, and then seek the Information Governance Group's approval to submit the DSP Toolkit. The Governing Body has previously approved this approach in prior years.		
	The Committee: • Noted the report. • Approved the proposed arrangements for signing off the DSP Toolkit.		
COMMITTEE REPORTS AND MINUTES GENERAL			
Q&PSC 20/02/15	**MINUTES OF THE 13 NOVEMBER 2019 & 11 DECEMBER 2019 AREA PRESCRIBING COMMITTEE**		
	The Committee noted the cover paper and minutes for assurance and information.		
Q&PSC 20/02/16	**MINUTES OF THE 5 NOVEMBER 2019 AND 27 NOVEMBER 2019 PRIMARY CARE QUALITY & COST EFFECTIVE PRESCRIBING GROUP MEETING**		
	The Committee noted the cover paper and minutes for assurance and information.		
Q&PSC 20/02/17	**CLINICAL QUALITY BOARDS** • **VERBAL UPDATE BHNFT – 16 JANUARY 2020** • **VERBAL UPDATE SWYPFT - 5 FEBRUARY 2020**		
	The Quality Manager reported key information including: **BHNFT CQB**: • The Chief Nurse, BCCG, has agreed to look into a pressure ulcer pathway as the reporting system for these incidents had raised some concerns at the Trust and within SWYPFT. **SWYPFT CQB**: • The Trust agreed at the CQB meeting in February 2020 that more reports would be presented to future CQB meetings. • It was agreed that SWYPFT's CQC action plan would be brought to a future Q&PSC meeting		

	for assurance.		
Q&PSC 20/02/18	**HEALTH PROTECTION BOARD** • **PAPER UPDATE – 16 JANUARY 2020**		
	The Committee noted the update report for information.		
GENERAL			
Q&PSC 20/02/19	**ANY OTHER BUSINESS**		
	The Lay Member for Patient and Public Engagement and Chair of Primary Care Commissioning Committee raised a question about whether a Coroner needed certain qualifications to hold that title. It was confirmed that they had to be a Doctor and/or a lawyer plus further training.		
Q&PSC 20/02/20	**AREAS FOR ESCALATION TO THE GOVERNING BODY AND ITEMS TO BE COVERED IN HIGHLIGHT REPORT**		
	It was agreed the quality highlights to Governing Body should include: • Green – Quality Policies • Amber – Pressure Ulcers • Red – Maternity Incidents	**HF**	**February 2020**
Q&PSC 20/02/21	**REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED:** • **CONDUCT OF MEETING** • **ANY AREAS FOR ADDITIONAL ASSURANCE** • **ANY TRAINING NEEDS IDENTIFIED**		
	There were no items raised.		
Q&PSC 20/02/22	**DATE AND TIME OF NEXT MEETING** Thursday 23 April 2020 at 1pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY		