

**Public Primary Care Commissioning Committee**  
**Thursday, 30 September 2021 at 14.30am**  
**Via MS Teams**

## **PUBLIC AGENDA**

Item	Session	Committee Requested to	Enclosure Lead	Time
1	Housekeeping		Chair	14.30pm 5mins
2	Apologies	Note	Chair	
3	Quoracy	Note	Chair	
4	Declarations of Interest relevant to the agenda	Assurance	<b>PCCC 21/09/04</b> Chair	14.35pm
5	Minutes of the meeting held on 5 August 2021	Approve	<b>PCCC 21/09/05</b> Chair	14.35pm 5mins
6	Matters Arising Report	Note	<b>PCCC 21/09/06</b> Chair	14.40pm 5mins
<b>Strategy, Planning, Needs Assessment and Co-ordination of Primary Care</b>				
7	Primary Care Network <ul style="list-style-type: none"> <li>• Workforce Plan</li> <li>• Update on Service Specifications and Investment &amp; Impact Funding</li> </ul>	Assurance	<b>PCCC 21/09/07</b> Julie Frampton	14.45pm 5mins
<b>Quality and Finance</b>				
8	Finance Update	Information	<b>PCCC 21/09/08</b> Ruth Simms	14:50pm 10mins
9	CQC Updates – No update required	Assurance/ Information	Julie Frampton	
<b>Contract Management</b>				
10	Contractual Issues Report	Approval/ Assurance	<b>PCCC 21/09/10</b> Julie Frampton	15:00 10mins
<b>Governance, Risk, Assurance</b>				
11	Risk and Governance Report <ul style="list-style-type: none"> <li>• Assurance Framework</li> <li>• Risk Register</li> </ul>	Assurance	<b>PCCC 21/09/11</b> Richard Walker	15:10pm 10mins

Item	Session	Committee Requested to	Enclosure Lead	Time
<b>Reflection on conduct of the meeting</b>				
12	<ul style="list-style-type: none"> <li>Conduct of meetings</li> <li>Any areas for additional assurance</li> <li>Any training needs identified</li> </ul>	Note	<b>Verbal</b> Chair	15:20pm
<b>Other</b>				
13	Questions from the public relevant to the agenda	Note	<b>Verbal</b> Chair	15:20pm 5mins
14	Items for escalating to the Governing Body	Note	<b>Verbal</b> Chair	15:25pm 5mins
15	<b>Date and time of the next scheduled meeting:</b> Thursday, 25 November 2021 at 9.30am via MS Teams	Note	<b>Verbal</b> Chris Millington	<b>15:30pm</b> <b>Close</b>

**Exclusion of the Public:**

The CCG Primary Care Commissioning Committee 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

## PRIMARY CARE COMMISSIONING COMMITTEE

30 September 2021

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

#### PART 1A – SUMMARY REPORT

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

	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.
<p>Appendix 1 to this report details all Committee Members' current declared interests to update and to enable the Chair and Members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>		
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>	
	<ul style="list-style-type: none"> <li>Note the contents of this report and declare if Members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.</li> </ul>	
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>	
	<ul style="list-style-type: none"> <li>Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report</li> </ul>	

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>		
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework		
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans
	2.1 Primary Care		7.1 Transforming Care for people with LD
	3.1 Cancer		8.1 Maternity
	3.2 Maximising Elective Activity		9.1 Digital and Technology
	4.1 Mental Health		10.1 Compliance with statutory duties
	5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes
	5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19
	5.3 Implementing Population Health Management And Personalised Care		
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		N/A
<b>2.</b>	<b>Links to statutory duties</b>		
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act		
	Management of conflicts of interest (s14O)	✓	Duties as to reducing inequalities (s14T)
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>		
<b>3.1</b>	<b>Clinical Leadership</b>		
	Have GB GPs and / or other appropriate clinicians provided input and leadership?		NA
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>		
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?		Y
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>		
	Have any financial implications been considered & discussed with the Finance Team?		NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?		NA

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

### NHS Barnsley Clinical Commissioning Group 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: Primary Care Commissioning Committee

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

Name	Current position (s) held in the CCG	Declared Interest
Chris Millington	Lay Member	<ul style="list-style-type: none"> <li>Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18)</li> <li>Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19)</li> </ul>
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> <li>Provider of Corporate and Private healthcare and delivering some NHS Contracts.</li> </ul>
Chris Edwards	Governing Body Member	<ul style="list-style-type: none"> <li>Family member employed by Chesterfield Royal.</li> <li>Family member employed by Attain.</li> <li>Works as Accountable Officer for Rotherham CCG.</li> <li>Works one day a week at the ICS as Capital and Estates and Maternity lead.</li> </ul>
Mark Smith	GP Governing Body Member	<ul style="list-style-type: none"> <li>Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles.</li> <li>Director of Janark Medical Ltd</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>
Madhavi Guntamukkala	Medical Director	<ul style="list-style-type: none"> <li>Senior GP in a Barnsley Practice (Apollo Court Medical Practice &amp; The grove Medical Practice) Practices provide services under contract to the CCG</li> <li>Spouse – Dr M Vemula is also partner GP at both practices</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
Richard Walker	Head of Governance & Assurance	<ul style="list-style-type: none"> <li>Daughter working for Health Education England.</li> </ul>
Julie Frampton	Head of Primary Care	<ul style="list-style-type: none"> <li>NIL</li> </ul>



Name	Current position (s) held in the CCG	Declared Interest
Victoria Lindon	Assistant Head of Primary Care Commissioning (NHSE and NHSEI)	<ul style="list-style-type: none"><li>• NIL</li></ul>
Nick Germain	NHS England & Improvement, Primary Care Manager	<ul style="list-style-type: none"><li>• NIL</li></ul>

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting  
held on Thursday, 5 August 2021 at 11.30am via MS Teams**

**PRESENT: (VOTING MEMBERS)**

Nigel Bell	Lay Member for Governance
Mike Simms (Chair)	Secondary Care Clinician (joined the meeting at agenda item 11)
Chris Edwards	Chief Officer

**CLINICAL MEMBERS (NON-VOTING)**

Dr Madhavi Guntamukkala	Governing Body Member
Dr Mark Smith	Governing Body Member

**IN ATTENDANCE:**

Julie Frampton	Head of Primary Care
Angela Turner	Executive Personal Assistant
Nick Germain	Primary Care Manager, NHSEI
Margaret Lindquist	Board Member, Healthwatch Barnsley
Julia Burrows	Director of Public Health, BMBC
Paige Dawson	Risk, Governance and Assurance Facilitator
Ruth Simms	Finance Manager

**APOLOGIES:**

Chris Millington ( <i>Chair</i> )	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Richard Walker	Head of Governance & Assurance
Dr Nick Balac	Chair, Barnsley CCG
Roxanna Naylor	Chief Finance Officer

**MEMBERS OF THE PUBLIC:**

There were no members of the public present at the meeting.

Agenda Item	Note	Action	Deadline
<b>PCCC 21/08/01</b>	<b>HOUSEKEEPING</b>		
<b>PCCC 21/08/02</b>	<b>WELCOME AND APOLOGIES</b>		
	The Chair welcomed members to the meeting and apologies were noted as above.		
<b>PCCC 21/08/03</b>	<b>QUORACY</b>		
	The meeting was declared quorate.		
<b>PCCC 21/08/04</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	Conflict of interest PDA - GPs can stay in the discussion but any decisions to be made, GPs to leave.		

<b>PCCC 21/08/05</b>	<b>MINUTES OF THE LAST MEETING</b>		
	The minutes of the meeting held on 27 May 2021 were verified as a true and correct record of proceedings.		
<b>PCCC 21/08/06</b>	<b>MATTERS ARISING REPORT</b>		
	<u>Primary Care Strategy</u> It was confirmed that a review and amendments to the wording in the Primary Care Strategy Group Terms of Reference had been completed. To be re-circulated when Richard Walker returns from leave.	<b>RW/JF</b>	
<b>STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE</b>			
<b>PCCC 21/08/07</b>	<u>Primary Care Estate</u> Head of Primary Care gave a verbal update advising that the data gathering exercise had commenced and all GP practices had received spreadsheets requesting the information they are required to check and also requests to provide additional information. All this will be collated and used to support the development of the shaped tool, ie different elements of information around staffing, estates etc.  The Primary Care 6 Facet survey of estates is due to commence. Practice managers have been notified that they will be contacted by the company that will be undertaking this work.  Chair asked if this work would be completed within the 6 months period that CCG remains.  Chief Officer advised that all capital bids will be going through ICS going forward. The timing of this piece of work is perfect which will give us the most up to date strategy and should enhance Barnsley's chances of attracting capital. Need to ensure the work is completed within the timescales.  Head of Primary Care confirmed that this work should be completed by the end of October beginning of November and that includes the work required to go into developing the wider estates strategy.		
<b>PCCC 21/08/08</b>	<u>GP Patient Survey 2020/21</u> Head of Primary Care advised that the purpose of the report is to provide members with information regarding the outcome of the GP patient survey published July 2021.		

	<p>The outcome of the GP patient survey published July 2021 is currently being analysed. The results of the survey are based on fieldwork during the period January to March 2021. Responses were received from 4428 of the 11,446 invited patients.</p> <p>A 39% response rate of questionnaires was completed.</p> <p>The GP Patient Survey measures patients' experiences across a range of topics, including:</p> <ul style="list-style-type: none"> <li>• Your local GP services</li> <li>• Making an appointment</li> <li>• Your last appointment</li> <li>• Overall experience</li> <li>• Your health</li> <li>• When your GP practice is closed</li> <li>• NHS Dentistry</li> <li>• COVID-19</li> <li>• Some questions about you (including relevant protected characteristics and demographics)</li> </ul> <p>To improve patient access via telephony is on the action plan.</p> <p>Chair highlighted that issues are now coming up in relation to the wait time for GP appointments, phlebotomy and wait times for referrals to cancer clinic.</p> <p>Head of Primary Care confirmed that these will be looked at and across the wider piece with other CCG colleagues who are responsible for these linking in with cancer leads and other areas.</p> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the receipt of the GP Patient Survey, initial findings, and a more detailed analysis to be brought to a future PCCC</li> </ul> <p>Chair confirmed that this was a good summary of a large piece of work.</p>		
<b>QUALITY AND FINANCE</b>			
<b>PCCC 21/08/09</b>	<b>FINANCE UPDATE</b>		
	<p>The Assistant Finance Manager presented the Finance Report that provided an update of the report.</p> <p>There are two sections to the report:</p> <p>.</p>		

	<p><b><u>Forecast Position 2021/22 – H1 April – September 2021</u></b></p> <p>The forecast position as at Month 2 reflects a balanced budget position, at this early stage in the year there is limited data available to allow a robust forecast position to be developed, H1 requirements April – September 2021.</p> <p><b><u>Additional Funding for 2021/22</u></b></p> <p>In Month 4 NHS Barnsley CCG are due to receive additional allocations in relation to both the General Practice COVID capacity Expansion Fund and Post COVID Assessment Clinic.</p> <p>Month 4 we received the £565k for covid capacity expansion funding and the £112k for post covid assessment clinics.</p> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the contents of the report</li> </ul>		
<p><b>PCCC 21/08/10</b></p>	<p><b><u>CQC Updates</u></b></p> <p>The Head of Primary Care presented the CQC Update.</p> <p>The purpose of the report is to provide members with an update on the current CQC position in relation our GP Practices and for Barnsley Healthcare Federation i-Heart contracts.</p> <p><b><u>CQC Inspections</u></b></p> <p>The CQC have informed the CCG that they are continuing to develop their approach to inspection activity, moving on from their transitional monitoring approach adopted during the COVID-19 pandemic, as outlined below:</p> <p>From July 2021 a monthly review will be introduced of the information held on most of the services regulated.</p> <p><b><u>The Rose Tree Practice</u></b></p> <p>The Rose Tree Practice was inspected on the 18 and 19 May 2021 due to their current rating of Requires Improvement from their last inspection which took place on the 2 October 2019, following a rating of Inadequate in February 2019.</p> <p>The CQC rated the practice as good overall and in all domains. Some recommendations link in with practice to ensure update where required and offering support.</p> <p><b><u>Hoyland Medical Practice</u></b></p> <p>A remote inspection of Hoyland Medical Practice took place on 6 May in response to information received by the CQC.</p>		

	<p>The CQC report published on the 8 June found one breach of regulations. The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care and improve telephone access to the practice.</p> <p>Additionally, the report outlined that the practice should:</p> <ul style="list-style-type: none"> <li>• Ensure all staff complete equality and diversity training.</li> <li>• Review the practices speak up policies.</li> </ul> <p><u>Woodland Drive</u> A remote inspection of Woodland Drive took place on 26 May in response to information received by the CQC.</p> <p>The CQC report published on 23 June found one breach of regulations. The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p>The CCG are liaising with the practice and requested an action plan to confirm the steps being taken to meet requirements.</p> <p><i>Upcoming inspections</i></p> <ul style="list-style-type: none"> <li>• Royston High Street Practice had a telephone monitoring call on the 16 July as although the practice is rated as Good overall, they were rated as Requires Improvement for being an effective practice at their inspection on 8 October 2019</li> </ul> <p><b>The Committee were asked to note:</b></p> <ul style="list-style-type: none"> <li>• Note the CQC's inspection planning and approach</li> <li>• Note the inspection of Rose Tree Practice, Hoyland Medical Practice and Woodland Drive</li> <li>• Note the remote inspection undertaken at Royston High Street Practice.</li> </ul> <p>Lay Member for Governance asked for some clarity on the wording from CQC report on what the breach of regulations were, this would make clearer what the regulation was. Head of Primary Care to seek clarity and advise at the next meeting.</p>	JF	
<b>CONTRACT MANAGEMENT</b>			
PCCC 21/08/11	<b>CONTRACTUAL ISSUES REPORT</b>		

	<p>The Head of Primary Care presented the Contractual Issues Report that provided members with an update on the current contractual issues in relation to primary care contracts.</p> <p><b><u>Ashville Medical Practice</u></b>  Barnsley CCG has received an application to vary Ashville Medical Practice PMS contract to remove Dr Rainford from 1 October 2021 who is retiring. The practice have plans to recruit a GP going forward and already have 9 members on their contract currently. They do not foresee any issues during the recruitment period.</p> <p>Director of Public Health, BMBC asked what the picture was in terms of the position of GP recruitment in Barnsley. Head of Primary Care confirmed that the Ashville Medical practice has a very good record of recruitment and does not have any concerns that it will raise any issues.</p> <p>Medical Director, BCCG confirmed also that it was a large practice and a training practice. A lot of their GP registrars that train with them often stay. The Practice Manager has advised that there should be no disruption to the service and it has a good history that if they need to replace any GPs they have been quite successful in the past.</p> <p><b><u>GP Practice Premises Sale and Return</u></b>  Dr Mellor &amp; Partners, Garland House Surgery - Garland House/ Woodgrove Surgery – to sale and lease back their property.</p> <p>CCG did initially believe that there would be no financial impact to them, however, have now been made aware that the practice is not VAT registered and there is an implication around reimbursement of VAT. This does over the length of the lease add to up to a considerable amount of monies and we do have an obligation to look at this. NHS England has been approached for guidance and not sure if there is an alternative and to approve it as it is.</p> <p>Primary Care Manager, NHSEI advised that most practices are not liable for VAT, it is only dispensing practices and certain building projects where it is mandated or of no interest to be VAT registered. So on the whole those practices would not be registered. The implication is the cost of VAT would have to be met by the CCG. No incentives for GPs to be VAT registered unless they meet the other categories. But it has significant impact on the CCGs if they are not VAT registered.</p>		
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	<p>Primary Care Manager, NHSEI stated that perhaps for future leases it be a condition of it that they are VAT registered and it is written into any new lease agreements as it is part of the commission of sale and return.</p> <p><b>Action:</b> Lay Member for Governance asked for clarity on the £32, 625 that it is per annum and for it to be minuted that it is per annum. Also, that going forward this should be seen upfront in future to mitigate risk when seeking advice from NHSE.</p> <p>Chair asked who this had been discussed with in the first place. Head of Primary confirmed that info from NHS England and PCC had been sourced but she had not asked specifically about VAT however this wasn't raised by either sources and NHSE and CCG need to review for the future.</p> <p><b>Action :</b> Primary Care Manager, NHSEI agreed to take back and clarify with NHS England and raise the question about VAT registration be in the agreements.</p> <p><b><u>Monk Bretton Health Centre – Additional Room</u></b> Barnsley CCG has received an application from Monk Bretton Health Centre to incorporate an additional room into their lease.</p> <p>Head of Primary Care advised that they had looked into the eligibility for this practice, at room sizes and practice size against the list value and can confirm they can be accommodate within those terms. The additional cost of the rent would be £2736 per annum and there is 7 years left on the lease.</p> <p><b><u>Brierley Medical Centre APMS Contract Procurement</u></b> The APMS contract for BHF Brierley Medical Centre, which commenced on 1/12/2015, was due to terminate on the 30 November 2020. The contract included a clause to provide for an extension to the contract for a maximum of one year. The committee approved the extension to the contract for one year giving a contract end date of 30 November 2021.</p> <p>The procurement process has commenced and has started patient consultation and engagement. Letters have been sent out to all patients on their list with questionnaires. The team are arranging for people to sit on the procurement team.</p>	<p><b>JF</b></p> <p><b>NG</b></p>	
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	<p><b><u>BHF Contracts Review Update</u></b></p> <p>The data entry and quality, timeliness of reporting and accuracy of the Service Quality Performance (SQP) report for the Barnsley Healthcare Federation (BHF) contracts has been discussed by the CCG's Senior Management Team. It was agreed that the most appropriate step would be to move from a full SQP report to a minimum data set to increase confidence, data quality, and assurance of the BHF contracted services. This will ensure that the key contractual reporting requirements of each contract are provided which will support future commissioning/ procurement intentions, be more consistent and accurate, and could be supported by more "automated" means supporting the data quality elements.</p> <p>A further update will be provided to this committee when the review of the data set has been completed to provide assurance of the successful implementation of new systems in place.</p> <p><b>The Committee were asked to :-</b></p> <ol style="list-style-type: none"> <li>1) Approve the contract variation for the removal of Dr Rainford from the Ashville Medical Practice contract</li> <li>2) a) Approve the reimbursement of VAT payments as a result of the Sale and Lease back of Dr Mellor &amp; Partners, Garland House Surgery - Garland House/ Woodgrove Surgery</li> <li>b) Approve the additional room for Monk Bretton Health Centre</li> <li>3) Note the progress of Brierley Medical Centre APMS contract procurement.</li> <li>4) Note the update of Barnsley Healthcare Federation Contract review for assurance.</li> </ol> <p>Committee were in agreement and approved the requests and acknowledged the information supplied.</p> <p><b>Action:</b> The Chair asked for BHF Contract review to put placed on next month's agenda to ensure kept up to date on progress.</p>	JF	
<b>PCCC 21/08/12</b>	<p><b><u>PD 2021/22 Primary Care Schemes</u></b></p> <p>The purpose of the report is to provide the proposed Primary Care PDA Schemes for 2021/22 with the finances associated with the schemes for approval.</p>		

	<p>Since 2014/15 Barnsley CCG has developed and implemented a Practice Agreement Scheme between itself and its 32 Member GP Practices called the Barnsley Practice Delivery Agreement (PDA). This is commissioned via an NHS Standard Contract.</p> <p>The aim of the PDA is to invest in the capacity needed to deliver a consistently high standard of General Practice across Barnsley and has been reviewed and refreshed with consideration to the challenges for Primary Care, particularly during the COVID 19 Pandemic. The focus of the PDA has always been to invest in the infrastructure to deliver and enhance quality of care which reduces health inequalities of patients living in Barnsley. As part of this contract GP practices will receive a consistent income level to assist with staffing capacity and be resilient to meet to changing landscape of the NHS.</p> <p>The 2021/22 Primary Care Schemes of the Practice Delivery Agreement is broken down into 7 core schemes, including Medicines Management:</p> <p><b><u>Plans for Delivery of Primary Care Services</u></b>  <b><u>Estate Planning</u></b>  <b><u>Staff trained as appropriate, and equipment updated</u></b>  <b><u>Operational Planning Guidance</u></b>  <b><u>IT and Digital Projects</u></b></p> <p><i>Chair asked if the GPs had any comments.</i>  Dr M Smith, GB Member stated that the way of achievement seems vague compared to previous years and difficult to quantify when completed and there is a lot more subjective in it.  Head of Primary Care responded and said that they would be working with the practices to complete data sheets and agreed that some of it is more subjective than in previous years and were mindful not to ask practices to get involved in huge amounts of data gathering and analysis due to current pressures they are undertaking.</p> <p><b><i>Dr M Smith, GB Member and Dr M Guntamukkala, Medical Director left the meeting at this point.</i></b></p> <p>Chair asked members for any comments:</p> <p><i>How we know if delivered it – exceptional year, still trying to work out how to do that and only have so much resource, happy to leave to JF to come up with something sensible.</i></p>		
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	<p><i>All seems sensible but we have a model for primary care which is struggling across the whole country. This may have been covered in the Primary Care Strategy meeting but wonder whether to use this to get engagement of practices into that kind of future looking. While also understanding the pressures, we cannot really ask them to do lots of things, but we really need that engagement in the discussion about primary care for the future and how it is sustainable, as it clearly is not right across the country. May not be able to deal with a PDA but there is a need for engagement in those discussions.</i></p> <p><i>Regarding MS and NB comments understand some of the indicators around the subjective nature and some of the indicators, accept that this is an exceptional year, but note for future years that we can aspire to have more clarity around indicators to achieve would be helpful.</i></p> <p><b>The Committee were asked to approve:</b></p> <ol style="list-style-type: none"> <li>1. Approve the proposed schemes with the associated finances for inclusion within the 2021/22 PDA</li> </ol> <p>Chair confirmed with all members and they were in agreement to approve.</p> <p>GPs returned to the meeting.</p>		
<p><b>PCCC</b> <b>21/08/13</b></p>	<p><b>COVID EXPANSION FUNDING</b></p> <p>The purpose of the report is to seek approval for the General Practice Covid Capacity Expansion Funding to practices on the revised basis set out within the paper.</p> <p>On the 19 March 2021 NHSE/I wrote to all CCGs and GPs setting out details of a second General Practice Covid Capacity Expansion Fund. Nationally this fund consists of £120 million of revenue funding to be allocated through ICS to CCGs for general practice, for the purpose of supporting the expanding general practice capacity up from April 2021 until the end of September 2021 based on the previous requirements of the first offer in November 2020.</p> <p><b>The Committee members were asked to:</b></p> <ul style="list-style-type: none"> <li>• Approve the proposal payment of £1.90 weighted per head of patient population out to practices and to note that it is non recurrent funding.</li> </ul> <p>Chair confirmed all agreed to approve.</p>		

GOVERNANCE, RISK AND ASSURANCE			
PCCC 21/08/14	<p>The Risk, Governance and Assurance Facilitator presented the risk and Governance report that provided the Committee with:</p> <ul style="list-style-type: none"><li>Assurance regarding the delivery of the CCG’s annual strategic objectives, and</li><li>Assurance that the current risks to the organisation were being effectively managed and monitored appropriately</li></ul> <p><u>Assurance Framework</u></p> <p>Appendix 1 of this report provides the Committee with an extract from the GBAF of the two risks for which the Primary Care Commissioning Committee is the assurance provider. Two risks are scored as ‘Amber’ High Risk:</p> <p>1) Risk ref 2.1 Primary Care 2) Risk ref 9.1 Digital Technology</p> <p>Head of Primary Care raised: Risk ref 9.1 Digital Technology - some of it needs to be reviewed and updated a lot of things are completed. It needs to be updated to include the current subjects and emerging risks that are showing through the work that is not only within Barnsley Bassetlaw and Sheffield IT teams but with the wider ICS. Also need to be mindful that Bassetlaw is not within SY ICS now need to know what it means in terms of the SY IT service</p> <p><b>Action:</b> – updated version to be brought to the next meeting</p> <p><u>Risk Register</u></p> <p>There are currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the five risks, there is one red (extreme) rated risk, one amber risk (high), one yellow risk (moderate) and two green (low) risks. Members are asked to review the risks detailed on Appendix 1 to ensure that the risks are being appropriately managed and scored.</p> <p><b>The Committee:-</b></p> <ul style="list-style-type: none"><li>Reviewed and agreed that the risks were being appropriately managed and scored.</li></ul>	JF/PD	
OTHER			

<b>PCCC 21/08/15</b>	<b>REFLECTION OF CONDUCT OF THE MEETING</b> The Committee agreed that the meeting had been conducted appropriately.		
<b>PCCC 21/08/16</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA</b>		
	There were no questions received from the members of the public.		
<b>PCCC 21/08/17</b>	<b>ITEMS FOR ESCALATING TO THE GOVERNING BODY</b> It was agreed to escalate the following items to the Governing Body for information:- <ul style="list-style-type: none"> <li>• PDA for noting</li> <li>• CQC reports for noting</li> <li>• COVID paper for information</li> </ul>		
<b>PCCC 20/08/14</b>	<b>DATE &amp; TIME OF NEXT MEETING</b> Thursday 30 September 2021 at 2.30pm via MS Teams.		

PCCC 21/09/06

## MATTERS ARISING REPORT TO THE PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

**THURSDAY, 30 SEPTEMBER 2021**

### 1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **5 August 2021**

Minute ref	Issue	Action	Action/Outcome
<b>PCCC 21/08/10</b>	<u>CQC Updates</u> Update re clarity of wording in the CQC report regarding breach of regulations to be provided at September meeting.	<b>JF</b>	The CQC regulation breached for both Hoyland Medical Practice and Woodland Drive is: Regulation 17 HSCA (RA) Regulations 2014 Good governance.
<b>PCCC 21/08/11</b>	<u>GP Practice Premises Sale and Return – Garland House/Woodgrove Surgery</u> Update and clarification that the amount of VAT to be paid was <u>per annum</u> to be provided at the September meeting.  Request to be considered by NHSI that any new lease agreements as part of the commission of sale and return include a condition for the GP Practice to be VAT registered.  <u>Barnsley Healthcare Federation (BHF) Contracts Review</u> Update on the BHF Contracts review to be brought to the September meeting.	<b>JF</b>  <b>NG</b>  <b>JF</b>	The VAT value is an annual figure.      <b>In Progress</b> - The PC team have worked up a minimum data set that supports the contractual requirements. We have not yet had the opportunity to discuss with BHF.
<b>PCCC 21/08/14</b>	<u>Assurance Framework</u> Risk Ref: 9.1 – Digital Technology to be reviewed and updated. Revised version to be presented at September meeting.	<b>JF/RW</b>	<b>Complete</b>

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

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

Minute ref	Issue	Action	Action/Outcome
<b>PCCC 21/05/08</b>	<u>Primary Care Strategy</u> Review and tweak wording in the Primary Care Strategy Group Terms of Reference.	<b>RW/JF</b>	<u>05.08.21 Update</u> Document reviewed and amendments made. <b>ToR to be re-circulated to members. JF - Updated version included with papers and pertinent section highlighted.</b>
<b>PCCC 21/07/07</b>	<u>GP Patient Survey 2020</u> A thorough analysis of all the results would be carried out and a full report including an action plan would be presented at a future meeting of the Committee.	<b>JF</b>	<u>05.08.21 Update</u> Initial findings report received at meeting on 05.08.21. <b>A more detailed analysis to be received at a future meeting.</b>  <u>26.11.20 Update</u> Analysis reported at November meeting. A full analysis to be presented at a future meeting once the Primary Care Team had an opportunity to engage with practices in more detail post Covid.

## PRIMARY CARE COMMISSIONING COMMITTEE

30 September 2021

### Primary Care Network Update

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><i>Decision</i></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;"><i>Approval</i></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;"><i>Assurance</i></td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 25%;"><i>Information</i></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
	The purpose of the report is to provide members with an update on the Primary Care Network (PCN) workforce submission and PCN Plans for 2021-22 and 2022-23.									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d9e1f2;"> <th style="width: 30%;"></th> <th style="width: 35%;">Name</th> <th style="width: 35%;">Designation</th> </tr> <tr> <td>Executive Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </table>		Name	Designation	Executive Lead	Chris Edwards	Chief Officer	Author	Julie Frampton	Head of Primary Care
	Name	Designation								
Executive Lead	Chris Edwards	Chief Officer								
Author	Julie Frampton	Head of Primary Care								
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d9e1f2;"> <th style="width: 45%;">Group / Committee</th> <th style="width: 15%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> <tr> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Group / Committee	Date	Outcome	N/A					
Group / Committee	Date	Outcome								
N/A										
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>									
	<p><b>Primary Care Network Workforce Plan</b></p> <p>The PCN was required to review its workforce plan and indicate what Additional Roles Reimbursement scheme (ARRs) roles would be planned and recruited to by quarter for 2021-22. This plan was worked on by the PCN and supported by the Primary Care team. The plan is currently planned to be over the allocated ARRs budget which will allow for some slippage and still achieve drawing down the full financial allocation.</p>									



	<p>The plan has been reviewed by the CCG and was submitted to the Workforce Team at NHS England by the 3 September deadline. We are waiting for feedback on the plan and will update the Committee when this becomes available.</p> <p>The PCN is also required to update its ARRs workforce plans for 2022-23 and 2023-24 by the end of October 2021 for CCG review prior to submission to NHS England.</p> <p><b>Primary Care Networks – plans for 2021/22 and 2022/23</b></p> <p>Notification regarding the PCN service specifications, Impact and Investment fund (IIF) and the Additional Role Reimbursement scheme from NHS England has been received and communicated out to GPs and the PCN.</p> <p>There are five areas of focus for PCNs over the coming 18 months. These are:</p> <ul style="list-style-type: none"> <li>• Improving prevention and tackling health inequalities in the delivery of primary care</li> <li>• Supporting better patient outcomes in the community through proactive primary care</li> <li>• Supporting improved patient access to primary care services</li> <li>• Delivering better outcomes for patients on medication</li> <li>• Helping create a more sustainable NHS.</li> </ul> <p>The PCN Clinical Directors are asked to support the delivery of these plans and to work with Commissioners and stakeholders to widen the participation in PCNs across local partners like community pharmacy and community providers. There is also preliminary work to plan in advance of the full Health Inequalities, Personalised Care and Anticipatory Care service specifications, and some clinical indicators ahead of the full Cardiovascular service specification to deliver from October 2021 and over the next eighteen months.</p> <p>A supporting summary is attached as appendix 1.</p>		
<b>6.</b>	<b>THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:</b>		
	<ol style="list-style-type: none"> <li>1) Note the submission of the PCN workforce plan</li> <li>2) Note the PCN plan requirements for 2021-22 and 2022-23</li> </ol>		
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>		
	<ul style="list-style-type: none"> <li>• Appendix 1 – PCN Objectives 2021-22 and 2022-23</li> </ul>		
<table border="1"> <tr> <td><b>Agenda time allocation for report:</b></td> <td><i>5 mins</i></td> </tr> </table>		<b>Agenda time allocation for report:</b>	<i>5 mins</i>
<b>Agenda time allocation for report:</b>	<i>5 mins</i>		

## PART 1B – SUPPORTING INFORMATION &amp; ASSURANCE

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	3.2 Maximising Elective Activity		9.1 Digital and Technology	
	4.1 Mental Health		10.1 Compliance with statutory duties	
	5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
	5.2 Integrated Care @ Place		12.1 Delivering the Covid Vaccination Programme & Meeting the Needs of Patients with Covid-19	
	5.3 Implementing Population Health Management and Personalised Care			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		Provide ref(s) or state N/A	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>2A.</b>	<b>PCCC ONLY</b>			
	<b>Links to delegated primary care commissioning functions</b>			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG ( <i>place ✓ beside all that are relevant</i> ):			
	Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)	✓	Decisions in relation to the management of poorly performing GP Practices	
	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	✓
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley			
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant</i> )			

	<i>where a proposal or policy is brought for decision or approval)</i>	
3.1	<b>Clinical Leadership</b>	
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.2	<b>Management of Conflicts of Interest (s14O)</b>	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	<b>Y</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	Have any financial implications been considered & discussed with the Finance Team?	<b>NA</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>

	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	

## Annex C – Summary of PCN Objectives 2021/22 and 2022/23

The table below sets out the 5 key objectives for PCNs in 2021/22 and 2022/23, and how different elements of the Network Contract DES will support them.

<b>Key Objectives.</b> Aligned to general practice priorities, LTP priorities and NHS response to Covid-19	<b>Service requirements</b> New requirements introduced in a phased way will support the key objectives	<b>IIF Indicator areas of focus</b> Financial indicators to improve and reward performance against DES Service requirements and wider NHS priorities
<b>1. Improving prevention and tackling health inequalities</b> in the delivery of primary care – PCNs will be required to identify high need local populations and tailor services to them, as well as address inequalities in rates of diagnosis for cardiovascular disease and cancer.	<ul style="list-style-type: none"> <li>• Tackling Neighbourhood Inequalities</li> <li>• CVD Diagnosis and Prevention</li> <li>• Early Cancer Diagnosis</li> <li>• Personalised Care</li> </ul>	<ul style="list-style-type: none"> <li>• Progress towards the national ambitions for:               <ul style="list-style-type: none"> <li>○ Learning Disability Health Checks</li> <li>○ Flu vaccinations to at-risk groups</li> <li>○ Closing the hypertension diagnosis gap</li> <li>○ Personalised care interventions e.g. social prescribing</li> </ul> </li> <li>• More complete recording of ethnicity in patient records</li> </ul>
<b>2. Support better patient outcomes in the community through proactive primary care</b> – including delivery of the Enhanced Health in Care Homes and Anticipatory Care services through multidisciplinary teams, offering more personalised services which will help people avoid unnecessary hospital admissions	<ul style="list-style-type: none"> <li>• Tackling Neighbourhood Inequalities</li> <li>• Anticipatory Care</li> <li>• Enhanced Health in Care Homes (EHCH)</li> <li>• Personalised Care</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of key elements of the EHCH model and associated moderation of care home resident emergency admissions</li> <li>• Moderated admissions for ambulatory care sensitive conditions (ACSCs)</li> </ul>
<b>3. Support improved patient access</b> to primary care services – implementing a PCN-based approach to extended access provision, and rewarding PCNs who improve the experience of their patients, avoid long waits for routine appointments and tackle the backlog of care resulting from the Covid-19 pandemic	<ul style="list-style-type: none"> <li>• Extended Access service requirements</li> <li>• Delivery of all new services will support improved access for particular cohorts.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient experience of accessing general practice</li> <li>• Reduction in the proportion of patients waiting longer than two weeks for a routine general practice appointment</li> <li>• Improved provision of online consultations</li> <li>• Increased utilisation of Specialist Advice services, and community pharmacist consultations</li> </ul>
<b>4. Deliver better outcomes for patients on medication</b> – including through the delivery of Structured Medication Reviews to priority patient cohorts, and through targeting prescribing behaviours known to improve patient safety.	<ul style="list-style-type: none"> <li>• Structured Medication Reviews and Medicines Optimisation</li> </ul>	<ul style="list-style-type: none"> <li>• Improved provision of SMRs to priority groups</li> <li>• Targeted prescribing behaviours known to improve patient safety</li> <li>• Supporting more preventive treatment of asthma through increased use of inhaled corticosteroids.</li> </ul>
<b>5. Help create a more sustainable NHS</b> - through reducing the carbon emissions generated by asthma inhalers.	<ul style="list-style-type: none"> <li>• Structured Medication Reviews and Medicines Optimisation</li> </ul>	<ul style="list-style-type: none"> <li>• Encouraging clinically appropriate inhaler switching to low-carbon alternatives</li> </ul>

## PRIMARY CARE COMMISSIONING COMMITTEE

30 September 2021

### FINANCE UPDATE

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>															
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><i>Decision</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Approval</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>							
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>									
<b>2.</b>	<b>PURPOSE</b>															
	<p>This report provides an update of the financial position and details of funding allocations for delegated Primary Care Co Commissioning budgets as at 31<sup>st</sup> July 2021 (Month 4).</p>															
<b>3.</b>	<b>REPORT OF</b>															
	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr style="background-color: #d9e1f2;"> <th style="width: 30%;"></th> <th style="width: 35%;">Name</th> <th style="width: 35%;">Designation</th> </tr> <tr> <td>Executive / Clinical Lead</td> <td>Roxanna Naylor</td> <td>Chief Finance Officer</td> </tr> <tr> <td>Author</td> <td>Ruth Simms</td> <td>Finance Manager</td> </tr> </table>		Name	Designation	Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer	Author	Ruth Simms	Finance Manager						
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<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>															
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<b>5.</b>	<b>EXECUTIVE SUMMARY</b>															
<b>5.1</b>	<p><b><u>Forecast Position 2021/22 – H1 April – September 2021</u></b></p> <p>The forecast position as at Month 4 reflects a (£127k) underspend, the majority of which relates to underutilisation on 20/21 Accruals, a further breakdown is included in Appendix A.</p> <p>The allocations for Primary Care Co-commissioning, in relation to H1, are £20,672k with a forecast requirement of £21,529k, this is a shortfall of £857k which will be funded from CCG programme costs. The pressure is a result of</p>															

5.2	<p>national GP contract negotiations, planning requirements, the Primary Care Network Contract DES and historical increases from decisions on premises.</p> <p>The expenditure budget for H1 only includes the CCG element of the Additional Roles Reimbursement (ARRS) at 56.4%, and assumes that 44.4% will be funded from nationally held resource. The total available funding, including nationally held resource, for 2021/22 is £3,436k of which we have a potential underspend of (£325k) based on current and planned recruitment levels. Meetings are held with the Primary Care Network (PCN) Manager and Chief Executive of the PCN to ensure the use of the funding is maximised however unlike 20/21 there is no further flexibility with regards to the use of this funding and it can only be used to recruit to the roles identified in the Network Contract Direct Enhanced Service (DES).</p> <p>Further updates on the financial position will be presented to Committee in November 2021.</p> <p><b><u>Additional Funding for 2021/22</u></b> Additional allocations received to date, as at M5, are as follows:</p> <ul style="list-style-type: none"> <li>• £38k for Online Consultations</li> <li>• £20k Practice Resilience Programme</li> <li>• £69k Primary Care Networks – development and support</li> <li>• £426k Long COVID management of Adults</li> <li>• £131k Primary Care Long COVID Enhanced Service</li> <li>• £30k GP IT Infrastructure and Resilience</li> <li>• The CCG are awaiting allocation confirmation for additional funding in relation to the new Enhanced Service, Weight Management. An update will be provided at the next committee.</li> </ul> <p>Spending plans are currently being discussed around with the Head of Primary Care and will be discussed further through the Primary Care Strategic Group. These will then be presented to the Committee.</p> <p>Updates on the financial position are reported on a monthly basis through the Integrated Performance Report which is a standing agenda item at the Finance and Performance Committee and Governing Body.</p>
6.	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Note the contents of the report</li> </ul>
7.	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>• Appendix A – Finance Monitoring Statement for 2021/22 H1 April – September 2021.</li> </ul>

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
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	5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
	5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
	5.3 Implementing Population Health Management And Personalised Care			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>2A.</b>	<b>Links to delegated primary care commissioning functions</b>			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG ( <i>place ✓ beside all that are relevant</i> ):			
	Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)		Decisions in relation to the management of poorly performing GP Practices	
	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	



	Manage the delegated allocation for commissioning of primary medical care services in Barnsley	✓	
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>		
<b>3.1</b>	<b>Clinical Leadership</b>		
	Have GB GPs and / or other appropriate clinicians provided input and leadership?		<b>NA</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>		
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?		<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>		
	Have any financial implications been considered & discussed with the Finance Team?		<b>Y</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?		<b>Y</b>
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>		
	Has a Quality Impact Assessment (QIA) been completed if relevant?		<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?		<b>NA</b>
<b>3.5</b>	<b>Reducing inequalities (s14T)</b>		
	Has an Equality Impact Assessment (EIA) been completed if relevant?		<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?		<b>NA</b>
<b>3.6</b>	<b>Public Involvement &amp; Consultation (s14Z2)</b>		
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?		<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?		<b>NA</b>
<b>3.7</b>	<b>Data Protection and Data Security</b>		
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?		<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?		<b>NA</b>

3.8	<b>Procurement considerations</b> <table border="1" data-bbox="293 210 1394 389"> <tr> <td data-bbox="293 210 1251 271">Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?</td><td data-bbox="1251 210 1394 271"><b>NA</b></td></tr> <tr> <td data-bbox="293 271 1251 304">Has a Single Tender Waiver form been completed if appropriate?</td><td data-bbox="1251 271 1394 304"><b>NA</b></td></tr> <tr> <td data-bbox="293 304 1251 365">Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?</td><td data-bbox="1251 304 1394 365"><b>NA</b></td></tr> <tr> <td data-bbox="293 365 1251 389"></td><td data-bbox="1251 365 1394 389"></td></tr> </table>	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>		
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3.10	<b>Environmental Sustainability</b> <table border="1" data-bbox="293 613 1394 703"> <tr> <td data-bbox="293 613 1251 674">Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td><td data-bbox="1251 613 1394 674"><b>NA</b></td></tr> <tr> <td data-bbox="293 674 1251 703"></td><td data-bbox="1251 674 1394 703"></td></tr> </table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>						
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**NHS BARNSELEY CLINICAL COMMISSIONING GROUP**  
**Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 4**  
**FOR THE PERIOD ENDING 31st July 2021**

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£) (APRIL - SEPT - H1)			FORECAST OUTTURN (£) (APRIL - SEPT - H1)			
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	Forecast Outturn Variance Explanation
ENHANCED SERVICES	288,885		288,885	301,630	12,745	4.41%	Overspend over a number of areas - <b>Specialist Allocation Scheme</b> - FOT (£6k) under for 21/22 actuals lower than expected. <b>Minor Surgery</b> - overspend relating to 20/21 of £21k and FOT (£2k) under for 21/22 actual activity lower than expected. <b>Learning Disability</b> - overspend relating to 20/21 £7k due to actuals higher than expected and FOT (£7k) under for 21/22 actuals lower than expected.
GENERAL PRACTICE - APMS	643,885		643,885	629,668	(14,217)	-2.21%	Primary Care Co Commissioning outturn for GMS, APMS and PMS contracts are based on up to date list sizes (April 2021). List sizes are adjusted quarterly and payments are updated in line with this.
GENERAL PRACTICE - GMS	6,414,629		6,414,629	6,423,764	9,135	0.14%	
GENERAL PRACTICE - PMS	6,707,580		6,707,580	6,753,002	45,422	0.68%	Underspend on APMS contracts (£14k), overspend of (£45k) on PMS Contracts and an overspend of £9k on GMS contracts. Both FOT and actuals for 21/22 includes the impact of the national increase in the GP Contract.
OTHER GP SERVICES	758,085		758,085	615,023	(143,062)	-18.87%	Underspend over a number of areas - <b>Prescribing &amp; Dispensing</b> - overspend of £8k relating to 20/21 due to actuals higher than expected and FOT underspend of (£35k) actuals lower than expected. <b>Interpreting Services</b> - FOT overspend of £11k actuals lower than expected. <b>Telephone Costs</b> - FOT underspend for 21/22 of (£52k) actuals lower than expected. Other underutilised accruals from 20/21 of (£75k).
OTHER PREMISES	16,375		16,375	12,066	(4,309)	-26.32%	Underspend due to underutilised accruals from 20/21
PREMISES COST REIMBURSEMENT	2,877,724		2,877,724	2,765,511	(112,213)	-3.90%	Underspend of (£36k) due to underutilised accruals from 20/21 and a FOT underspend for 21/22 of (£76k) relating to actuals lower than expected for Healthcentre Rents, NDR Rates, Water Rates and Clinical Waste
QOF	1,977,373		1,977,373	2,082,839	105,466	5.33%	FOT overspend due to increase in the value of QOF points for 21/22
Primary Care Network DES	1,015,123		1,015,123	989,581	(25,542)	-2.52%	Underspend of (£19k) due to underutilised accruals from 20/21 in relation to Investment and Impact achievement and FOT underspend of (£7k) on Care Homes Premium for 21/22
Additional Roles Reimbursement Scheme	956,000		956,000	956,000	-	0.00%	FOT does not include £762k relating to NHS England contribution to the Additional Roles Reimbursement Scheme as this is outside of the envelope
<b>TOTAL PRIMARY MEDICAL SERVICES</b>	<b>21,655,659</b>	<b>-</b>	<b>21,655,659</b>	<b>21,529,083</b>	<b>(126,576)</b>	<b>-43.25%</b>	

## PRIMARY CARE COMMISSIONING COMMITTEE

30 September 2021

### CONTRACTUAL ISSUES REPORT

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>														
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>							
<b>2.</b>	<b>PURPOSE</b>														
	The purpose of the report is to provide members with an update on the current contractual issues in relation to our primary care contracts.														
<b>3.</b>	<b>REPORT OF</b>														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th></th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td>Authors</td> <td>Terry Hague</td> <td>Primary Care Transformation Manager</td> </tr> <tr> <td></td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </tbody> </table>				Name	Designation	Executive Lead	Chris Edwards	Chief Officer	Authors	Terry Hague	Primary Care Transformation Manager		Julie Frampton	Head of Primary Care
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<b>5.</b>	<b>EXECUTIVE SUMMARY</b>														
	<p><b><u>In Year Contract Variation</u></b></p> <p><u>Monk Bretton Health Centre</u>        Barnsley CCG has received an application to vary Monk Bretton Health Centre's PMS contract to add Dr Munir as a new partner from 1 July 2021.</p> <p>The practice has 2,232 patients and currently has 2 contract holders.</p> <p>The above requires a Contract Variation amendment to the PMS contract; this requires PCCC member's approval. Changes concerning the composition of the contractor/s of a PMS agreement require commissioner consent in writing for a</p>														

	<p>variation to the contract as defined by section 7.5 within the Contract Variations section of the Primary Medical Care Policy and Guidance Manual (PGM) (v3)</p> <p>The PGM also requires that individuals meet the eligibility criteria for holding a PMS agreement. NHSE have conducted all necessary due diligence checks.</p> <p>It is recommended that the contract variation be approved, and the Primary Care Team will ensure the contracts are amended accordingly.</p>
	<p><b><u>Woodland Drive Medical Centre Branch Site</u></b></p> <p>The Primary Care team have been made aware that appointments are not being delivered by Woodland Drive Medical Centre at their branch site based at The Roundhouse Medical Centre, Wakefield Road, Barnsley.</p> <p>Committee agreement was given in May 2017 to change the practices lease at their branch site to bookable long-term sessions to avoid the on-costs that are not reimbursable within their current practice lease. However, we have been advised by the CHP team that the last regular booking made was in 2018. Additionally, the IT team have informed the CCG that the rooms are not currently indicating any use of IT equipment.</p> <p>The Primary Care team are working with the practice regarding this although progress has been delayed due to the contract holder being on long term sick leave. The contract holder is due to return 29 September 2021.</p> <p>A further update will be presented to the committee at the next meeting.</p>
	<p><b><u>eDEC analysis 2020/21</u></b></p> <p>General Practices are required to complete an electronic Annual Practice Declaration (eDEC) which forms an integral part of the NHS England Policy and Guidance Manual book of Primary Medical Services. Submissions are made in December each year.</p> <p>All practices within Barnsley submitted their responses for 2020/21 which includes information regarding practice staff, premises, and equipment, opening hours, practice services, practice procedures, governance, catchment area, CQC and general practice IT.</p> <p>The analysis provided below shows the outcome and provides assurance that most practices are meeting requirements with no quality concerns identified. There are a small number of practices who will be contacted as appropriate to corroborate the answers provided and provide guidance where necessary or ensure that an action plan is in place to remediate issues.</p> <p><b><u>Practice Staff Details</u></b></p> <p>All practices have provided assurance that they are fully compliant with requirements including for example, needs analysis being in place for staffing levels, staff employment checks and equal opportunities, annual appraisal and safeguarding policies.</p> <p><b><u>Premises and Equipment</u></b></p> <p>All practices have provided assurance in relation to questions covering matters such as premises being in place to meet appropriate regulatory requirements, for example including infection control, health and safety and accessibility.</p>

### Practice Services

This section covers the provision of services within core hours, including routine and emergency/out of hours care, access to interpreting services and maintaining up to date information on the GP practice website. A new question included this year is regarding currently being open to all patients for both virtual and face to face appointments as clinically appropriate.

*A review of opening hours is being completed with data being corroborated against current information regarding agreed intermittent closing periods, for example for training. Assurance can be provided that all practices are engaging in the process.*

Additionally, 5 practices have answered “no” when asked to confirm that they were able to evidence how it is meeting the reasonable needs of its patient population and the practice has arrangements in place for its patients to access such services throughout the core hours (08:00 – 18:30 Monday to Friday) in case of emergency. The questions gave example responses as below and requests that the evidence is from patient sources within the preceding 12 months:

- Patient Participation Group,
- GP Patient Survey,
- Local Survey,
- Combination of PPG/GPPS/Local Survey,

It is possible that the practice does not currently have definitive evidence through the suggested mediums.

All practices confirmed re: website and open for both virtual and face to face appointments as clinically appropriate.

### Practice Procedures

All practices have provided assurance that they are fully compliant with requirements including for example, their practice leaflet, complaints procedure, patient removals, vaccines storage and administration, patient consent, whistle blowing and chaperones.

- 4 practices were unable to evidence engagement with PPG, however, this may be deemed reasonable given changes in arrangements during the pandemic.
- 6 practice responded “no” to having identified someone external to the practice staff can raise concerns within confidence (e.g., freedom to speak up guardian, local whistleblowing lead). Practices will be supported to resolve this.
- 3 practices responded “no” when asked if they could confirm they are not advertising the provision of private GP services either by itself or through any other person (via the practice leaflet, practice website or any other written or electronic means). Practices will be contacted to remind of their contractual obligations.

Additionally, the 3 practices who are also dispensing practices have provided assurance that they are compliant with required procedures.

### Information and Clinical Governance

All practices have provided assurance that governance arrangements are in place in respect of patient access to patient records and data sharing agreements, clinical leads for vulnerable groups, data protection, electronic transmission of data, validation of NHS number within clinical correspondence.

- 1 practice responded “no” to the practice having provided training on mental capacity in the last 3 years and assessing staff competence (although it is noted in the eDEC that this is not a contractual requirement).

Additional questions were included within this year’s eDEC regarding implementation of a plan for QOF stratification which prioritises highest risk patients, ensuring DNACPR decisions made in respect of patients with learning disabilities are made in line with good clinical practice, procedures in place to offer a maternal postnatal check at 6-8 weeks, and procedures in place to record ethnicity of patients.

All practices confirmed adherence except 1 practice who reported that they did not have a procedure in place to ensure DNACPR decisions made in respect of patients with learning disabilities are made in line with good clinical practice. The practice will be contacted, and appropriate support given.

### CQC

Practices have provided assurance that their CQC registration accurately reflects activities and have responded to advise if the CQC have been notified of changes as per requirements, although 1 practice responded “no” to having notified the CQC of any change relating to regulated persons and any of the events listed in the regulations<sup>13</sup>, put in an application if required and are in receipt of an up-to-date registration certificate. The practice will be contacted to ensure that necessary action has been taken.

### General Practice IT

Checks have been completed to ensure that IT is being utilised appropriately, for example, NHS mail is the primary email system, electronic discharge letters, diagnostic tests, and summary care records.

- 1 practice responded “no” to making 25% of their appointments available for booking online
- 10 practices have responded “no” to being able to process directly booked appointments from NHS 111 (included in the eDEC guidance was that a no response *applies for circumstances where the capability has not been enabled or is not in use*).

Additional questions were added this year to check that:

- Practices no longer uses a facsimile machine to send/receive patient information. 8 practices have responded “no”.
- The practice has facilities in place to enable remote working from home or settings outside the practice as part its business continuity plans and in response to Covid-19. All practices responded to confirm arrangements in place.



	<ul style="list-style-type: none"><li>The practices were also asked about their telephony system with information gathered including if it is based externally in the Cloud, if it integrated with the clinical system to make outgoing calls, if it can be accessed outside practice premises to make outgoing calls, if it has features to manage peak demands and if it meets practice needs. All practices responded to confirm arrangements in place.</li></ul> <p><u>Catchment Area</u></p> <p>There was a delay in access being provided to the catchment area information which is still being resolved. Checks will be completed to confirm that the catchment area submitted corroborates with current information on file.</p> <p>The committee is asked to note the work completed and assurance provided.</p>
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ol style="list-style-type: none"><li>1) Approve the contract variation for the addition of Dr Munir to the Monk Bretton Health Centre contract.</li><li>2) Note the issue and work ongoing regarding Woodland Drive Medical Centre branch site.</li><li>3) Note the analysis of the eDEC submissions and assurance provided.</li></ol>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	None

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

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	5.3 Implementing Population Health Management And Personalised Care			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		Provide ref(s) or state N/A	
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<b>2A.</b>	<b>Links to delegated primary care commissioning functions</b>			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG ( <i>place ✓ beside all that are relevant</i> ):			
	Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)	✓	Decisions in relation to the management of poorly performing GP Practices	
	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley			
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			

3.1	<b>Clinical Leadership</b> <table border="1" data-bbox="284 248 1404 365"> <tr> <td data-bbox="284 248 1265 309">Have GB GPs and / or other appropriate clinicians provided input and leadership?</td> <td data-bbox="1265 248 1404 309"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="284 309 1404 365"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>		Have GB GPs and / or other appropriate clinicians provided input and leadership?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					
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3.2	<b>Management of Conflicts of Interest (s14O)</b> <table border="1" data-bbox="284 450 1404 600"> <tr> <td data-bbox="284 450 1265 544">Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance &amp; Assurance and / or the Conflicts of Interest Guardian if appropriate?</td> <td data-bbox="1265 450 1404 544"><b>Y</b></td> </tr> <tr> <td colspan="2" data-bbox="284 544 1404 600"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>		Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	<b>Y</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					
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3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b> <table border="1" data-bbox="284 680 1404 857"> <tr> <td data-bbox="284 680 1265 741">Have any financial implications been considered &amp; discussed with the Finance Team?</td> <td data-bbox="1265 680 1404 741"><b>Y</b></td> </tr> <tr> <td data-bbox="284 741 1265 801">Where relevant has authority to commit expenditure been sought from Management Team (&lt;£100k) or Governing Body (&gt;£100k)?</td> <td data-bbox="1265 741 1404 801"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="284 801 1404 857"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>		Have any financial implications been considered & discussed with the Finance Team?	<b>Y</b>	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	

## PRIMARY CARE COMMISSIONING COMMITTEE

30 September 2021

### RISK AND GOVERNANCE REPORT

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>							
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>
<b>2.</b>	<b>PURPOSE</b>							
	<ul style="list-style-type: none"> <li>To assure the Primary Care Commissioning Committee members re the delivery of the CCG's annual strategic objectives.</li> <li>To assure the Primary Care Commissioning Committee of current risks to the organisation are being effectively managed and monitored appropriately.</li> </ul>							
<b>3.</b>	<b>REPORT OF</b>							
		<b>Name</b>	<b>Designation</b>					
	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance					
	Author	Paige Dawson	Governance, Risk & Assurance Facilitator					
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>							
	The matters raised in this paper have been subject to prior consideration in the following forums:							
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>					
	N/A							
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>							
	<b>Introduction</b>  In common with all committees of the CCG, the Primary Care Commissioning Committee receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating.							

**Assurance Framework**

The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. The GBAF is refreshed at the start of each financial year then reported to every meeting of the Governing Body as part of the Risk & Governance Exception Report.

Appendix 1 of this report provides the Committee with an extract from the GBAF of the two risks for which the Primary Care Commissioning Committee is the assurance provider. Two risks are scored as 'Amber' High Risk:

- Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
  - Engagement with primary care providers and workforce
  - Workforce and capacity shortage, recruitment and retention
  - Under development of opportunities of primary care at scale, including new models of care
  - Primary Care Networks do not embed and support delivery of Primary Care at place
  - Not having quality monitoring arrangements embedded in practice
  - Inadequate investment in primary care
  - Independent contractor status of General Practice
  
- Risk ref 9.1 Digital Technology - There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:
  - Lack of IT technical expertise locally for input into projects and programmes of work / lack of technical support to ensure deliverables are robust
  - Primary Care colleagues fatigued with the amount of IT work scheduled
  - Short timelines to deliver projects
  - Supplier and equipment delays
  - constructive and timely engagement by system partners to deliver a SCR by 20/21
  - system wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work
  - Incomplete information available from NHS Futures regarding future work.

**Risk Register**

The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk. The full risk register is submitted to the Committee on a six monthly basis, (March and September), the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, Members' attention is drawn to Appendix 1 of this report which provides the Committee with a full risk register report associated with the Primary Care Commissioning Committee.

	<p>There are currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the five risks, there is one red (extreme) rated risk, one amber risk (high), one yellow risk (moderate) and two green (low) risks. Members are asked to review the risks detailed on Appendix 1 to ensure that the risks are being appropriately managed and scored.</p> <p>Members are asked to review the risk detailed on Appendix 1 to ensure that the risk is being appropriately managed and scored.</p>
<b>6.</b>	<b>THE COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"><li>• Review and agree that the risks are being appropriately managed and scored</li></ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"><li>• Appendix 1 - GBAF</li><li>• Appendix 2 – Risk Register</li></ul>
<b>Agenda time allocation for report:</b>	
5 minutes	

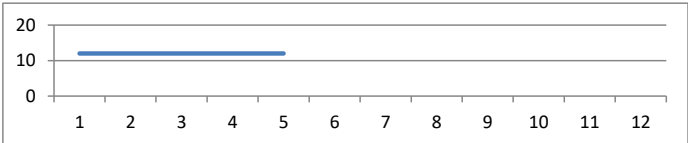
## PART 1B – SUPPORTING INFORMATION &amp; ASSURANCE

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	3.2 Maximising Elective Activity		9.1 Digital and Technology	✓
	4.1 Mental Health		10.1 Compliance with statutory duties	
	5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
	5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
	5.3 Implementing Population Health Management And Personalised Care			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			ALL
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act			
	Management of conflicts of interest (s14O)		Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			NA
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA



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

## NHS Barnsley CCG Governing Body Assurance Framework 2021-22

PRIORITY AREA 9: DIGITAL AND TECHNOLOGY				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY									
<div>1. Development of a system wide shared care record</div> <div>2. Ensure the delivery of the GP IT Futures Model to:</div> <div>- Comply with mandatory core standards re: interoperability and cyber security</div> <div>- Ensure HSCN supports effective and fast connectivity</div> <div>- Support the identification of equipment that poses a threat to cyber security e.g. pre Windows 10 software</div> <div>- Support the implementation and roll out of the GPIT refresh of IT equipment</div> <div>- Support the wider use of digital technology as described within the Long Term Plan</div> <div>- Working closely with the SY&amp;B digital and IT workstream to deliver the digital road map</div> <div>- Delivery of O365 across Barnsley</div> <div>- Support the transition of video and online consultation software as the Doctorlink contract ends</div> <div>- Support the delivery of the Digital Primary Care First projects</div> <div>- Support the development of the Digital Citizen project in collaboration across "place"</div> <div>- Support the GP practices with digitisation of the Lloyd George records when confirmed by NHSEI</div> <div>- Support the roll out of the corporate Wi-Fi solution</div> <div>- Support the resilience work at Hilder House with the servers and CCG corporate IT needs</div> <div>- Support the upgrade to utilise digital technology for telephony resilience across GP practices and Hilder House</div> <div>3. Development of a Barnsley "place" Digital Strategy that reflects the "system" digital strategy and aligns with the emerging Estates strategy</div>				Highest quality governance			<div>There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:</div> <div>- Lack of IT technical expertise locally for input into projects and programmes of work / lack of technical support to ensure deliverables are robust</div> <div>- Primary Care colleagues fatigued with the amount of IT work scheduled</div> <div>- Short timelines to deliver projects</div> <div>- Supplier and equipment delays</div> <div>- constructive and timely engagement by system partners to deliver a SCR by 20/21</div> <div>- system wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work</div> <div>- Incomplete information available from NHS Futures regarding future work.</div>								
				High quality health care		✓									
				Care closer to home		✓									
				Safe & sustainable local services		✓									
				Strong partnerships, effective use of £		✓									
				Links to NHSE/I Planning Guidance											
				F3 - Develop the underpinning digital and data capability to support population-based approaches											
Committees providing assurance				PCCC & SMT		Executive Lead		JB		Clinical Lead		JH			
Risk rating		Likelihood	Consequence	Total								Date reviewed		Aug-21	
Initial		3	4	12								<div>Rationale: Likelihood has been scored at 3 as transition to new provider has been successfully completed but will be kept under review. Consequence has been scored at 4 given the major impact on the CCG and the system if digital and It technology is not safeguarded and fully exploited.</div>			
Current		3	4	12											
Appetite		3	4	12											
Approach		Tolerate													
Key controls to mitigate threat:						Sources of assurance						Rec'd?			
Barnsley IT Strategy Group						Monthly meetings to review SCR progress and refresh Digital Roadmap. Minutes to GB						Ongoing			
BBS IT Delivery Group and BBS Digital Strategy Group established						Monthly meetings to review progress of the delivery of key projects and programmes. Updates to SMT, GB and PCCC						Ongoing			
GP IT and Corporate IT service commissioned from BBS IT Services, the successor to eMBED. The new shared service is now establishing working protocols. Shared staffing allows for technical and network experience to be available to the CCG. Additional staffing to be secured if Digital First EOIs are successful as bids include resource.						CCG representatives attend the BBS IT Delivery Group and BBS Digital Strategy Group. KPIs and other performance monitoring data is provided and reviewed. Issues would be escalated to SMT in first instance.						Ongoing			
SYB has led a procurement leading to the identification of Doctorlink as the preferred local provider of online consultation services. Contact in place until Oct 2021 with another 2 year option.						Every Barnsley practice has Doctorlink installed for use within their practice.						Complete			
Redcentric become the commissioned service to maintain HSCN						Transition to new HSCN network now complete across the Barnsley CCG & primary care estate						Complete			

Gaps in assurance	Positive assurances received
Governance process to be established for the IT groups eg link with the IT Strategy group and the CCG Operational Group	
Gaps in control	Actions being taken to address gaps in control / assurance

## RISK REGISTER – September 2021

### 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)	9	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	20	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	6	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce e.g. due to delays in recruiting into the ARRS roles there is a risk that: (a)Primary Medical Services for patients are inconsistent (b)The people of Barnsley will receive a poorer quality of healthcare services (c)Patients services could be further away from their home.	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 that will support the delivery of services.  The Network Contract DES has several deliverables that will support existing service delivery, utilise roles under the Additional Roles Scheme, support reduction in healthcare inequalities, and that will work towards achieving sustainable service delivery in Barnsley.  The Primary Care Strategy Group has a workforce	Head of Primary Care.  (Primary Care Commissioning Committee)	Governing Body	4	4	16	08/21	<b>August 2021</b> Recruitment is behind schedule and poses a risk of not using the full allocation for this year. The 2021-22 ARRs recruitment template is due for submission at the end of August and again in October for recruitment plans for the remaining years.  <b>July 2021</b> No further updates	09/21

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
						<p>element included within its transformation plans and will support the Barnsley “Place” Workforce Plan.</p> <p>The Primary Care Strategy Group will incorporate the SYB ICS Primary Care Strategy to support consistent service delivery across the ICS reflecting the needs of Barnsley as a “place”.</p> <p>NHS England has published an Interim People Plan to support the workforce challenge.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p>							<p><b>June 2021</b> 2 wte FCP (Physio) have been recruited and work progresses with other recruitment.</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).</p>	<p>Head of Primary Care</p> <p>(Primary Care Commissioning Committee)</p>	Risk Assessment	2	4	8	08/21	<p><b>August 2021</b> TOR have been submitted for the 360 Audit. This year it is Primary Care Finances that are to be audited.</p> <p><b>May 2021</b> No further update.</p> <p><b>Feb 2021</b> 360 Assurance audit has been completed for 2020-21 and indications are of good assurance of quality and contract management</p>	11/21
CCG 16/02		If GP Practices opt to cease provision under their Primary Medical	2	4	8	SY&B have completed the procurement of a number of providers under the	Head of Primary Care		1	4	4	06/21	<b>June 2021</b> Work commencing for	12/21

		Services Contract there is a risk that the CCG could not source appropriate provision of services in all localities in Barnsley.				Emergency Framework that could support the continuing provision of Primary Medical Services. The BHF is a provider on this framework.  APMS Contracts allow increased diversity of provision.	(Primary Care Commissioning Committee)						the repurchase of the APMS contract for BHF Brierley.  <b>Jan 2021</b> No further updates  <b>July 2020</b> The commencement of the Dynamic Purchasing System to support a more simplified approach to procurement has increased the options available to support service provision. The Emergency Framework remains in place.	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key	2	3	6	The CCG has a well-established and effective patient and community engagement function, as well as robust governance supporting the function.  The CCG considered its strategic capacity & capability as part of the successful application process.  The CCG is a member of the Consultation Institute and as such uses learning, best	Head of Communications & Engagement  (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	02/20	<b>Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.</b>  <b>February 2020</b> NHS England has assessed the CCG as Green Star against the patient and	02/21

		stakeholders could therefore be affected.				practice and advice service to support any consultation activity.						community engagement indicator.  <b>February 2019</b> No changes to report.	
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.	3	5	15	CCG considered its strategic capacity & capability as part of the successful application process.  The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.  The CCG is undertaking a review of management capacity including delegated responsibilities.	Head of Primary Care  (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	07/21	07/22  <b>July 2021</b> Remains low risk with a stable workforce within the PC team to meet the delegated requirements.  <b>July 2020</b> This risk was reviewed earlier in the year and remains low risk  <b>Feb 2020</b> Risk reviewed at January PCCC meeting where it was agreed to reduce the likelihood score to 1 and therefore the overall score to 3 (low risk).  <b>August 2019</b> The CCG is recruiting 3 posts to support the work towards integration via a revised community service



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