NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

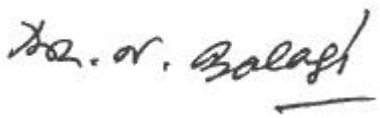
A meeting of the NHS Barnsley Clinical Commissioning Group Governing Body will be held on Thursday 15 January 2015 at 9.30 am in the Boardroom at Hillder House, 49 – 51 Gawber Road, Barnsley S75 2PY.

AGENDA
(Public)

Item	Session	GB Requested to	Enclosure Lead	Time
1.	Apologies			09.30 am
2.	Patient Story			09.30 am 10 mins
3.	Declarations of Interest Relevant to the Agenda		**Nick Balac**	09.40 am
4.	Questions from the Public on Barnsley Clinical Commissioning Group Business		**Nick Balac**	09.40 am 10 mins
5.	Minutes of the Meeting held on 11 December 2014	Approve	**GB/Pu/15/01/05** Nick Balac	09.50 am 5 mins
6.	Matters Arising Report	Note	**GB/Pu/15/01/06** Nick Balac	09.55 am 10 mins
	Strategy			
7.	Report of the Interim Chief Officer	Information	**GB/Pu/15/01/07** Lesley Smith	10.05 am 10 mins
8.	Primary Care Co-Commissioning		**GB/Pu/15/01/08** Vicky Peverelle	10.15 am 15 mins
	Quality Governance			
9.	Quality Highlights Report	Information	**To follow** Karen Martin	10.30 am 10 mins
10.	Child Sexual Exploitation Update	Information	**Verbal** Karen Martin	10.40 am 5 mins
11.	Risk and Governance Exception Report	Information & Approval	**GB/Pu/15/01/11** BCF Risk Register to follow Vicky Peverelle	10.45 am 10 mins

	Finance and Performance			
12.	Integrated Performance Report	Information	**GB/Pu/15/01/12** Vicky Peverelle Cheryl Hobson	10.55 am 15 mins
13.	Mid-Year Financial Review	Information	**To follow** Cheryl Hobson	11.10 am 15 mins
	Committee Reports and Minutes			
14.	Minutes of the Membership Council held on 17 December 2014	Information	**GB/Pu/15/01/14** Nick Balac	11.25 am 5 mins
15.	Minutes of the Audit Committee held on 04 December 2014	Information	**GB/Pu/15/01/15** Anne Arnold	11.30 am 5 mins
16.	Minutes of the Finance and Performance Committee held on 04 December 2014	Information	**GB/Pu/15/01/16** Nick Balac	11.35 am 5 mins
17.	Minutes of the Quality and Patient Safety Committee held on 27 November 2014	Information	**GB/Pu/15/01/17** Mehrban Ghani	11.40 am 5 mins
18.	Minutes of Health and Well Being Board held on 02 December 2014	Information	**GB/Pu/15/01/18** Nick Balac	11.45 am 5 mins
19.	Minutes of the formal Management Team held on: • 10 December • Current Action Log	Information	**GB/Pu/15/01/19** Lesley Smith	11.50 am 5 mins
20.	**Date and Time of the Next Meeting:** Thursday 12 February 2015 at 9.30am in the Boardroom, Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY			11.55 am Close pm

Signed



Dr Nick Balac – Chairman

Exclusion of the Public:

The CCG Governing Body should consider the following resolution:
***"That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted -* publicity on which would be prejudicial to the public interest"**
Section 1 (2) Public Bodies (Admission to meetings) Act 1960

NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

Minutes of the Meeting of the BARNSLEY CLINICAL COMMISSIONING GROUP GOVERNING BODY (PUBLIC SESSION) held on Thursday 11 December 2014 at 9.30 am in the Conference Room, Oaks Park Medical Centre, Thornton Road, Kendray Barnsley S70 3NE.

MEMBERS PRESENT:

Dr Nick Balac (in the chair)	Chair
Ms Anne Arnold	Lay Member
Dr Clare Bannon	Member
Dr Robert Farmer	Member
Dr Mehrban Ghani	Medical Director
Dr John Harban	Member
Ms Cheryl Hobson	Chief Finance Officer
Ms Marie Hoyle	Member
Dr Sudhagar Krishnasamy	Member
Mr James Logan	Member
Dr Nick Luscombe	Member
Ms Karen Martin	Interim Chief Nurse
Mr Chris Ruddlesdin	Lay Member
Mr Mike Simms	Secondary Care Clinician
Mrs Lesley Smith	Interim Chief Officer

IN ATTENDANCE:

Mr Mike Austin	Chair Practice Managers Group
Ms Kay Morgan	Governing Body Secretary
Ms Gill Pepper	Designated Nurse Safeguarding and Adults
Mrs Vicky Peverelle	Chief of Corporate Affairs
Ms Kirsty Waknell	Communications Manager

APOLOGIES:

Ms Brigid Reid	Chief Nurse

MEMBERS OF THE PUBLIC:

Ms Louise Bond	Service Development Manager Barnsley CCG
Mr Chris Millington	Member of the Public
Mrs Amanda Peirson	

The Chairman welcomed members of the public to the Governing Body meeting. Members of the Public were advised that they could contribute to the meeting by asking questions on CCG business only.

Agenda Item	Note	Action	Deadline
GB 14/331	**PATIENT STORY**		
	The Chairman introduced Gill Pepper, Designated Nurse Safeguarding Adults and Patient Experience to the Governing Body. The Designated Nurse Safeguarding Adults and Patient Experience presented a Patient Story which provided an account of a young adult with a mild learning disability and challenging behaviour who had been sexually abused and had severe mental health problems.		
	The patient had spent time in care, a low secure hospital and a step down facility for complex continuing care and rehabilitation. Eventually appropriate plans were put in place to discharge the patient on a supervised community treatment order to a suitable placement with shared care provided by the learning Disabilities Team and the Mental Health Team.		
	The Chairman requested the Governing Body to reflect on the Patient Story. The Medical Director advised that there was a Learning Disability Advocacy Service in Barnsley to help navigate patients and carers through the health and social care system. It was noted that the GP patient notes recorded the names of carers but not advocates. The Governing Body recognised that communication and team work was essential to achieve successful placements for patients. Also that the effects on individuals suffering sexual abuse remained throughout life in particular relating to communication with others.		
	The Governing Body noted the Patient Story.		
GB 14/332	**DECLARATION OF INTERESTS RELEVANT TO THE AGENDA**		
	The Chairman invited declarations of interest relevant to the meeting agenda it was noted that: • All Elected Members and the Practice Manager Member would have an interest in agenda item eight relating to Primary Care Co-Commissioning. • The Deputy Chief Nurse declared that she was a		

Agenda Item	Note	Action	Deadline
	CQC Inspector and therefore an interest in agenda item nine 'Care Quality Commission, Children Looked After and Safeguarding Review' The Chairman agreed that it was in the interests of the CCG that these members be allowed to participate in the discussion due to their clinical expertise in the area under discussion. Additionally, the agenda items in question were being received by the Governing Body for information only.		
GB 14/333	**QUESTIONS FROM THE PUBLIC ON BARNSLEY CLINCIAL COMMISSIONING GROUP BUSINESS**		
	The Chairman invited questions from Members of the Public. In response to a positive comment about the venue of the Governing Body meeting, Oaks Park Medical Centre the Chairman advised that meetings of the Governing Body would continue to move around venues in the borough with a view to engaging users of venues in meetings of the Governing Body. The Governing Body noted the comment from a member of the public.		
GB 14/334	**MINUTES OF THE PREVIOUS MEETING HELD ON 13 NOVEMBER 2014**		
	The minutes of the previous meeting of the Governing Body held on 13 November 2014 were verified as a correct record of the proceedings. The Chief Finance Officer referred to minute reference GB 14/307 'Quality Highlights Report' and clarified that the lead officer for the action relating to an audit of DI medication mismatches was the Head of Medicines Optimisation. The minutes of the previous meeting would to be amended accordingly.	**KMo**	**14.01.15**
GB 14/335	**MATTERS ARISING REPORT**		
	The Governing Body considered the Matters Arising Report and the following main points were noted: • **Minute reference GB 14/308 Tissue Viability**		

Agenda Item	Note	Action	Deadline
	Case Dr J Harban reiterated that he had requested an exercise to determine how much extra investment above contract had been made by the CCG to the Barnsley Hospital NHS Foundation Trust and South West Yorkshire NHS Partnership Trust. This exercise was ongoing.	**CH**	**14.01.15**
	• **Minute reference GB 14/309 - Anaesthetists Bid** It was noted that range of cost options around the Anaesthetists Bid was ongoing and would form part of the 2015/16 budget setting processes and be ultimately included within the contract. Future business cases submitted to the Governing Body from providers would be costed explicitly.		
	• **Minute reference GB 14/320 – Formal Management Team, Improved IT outcomes for Primary Care** The Chief of Corporate Affairs agreed to set up a meeting with IT leads, the Practice Manager Member, and Chief Finance Officer to look at all issues around IT support to avoid becoming a reputational issue for the CCG.	**VP**	**14.01.15**
	• **Minute reference GB 14/280 – Yorkshire Ambulance Service (YAS)** The Chairman indicated that his action to write to the Chairman of YAS about Performance of YAS had been superseded by events. He further agreed to invite the new Chief Executive of YAS and his team to meet with the Governing Body.	**NB**	**14.01.15**
	• **Minute reference GB 14/280 – Patient & Public Engagement and Patient Reference Groups.** This action was now deemed complete.		
	• **Minute reference GB 14/282 – Child Sexual Exploitation Update** This action was now deemed complete.		

Agenda Item	Note	Action	Deadline
	• **Minute reference GB 14/285 – Register of Interests** It was noted that as at 11 December 2014, 26 signed Practice Delivery Agreements (PDAs) had been received by the CCG from Practices. These PDAs would be checked against the CCGs Register of Interests to ensure that the respective Elected Member from each practice had submitted completed declaration of interests to the CCG. The Chief of Corporate Affairs added that under new arrangements for co-commissioning of Primary Care Services and from a conflicts of interest perspective a full Register of Interests would be expected to be submitted to the CCG from each member practice.	**VP**	**14.01.15**
	• **Minute reference GB 14/288 Integrated Performance Report –Echo Referrals** The difference of timescales for patients on different referral pathways to receive echocardiograms was highlighted. The Chief Finance Officer with clinical support from the Medical Director agreed to pick up the issues relating to echocardiograms and include in the next round of contract negotiations.	**CH/MG**	**14.01.15**
	Minute reference GB 14/227 – Finance and Contracting, Programme Boards identifying proposals for consideration by the Governing Body This action was now deemed complete.		
	• **Minute reference GB 14/190 - Commissioning of Childrens Services, Information Governance issues BHNFT Patient Correspondence to GP practices.** It was noted that this action was complete. An Information Governance investigation was reviewing the whole information flows including electronic communication from the BHNFT to		

Agenda Item	Note	Action	Deadline
	Practices. The BHNFT had agreed to convey all patient information in sealed envelopes to Practices. • **Minute reference GB 14/161 – Human resources Policies** The Chief of Corporate Affairs reported that this action was now complete. The NHS West and South Yorkshire and Bassetlaw Commissioning Support Unite had introduced a new training platform 'E Trevor', the system would be available to both CCG and Practices.		
	The Governing Body noted the Matters Arising Report.		
STRATEGY			
GB 14/336	**REPORT OF THE INTERIM CHIEF OFFICER**		
	The Interim Chief Officer referred to her Report which updated the Governing Body on key issues and developments relevant to the strategic direction of the CCG namely: • Strategic Planning • Primary Care Strategy • Five Year Forward View and Mid-year Conference • Mental Health Care Concordat • Autumn Statement		
	Strategic Planning The Governing Body were advised that strategic planning guidance was expected on 23 December 2014. The CCG's would refresh its strategic plan in view of the challenges faced in Barnsley and hospital vs out of hospital investment.		
	Primary Care Strategy, Five Year Forward View and Mid-year Conference Members attention was drawn to information appended		

Agenda Item	Note	Action	Deadline
	to the Report about the Primary Care Strategy and Five Year Forward View and Mid-year Conference. With regard to the Five Year Forward View the Interim Chief Officer clarified that the future models of care to improve the outcomes for Barnsley people would be pursued by the end of January 2015.		
	Mental Health Concordat Members considered the Mental Health Crisis Care Concordat appended to the Report intended to improve outcomes for people experiencing mental health crisis. . The Interim Chief Officer commented that the CCG was late in signing the concordat. The CCG had queried the risks and liability in signing the concordat and lines of accountability and responsibility. It was deemed appropriate for the CCG to sign up to the principles of the concordat but remain cautious with regard to finance within the Barnsley health and social care system and implications of achieving parity of esteem. Dr Robert Farmer commented that the CQC would undertake an inspection of the Barnsley Mental Health Crisis Service in January 2015.		
	The Chancellors Autumn Statement The Governing Body noted the concerns highlighted in the Interim Chief Officers Report about the impact of the reduction in social care funding on the NHS. Social Care in Barnsley had already declared their intention to decommission 30 intermediate care beds. Beyond this there was the bigger issue of £3.2m gap in social care funding which would hit across community and hospital care in 2015/16. The Interim Chief Officer provided an explanation to members of the public attending the Governing Body meeting about the potential general impact of reduced social care funding. The BMBC did not have a statutory responsibility to fund intermediate and therefore due to austerity measures within the council, the funding for intermediate care beds had withdrawn. This would have a significant impact on provision the intermediate care service and reduction in hospital admissions.		

Agenda Item	Note	Action	Deadline
	It was noted that a risk had been included on the CCGs Risk Register around Intermediate Care The Health and Wellbeing Board had a statutory function to encourage integrated working across the health and social care system in Barnsley and this was in part facilitated by the Better Care Fund. A performance dashboard would signal potential instability in the local health and social care system and potential impact of this on emergency admissions to the Health and Wellbeing Board. The Medical Director highlighted that different models of care would be considered to delivery patient care as an example the Barnsley Metropolitan Borough Council withdrew funding for the Mental Health Recovery College. However, South West Yorkshire NHS Partnership Trust redesigned the service to deliver required care for patients.		
	The Governing Body noted the Report of the Interim Chief Officer and agreed the following action: • **To the CCG, together with its partners, signing up to a local Mental Health concordat declaration that mirrors the key principles of the national declaration.**	**LS**	**14.01.15**
GB 14/337	**PRIMARY CARE CO-COMMISSIONING**		
	The Chief of Corporate Affairs provided the Governing Body with a report on the progress to date and next steps, in respect of the Primary Care Co-commissioning.		
	The Chief of Corporate Affairs explained that Primary Care Co- commissioning currently related to general medical services only. There were three models of co-commissioning: • Greater involvement of CCGs • Joint arrangements • Delegated arrangements On 13 November 2014 the Governing Body in private session had agreed that the CCG should go forward with option three, delegated arrangements.		

Agenda Item	Note	Action	Deadline
	The Governing Body considered the Report and noted: • That the draft terms of reference for the proposed Primary Care Commissioning Committee would be presented to the private meeting of the Governing Body (on 14 December 2014) for initial review. • The timescales for the delegated commissioning application process were challenging and also incoherent with strategic planning requirements. It was noted that the CCG must submit a submission proforma for delegated commissioning arrangements by noon on 9 January 2014. The NHSE would review the CCGs submission and require assurance that the CCG had the capability and capacity to undertake delegated commissioning arrangements. • Capsticks law firm had worked with NHSE to develop a model governance framework for delegated commissioning arrangements. The CCG had engaged Capsticks to review the CCGs Constitution changes including the updates to the conflicts of interest policy . Further guidance about the statutory conflicts of interest was expected to be published on 18 December 2014**.** It was highlighted that the public would want to be reassured around the perceived conflicts of interests' aspects with regard to delegated commissioning. • The Membership Council will meet on 17 December 2014 and receive a presentation and paper on Primary Care Co-Commissioning and CCG Constitution amendments. The Membership Council will be requested to: o Provide a mandate for the CCG to progress work towards delegated Primary Care Co-commissioning o Approve the proposed and further changes to the CCGs Constitution if necessary in light of the forthcoming Conflicts of Interest guidance.		

Agenda Item	Note	Action	Deadline
	• Resources and funding may be an issue for the CCG. Rotherham CCG had undertaken a modelling piece of work around delegated commissioning which identified a potential funding gap and were trying to further assess this with NHSE. The Chief Finance Officer advised that NHSE were to provide more detailed information on the finance aspects of Primary Care Co-commissioning by Tuesday 16 December 2014. • The risks to the CCG were still emerging as the process and guidance was developed.		
	The Chairman commented that ongoing development work in Primary Care had utilised some capacity within the CCG and that this was the forward to exploit and transform out of hospital care**.** The CCG would need additional capacity which could include sharing of staff and staff transferred from NHSE to the CCG.		
	The Membership Council would be fully appraised of Primary Care Co-commissioning with a view to moving forward the Co-commissioning in the knowledge that there were unquantified risks. If at any point in the process the risks to the CCG were too deemed too great by the Membership Council and Governing Body then the CCG could step down from the process. There was no 'step up facility' so the CCG would need to engage in the application process at an early stage.		
	A member of the public commented that Primary Care Co-commissioning provided an exciting opportunity to publically market the work of the CCG.		
	The Governing Body: **Noted the progress and next steps with regard to Primary Care Commissioning** **Agreed** • **To provide a mandate to the Chief of Corporate Affairs, in conjunction with the co-commissioning working group, to continue the work necessary to submit the CCG's application by the deadline of 9th January 2014 (subject to Governing Body approval**		

Agenda Item	Note	Action	Deadline
	being received on the 8th of January).	**VP**	**09.01.15**
QUALITY AND GOVERNANCE			
GB 14/338	**CARE QUALITY COMMISSION CHILDREN LOOKED AFTER AND SAFEGUARDING REVIEW**		
	The Interim Chief Nurse introduced her report which provided the Governing Body with an update on the announced Care Quality Commission (CQC) review of services for Looked After Children (LAC) and Safeguarding in Barnsley**.** The Report was based upon verbal feedback provided by the CQC Inspection Team on the last day of their visit. The CQC inspectors had particularly commented that the CCG had good clinical leadership. The full CQC Report was expected by the end of January 2015 and would be posted on the CCG web site.		
	Members attention was drawn to key findings of the review. • The Chairman commented that the review had not identified any concerns with the Health Visiting Team; it was noted that the final report may provide additional information about the Health Visiting Service. It was also clarified that that the review had been undertaken on individual safeguarding cases and health visitor aspects must have been deemed satisfactory by the CQC inspector. • The lack of connectivity between Health and social care systems (Lorenzo and Rio) and the resultant incomplete client records were noted. The lack of connectivity needed to be resolved to enable safe practise. • The Clinical Senate had signed up to achieving Interoperability between health and social care systems including Primary Care. The IT Strategy Group was developing a scope and specification for such a system. The Chairman commented that the new system would be the single most effective way with regard to Safeguarding		

Agenda Item	Note	Action	Deadline
	Children.		
	The Governing Body noted the information provided within the Report and its implications for the CCG as a commissioner of services. **Actions Agreed** • **To ascertain and ensure that 'Safeguarding flags' on the BHNFT's Lorenzo system were appropriately highlighted to staff**.	**KM**	**15.01.15**
GB 14/339	**CHILD SEXUAL EXPLOITATION UPDATE**		
	The Interim Chief Nurse presented an update to the Governing Body with regard to Child Sexual Exploitation (CSE) in Barnsley.		
	The Interim Chief Nurse highlighted that a further CSE independent report had published in October 2014 - "Real Voices, Child Sexual Exploitation in Greater Manchester". The report had concluded similar recommendations to those of the JAY Report.		
	The Governing Body considered the report and noted: • that the Barnsley Child Sexual Exploitation and Runaways (CSER) Sub group had reviewed and agreed to refresh the Barnsley Safeguarding Board CSE Action Plan. • The increase in CSE referrals was attributed to the better recognition of the signs of CSE and the recent publicity about the CSE. There was still no evidence of any CSE gang related activity in Barnsley. • The Private Children's Homes in Barnsley were notifying the Barnsley Metropolitan Borough Council of all children placed in their care form other areas especially when the young person had been a victim of CSE.		
	The Governing Body noted the information provided in the Report and its implications for the CCG as a partner agency of the Barnsley Safeguarding Children Board.		

Agenda Item	Note	Action	Deadline
GB 14/340	**BUPP REPORT, WINTERBOURNE VIEW – TIME FOR CHANGE**		
	The Interim Chief Nurse introduced her report which updated the Governing Body with the recommendations from the recently published - 'Winterbourne View, Time for Change Report by the Transforming Care and Commissioning Steering Group chaired by Stephen Bubb.		
	The Interim Chief Nurse drew Members attention to the Implications of the Winterbourne Report and risks to the CCG. The Medical Officer referred to the transformation work in learning disabilities and queried if potential projected savings had been met both financially and from a quality perspective.		
	The Governing Body noted the report and to support any further work that will be needed in relation to Winterbourne View, Time for Change Report. **Actions Agreed:** • **Management Team to consider the impact of the reorganisation of the Joint Commissioning Unit in relation to Learning Disabilities.**	**Man Team**	**15.01.15**
GB 14/341	**QUALITY HIGHLIGHTS REPORT**		
	The Interim Chief Nurse presented the Quality Highlights Report to the Governing Body. The outcome of a CQC unannounced visit to a Barnsley Care home and investigation into another Barnsley care home were noted by the Governing Body. The themes arising from the care homes were principally in relation to staffing levels and care planning. In response to a question raised the Interim Chief Nurse confirmed that the relatives of all residents in the care homes had been informed of the situation.		
	The Governing Body noted the Quality Highlights Report.		
GB 14/342	**RISK AND GOVERNANCE REPORT**		
	The Chief of Corporate Affairs introduced the Risk and		

Agenda Item	Note	Action	Deadline
	Governance Report to the Governing Body which as previously agreed included the full Assurance Framework and Risk Register, to be presented to the Governing Body on a quarterly basis. It was recognised that it would be useful for the CCGs Primary Care Risk Register and the Better Care Fund Risk Register to also be considered by the Governing Body.		
	It was noted that risk reference CCG 14/13 relating to intermediate care beds had been reviewed by the Finance and Performance Committee. The residual risk score for this risk had been increased to 20 (extreme risk). The Medical Director commented that the slowing down of social care reviews would impact on this risk.		
	The Governing Body noted the Report and agreed the following actions. **Agreed Actions** • **The Primary Care Commissioning Risk Register to be submitted to the next meeting of the Governing Body on 14 January 2014** • **The Risk Register for the Better Care Fund held by the Health and Wellbeing Board to be submitted to the next meeting of the Governing Body on 14 January 2014**	**VP** **VP**	**14.01.15** **14.01.15**
FINANCE AND PERFORMANCE			
GB 14/343	**INTEGRATED PERFORMANCE REPORT**		
	The Chief of Corporate Affairs and Deputy Chief Finance Officer presented the Integrated Performance Report to the Governing Body.		
	Finance The Chief Finance Officer reported that the forecast overspend for the CCG was £1.9m, this mainly attributed to an overspend on contracts and Continuing Health Care. Rotherham Foundation Trust had a current over performance of £410.5k and this was attributed to Ophthalmology at £264.4K (Lucentis injections) and		

Agenda Item	Note	Action	Deadline
	Rehab Occupied bed days of £60.1k. The demand for Lucentis had escalated beyond expectations and the financial impact of this had been underestimated nationally. Discussions had commenced with Rotherham about there are opportunities from a clinical perspective to reduce Lucentis injections or to use a more cost effective alternative drug. However, it was noted that the evidence base for use of Lucentis was compelling and the costs of Lucentis were still increasing. It was highlighted that the Barnsley Ophthalmology PEARs Scheme was established but still at the infancy stage.		
	In response to a question raised by the Chairman the Chief Finance Officer clarified that based on current intelligence there was sound rationale to support the risk adjusted forecast overspend of £1,190 and also that there was flexibility of further cuts for example recent information received indicated slippage on IT projects of £1/4m. As at this time there was no intention to undertake further debate about savings the CCGs financial position was being managed.		
	Performance The Chief of Corporate Affairs drew members attention to the key issues relating to performance: • **Diagnostics** Following an action plan put in place by the BHNFT, there had been significant improvement in the percentage of patients waiting for diagnostics tests at the BHNFT. • **Incidence of Healthcare Associate Infection C.Diff & MRSA** There had been one case of MRSA reported for October for the CCG against a target of zero. It was noted that the Interim Chief Nurse had a robust system to review all cases of C.Diff and MRSA. **Post Meeting Note:** following a review this case has now been attributed to Sheffield CCG and not Barnsley.		

Agenda Item	Note	Action	Deadline
	• **A&E 4 hour waits** The BHNFT was still on target to deliver quarter three requirements in respect of A&E four hour waits and the only Trust in South Yorkshire and Bassetlaw able to achieve this**.** The Chief of Corporate Affairs informed the Governing Body that the there was a national drive on performance and a 'Star Chamber' system established which would result in national tripartite discussions with CCG's on poor performance.		
	The Governing Body noted the contents of the Integrated Performance Report.		
COMMITTEE REPORTS AND MINUTES			
GB 14/344	**MINUTES OF THE MEMBERSHIP COUNCIL 28 OCTOBER 2014**		
	The Governing Body considered the Minutes of the Membership Council held on 28 October 2014. The Governing Body noted the poor attendance at the meeting. However, this this was set in the context with the meeting being held in the school October half term holidays.		
	It would be important to achieve quoracy at the extra ordinary meeting of the Membership Council on 17 December 2014 when consideration would be given to Primary Care Co-commissioning. It was noted that the timescales set by NHSE for Primary care Co-commissioning were challenging and had necessitated extra ordinary meetings of the Membership Council and Governing Body. Dr Clare Bannon tendered her apologies for the 17 December 2014 Membership Council Meeting.		
	The Governing Body noted the Minutes of the Membership Council.		
GB 14/345	**MINUTES OF THE AUDIT COMMITTEE 4 NOVEMBER 2014**		

Agenda Item	Note	Action	Deadline
	The Governing Body received the minutes of the Audit Committee held on 4 November 2014. Ms A Arnold advised that there had been a further meeting of the Audit Committee on 4 December 2014 and updated members accordingly.		
	The Audit Committee • Approved the CCGs 2014/15 Governance Year-end timetable. It was noted that the deadline for submission of the annual report and final accounts had been brought forward a week to w/c 25 May 2015. On 30 April 2014 the Audit Committee would undertake a 'deep dive' page by page review of the annual report and accounts. • Held a development session around the Governance arrangements for the Better Care Fund and section 75 pooled budget. It was recognised that the BMBC year-end accounting deadlines differed to those required by the NHS and CCG. It would therefore be a challenge for the CCG as host of the Better Care Fund to meet financial year-end timetables. • Reviewed the CCGs Standing Orders, Scheme of Delegation and Prime Financial Policies. The documents may need to be reviewed again in light of Primary Care Co-commissioning arrangements.		
	The Governing Body noted the minutes and update provided for the Audit Committee.		
GB 14/346	**MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE HELD 6 NOVEMBER 2014**		
	The Governing Body noted the Minutes of the Finance and Performance Committee held on 6 November 2014.		
GB 14/347	**MINUTES OF THE QUALITY AND PATIENT SAFETY COMMITTEE HELD ON 23 OCTOBER 2014**		
	The Governing Body considered the Minutes of the Quality and Patient Safety Committee held on 23 October 2014. A lengthy discussion took place about the around the timeliness and quality of D1 patient		

Agenda Item	Note	Action	Deadline
	discharge letters from the BHNFT. It was noted that a report on an audit of D1 letters would be received by the Area prescribing Committee and Quality and Patient Safety Committee in January 2015. The audit had highlighted that 60% of D1 were incomplete when received by GP Practices which presented a patient safety risk.		
	The Governing Body queried the use of the CCGs investment in the Pharmacy Robot at the BHNFT. The Pharmacy Robot was intended to increase capacity of pharmacists at the BHNFT who could then contribute to the completion of D1 letters. It was recognised that access to and interconnectivity between clinical systems which would lead to improved D1 letters.		
	The Governing Body noted the minutes of the Quality and Patient Safety Committee. **Actions Agreed:** • **The D1 audit and considerations of this by the Area Prescribing Committee and Quality and Patient Safety Committee to be discussed at the 12 February 2015 meeting of the Governing Body.** • **Development of an action plan to improve the quality and timeliness of DI information to Practices** • **If deemed appropriate inclusion of risk around DI notifications on the CCG Risk Register.**	**MG** **MG** **MG/VP**	**12.02.15** **12.02.15** **12.02.15**
GB 14/348	**MINUTES OF THE EQUALITY STEERING GROUP HELD ON 16 OCTOBER 2014**		
	The Governing Body noted the Minutes of the Equality Steering Group held on 16 October 2014.		
GB 14/349	**MINUTES OF THE FORMAL MANAGEMENT TEAM**		
	The Governing Body noted the minutes of the formal Management Team held on 29 October 2014 and 27 November 2014 and current Action Log.		
GB 14/350	**QUESTIONS FROM THE PUBLIC**		

Agenda Item	Note	Action	Deadline
	The Chairman invited questions from the Public. A member of the public asked the two questions. In response to the first question about Lorenzo it was clarified that the Lorenzo was a national system for use in secondary care. The Barnsley Hospital NHS Foundation Trust (BHNFT) had commenced using the system the current problems with the system had not been anticipated. It was explained that the CCG received its IT support from the Yorkshire and the Humber Commissioning Support Unit		
	The second question related to the Pharmacy Robot at BHNFT in particular was the Robot being utilised to its full potential achieving all expected benefits.The Medical Director commented that Training for staff in the use of equipment was key to maximising the benefits of the equipment.		
	Actions Agreed: • **The Medicines Optimisation Team and Quality and Patient Safety Committee to explore whether the BHNFT's Pharmacy Robot is being utilised to its full potential and reflect findings back to the BHNFT.**	**MG**	**14.01.15**
GB 14/351	**DATE AND TIME OF THE NEXT MEETING**		
	The next meetings of the Governing Body will be held on: • Thursday 15 January 2015 at 9.30 am in the Boardroom, Hillder House, 49/51 Gawber Road, Barnsley S75 2PY		

Barnsley Clinical Commissioning Group

MATTERS ARISING REPORT TO THE GOVERNING BODY

15 January 2015

1. MATTERS ARISING

The table below provides an update on actions arising from the previous meeting of the Governing Body (public session) held on 11 December 2014.

Table 1

Minute ref	Issue	Action	Outcome/Action
GB 14/336	**Mental Health Concordat** The CCG, together with its partners, signing up to a local Mental Health concordat declaration that mirrors the key principles of the national declaration.	**LS**	COMPLETE
GB 14/337	**Primary Care Co-commissioning** Chief of Corporate Affairs, in conjunction with the co-commissioning working group, to continue the work necessary to submit the CCG's application by the deadline of 9th January 2014 (subject to Governing Body approval being received on the 8th of January).	**VP**	Submission completed and submitted to EO Governing Body meeting on 8th January and to NHS England by the deadline on the 9th January 2015
GB 14/338	**Care Quality Commission Children Looked After and Safeguarding Review** To ascertain and ensure that 'Safeguarding flags' on the BHNFT's Lorenzo system were appropriately highlighted to staff.	**KM**	Ongoing
GB 14/340	**BUBB Report, Winterbourne View – Time for Change** Management Team to consider the impact of the reorganisation of the Joint Commissioning Unit in relation to Learning Disabilities.	**Man. Team**	There is a meeting arranged to agree the future working arrangements for Joint Commissioning.

Minute ref	Issue	Action	Outcome/Action
GB 14/342	**Risk and Governance Report** The Primary Care Commissioning Risk Register to be submitted to the next meeting of the Governing Body on 14 January 2014 The Risk Register for the Better Care Fund held by the Health and Wellbeing Board to be submitted to the next meeting of the Governing Body on 14 January 2014	**VP** **VP**	**COMPLETE** **COMPLETE**
GB 14/347	**Minutes of the Quality and Patient Safety Committee** The D1 audit and considerations of this by the Area Prescribing Committee and Quality and Patient Safety Committee to be discussed at the 12 February 2015 meeting of the Governing Body. Development of an action plan to improve the quality and timeliness of DI information to Practices. Inclusion of risk around DI notifications on the CCG Risk Register	**MG** **MG** **MG/VP**	**COMPLETE – Covered in quality highlights report** **As above** **COMPLETE**
GB 14/350	**Questions from the Public** The Medicines Optimisation Team and Quality and Patient Safety Committee to explore whether the BHNFT's Pharmacy Robot is being utilised to its full potential and reflect findings back to the BHNFT	**MG**	

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.

Table 2

Minute Ref	Issue	Action	Outcome/Actions
GB 14/320 & GB	**Formal Management Team**		

Minute Ref	Issue	Action	Outcome/Actions
14/335	To set up a meeting with IT leads, the Practice Manager Member and Chief Finance Officer to look at all issues around IT support to avoid becoming a reputational issue for the CCG.	**VP**	Meeting established for 15th January 2014
GB 14/280	**YAS** To invite the new Chief Executive of YAS and his team to meet with the Governing Body.	**NB**	In Progress
GB 14/285	**REGISTER OF INTERESTS** Signed PDAs to be cross checked against the CCG Register of Interests to ensure that the respective Elected Member from each Practice had submitted completed declaration of interests to the CCG.	**VP**	COMPLETED whilst acknowledging the further work required for Co Commissioning
GB 14/288	**INTEGRATED PERFORMANCE REPORT** Dr Clare Bannon reported that she had received a request for echo referrals to be referred as heart failure to enable a quicker test. The Chief Finance Officer with clinical support from the Medical Director to pick up the issues relating to echocardiograms and include in next round of contract negotiations.	**CH/MG**	This was raised at the contract meeting with BHNFT on 7 November 2014. BHNFT agreed to ensure that this approach was not repeated in future and there were no 'short cuts' enabled through the system. This was further discussed at the Contract meeting in December. Heart failure service possibly bring into BQF level 2.
GB 14/225	**Equality & Diversity Report** CCG to look at how it could facilitate and support Elected Members to join and attend CCG meetings.	**VP**	Proposal supporting Elected members to join/attend CCG Committees discussed by the Governing Body in

Minute Ref	Issue	Action	Outcome/Actions
			Private Session on 13 November 2014. List of Committees not reimbursable for attendance by Governing Body Members being produced.
GB 14/163	**Strategic Commissioning Plan 2014/15** To consider the expected shift in workforce in consequence to the Commissioning Plan.	**VP**	
GB 14/174	**Minutes of Formal Management Team & Action Log – Sound Doctor** Communications Team to promote 'Sound Doctor' Information about the launch of the 'Sound Doctor' to be shared with Dr Sands.	**VP** **VP**	Communications package in place to support the launch of the Sound Doctor System.
GB 14/108	**Report of the Chief Officer** Identify the individual(s), organisation(s) responsible for ensuring that actions from the External Verification Cancer Peer Review Visit 2014 were completed.	**VP**	IN PROGRESS
GB 14/307	**Quality Highlights Report** **Testosterone Shared Care Guidelines** • That BHNFT's non-compliance with shared care guidelines (in particular with regard to the Testosterone) be taken forward via the contracting route and contract penalties. • That an audit of DI medication mismatches to be completed and reported back to the Governing Body	**KM/CH** **MG**	Following QPSC meeting letter sent to Chief Nurse & Acting Medical Director at BHNFT. Completed - response awaited Complete

Minute Ref	Issue	Action	Outcome/Actions
	• The development of an IT solution be escalated, enabling Practices to electronically report queries and incidents in relation to patient care to the provider and the CCG.	**CH**	Completed – agreed that this will form part of the ICT Strategy.
GB 14/308	**Tissue Viability Business Case** • Undertake exercise to determine and demonstrate how much money the CCG had invested in the BHNFT and SWYPT.	**CH**	Information Circulated
GB 14/309	**Anaesthetists Bid** Work up a range of cost options around the Anaesthetists Bid and submit to the next meeting of the Finance and Performance Committee on 4 December 2014.	**CH**	Discussions are ongoing through contracting.
GB 14/310	**Child Sexual Exploitation** 1. Action Plan, Recommendations for the Health Economy - Titles and agencies of to the names of officers undertaking action to be included on the action plan. **2.** Deputy Chief Nurse to look into issues around the 'flagging up' of safeguarded children when registering at GP practices.	**KM** **KM**	Sharon Galvin updating action plan – completed Jane Wood currently taking this forward - completed

Barnsley Clinical Commissioning Group
Putting Barnsley People First

GOVERNING BODY

15 January 2015

REPORT OF THE INTERIM CHIEF OFFICER

1.	**PURPOSE OF THE REPORT**
	To update the Governing Body on key issues and developments relevant to the strategic direction of the CCG.
2.	**EXECUTIVE SUMMARY**
	This report provides an update on the following issues: • Integrated Personal Commissioning • Development of new models of care • The Dalton Review • Progress of the Working Together Programme
3.	**THE GOVERNING BODY IS ASKED TO:** • Note the report. • Consider whether to express an interest in exploring the potential to establish a Multi-specialty Community Provider model as a vanguard site.

Agenda Item – Allocation of Time 10 Minutes

Report of: Lesley Smith

Designation: Interim Chief Officer

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	Objective 1, threat 1.1 – risk the CCG will fail to work effectively with its key providers resulting in a failure to commission high quality health care that meets the needs of individuals and groups Objective 1, threat 1.5 – provider financial risks may lead to a deterioration in the quality and safety of services provided Objective 3, threat 1.5 – failure to align operational planning with long term objectives Objective 4, threat 4.1 – failure to deliver joined up services for the people of Barnsley	
1.2	**Links to Objectives**	
	Highest quality governance and processes.	**X**
	Commission high quality health care that meets the needs of individuals and groups.	**X**
	Bring care closer to home.	**X**
	To support safe, sustainable and accessible local hospital services.	**X**
	To develop services through real partnerships with mutual accountability and strong governance.	**X**
1.3	**Links to NHS Constitution**	
	Comprehensive service to all.	**X**
	Based on clinical need, not ability to pay.	**X**
	Highest standards of excellence.	**X**
	Reflect the needs and preferences of patient's families and carers.	**X**
	The NHS works in partnership with other organisations.	**X**
	Best value for taxpayers' money.	**X**
	Accountable to the public and patients that it serves.	**X**
1.4	**Equality and Diversity**	N/A Report for

		information only

2.	**INTRODUCTION / BACKGROUND INFORMATION**
	To update the Governing Body on key issues and developments relevant to the strategic direction of the CCG.
3.	**DISCUSSION / ISSUES**
3.1	**Integrated Personal Commissioning** The NHS Five year Forward View (FYFV) signalled that 2015/16 will see the first steps towards integrated personalised commissioning (IPC) in national demonstrator sites. For the first time IPC brings together health and social care budgets for individuals and enables them to exercise more clout over how their own care and support is provided. I am pleased to report that Barnsley has been selected as one of the 10 national demonstrator sites. We will be focussing on integrated personal budgets for people with diabetes which is also flagged as a priority area in the FYFV. A copy of the letter informing us of the outcome of the submission is attached at Appendix A.
3.2	**Multi-speciality Community Provider Model** The NHS Five year Forward View also signalled potential new models of care one of which is a Multi-specialty Community Provider Model (MCP). In the Five Year Forward View into Action: Planning for 2015/16, published in December, NHS England has invited expressions of interest (by 2 February) from sites wishing to be part of a first cohort to develop new models of care. From the extra £2bn identified for the NHS in 2015/16 a £200m investment fund has been set aside for investment in new care models as well as a further £250m for investment in primary care. As a reminder an MCP is designed to build on the traditional strengths of 'expert generalists', proactively targeting services at registered patients with complex ongoing needs such as the frail elderly or those with chronic conditions, and working much more intensively with these patients. Future models will expand the leadership of primary care to include nurses, therapists and other community based professionals. It could also offer some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients. To offer this wider scope of services, and enable new ways of delivering care it is expected that extended group practices will form – either as federations, networks or single organisations. These Multispecialty Community Providers (MCPs) would become the focal point for a far wider range of care needed by their registered patients. • As larger group practices they could in future begin employing

consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff.

- These practices would shift the majority of outpatient consultations and ambulatory care out of hospital settings.

- They could take over the running of local community hospitals which could substantially expand their diagnostic services as well as other services such as dialysis and chemotherapy.

- GPs and specialists in the group could be credentialed in some cases to directly admit their patients into acute hospitals, with out-of-hours inpatient care being supervised by a new cadre of resident 'hospitalists' – something that already happens in other countries.

- They could in time take on delegated responsibility for managing the health service budget for their registered patients. Where funding is pooled with local authorities, a combined health and social care budget would be delegated to Multispecialty Community Providers.

- These new models would also draw on the 'renewable energy' of carers, volunteers and patients themselves, accessing hard-to-reach groups and taking new approaches to changing health behaviours.

Vanguard sites are expected to be those making the most progress that already have in place:

- An ambitious vision of what change they want to achieve to the model of care, in order to meet clear identified needs and preferences of their local population;

- A record of already having made tangible progress towards new ways of working for 2014;

- A credible plan to move at serious pace and make rapid change in 2015;

- Funded local investment in transformation that is already agreed;

- Effective managerial and clinical leadership, and the capacity and capability to succeed;

- Strong, diverse and active delivery partners, such as voluntary and community sector organisations;

- Positive local relationships, for example the support of local commissioners and communities.

The initial cohort will also need to show:

- The appetite to engage intensively with other sites across the country,

	and with national bodies, in a co-designed and structured programme of support aimed at (a) identifying, prioritising and tacking national barriers experienced locally; (b) developing common rather than unique local solutions that can easily be replicated by subsequent sites; and (c) assessing progress, through a staged development process; • A commitment to richer, standardised data to enable real-time monitoring and evaluation of health and care quality outcomes, the costs of change, and the benefits that accrue. NHS England is establishing a new operational research and evaluation capability to support this activity. Barnsley has an ambitious model for out of hospital care and is already one of 14 national Pioneer sites. We have spoken to our partners in SWYFT who are keen to be involved in developing an MCP and are already looking at the support they can offer to us in developing primary care at scale through the emerging GP federated model. BHNFT has also indicated that they would be interested and we have flagged the opportunity up to colleagues in the Communities and Adult Social Care and Public Health Directorates at the Council, who are interested in exploring further. The Governing Body is asked to consider whether it would like to submit an expression of interest to NHS England, with a view to exploring further the opportunity offered by MCPs.
3.3	**The Dalton Review** December also saw the publication of the Dalton Review on options for the future sustainability of providers of NHS care. This review is intended to complement the NHS Five Year Forward View and provides the organisational 'delivery vehicles' that can help translate its ideas into reality. Importantly the report recognises that the District General Hospital, established by the 1962 Hospital Plan now, in isolation, can struggle to meet the needs of the population. This is well known to those who provide and commission healthcare, and we are now at a point where patients and their families are beginning to understand that too. The report suggests that the time is right to change the way we think about the organisation of service provision. Institutions should not be preserved just because they exist. Boards should not pursue self-protectionist strategies, using the 'interests of patients' as camouflage. If an organisation is not able to provide high standards, reliably, to the population it serves, then its continuation in its current form should be called into question. Safeguarding reliable, high quality care to patients is more important than preserving organisations. There are no 'right' or 'wrong' organisational forms – what matters is what works. The report does not champion one organisational model over any other but recognises that it is for system leaders to pursue the models that will deliver the greatest benefits to the populations they serve. Some models will enable ***collaborative*** solutions: where shared services, working across organisational boundaries, meet standards, seven days a

	week; or where new integrated governance arrangements for primary and secondary care bring greater coherence to a locality. Other ***contractual*** or ***consolidated*** models will allow opportunities for successful organisations to bring their proven leadership, processes and expertise into organisations which are unable to demonstrate clinical and financial viability. Leaders of successful organisations should be 'system architects': using their social entrepreneurial spirit to develop innovative solutions to their challenges and to codify and spread their success, so that the best standards of care can be available, reliably, to every locality in the country. The Report recommends a system of 'credentialing' for our best organisations, building on the existing assessment systems of Monitor and CQC and drawing on the evidence of the characteristics of high reliability organisations. This new 'kitemark', beyond FT status, would enable commissioners to identify those organisations with the capability and greatest likelihood of successfully spreading their systems into organisations that are in persistent difficulty. Specifically for the CCG the report recommends that: NHS England should require Clinical Commissioning Groups (CCGs) to set out in their five year strategic commissioning plans: a. the future care/service models they wish to support; and, b. how they will use their allocated funds for service transformation to support providers to deliver the agreed transformational and organisational change. Where multiple CCGs and providers are taking forward service transformation across a shared geographical area, NHS England should help broker agreemer as to how costs are met between all parties. The full report and executive summary of the report can be found at https://www.gov.uk/government/publications/dalton-review-options-for-providers-of-nhs-care. Members are asked to note the contents and implications of the Dalton Review.
3.4	**Update from the Working Together Programme Group** The Working Together Programme held a series of clinical workshops throughout November and December across the various work-streams to develop clinical thinking and potential options for new ways of providing services. It also held its first stakeholder awareness event on the 16th December to raise awareness about the Programme and potential changes to improve services across the patch. The event was well attended by the full range of stakeholders including Overview and Scrutiny Committees and Healthwatch. The Programme has also undergone a recent Department of Health Gateway Review which made a number of recommendations to help strengthen the

	Programme as it moves into Phase 2 and is reviewed in the context of the Five Year Forward View and how it can support commissioners with responding to recommendations in the recently published Dalton Review.

Appendix A

23 December 2014

Dear colleagues,

Integrated Personal Commissioning programme

Please forward this letter to all partners that were named in your application.

Thank you for your application for the Integrated Personal Commissioning programme and for coming to the interviews last month.

We have been delighted with the level of interest in the programme. As you know, we were looking for up to 10 demonstrator sites. We received a large number of applications and were very impressed by the thought and work that local partners had put in to producing both the written applications and the interview presentations.

The selection panel – made up of representatives of people with direct experience of personal budgets, people working in the voluntary sector, and people with experience at a senior level in local government and NHS England – has now finished assessing the applications. The programme board met last week to consider the panels' recommendations.

We are pleased to be able to tell you that the board has selected your area as an expected demonstrator area, contingent on working with us to agree a more detailed plan by March 2014. At this point we would be grateful if you don't undertake any proactive media work, as we intend to announce sites nationally in the New Year.

We want to be clear as possible from the start what you can expect from us, and what we will expect from sites. We will be sending you a memorandum of understanding for you and your partners to consider. This will include some specific conditions which are intended to help you develop a robust plan. In particular all sites will be asked to:

- commit to the development of a shared national financial model;
- specify the size of the cohort that will be included in the programme, first in 2015-16 and with a subsequent major expansion in 2016-17 and 2017-18;
- make clear the level of ambition for personal budgets, and for the wider offer; and
- confirm that they will take part in the national evaluation.

Once we receive the signed memorandum of understanding, we will be able to provide £150,000 this financial year to support your planning and implementation work. Please contact us so we can make arrangements for this to be paid as soon as possible.

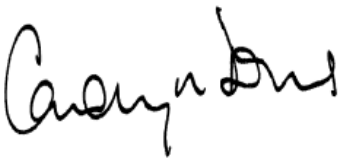
To enable to you to get started quickly with your planning, we will be holding a two-day residential event at Burleigh Court, Loughborough University starting at 11am on Monday 12 January and finishing by 2 pm on Tuesday 13 January. You can send a team of up to 5 people who should attend the whole of the event. Your team should include the person with lead responsibility for local delivery of Integrated Personal Commissioning.

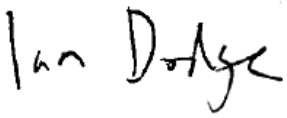
We will send a separate email with instructions on how to book – the booking deadline is Monday 5 January; after this you will receive a full programme and joining instructions.

If you have any questions please email england.integratedpersonalcommissioning@nhs.net or call Danielle Wood on 0113 824 9298

We look forward to working with you over the next three months to develop your plans.

Yours sincerely,





Carolyn Downs
Chief Executive
Local Government Association

Ian Dodge
National Director for Commissioning Strategy
NHS England

Barnsley Clinical Commissioning Group
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GOVERNING BODY

15 January 2015

PRIMARY CARE CO-COMMISSIONING

1.	**PURPOSE OF THE REPORT**
	To provide the Governing Body with an update on Primary Care Co-commissioning.
2.	**EXECUTIVE SUMMARY**
	An extraordinary meeting of the Governing Body was held on 8 January 2015. The report presented is attached for information together with the minutes of the extraordinary meeting for Members information. The CCGs application for delegated commissioning of Primary Care was submitted to NHS England by the deadline submission date of 9 January 2015.
3.	**THE GOVERNING BODY IS ASKED TO:** • Note the progress with regard to Primary Care Co-commissioning

Agenda time allocation for report: 10 minutes.

Report of: Vicky Peverelle

Designation: Chief of Corporate Affairs

Report Prepared by: Kay Morgan

Designation: Governing Body Secretary

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	Primary Care Co-commissioning links to the following two risks on the CCGs Assurance Framework; • Risk reference 1.3 - If the CCG's commissioning priorities are not ambitious, sufficient, outcome focused, and appropriate there is a risk that required improvements in health care will not be achieved, resulting in the needs of individuals and groups not being met. • Risk reference 2.1- If the CCG fails to deliver the Primary Care Strategy, due to failure to engage with GP Practices, lack of capacity within the CCG, OR failure to ensure primary care workforce development, there is a risk that care will be moved closer to home inappropriately or inconsistently across the district, resulting in an adverse effect on health inequalities in Barnsley.	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	√
	To commission high quality health care that meets the needs of individuals and groups	√
	Wherever it makes safe clinical sense to bring care closer to home	√
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	√
1.3	**Governance Arrangements Checklist**	**Has the area been considered**
	Financial Implications	Report for info only
	Contracting Implications	Report for info only
	Quality	Report for info only
	Consultation / Engagement	Report for info only
	Equality and Diversity	Report for info only
	Information Governance	Report for info only
	Environmental Sustainability	Report for info only
	Human Resources	Report for info only

NHS
Barnsley Clinical Commissioning Group

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GOVERNING BODY

8 January 2015

Primary Care Co Commissioning Application

1.	**PURPOSE OF THE REPORT**
	To provide the Governing Body with an overview of the documentation to support the CCG's application to take on delegated responsibility from NHS England for commissioning primary medical services for the people of Barnsley.
2.	**EXECUTIVE SUMMARY**
	The detailed report: • Sets out the background to primary care co-commissioning • Provides details of the proposed application submission to NHS England.
3.	**THE GOVERNING BODY IS ASKED TO:** • Review the documentation supporting the CCG's application • Approve the proposed amendments to the Constitution, including the Conflicts of Interest Policy (subject to Membership Council ratification on 20th January 2015) • Approve the Terms of Reference for the Primary Care Commissioning Committee • Authorise the Chair, Audit Committee Chair, and Chief Officer to sign the CCG declaration at section D of the submission proforma • Provide a mandate to the Chief of Corporate Affairs to submit the CCG's application by the deadline of 9th January 2015.

Agenda time allocation for report: 2 hours

Report of: Vicky Peverelle

Designation: Chief of Corporate Affairs

Report Prepared by: Richard Walker

Designation: Head of Assurance

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	There are potential links to all the CCG's strategic objectives and risks but most specifically risks 1.3, 1.4, 2.1, 3.1, 5.1 and 5.2	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
1.3	**Governance Arrangements Checklist**	**Has the area been considered (yes / no / not relevant)?**
	Financial Implications	Yes
	Contracting Implications	Yes
	Quality	Yes
	Consultation / Engagement	Yes
	Equality and Diversity	No issues at this stage
	Information Governance	No issues at this stage
	Environmental Sustainability	No issues at this stage
	Human Resources	Yes

2.	**INTRODUCTION & BACKGROUND INFORMATION**
	In May 2014, Simon Stevens invited CCGs to come forward with proposals to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally in order to: • harness the energy of CCGs to create a joined up, clinically-led commissioning system which delivers seamless, integrated out-of-hospital services based around the needs of local populations • enable more optimal decisions to be made about how primary care resources are deployed • achieve greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; and • promote a more collaborative approach to designing local solutions for workforce, premises and IM&T challenges. A joint CCG and NHS England group—the Primary Care Co-commissioning Programme Oversight Group—was set up to work in partnership to design and agree with CCG leaders the practical next steps towards co-commissioning. This Group produced the guidance in November 2014. The guidance outlined three broad models for co-commissioning: • greater involvement of CCGs • joint arrangements, or • delegated arrangements. The scope of primary care co-commissioning arrangements for 2015/16 will only include general practice services. CCGs have the opportunity to discuss dental, eye health and community pharmacy commissioning with their area team and local professional networks, but have no formal decision making role. At its meeting on 13 November 2014 the Governing Body decided to pursue option 3 – delegated arrangements. A task and finish working group has been established to develop the CCG's application and this paper sets out the progress to date and the key tasks still to be completed to enable it to be submitted in accordance with NHS England's timescales.
3.	**DISCUSSION**
	<u>Application process</u> The CCG must submit to NHS England a submission proforma for delegated commissioning arrangements by **noon on 9 January 2015**. The submission must include: • A benefits statement, setting out the intended benefit to patients of delegated commissioning arrangements • A finance template • A copy of the CCG's Conflicts of Interest Policy, along with a declaration by the Accountable Officer and Audit Committee Chair that the CCG has reviewed its Conflicts of Interest policy in the light of new statutory guidance

- Details of the proposed governance structure
- An amended Constitution
- A copy of the CCG's Information Governance Toolkit, and
- A declaration that the Membership and the Governing Body have seen and approved the proposals.

In addition, the submission proforma contains a declaration from NHS England that the CCG:

- meets the required standards across the six assurance domains
- is capable of taking on the delegated functions
- complies with the statutory Conflicts of Interest guidance
- demonstrates sound financial control and meets all statutory and business planning requirements.

NHS England's area team has indicated that it will be seeking assurance in three broad areas to support its declaration:

- the level of **financial risk** to either the CCG or wider area system
- the degree of confidence in the CCG's **capability** to effectively discharge the additional responsibility being sought, and
- the CCG's **strategic capacity** to deliver primary care commissioning as well as its current core responsibilities.

The Primary Care Commissioning Working Group has prepared a submission pack of documentation to address all these requirements which is appended to this report for the Governing Body's consideration. These documents are all included at Appendix 1 to this paper. The Governing Body is in particular asked to note the following:

- Additional amendments to the Constitution (document 1b) are proposed further to those presented to the Membership Council on 17th December 2014. Most of the changes are to the Conflicts of Interest Policy (section 8 of the Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy at pages 133-166) which has been reviewed and updated to ensure it is fully compliant with the statutory Conflicts of Interest guidance issued by NHS England in December 2014. A summary of all the proposed amendments to the Constitution is included at Appendix 2.
- The Terms of Reference for the Primary Care Commissioning Committee (document 1c) have been amended slightly to reflect the inclusion of the Lay Member for Governance as the Vice Chair of the Committee.
- A paper summarising the financial implications and risks of taking on responsibility for Primary Care Commissioning is included at document 3a.
- A paper detailing the CCG's response to the statutory Conflicts of Interest Guidance issued by NHS England in December 2014 is included at document 3b.
- A paper detailing the CCG's strategic capacity to take on the new functions is included at document 3c.

NHS England assurance

Representatives from NHS England's Area Team are to meet with representatives of the CCG on 6th January to discuss the CCG's application

	and obtain the assurance they require, in order to allow them to complete their declaration in advance of submission on 9 January 2015. In addition, a meeting of the Primary Care Co-Commissioning Steering Group to be held on 7th January is to be used as a South Yorkshire and Bassetlaw patch wide assurance meeting. Governing Body will be provided with a verbal update on the outcomes from these meetings, including details of any further changes required to the submission documentation in the light of the discussions. **Approvals process** Regional moderation panels will convene in mid-January 2015 to review all delegated proposals, specifically the CCG's proposed approach to conflicts of interest management. A national moderation panel, in place to ensure consistency of approach across the country, will make final recommendations to the relevant new NHS England committee (likely to be the proposed new Commissioning Committee) on which proposals are ready to be taken forward from 1 April 2015. The committee will provide final sign off for delegated proposals in February 2015. Once proposals are approved, CCGs will need to set out their plans as per the 2015/16 NHS planning guidance which will be published in December 2014. Proposals will then be implemented on 1 April 2015. Where proposals are not recommended for approval, an appropriate plan will be developed between the CCG and area team, supported by regional teams, to either further develop proposals or to establish joint arrangements for 2015/16, if this is agreed to be the preferred approach. Once delegated arrangements have been established, their effectiveness will be monitored as part of the ongoing CCG assurance process undertaken through the quarterly assurance meetings.
4.	**IMPLICATIONS**
	The implications of the proposal were dealt with in detail in the paper presented to Governing Body on 11th December 2014 (see Appendix 3).
5.	**RISKS TO THE CLINICAL COMMISSIONING GROUP**
	The risks to the CCG associated with the proposal were dealt with in detail in the paper presented to Governing Body on 11th December 2014 (see Appendix 3). A register of the key risks is included within the submission pack at document 3d.
6.	**CONSULTATION**
	A meeting of the Membership Council was held on 17th December at which the CCG's proposals were presented to the Membership for approval and sign off. As approval for changes to the Constitution are reserved to the membership, the Membership Council was also asked to approve the proposed changes to the CCG's Constitution outlined above. Practices not present at this meeting were written to and asked to confirm their approval for the proposals.

	Members of the Governing Body considered and commented on the proposals as they have developed, including a full discussion at the meeting held on 11th December 2014. The public will had the opportunity to hear about the CCG's proposals at these public meetings of the Membership Council and Governing Body. However no formal consultation process is proposed at this stage since the proposal is for a change in accountability rather than a substantive change to the services being provided. The Primary Care Strategy which underpins the application for delegated responsibility is an integral part of the CCG's Commissioning Plan 2015/16 which will be consulted on in full prior to its final submission on 10 April 2015. The CCG has worked closely with NHS England to develop its proposals.
7.	**APPENDICES TO THE REPORT**
	Appendix 1: Submission Documentation • Assurance Checklist (document reference 0) • Submission Proforma (document reference 1a) • Amended Constitution (1b) • Primary Care Commissioning Committee Terms of Reference (1c) • Information Governance Toolkit (1d) • Summary report of quarterly assurance review – Quarter 2 2014/15 (2a) • Annual report & Accounts 2013/14 (2b) • External Audit ISA260 report 2013/14 (2c) • Head of Internal Audit Opinion 2013/14 (2d) • Barnsley non ISFE report month 8 (2e) • Integrated Performance Reports December 2014 to Finance and Performance Committee (2f(i)) and Governing Body (2f(ii)) • Financial Assessment (3a) • Response to statutory Conflicts of Interest guidance (3b) • Strategic capacity and capability assessment (3c) including primary Care Strategy (3c2) and principles for managing quality (3c3) • Primary Care Commissioning Risk Register (3d) **Appendix 2: Summary of all proposed amendments to the Constitution** **Appendix 3: Copy of the Primary Care Co Commissioning update report to the Governing Body 11th December 2014**
8.	**CONCLUSION**
	The Governing Body is asked to: • Review the documentation supporting the CCG's application • Approve the proposed amendments to the Constitution, including the Conflicts of Interest Policy (subject to membership Council ratification on 20th January 2015) • Approve the Terms of Reference for the Primary Care Commissioning Committee

	• Authorise the Chair, Audit Committee Chair, and Chief Officer to sign the CCG declaration at section D of the submission proforma • Provide a mandate to the Chief of Corporate Affairs to submit the CCG's application by the deadline of 9th January 2015.

Minutes of the Extra Ordinary Meeting of the BARNSLEY CLINICAL COMMISSIONING GROUP GOVERNING BODY held on Thursday 8 January 2015 at 12.30 pm in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.

MEMBERS PRESENT:

Dr Nick Balac (in the chair)	Chair
Dr Clare Bannon	Member
Dr Robert Farmer	Member
Dr Mehrban Ghani	Medical Director
Dr John Harban	Member
Ms Cheryl Hobson	Chief Finance Officer
Ms Marie Hoyle	Member
Dr Sudhagar Krishnasamy	Member
Mr James Logan	Member
Dr Nick Luscombe	Member
Ms Karen Martin	Interim Chief Nurse
Mr Chris Ruddlesdin	Lay Member
Mr Mike Simms	Secondary Care Clinician
Mrs Lesley Smith	Interim Chief Officer

IN ATTENDANCE:

Ms Kay Morgan	Governing Body Secretary
Mrs Vicky Peverelle	Chief of Corporate Affairs
Mr Richard Walker	Head of Assurance

APOLOGIES:

Ms Anne Arnold	Lay Member

Prior to commencement of business the Chairman explained that the purpose of the extra ordinary meeting of the Governing Body was to review the CCGs application and associated documents for delegated commissioning of primary care medical services.

It was noted that on 17 December 2014, the Membership Council had provided a mandate for the CCG to pursue delegated commissioning of Primary Care.

Agenda Item	Note	Action	Deadline
GB EO 15/01	**PRIMARY CARE CO-COMMISSIONING**		
	The Chief of Corporate Affairs provided the Governing Body with an overview of the documentation to support the CCG's application to take on delegated responsibility from NHS England for commissioning primary medical services for the people of Barnsley.		

Agenda Item	Note	Action	Deadline
	The Chief of Corporate Affairs highlighted that the CCGs application must be submitted to NHS England by 9 January 2015. It was noted that the CCG could halt the process by not signing the "formal delegation agreement". Should there be any contra-indicators/additional risks highlighted that materially alter the risk benefit analysis undertaken to date.		
	The Chief of Corporate Affairs tabled the following three documents which had been updated since the Agenda for the extra ordinary meeting had been issued: • NHS Barnsley CCG Submission Proforma for Delegated Commissioning Arrangements (January 2015) • NHS Barnsley CCG Financial Assessment in respect of Primary Care Co-commissioning. • Primary Care Development Programme – Primary Care Strategy Update – November 2014, (submission document reference 3c2) pages 9 & 10 about proposed new developments in Primary Care Commissioning of general medical services and the CCGs commitment to improve dental, eye health and community pharmacy services		
	The Chairman informed the Governing Body that the although the Membership Council had provided a mandate for the CCG to progress Primary Care commissioning the meeting of the Membership Council had not been quorate. In terms of Barnsley GP practice list size 55% (139,250) was required for the Membership Council to be quorate. Since the Membership Council Meeting all practices were requested to confirm that their practice was comfortable to proceed with Primary Care Commissioning on the basis agreed by the Membership Council. Responses received had been positive and which had increased the list size to 183,449; this was over and above the quoracy requirement of 139,250. It was noted that an update report about Primary Care Co-commissioning would be submitted to the next meeting of the Membership Council on 20 January 2015, in order to formally approve the constitutional changes.		
	The Chief of Corporate Affairs drew members' attention to		

Agenda Item	Note	Action	Deadline
	the table of indexed evidence documents to support the CCGs application for delegated commissioning of Primary Care. The Governing considered all information provided and a summary of the focussed discussion points are as follows:		
	• **NHS Barnsley CCG Financial Assessment in respect of Primary Care Co-commissioning** The Chief Finance Officer provided a detailed explanation of the CCGs Financial assessment in respect of Primary Care Co-commissioning in particular: ○ The strategic financial context allocations and primary care expenditure. ○ Current position – likely delegated budgets and estimates of commitments against budget ○ The risks and opportunities in relation to the financial position for Primary Care Co-commissioning. The Governing Body particularly noted the worst case, mid-point and best case scenarios with regard to surplus/deficit, risk adjusted financial pressure and adjusted position following potential benefits. ○ Growth funding, DDRB settlement and further opportunity for investment in Primary Care. ○ Distance from target - allocated funding. ○ Residual risk remaining with the Local Area Team. In response to a question raised it was clarified that NHS England had extended APMS contracts for three months so that the CCG could lead on the procurement and that the figures included relating to APMS potential benefits were based on nine months. NHS England had also extended the deadline for Brierley practice procurement.		

Agenda Item	Note	Action	Deadline
	• **Terms of Reference Primary Care Commissioning Committee** The Chief of Corporate Affairs reported that the Terms of Reference for the Primary Care Commissioning Committee had been changed. Latest guidance suggested that it was wholly inappropriate, due to conflicts of interest for the CCGs Chief Officer to be deputy chair of the Committee. The Chief Officer would however be a voting member of the Committee. The appointment of associate lay members had been explored but it was perceived difficult to put someone in post who would be totally 'au fait' with CCG core plans/ aspirations and be able to 'hit the ground running'. It was deemed more appropriate to use existing people who fully understood the CCG, its ethos and plans. It was noted that for flexibility the option to have associate lay members remained in the CCGs constitution should it be determined that associate lay members be required in the future. Further discussion took place about the membership of the Primary Care Commissioning Committee. ○ Attendees NHS England had expressed a strong interest in attending meetings of the Committee. The Chief of Corporate Affairs clarified that it was expected for a number of people to be in attendance at the meetings as required and deemed appropriate. National guidance did not dictate that NHS England should be a member of the Committee, although we would expect them to be regularly in attendance as required as per paragraph 19 of the terms of Reference. The Chairman commented that it would be helpful if the NHSE representative attending meetings of the Committee was someone who understood Primary Care and Primary Care in Barnsley.		

Agenda Item	Note	Action	Deadline
	Mr James Logan requested clarity of terminology throughout the terms of reference relating to voting members, non-voting members and attendees. In response the Chief of Corporate Affairs indicated that paragraph 19 of the Committees Terms of Reference be amended to reflect - representatives and attendees not members as stated in the papers provided in order to clarify this position.	**VP/RW**	08.01.15
	• **CCG Constitution** **Business Conduct & Conflicts of Interest** The Chief of Corporate Affairs advised that the CCGs Standards of Business Conduct and Policy on Managing Conflicts of Interest and the Acceptance of Gifts and Hospitality had been due for regular periodic review. Both polices had been reviewed to ensure adherence to primary care co-commissioning guidance and amalgamated in to one Policy, the "Standards of Business Conduct, Managing Conflicts of Interest and the Acceptance of Gifts and Hospitality Policy". A Register of Procurement decisions was also required for Primary Care Commissioning and this has been included as part of the updated strengthened the Procurement Policy. Following questions raised in relation to declaration of interests at Governing Body meetings Members attention was drawn to para 8.6 of the Policy – 'Managing Meetings Where Members Declare a Conflict of Interest' which explicitly set out the process for members declaring an interest including the role and responsibilities of the Chairman for deciding on a course of action. It was noted that all decisions relating to conflicts of interest would be precisely and accurately recorded in the minutes of the meeting. It was also highlighted that the CCGs responsibility with regard to Conflicts of Interest had been extended. The CCG would now prior to appointment		

Agenda Item	Note	Action	Deadline
	of Elected Members consider whether conflicts of interest should exclude individuals from being appointed to the Governing Body or to a committee of the CCG or Governing Body. The Chairman commented that as a member organisation we would need to have very clear reasons for justification not to appoint. • **Governing Body Elected Members – Terms of Office** Further to questions raised by Members regarding the terms of office for Elected Members and other members it was agreed that this would happen in due course and any changes to the constitution would be managed as part of the regular update processes. **Changes to Constitution** Members noted a summary of proposed amendments to the CCGs Constitution**.** The Chief of Corporate Affairs reported that the Constitution and accompanying list of changes will be submitted for approval to the next meeting of the Membership Council on 20 January 2015. It was noted that the next portal for submission of changes to the CCGs Constitution was June 2015. It was agreed that the Programme Board Review, terms of tenure for Elected Members and updated terms of reference would be included in this update of the CCGs Constitution.	**VP**	June 15
	• **Other Submission Documentation** The Governing Body considered and noted the Information Governance Toolkit Assessment and the CCGs Strategic capacity and capability assessment (including governance structure) to manage Primary Care Commissioning.		
	The Chief of Corporate Affairs outlined the CCG consultation processes to date with regard to Primary Care Commissioning as evidenced in section 4 of the submission documentation presented, accepting that more formal consultation would be undertaken as part of the 15/16 strategic commissioning plan consultation as this would be		

Agenda Item	Note	Action	Deadline
	central to that strategic plan.		
	The Chairman and Chief of Corporate Affairs clarified that the NHSE Area Team had indicated that they would support the CCGs Application to undertake delegated responsibility from NHS England for commissioning of primary medical services for the people of Barnsley. The application would then be subject to regional and national moderation.		
	The Chief of Corporate Affairs requested the approval of the Governing Body to formally express its appreciation and thanks to the Primary Care Co-commissioning working Group. The Governing Body agreed and acknowledged the work undertaken by the Group.		
	The Governing Body: • Reviewed the documentation supporting the CCG's application. • Approved the proposed amendments to the Constitution, including the Conflicts of Interest Policy (subject to Membership Council ratification on 20th January 2015). • Approved the Terms of Reference for the Primary Care Commissioning Committee subject to: ○ Section 19 of the Committees Terms of Reference to be amended to reflect - 'and any other attendees' (as necessary). • Authorised the Chair, Audit Committee Chair, and Chief Officer to sign the CCG declaration at section D of the submission proforma. • Provided a mandate to the Chief of Corporate Affairs to submit the CCG's application by the deadline of 9th January 2015.	**VP**	**08.01.15**
GB EO 15/02	**DATE AND TIME OF THE NEXT MEETING**		
	The next meeting of the Governing Body will be held on Thursday 15 January 2015 at 09.30 am in the Boardroom, Hillder House, 49/51 Gawber Road, Barnsley, S75 2PY.		

NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

GOVERNING BODY

15 January 2015

RISK AND GOVERNANCE EXCEPTION REPORT

1.	**PURPOSE OF THE REPORT**
	To provide the Governing Body with the Risk and Governance Exception Report.
2.	**EXECUTIVE SUMMARY**
	The CCG's Assurance Framework and Risk Register provide the Governing Body with an overarching framework to manage all organisational risk: • the ***Governing Body Assurance Framework (GBAF)*** facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives • the ***Risk Register*** is a mechanism to effectively manage the current risks to the organisation. **Governing Body Assurance Framework** A 2 page summary of the GBAF, along with supporting details of the three risks currently rated as red (extreme) are appended to this report. The three risks on the GBAF rated as red (extreme) are: • 1.1 If the CCG is unable effectively to manage the tension between BHNFT's roles as both a partner and a provider of services to the CCG, there is a risk that the CCG will fail to work effectively with BHNFT, resulting in failure to commission high quality health care that meets the needs of individuals and groups. • 3.1 If the CCG is not sufficiently clear on where it wants to be after 5 years, there is a risk that its operational business planning will not be appropriately integrated with or aligned to its long term objectives, resulting in a failure to support BHNFT in delivering safe and sustainable local hospital services, whilst transforming the way they provide services so that they are as efficient and effective as possible for the people of Barnsley. • 4.1 If the CCG is unable effectively to influence partners through the Health & Wellbeing Board, there is a risk that the Board will not articulate a clear 'sense of place' (strategy for Barnsley) or develop a strong sense of mutual accountability (eg for the Better Care Fund), which could result

in failure to deliver more joined up, higher quality, efficient and effective services for the people of Barnsley which address the priority areas in the JSNA.

The Governing Body should consider whether these risks continue to be managed and scored appropriately.

Corporate Risk Register
This exception report provides the Governing Body with the extreme risks faced by the organisation; that is those risks that impact on the Assurance Framework and which could potentially impact on the achievement of the CCG's strategic objectives. Six extreme risks from the CCG's Risk Register have been escalated to the Assurance Framework as gaps in assurance against risks on the Assurance Framework. The risks are:

- Ref CCG 13/1 (rated score 16 'extreme') – Non achievement of Health Care Acquired Infection Trajectory for C Difficile & MRSA
- Ref CCG 13/3 (rated score 16 'extreme') – Four Hour Operational Standard
- Ref CCG 13/10 (rated score 16 'extreme') – The Hospital Standardised Mortality Ratio for the BHNFT is higher than expected
- Ref CCG 13/35 (rated score 20 'extreme') - Impact of Local Authority actions around minimum council and social care reductions
- Ref CCG 14/5a (rated score 16 'extreme') – Quality & patient safety risks relating to Yorkshire Ambulance Service (YAS) under achieving against the Category A response standard of 75% within 8 minutes), and also the hand over and turn around time standards
- Ref CCG 14/5b (rated score 20 'extreme') – Contractual and reputational risks relating to Yorkshire Ambulance Service (YAS) under achieving against the Category A response standard of 75% within 8 minutes), and also the hand over and turn around time standards
- Ref CCG 14/11 (rated score 15 'extreme') - BHNFT under performance in respect of people waiting > 6 weeks for diagnostic tests (eg due to lack of ultrasound capacity)
- Ref CCG 14/13 (rated score 20 'extreme') - Potential impact on the urgent care system in Barnsley as a result of the loss of 30 intermediate care beds from April 2015.

Risk 14/13 above has been added to the Risk Register since the last meeting of the Governing Body, and risk 13/35 has been escalated from a score of 4. No risks have been removed from the Risk Register during December. The CCG's Committees continue to review and manage all the risks identified.

Primary Care Co Commissioning and Better Care Fund Risk Registers
In addition to the Corporate Risk register, the CCG has also established risk

	registers relating to both Primary Care Co Commissioning and the Better Care Fund. As requested by the Governing Body at its meeting in December 2014 these are also appended to this report for the Governing Body's consideration.
3.	**THE GOVERNING BODY IS ASKED TO:** • Consider and agree whether the risks on the GBAF are appropriately scored and whether there is sufficient assurance that they are being effectively managed as at 15 January 2015 • Review the Corporate Risk Register, and in particular review the risks rated as extreme on the Risk Register • Review the risks escalated from the Risk Register as gaps in control against risks on the Assurance Framework • Review the Primary care Co Commissioning Risk register and the Better Care Fund Risk Register.

Agenda time allocation for report: 10 minutes.

Report of: Vicky Peverelle

Designation: Chief of Corporate Affairs

Report Prepared by: Richard Walker

Designation: Head of Assurance

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	The requirement for the CCG to have an Assurance framework and Risk Register is documented in the Integrated Risk Management Framework 2013/14.	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	✓
	To commission high quality health care that meets the needs of individuals and groups	✓
	Wherever it makes safe clinical sense to bring care closer to home	✓
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	✓
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	✓
1.3	**Governance Arrangements Checklist**	**Has the area been considered (yes / no / not relevant)?**
	Financial Implications	Not relevant – report for information
	Contracting Implications	As above
	Quality	As above
	Consultation / Engagement	As above
	Equality and Diversity	As above
	Information Governance	As above
	Environmental Sustainability	As above
	Human Resources	As above

GB/Pu/15/01/11

NHS
Barnsley Clinical Commissioning Group

Barnsley CCG: Summary of Governing Body Assurance Framework 2014/15

Introduction

The Governing Body Assurance Framework aims to identify the principal or strategic risks to the delivery of the CGG's strategic objectives. It sets out the controls that are in place to manage the risks and the assurances that show if the controls are having the desired impact. It identifies the gaps in control and hence the key mitigating actions required to reduce the risks towards the target or appetite risk score. It also identifies any gaps in assurance and what actions can be taken to increase assurance to the CCG. The table below sets out the strategic objectives, lists the principal risks that relate to them, and highlights where gaps in control or assurance have been identified. Further details can be found on the support pages for each of the Principal Risks.

Strategic Objective	Principal Risk(s)	Risk Owner	Initial score	Current score	Risk app'tite	Gaps in control	Gaps in ass'ce
Commission high quality health care that meets the needs of individuals and groups	1.1 If the CCG is unable effectively to manage the tension between BHNFT, SWPPFT, and BMBC's roles as both partners and providers of services to the CCG, there is a risk that the CCG will fail to work effectively with its key providers, resulting in failure to commission high quality health care that meets the needs of individuals and groups.	QPSC	16	20	12	Monitor license cond'ions	HCAI, HSMR, A&E, YAS, IC beds
	1.2 If the CCG does not engage effectively with the people of Barnsley there is a risk that it will not fully understand the needs of individuals and groups in the area, resulting in failure to commission high quality health care that meets their needs.	PPE	6	6	12		
	1.3 If the CCG's commissioning priorities are not ambitious, sufficient, outcome focused, and appropriate there is a risk that required improvements in health care will not be achieved, resulting in the needs of individuals and groups not being met.	FPC	12	12	12		Tracking impact due to time lags
	1.4 If the CCG's contracting arrangements are not effective, there is a risk that commissioning priorities, CQUINS, and Quality Premium outcomes will not be delivered, leading to poorer quality care and a negative impact on the CCG's financial position.	FPC	9	9	12	Monitor license cond'ions	HCAI, A&E, PYLL. YAS, Diag'tics
	1.5 If (with support where appropriate from the CCG) our providers cannot effectively manage the financial pressures they are facing, there is a risk that those pressures will lead to a deterioration in the quality and safety of services provided, resulting in failure to commission high quality health care that meets the needs of individuals and groups.	QPSC	12	12	12	Monitor license cond'ions	BMBC balanced plan; issues at BHNFT

GB/Pu/15/01/11

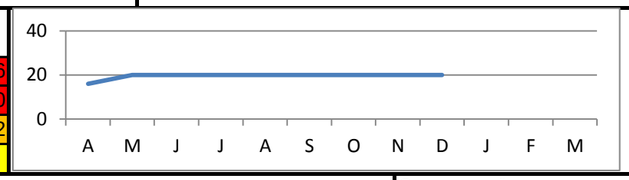
Barnsley CCG: Summary of Governing Body Assurance Framework 2014/15

Strategic Objective	Principal Risk(s)	Risk Owner	Initial score	Current score	Risk app'tite	Gaps in control	Gaps in ass'ce
Wherever it makes safe clinical sense to bring care closer to home	2.1 If the CCG fails to deliver the Primary Care Strategy, due to failure to engage with GP Practices, lack of capacity within the CCG, OR failure to ensure primary care workforce development, there is a risk that care will be moved closer to home inappropriately or inconsistently across the district, resulting in an adverse effect on health inequalities in Barnsley.	QPSC	12	12	12	Lead time to build capacity	IC beds
To support safe and sustainable local hospital	3.1 If the CCG is not sufficiently clear on where it wants to be after 5 years, there is a risk that its operational business planning will not be appropriately integrated with or aligned to its long term objectives, resulting in a failure to support BHNFT in delivering safe and sustainable local hospital services, whilst transforming the way they provide services so that they are as efficient and effective as possible for the people of Barnsley.	FPC	12	20	12		Fin pressure at main provider s could affect quality
To develop services through real partnerships with mutual accountability and strong governance	4.1 If the CCG is unable effectively to influence partners through the Health & Wellbeing Board, there is a risk that the Board will not articulate a clear 'sense of place' (strategy for Barnsley) or develop a strong sense of mutual accountability (eg for the Better Care Fund), which could result in failure to deliver more joined up, higher quality, efficient and effective services for the people of Barnsley which address the priority areas in the JSNA.	FPC	12	16	12		Gov'ce re BCF still being develop ed
Highest quality governance and processes	5.1 If the CCG does not appropriately identify and assess client need in relation to safeguarding there is a risk of failure to commission services that safeguard vulnerable clients; AND if the CCG does not ensure our support to direct commissioning of care homes (BMBC) with professional advice is effectively acted upon there is a risk of failure to deliver our adult safeguarding responsibilities to people in Care Homes.	QPSC	8	12	12		
	5.2 If the CCG fails to deliver its statutory duties, due to weaknesses in its corporate governance and control arrangements, it will result in legal, financial, and / or reputational risks to the CCG and its employees.	AC	8	8	12		

Objective 1: To commission high quality health care that meets the needs of individuals and groups	***NHSE Domains:*** ***1, 3, 4, 6*** ***Risk register: Extreme - 13/1, 13/3/ 13/10, 14/5a;*** ***High - 13/15, 13/17, 14/6, 14/7, 14/8.***	*Clinical / Lay Lead* *Executive lead* MG, BR *Committee* QPSC

What would success look like?	**Principal threat(s) to delivery of the objective**
Improved outcomes for patients. Improved performance by providers in delivery of all key performance measures inc A&E waits, HCAI, and HSMR.	1.1 If the CCG is unable effectively to manage the tension between BHNFT, SWPPFT, and BMBC's roles as both partners and providers of services to the CCG, there is a risk that the CCG will fail to work effectively with its key providers, resulting in failure to commission high quality health care that meets the needs of individuals and groups.

Risk rating	Likelihood	Consequence	**Total**
Initial	4	4	16
Current	4	5	20
Appetite	3	4	12
Approach	**Treat**		



Date reviewed	**Dec-14**

Rationale: Historic poor performance by BHNFT & SWYPFT against some key quality measures means likelihood of failure is high. Consequence of failure catastrophic owing to impact on patient care.

Key controls to mitigate threat:	**Sources of assurance**
Contract monitoring meetings with BHNFT & SWPFT	Minutes go to FPC
Quality & Performance Group meetings with BHNFT & SWYPFT	Quality & performance group minutes go to QPSC
CCG represented at Quality Surveillance Group	QSG updates go to QPSC
Quality Team reviews incident reports	Patient Safety Report to every meeting of QPSC
CQUINs built into contracts & monitored through Quality & Performance Meetings	Quality & Performance group minutes go to QPSC
Joint commissioning arrangements with BMBC	Minutes of Joint Commissioning meetings
Self assessment for NHSE assurance process	Delivery dashboard; NHSE assurance letters taken to GB
Real time assurance via Clinically Led Quality Assurance visits to main providers	Reports back to QPSC
CCG to work with Healthwatch to develop a grass roots report to understand public perceptions of the quality of services	To be included in Integrated Performance Reports to F&PC
Regular reports on Quality to Governing Body	QPSC minutes and (from May 2014) Quality Highlights Reports to Gov Body every month; annual QPSC report is presented; ad hoc reports to GB on specific issues.

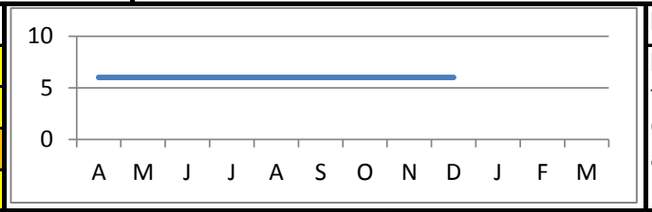
Gaps in control	**Positive assurances received**
Monitor has applied licence conditions and enforcement undertakings in relation to the A and E performance pursuant with conditions under FT4 ((5)a,(5)c,(6) & (7)	The CCG has now received a copy of the Advancing Quality Alliance (AQuA) independent “deep dive” review report of hospital mortality for BHNFT. The Trust is developing an action plan in response to the review. The Quality & Patient Safety Committee will continue to seek assurance from the Trust that the action plan is being delivered..

Gaps in assurance	**Actions being taken to address gaps in control / assurance**
Failure to deliver 4 hour A&E waits target in 2014/15 (RR 13/3). (Nov-14: there has been a significant improvement in BHNFT's performance in the first two quarters of the year, and the 95% target has been achieved).	Urgent Care Recovery Plan & Action Plan in place; Urgent Care Working Group; Unplanned Care PID & dashboard; daily Sit Rep reports; board to board discussions.
HCAI rates above target in 2014/15 (RR 13/1). (Nov-14: no cases of MRSA in year to date and incidence of Cdiff below trajectory).	Cdiff action plan; additional commissioning capacity for infection control; project to identify future service models and commissioning arrangements progressing at pace; regular reports on infection control to QPSC
HSMR rate at BHNFT higher than expected (RR 13/10).	Ongoing monitoring of mortality rates eg MD attends mortality review meetings at BHNFT; reporting via QPSC; work with Trust and Aqua.
YAS is currently under achieving against the Category A response standard of 75% within 8 minutes for Barnsley residents, with potential impacts on the quality of care for Barnsley residents (RR 14/5a).	Ongoing work with YAS to better understand and mitigate impact of under performance on the quality and safety of care for Barnsley residents, through breach analysis, review of serious incidents etc
Potential impact on the urgent care system in Barnsley as a result of the loss of 30 intermediate care beds from April 2015 (RR 13/35 and 14/13 refer)	Operational Resilience Funding from NHSE funded the spot purchase of intermediate care to strengthen intermediate care system resilience, in order to mitigate the impact of intermediate bed closures, beds will be spot purchased to meet the needs of the system. SRG will monitor impact as bed closures start affecting the system in early 2015 . Daily sitreps, weekly teleconferences will provide intelligence

Objective 1: To commission high quality health care that meets the needs of individuals and groups	***NHSE Domains:*** ***1, 2, 3, 4, 6***	*Clinical / Lay Lead*	CR
	Risk register: ***High: 13/13***	*Executive lead*	VP
		Committee	PPE

What would success look like?	**Principal threat(s) to delivery of the objective**
Commissioning plans clearly reflect the stated needs and preferences of individuals and groups in the area.	1.2 If the CCG does not engage effectively with the people of Barnsley there is a risk that it will not fully understand the needs of individuals and groups in the area, resulting in failure to commission high quality health care that meets their needs.

Risk rating	Likelihood	Consequence	**Total**
Initial	2	3	6
Current	2	3	6
Appetite	3	4	12
Approach	**Tolerate**		



Date reviewed	**Dec-14**

Rationale: Risk judged unlikely to occur due to well established arrangements in place. Consequence of risk occurring is moderate as patients are affected indirectly.

Key controls to mitigate threat:	**Sources of assurance**
Robust management structure (Lay Member, Officer, & CSU leads in place)	Monitored through PPE Committee & PPE Operational Delivery Group
Committee report & business case template prompt consideration of engagement	Reports & business cases reviewed by relevant committees of the CCG
PPE strategy in place (updated strategy approved April 2014)	Monitored through PPE Committee & PPE Operational Delivery Group
PPE Committee in place with a work plan in place to ensure delivery of its ToR	ToR approved by GB; annual report to GB provides assurance re delivery of ToR
Commissioning Plan includes a section on engagement	Commissioning plan signed off by GB and membership Council & subject to NHSE review & challenge
OPEN network established	
Patient Council now well established	Patient Council minutes to PPE Committee
Regular engagement with Barnsley Healthwatch	Intelligence Sharing feedback via PPE committee
Patient Reference Groups established, PRG DES in place, PPE project work	Annual evaluation of PRG effectiveness
NHSE Assurance process includes assessment of effectiveness of engagement	NHSE assurance letters to GB

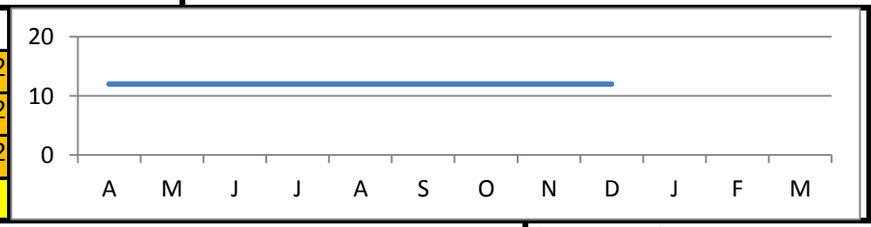
Gaps in control	**Positive assurances received**

Gaps in assurance	**Actions being taken to address gaps in control / assurance**

Objective 1: To commission high quality health care that meets the needs of individuals and groups	***NHSE Domains:*** ***1, 3, 4, 6*** ***Risk register: Moderate 13/23, 13/28, 13/45***	*Clinical / Lay Lead* *Executive lead* LJS *Committee* FPC

What would success look like?	**Principal threat(s) to delivery of the objective**
Commissioning Plan includes ambitious but deliverable targets and trajectories. Programme Boards on target to deliver targets and trajectories. Programme Board activities impact on health outcomes.	1.3 If the CCG's commissioning priorities are not sufficiently ambitious, outcome focused, and appropriate there is a risk that required improvements in health care will not be achieved, resulting in the needs of individuals and groups not being met.

Risk rating	Likelihood	Consequence	**Total**
Initial	3	4	12
Current	3	4	12
Appetite	3	4	12
Approach	**Tolerate**		



Date reviewed	**Dec-14**

Rationale: Likelihood is possible. Ability of CCG to deliver priorities, and impact on outcomes, will become apparent over the year. Major impact on CCG credibility and on patients if priorities not delivered.

Key controls to mitigate threat:	**Sources of assurance**
Commissioning Plan includes ambitious targets and trajectories reflecting the priorities of the Membership, Governing Body, service users, and other stakeholders.	Commissioning Plan signed off by Governing Body and Membership Council. Revised plan approved by GB June 2014.
Commissioning Plan subject to review & challenge by NHSE at key stages in its development. Revised strategic plan and commisssioning plan are being completed bu January 2015 to reflect 2015/16 planning guidance.	Feedback on the plan from NHSE.
NHSE Assurance Process - quarterly checkpoint submissions, meetings, delivery dashboard	Quarterly feedback and action planning; NHSE assurance letters to GB
Financial Plan and QIPP programme supports delivery of CCG ambitions	Financial Plan signed off by GB (March 2014). Ongoing monitoring & reporting of financial position via FPC to GB.
Delivery of commissioning priorities is via 6xProgramme Boards, and the Primary Care Development Programme group, each with senior membership, terms of reference, PIDs, budgets, and Service Development support	Projects monitored by programme Boards via highlights reports; programmes monitored through major and minor reviews at FPC. H&WB has oversight of some Programme Boards.
Regular reports to Governing Body on commissioning priorities	Integrated Performance Reports; annual FPC Committee report.
Gaps in control	**Positive assurances received**
Gaps in assurance Time lags in data for some priority areas (eg Cancer) means it can be difficult to measure and track the impact of activities on outcomes.	**Actions being taken to address gaps in control / assurance** The CCG has approved additional investment in Service development support to Programme Boards to facilitate increased pace of change.

Objective 1: To commission high quality health care that meets the needs of individuals and groups	***NHSE Domains:*** ***1, 3, 4, 6*** ***Risk register: Extreme - 13/1, 13/3, 14/5b, 14/11; High - 13/15, 14/4, 14/7, 14/8, 14/9; Moderate - 13/5, 13/8.***	*Clinical / Lay Lead* *Executive lead* CH *Committee* FPC

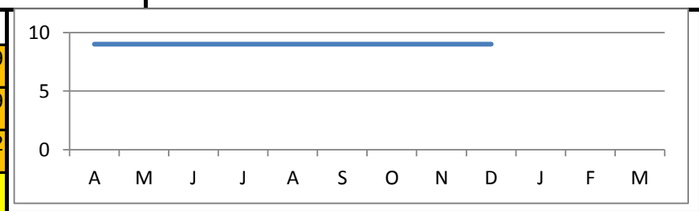
What would success look like?

Contracts with all providers deliver the required CQUINs and Quality Premium outcomes.

Principal threat(s) to delivery of the objective

1.4 If the CCG's contracting arrangements are not effective, there is a risk that commissioning priorities, CQUINS, and Quality Premium outcomes will not be delivered, leading to poorer quality care and a negative impact on the CCG's financial position.

Risk rating	Likelihood	Consequence	**Total**
Initial	3	3	9
Current	3	3	9
Appetite	3	4	12
Approach	**Tolerate**		



Date reviewed	**Dec-14**

Rationale: it is possible that quality premium outcomes will not be achieved based on historic performance. Consequence set as moderate as this risk relates more to the financial risk than to the quality (see 1.1).

Key controls to mitigate threat:	**Sources of assurance**
Contracts in place with all providers	Contracting Updates to all FPC meetings
Contract monitoring meetings with BHNFT & SWYPFT	Minutes and Contracting Updates go to FPC
Quality & Performance Group meetings with BHNFT & SWYPFT	Quality & performance group minutes go to QPSC
CQUINs built into contracts & monitored through Quality & Performance Meetings, and escalated as necessary	Quality & performance group minutes go to QPSC
Delivery of local targets is via Programme Boards which have PIDs, senior membership, and Service Development support.	Projects monitored by programme Boards via highlights reports; programmes monitored through major and minor reviews at FPC.
Local targets agreed system wide, fostering a shared sense of ownership.	H&WB has oversight of some Programme Boards & monitors performance against plans. CCG is represented on the H&WB Board. Minutes go to GB.
Integrated performance reports include provider performance against contracts	IPRs considered at every meeting of FPC
Regular reports to GB on contracting arrangements	Integrated Performance Reports; annual FPC Committee report.
Self assessment for NHSE assurance process, inc UNIFY submissions	Delivery dashboard; NHSE assurance letters to GB

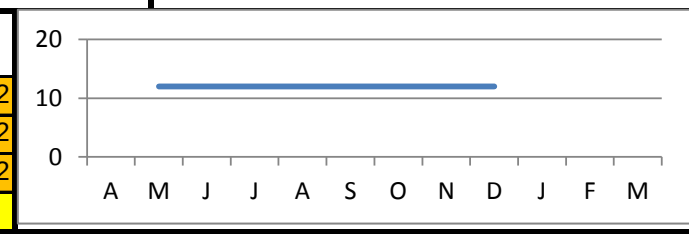
Gaps in control	**Positive assurances received**
Controls over contracts where Barnsley CCG is not lead commissioner are less well developed.	
Monitor has applied licence conditions and enforcement undertakings in relation to the A and E performance pursuant with conditions under FT4 ((5)a,(5)c,(6) & (7)	Aug-14: there has been a significant improvement in BHNFT's performance in the first quarter of the year. Positive findings from unannounced visit to A&E 9.6.2014.
Monitor has applied licence conditions and enforcement undertakings in relation to the Financial Management pursuant with conditions under FT4 (2),(4), FT 4 (5 a,b,d,e & f) & FT4(7)	

Gaps in assurance	**Actions being taken to address gaps in control / assurance**
Failure to deliver 4 hour A&E waits target in 2014/15 (RR 13/3). (Nov-14: there has been a significant improvement in BHNFT's performance in the first two quarters of the year and the 95% target has been achieved).	Urgent Care Recovery Plan & Action Plan in place; Urgent Care Working Group; Unplanned Care PID & dashboard; daily Sit Rep reports; board to board discussions. System Resilience Group closely monitoring the position.
YAS is currently under achieving against the Category A response standard of 75% within 8 minutes for Barnsley residents, and targets for handover times and turn around times (RR 14/5b).	YAS has agreed a rectification plan to meet the standard following discussions at the CCG Governing Body. BCCG contracts staff working closely with lead commissioner (SCCG) contracts lead. Local discussions are held regularly and local actions agreed to improve performance in Barnsley.
HCAI rates missed national target in 2013/14 (RR 13/1). (Nov-14: no cases of MRSA in year to date and incidence of Cdiff below trajectory).	Cdiff action plan; additional commissioning capacity for infection control; alternative service models being considered
Potential Years of Life Lost (PYLL) missed local target in 2013/14.	Programme Board activities re healthier lifestyles intended to impact on this measure.
Poor BHNFT performance in respect of people waiting > 6 weeks for diagnostic tests (RR 14/11).	Action plan in place but will not recover the required performance until end of October 2014 and consequently the risk score has been increased

Objective 1: To commission high quality health care that meets the needs of individuals and groups	***NHSE Domains:*** ***1, 3, 4, 6*** ***Risk register: High - 14/4.***	*Clinical / Lay Lead* *Executive lead* BR, MG *Committee* QPSC

What would success look like?	**Principal threat(s) to delivery of the objective**
With appropriate support from the CCG, partners are able to manage the financial pressures they face in a way which does not impact adversely on quality or patient safety.	1.5 If (with support where appropriate from the CCG) our providers cannot effectively manage the financial pressures they are facing, there is a risk that those pressures will lead to a deterioration in the quality and safety of services provided, resulting in failure to commission high quality health care that meets the needs of individuals and groups.

Risk rating	Likelihood	Consequence	**Total**
Initial	3	4	12
Current	3	4	12
Appetite	3	4	12
Approach	**Tolerate**		



Date reviewed	**Dec-14**

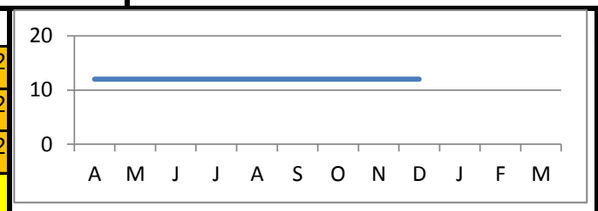
Rationale: Likelihood is possible as provider financial & recovery plans still in development. Impact is major due to potentially serious impact on quality of care etc.

Key controls to mitigate threat:	**Sources of assurance**
CCG quality impact assessment of BHNFT & SWYPFT CIPs	To be reported via QPSC
CCG to remain appraised of BMBC service planning to manage deficit	Managed through H&WB (at which CCG is represented, minutes go to GB)
Cross system economic modelling of impact of CCG Commissioning Plans on key system stakeholders	CCG representation on Senior Strategic Development Group (SSDG), reporting to Health & Wellbeing Board and to CCG via Chief Officer Reports to the Governing Body. BCCG CFO leds the Finance Group, leading on the economic modeliing work.
Real time assurance via Clinically Led Quality Assurance Visits to main providers	Reports back to QPSC, key messages to GB via Quality Highlights reports
See also risks & assurances for 1.1, 3.1, and 4.1	
Gaps in control	**Positive assurances received**
Monitor has applied licence conditions and enforcement undertakings in relation to the Financial Management pursuant with conditions under FT4 (2),(4), FT 4 (5 a,b,d,e & f) & FT4(7)	
Gaps in assurance	**Actions being taken to address gaps in control / assurance**
BMBC yet to confirm their plans to balance their budget	A system wide medium term financial plan is being developed, led by BCCG CFO.
BHNFT Turnaround Plan agreed and in delivery. Impact on CCG priorities and plans not fully articulated.	The CCG is working closely with the Trust to understand the implications of the 2 year recovery plan for the wider system. CCG has sought & received assurance that BHNFT has undertaken EQIA of CIP plans aligned to the two year turnaround plan. Plans for 2015/16 onwards need to incorporate impact of changes.

Objective 2: Wherever it makes safe clinical sense to bring care closer to home.	***NHSE Domains:*** ***1, 2, 3, 5, 6*** ***Risk register: High - 14/2, 14/3, 14/10; Moderate - 13/22.***	*Clinical / Lay Lead*	NB, MG
		Executive lead	VP
		Committee	FPC

What would success look like?	**Principal threat(s) to delivery of the objective**
To move services closer to home in a way which does not destabilise BHNFT.	2.1 If the CCG fails to deliver our Primary Care Development work programme due to • Failure to engage with GP Practices • Lack of capacity within the CCG, or • Failure to ensure primary care workforce development, there is a risk that care will be moved closer to home inappropriately or inconsistently across the district, resulting in an adverse effect on health inequalities in Barnsley.

Risk rating	Likelihood	Consequence	**Total**
Initial	3	4	12
Current	3	4	12
Appetite	3	4	12
Approach	**Tolerate**		



Date reviewed	**Dec-14**

Rationale: Likelihood remains possible but is reducing given that programme is progressing at pace. Consequence major given importance of building capacity in primary care to delivery of our commissioning priorities.

Key controls to mitigate threat:	**Sources of assurance**
NHSE's Primary Care Strategy	Delivery monitored via CCG COM, attended by CCG's Chair & CO
Primary Care Development Programme PID	Oversight via FPC
NHSE Primary Care Strategy Leads group	Attended by Chair & Medical Director
Primary Care Development Programme Group with PID and project support	Barnsley Quality Framework (BQF) Phases 1 and 2 business cases presented to and approved by the Governing Body. Detailed specifications for implementation are progressing at pace.
Practice Delivery Agreement (PDA) concept being developed in conjunction with Governing Body and Practices to support delivery of primary care at scale	PDA has been signed off by Governing Body and Membership Council, along with the Innovation Fund and the House of Care
Primary Care Development Strategy for Barnsley being developed	Will be submitted to Governing Body for approval December 2014
Primary Care Commissioning Steering Group	Chair and Chief of Corporate Affairs represent BCCG and report back to BCCG via Primary care Development Group which reports into FPC
Equalisation of Primary Care Funding work to support primary care development and investment	CoCA, Elected member (Jim Logan), Medical Director and Primary Care Development Lead represent the CCG. Report back to BCCG via Primary care Development Group which reports into FPC.
Gaps in control	**Positive assurances received** Internal Audit Review of primary care development (Nov-14) provides significant assurance over CCG's arrangements, with 3 medium priority recommendations which the CCG is taking forward.
Gaps in assurance Addressing shortage of clinicians / capacity in primary care will take time and any positive impact on outcomes may not be apparent in the short term. Potential impact on the urgent care system in Barnsley as a result of the loss of 30 intermediate care beds from April 2015 (RR 13/35 and 14/13 refer)	**Actions being taken to address gaps in control / assurance** Operational Resilience Funding from NHSE funded the spot purchase of intermediate care to strengthen intermediate care system resilience, in order to mitigate the impact of intermediate bed closures, beds will be spot purchased to meet the needs of the system. SRG will monitor impact as bed closures start affecting the system in early 2015 . Daily sitreps, weekly teleconferences will provide intelligence

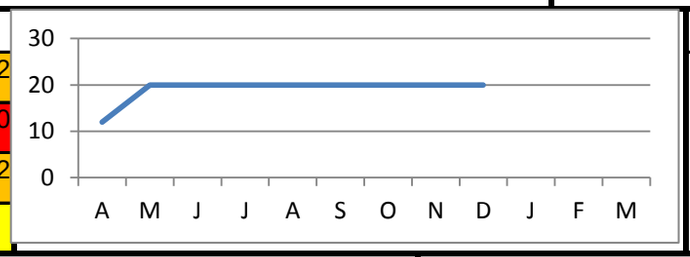
Objective 3: To support safe and sustainable local hospital services, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley.	***NHSE Domains:***	***1, 3, 4, 5, 6***	*Clinical / Lay Lead*	NB
	Risk register:	***High - 14/4.***	*Executive lead*	LJS
			Committee	FPC

What would success look like?
Less 'short termism' in the way investment decisions are made (fewer reactive business cases, better /earlier planning for winter pressures etc)
Greater clarity within the CCG about our long term objectives and how these are to be measured / quantified so that we know whether we're on track
Deeper understanding of how our objectives link (or conflict?) with BHNFT's transformation Strategy in order to deliver 'win / win' solutions
Improvement in unplanned care performance (A&E waits etc)

Principal threat(s) to delivery of the objective

3.1 If the CCG is not sufficiently clear on where it wants to be after 5 years, there is a risk that its operational business planning will not be appropriately integrated with or aligned to its long term objectives, resulting in a failure to support BHNFT in delivering safe and sustainable local hospital services, whilst transforming the way they provide services so that they are as efficient and effective as possible for the people of Barnsley.

Risk rating	Likelihood	Consequence	**Total**
Initial	3	4	12
Current	4	5	20
Appetite	3	4	12
Approach	**Treat**		



Date reviewed	**Dec-14**

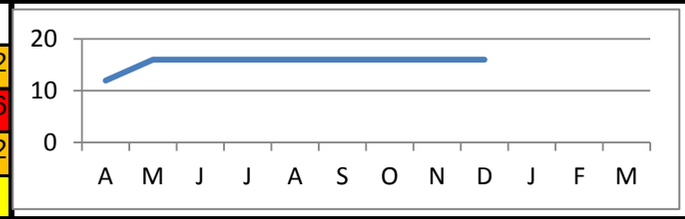
Rationale: Likelihood is likely as we are currently developing plans across the system & wider SY&B footprint to reconfigure services. Consequence catastrophic given serious impact on quality, finance, & reputation.

Key controls to mitigate threat:	**Sources of assurance**
5 year plan included in CCG Commissioning Plan based on the Health & Wellbeing Strategy. Refreshed strategic plan being developed to reflect amibitions for new care models set out in the NHS Five Year Forward View.	Plan approved by GB, signed off by membsership Council. Revised plan approved by GB June 2014.
5 year plan includes performance measures and trajectories	NHSE provides challenge & sign off over long term ambitions and trajectories. NHSE assurance letters taken to GB.
Working Together Programme - supporting acute providers across South Yorkshire to work more effectivly together to ensure safe effective and sustainable local services.	CCG represented by Chair & CO. Working Together & CCG COM reports to GB.
Start of the Year Conference with main providers and BMBC	Actions agreed and to be monitored via GB
Mid Year 'refresh' of Start The Year Conference	As above
Cross system economic modelling of impact of CCG Commissioning Plans on key system stakeholders	CCG representation on Senior Strategic Development Group (SSDG), reporting to Health & Wellbeing Board and to CCG via Chief Officer Reports to the Governing Body
BHNFT service sustainability review (Aug-Dec 2014), leading to production of a 5 year strategy.	CCG Governing Body members are engaged in the BHNFT sustainability review.
Health & Wellbeing Board provider Forum	CCG reps at meetings, minutes produced
Gaps in control How will conflicts become apparent and get resolved?	**Positive assurances received**
Gaps in assurance Financial pressures at providers may impact on quality of care (see Risk 1.5)	**Actions being taken to address gaps in control / assurance** See Risk 1.5

Objective 4: To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	***NHSE Domains:***	***1, 3, 4, 5, 6***	*Clinical / Lay Lead*	NB
	Risk register:	***High - 13/7; Moderate - 13/25, 13/35.***	*Executive lead*	LJS
			Committee	FPC

What would success look like?	**Principal threat(s) to delivery of the objective**
A highly effective health & wellbeing board. Seamless services – service users are unaware which part of the system is delivering their services.	4.1 If the CCG is unable effectively to influence partners through the Health & Wellbeing Board, there is a risk that the Board will not articulate a clear 'sense of place' (strategy for Barnsley) or develop a strong sense of mutual accountability (eg for the Better Care Fund), which could result in failure to deliver more joined up, higher quality, efficient and effective services for the people of Barnsley which address the priority areas in the JSNA.

Risk rating	Likelihood	Consequence	**Total**
Initial	3	4	12
Current	4	4	16
Appetite	3	4	12
Approach	**Treat**		



Date reviewed	**Dec-14**

Rationale: Likelihood is likley as H&WB remains immature and partnerships are developing across the system. Consequence major given significance of partnerships to delivery of CCG priorities.

Key controls to mitigate threat:	**Sources of assurance**
CCG Chair & Chief Officer sit on Health & Wellbeing Board, and develeopment work underway on H&WB management arrangements	Minutes & Reports to Governing Body
Priority areas in JSNA reflected in H&W Strategy and CCG Commissioning Plan	Plan approved by GB & membership Council and reviewed / challenged by NHSE
H&WB developing a Medium Term Financial Strategy	Report received & reviewed by GB (Jun-14)
NHSE quarterly assurance process considers effectiveness of partnership working.	NHSE assurance letters to GB.
Better Care Fund Plan approved Novmeber 2014 - governance arrangements still developing	DoH assessment of the plan - assurance has now been received that the BCF Plan is approved with support.
Contracts in place with key providers and delivery monitored (see 1.4)	Monitored via FPC
Delivery of shared objectives is via Joint Programme Boards which have PIDs, senior membership, and Service Development support.	Projects monitored by programme Boards via highlights reports; programmes monitored through major and minor reviews at FPC.
Cross system economic modelling of impact of CCG Commissioning Plans on key system stakeholders	CCG representation on Senior Strategic Development Group (SSDG), reporting to Health & Wellbeing Board and to CCG via Chief Officer Reports to the Governing Body
Gaps in control	**Positive assurances received**
Gaps in assurance Governance arrangements re Better Care Fund still being developed	**Actions being taken to address gaps in control / assurance** Collaborative BCF plan submitted to NHSE on 19/9. DoH currently assessing the plans (Sep-14).

Objective 5: To have the highest quality of governance and processes to support our business.	***NHSE Domains:*** ***1, 3, 4, 5***	*Clinical / Lay Lead*	
	Risk register: HIGH - 13/14, 14/1, 14/6.	*Executive lead*	BR
		Committee	QPSC

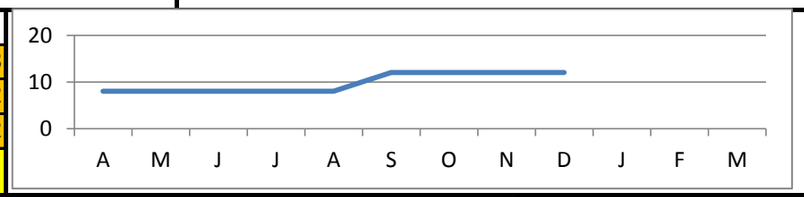
What would success look like?

Services commissioned safeguard vulnerable clients. Partnership responsibility for safeguarding in care homes is delivered.

Principal threat(s) to delivery of the objective

5.1 If the CCG does not appropriately identify and assess client need in relation to safeguarding there is a risk of failure to commission services that safeguard vulnerable clients; AND if the CCG does not ensure our support to direct commissioning of care homes (BMBC) with professional advice is effectively acted upon there is a risk of failure to deliver our vulnerable adult safeguarding responsibilities to people in Care Homes.

Risk rating	Likelihood	Consequence	**Total**
Initial	2	4	8
Current	3	4	12
Appetite	3	4	12
Approach	**Tolerate**		



Date reviewed	**Dec-14**

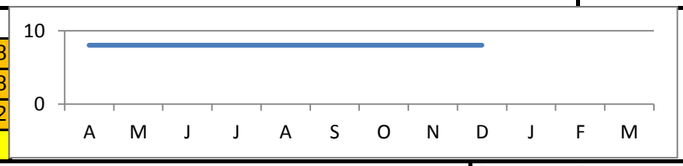
Rationale: Likelihood increased to 'possible ' due to concerns relating to a care home within Barnsley. Consequence scored as major due to impact on patient care should risk crystallise.

Key controls to mitigate threat:	**Sources of assurance**
Safeguarding vulnerable clients policy	Patient Safety reports to QPSC include Safeguarding issues
Specialist Safeguarding Nurses & Designated Doctor employed by CCG	Patient Safety reports to QPSC include Safeguarding issues
Quality Schedules in contracts with providers	Monitored via contract monitoring arrangements
Membership of Barnsley wide Safeguarding Board	Reports & feedback from Safeguarding Board to QPSC
Incident Reporting arrangements & serious case reviews - (NOTE Serious Incident Reporting Guidance for Care Homes was approved by QPSC in September 2014)	Patient Safety reports to QPSC include Safeguarding issues
Francis Action Plan	Regular Francis updates to QPSC and GB
New Care Homes Service Spec includes clear PIs	Contract Monitoring, & QPSC Patient Safety reports
CHC team (CSU) does health, safety, & wellbeing checks on CHC patients	Reported back via QPSC
Infection Control team does unannounced visits	Reported back via QPSC
CQC inspects and certifies all Care Homes against national standards	Reported back via QPSC
Work of Barnsley Safeguarding Children Board re Child Sexual Exploitation	Regular reports on CSE to GB
NHSE quarterly assurance process considers patient safety issues	NHSE assurance letters to GB
Gaps in control Previous draft contract between BMBC and Care Homes did not reflect CCG input	**Positive assurances received** Deputy Chief Nurse has worked with BMBC to ensure health care is integral to BMBC's contract with Care Homes The Care Quality Commission inspection of Safeguarding and Looked after Children Services in November 2014 identified no significant new issues for the CCG (the CCG final report is yet to be received). The Ofsted Inspection of Safeguarding and Looked after Children of Barnsley Metropolitan Borough Council in June 2014 resulted in an improved overall judgement of requires improvement, a step forward from the previous inspection in 2012, and the Improvement Notice in place following the previous Joint Ofsted/CQC Inspection has been lifted with immediate effect.
Gaps in assurance	**Actions being taken to address gaps in control / assurance** Process for reporting & investigating incidents in Care Homes being developed

Objective 5: To have the highest quality of governance and processes to support our business.	***NHSE Domains:*** ***2, 4, 6*** ***Risk register: HIGH - 13/15,16,19,20,41; MODERATE - 13/5,6,29,30,31,34; LOW - 13/32,38.***	*Clinical / Lay Lead* AA *Executive lead* All *Committee* AC

What would success look like?	**Principal threat(s) to delivery of the objective**
Delivery of all the CCG's statutory responsibilities: deliver statutory financial duties & VFM; Improve quality of primary & secondary services; Involve patients and public; Promote Innovation; Promote education, research, and training; Meet requirements of the Equality Act; meet good governance standard.	5.2 If the CCG fails to deliver its statutory duties, due to weaknesses in its corporate governance and control arrangements, it will result in legal, financial, and / or reputational risks to the CCG and its employees.

Risk rating	Likelihood	Consequence	**Total**
Initial	2	4	8
Current	2	4	8
Appetite	3	4	12
Approach	**Tolerate**		



Date reviewed	**Dec-14**

Rationale: Likelihood is 'unlikely' as arrangements now well established. Consequence is major due to significant financial & reputational impact of failure.

Key controls to mitigate threat:	**Sources of assurance**
Constitution, Corporate Manual, Prime Financial Policies, and suite of corporate policies	Audit Committee provides oversight, supported by internal & external audit reports & opinions, LCFS work etc
Governing Body & Committee Structure underpinned by clear terms of ref and work plans (reviewed and signed off by GB May 2014)	GB members sit on Committees. All Committee minutes taken to GB and significant issues are escalated. Committees produce annual reports for the GB.
Management Structure - responsibilities clearly allocated to teams and individuals	Management action monitored by regular formal and informal management team meetings
Risk management framework (GBAF and RR) provides assurance that risks have been identified and are being managed (GBAFrefreshed Apr-May 2014, Integrated Risk Management Framework updated July 2014)	GBAF and Risk register updated monthly and considered at all Committees and meetings of the GB
Budgetary control, contract monitoring & QIPP monitoring arrangements. HFMA finance training for all staff. Reporting template amended to ensure finance team reviews and sign off of all Committee reports & business cases with financial implications.	Financial Plan signed off by GB (Mar-14). Monthly finance report to FPC and GB; internal & external audit reviews and opinions; GB formally adopt annual report & accounts.
Performance monitoring arrangements	Integrated Performance Reports to FPC provides assurance across all NHS Constitution pledges. Summary reports to GB.
6xProgramme Boards with senior membership, terms of reference, PIDs, budgets, and Service Development support	Projects monitored by programme Boards via highlights reports; programmes monitored through major and minor reviews at FPC. H&WB has oversight of some Programme Boards.
Equality Strategy; Equality Action Plan; E&D CSU Lead; E&D training provided to all staff; EQIA policy in place and EQIAs attached to GB papers where appropriate; Staff survey results considered & acted upon; Links with PPE committee clarified; HR policies approved & embedded.	Progress monitored by Equality Steering Group. Minutes to GB every month, plus Annual Report prepared annually.
Statutory & Mandatory training programme in place for all staff, inc GB members, as well as OD Plan, IPR reviews, development sessions for Governing Body inc conflicts of interest, risk management & assurance etc	CSU L&D team provides dashboard which is considered by management team on a regular basis.
Information Governance strategy & policies in place, SIRO / Caldicott Guardian identified, training provided for all staff, information asset register in place, committee report & business case template prompts consideration of IG issues.	IG Toolkit compliance (minimum Level 2) & delivery of Improvement Plan monitored via IG Group reporting to QPSC.
Health & Safety Group established to oversee compliance with statutory Fre & Health & Safety requirements	Annual Report & update reports taken to Audit Committee
NHSE quarterly assurance process inc UNIFY submissions	NHSE dashboard; assurance letters taken to GB
Gaps in control	**Positive assurances received**
Arrangements for reporting outcomes of Programme Board decisions still being finalised	
Gaps in assurance	**Actions being taken to address gaps in control / assurance**
	A full review of Programme Board structure is underway, which includes consideration of reporting into Committees.
	Format of Integrated Performance Reports has been reviewed and enhanced.

GB/Pu/15/01/11 **RISK REGISTER – GB January 2015**

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)	7	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	20	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	13	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	2	Yearly
Rare	1	Negligible	1					
				Total = Likelihood x Consequence				

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

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
14/13		Potential impact on the urgent care system in Barnsley as a result of the loss of 30 intermediate care beds from April 2015	4	4	**16**	Operational Resilience Funding from NHSE funded the spot purchase of intermediate care to strengthen intermediate care system resilience, in order to mitigate the impact of intermediate bed closures, beds will be spot purchased to meet the needs of the system. The SRG Committee will monitor impact as bed closures start affecting the system in early 2015 . Daily sitreps, weekly teleconferences will provide intelligence	VP (SRG/ Finance & Performance Committee)	Risk Assessment	5	4	**20**	12/14	**December 2014** Risk rescored at FPC and increased to 20 Task and Finish Group established	01/15
CCG 14/5b	5,6	If Yorkshire Ambulance Service	3	4	**12**	**Re risk of Non delivery of target agreed in contract**:	CH	Risk Assessment	4	5	**20**	12/14	**December 2014** As in previous	01/15

			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**
		(YAS) continues to under achieve against the Category A response standard, and the targets for handover and turn around times, for Barnsley residents there is a risk that the reputation of the CCG with its stakeholders damaged.				YAS management invited to a 'confirm and challenge' meeting. Agreement has been reached with YAS through the 2014/15 contracting process that they will deliver 74% in 2014/15 and achieve 75% by June 2015. Progress will be monitored through the CCG's contract monitoring procedures. There is a financial penalty for the ambulance handover measure, that has been applied since April 2014. An improvement plan will be agreed with YAS and monitored, and monies retained by commissioners as a result of the implementation of financial penalties will be used to improve outcomes	(Finance & Performance Committee)						months focus is on monitoring local arrangements longer term. However, the position has significantly worsened in the second half of December. This is a regional and national trend rather than purely a Barnsley issue and is directly related to the volume of calls. **October 2014** Performance improved during September. Local arrangements are working well. The focus is on maintaining these local arrangements over long term. **August 2014** The regional	

			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**
													position of achievement of the target has worsened. Contractual discussions are ongoing and the initial YAS action plan rejected by commissioners. A further plan is in development. Application of sanctions is under consideration. A further meeting for a Barnsley action plan is being set up for September. The August Governing Body agreed to escalate the likelihood of this risk to 20 due to consistent underperformanc e.	
CCG 13/35	5, 6	Impact of Local Authority actions around minimum council and social	4	1	**4**	Will need consideration in the usage of reserves Discussion and planning with	CH (Finance & Performance	Risk Assessment	5	4	**20**	12/14	**December 2014** Reductions to Intermediate Care beds being	01/15

			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**
		care reductions				Joint Commissioning Executive	Committee)						accessed by the Ageing Well Programme Board. This will have a significant impact on the CCG's ability to implement required changes and achieve reduced admissions. BMBC's plan to reduce mental health budgets by £0.5m raises significant risk to system resilience moving forward. **October 2014** Impact of reductions in Public Health funding is emerging as a risk to the CCG. Also the impact of Adult Social Care reductions on Intermediate Care proposed service model. Further	

			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**
													discussions are ongoing. **August 2014** Being considered as part of BCF due for submission September 2014.	
CCG 13/1	1,5, 6, 8	Lack of clarity, accountability, and capacity in support provided by SWYPFT infection control team to the CCG as commissioner could lead to non achievement of Health Care Acquired Infection Trajectories (C. Difficile and MRSA) **Clinical Risk** Trajectories for 2013/14 was reduced for PCO from 87 to 67. Outturn was 70. Trajectory for 2014/15 has been increased	5	4	**20**	RCA Reports Monthly performance Reports See outcome of August ICP Summit in progess/update 'Deep Dive' on infection control shared with Q&PS committee March 2014. There was an independent review of all PIR documents relating to CDiff cases in the period March to October 2013, which was reported to QPSC in March 2014. The key finding was that all cases had been unavoidable. There is a monthly PIR Review Group meeting, chaired by Public health and attended by	BR (Quality & Patient Safety Committee)	Risk Assessment	4	4	**16**	12/14	**December 2014** IPC service contract has been advertised in the Tenders & Public Procurement Official Journal of the European Union (OJEU) on 28.11.14 with closing date for tender submission 6.1.15 within the Gantt timeline **November 2014** Service specification approved by BMBC 3.11.14 presented to CCG FMT on 12.11.14.	01/15

			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**
		from 67 to 73.				both providers and the CCG. This reviews every case of CDiff and MRSA to ensure lessons are learned.							PIN closed on 14.11.14. Stakeholder event scheduled for 26.11.14 and contract tender to be issued on the 28.11.14.	
CCG 13/3	1,3, 5,6, 8	A&E 4 hour wait targets for BHNFT are not being achieved failure to deliver performance in 2013/14 Q1 will affect the Trusts Monitor Governance Risk Rating. Failure of BHNFT to achieve this target impacts on CCG's delivery of NHS constitution a pre-requisite of Quality Premium.	4	5	**20**	Health Community whole system wide response lead by the CCG Health Community whole system wide response lead by the CCG Jointly developed action plan will include actions from IST visit the CCG's Commissioning Plan and BHNFT work on transformation Urgent Care Working group oversight Daily Reporting Winter Planning arrangements Director of Operations role at BHNFT from April 2014	VP (Finance & Performance Committee)	Risk Assessment	4	4	**16**	12/14	**December 2014** Performance remains good despite excessive demand as at 7.12.14 performance is November 95.5% Quarter 3 to date 96.27% Year to Date 96.79% **October 2014** Performance remains good as at 28.10.14 position is as follows:- October 98% Quarter 1 96.97% Quarter 2 96.94% Quarter 3 to date 96.75% and Year	01/15

			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**
													to date 96.93% System resilience funding is supporting additional acute hospital resources as well as strengthening out of hospital services to maintain this performance during winter.	
CCG 13/10	1,5, 6, 8	The HSMR for the BHNFT higher than expected **Clinical Risk**	5	5	**25**	Rebasing undertaken by the Trust Clinical Coding issues addressed Mortality review meetings in place within the organisation. The CCG Medical Director is a member of the Mortality Steering Group at BHNFT. Audit being undertaken by the Trust across identified specialties. Action plan and regular Reports to BHNFT Trust	MG (Quality & Patient Safety Committee)	Risk Assessment	4	4	**16**	09/14	**Sep 2014** The CCG has now received a copy of the AQuA independent "deep dive" review report of hospital mortality for BHNFT. The Trust is developing an action plan in response to the review. The report was considered at the September Quality & Patient Safety	10/14

			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**
						Board Aqua Review							Committee, after which the Chief Nurse & MD are to write to the Trust requesting sight of the action plan and the process for taking this forward. **July 2014** Barnsley is no longer showing as an outlier on HSMR, however as this data is volatile it was agreed by QPSC in July to keep the current risk ratings at the present time. **June 2014** BHNFT MD has confirmed the AQUA report has been received. An action plan & exec summary is going to the Board next month. Both will	

			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**
													be shared widely in the Trust & the CCG. The MD states '…I can assure you that there are no major immediate concerns identified in the report…'	
CCG 14/5a	1,2	If Yorkshire Ambulance Service (YAS) continues to under achieve against the Category A response standard of 75% within 8 minutes for Barnsley residents there is a risk that: (a) the quality and safety of patient care will be compromised	3	4	**12**	**Re risk of adverse impact on quality & patient safety**: Paper taken to April 2014 QPSC. Proposed that a breach analysis is undertaken to better understand the impact on patient experience & outcomes resulting from breaches of the target. Lay Member Representative for Patient & Public Engagement attended an awareness meeting with a non executive from YAS in May 2014 and met with Chair of YAS in November 2014..	BR (Quality & Patient Safety Committee)	Risk Assessment	4	4	**16**	12/14	**December 2014** Red 1 and Red 2 response times have begun to improve over the past few months and for November the combined Red 1 and Red 2 response rate was70.3%. UCP workers x 5 have been recruited to Barnsley and commenced early December. Local meetings with YAS Operational team continue. **November 2014** Local Remediation	01/15

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													meetings continue. Barnsley specific actions being undertaken to improve Red 1 and Red 2 response times (e.g use of ASV vehicles and ring-fencing resources to Barnsley to reduce 'crew-drift'. YAS performing well in relation to Ambulance Quality Indicators (AQI's) – ranked 1st among all 9 Ambulance Trusts for Survival Rates.	
CCG 14/11 *(Inc CCG 14/9 merged Sep-14)*	1, 2, 5, 6	If BHNFT does not improve its performance in respect of people waiting > 6 weeks for diagnostic tests (eg due to lack of ultrasound capacity) there is a risk to the	4	3	**12**	The CCG provided additional funding during 2013/14 to support additional clinics and increased capacity to address the issue. Diagnostic performance is monitored as part of contract performance.	VP (Finance & performance Committee)	Risk assessment	5	3	**15**	12/14	**December 2014** Performance has improved at Barnsley overall just above target now as a result of issues at Doncaster	01/15

			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**
		reputation of the CCG and the quality of care provided to the people of Barnsley in respect of this service.				Contracting team is working with the Trust on options to increase capacity and performance, with a view to bringing a business case to Governing Body later in the year. An action plan is in place at BHNFT to increase capacity to address non - obstetric ultrasound waiting time pressures. Performance to be monitored through quality and performance meetings and contract monitoring.							**October 2014** Performance against the recovery action plan continues to be closely monitored through contracting arrangements. **September 2014** Performance is still not achieving the required standard the action plan will not recover the required performance until end of October 2014 and consequently the risk score has been increased. **August 2014** Additional funding to reduce diagnostic waits provided through contract agreements. The situation is being	

			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**
													monitored closely. Performance is still not achieving the required standard the action plan will not recover the required performance until end of October 2014 and consequently the risk score has been increased	

PRIMARY CARE CO COMMISSIONING RISK REGISTER

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)	4	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	13	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	15	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1					
				Total = Likelihood x Consequence				

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

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
Risks relating to the development of the CCG's application for delegated responsibility														
PCC/1		Short and contradictory timescales mean the co-commissioning application will have to be submitted before some key financial information is available or the Commissioning Plan has been signed off	**5**	**4**	**20**	The CCG is not legally committed until a legally binding agreement has been signed with NHS England. Should any of the risks below crystallise between 9 January and the signing of this agreement to the extent that the Governing Body decides it no longer wishes to proceed the CCG can negotiate with NHS England with a view to stepping back to one of the other co-commissioning options short of full delegation.	VP Governing Body	Primary Care Working Group	**5**	**2**	**10**	12/14		1/15

PCC/2		Potentially significant financial risks arising from a lack of data within the decision-making and submission timeframe, including: • Lack of information from NHS England and the outcome of discussions across the SY&B patch regarding primary care commissioning allocations, contractual commitments, savings requirements, application of growth and risk share proposals • Confirmation of recurrent CCG allocation for existing functions • Confirmation of ability to utilise carried forward surpluses in 2015/16 Should these risks crystallise there is a risk to the CCG's ability to make investments during 2015/16 and to the delivery of its statutory financial duties	**5**	**5**	**25**	The CCG continues to work with NHS England Area Team to clarify the risks but the picture will not be clear until after the submission date. As above, option remains to withdraw or step down to joint arrangements.	CH Governing Body	Primary Care Working Group	**5**	**2**	**10**	12/14		1/15

PCC/3		Statutory Conflicts of Interest guidance is yet to be received, meaning that the CCG will have little time to review and amend our policies and Constitution in a way which demonstrates our adherence to it	**3**	**3**	**9**	The Conflicts of Interest policy has already been reviewed by the CCG and Capsticks. Consideration is being given to further enhancements to our arrangements in anticipation of statutory guidance (expected date 18.12.2014) in order that a rapid response can be provided when the guidance is received.	VP Governing Body	Primary Care Working Group	**2**	**3**	**6**	12/14		1/15
PCC/4		Operational & strategic capacity to fulfil new delegated functions may impact on the ability of the CCG to deliver its existing statutory duties, for instance in relation to quality, financial resources and public participation	**3**	**5**	**15**	CCG is considering its strategic capacity & capability as part of the application process and a paper is being prepared for submission to NHS England Area Team who will be forming a view as part of their assurance processes. CCG will have access to existing primary care commissioning resource within the Area Team. CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.	VP Governing Body	Primary Care Working Group	**2**	**3**	**6**	12/14		1/15

PCC/5		There is a risk that, if the CCG's application is unsuccessful, co-commissioning arrangements will at some point be imposed, without the CCG having the ability to influence the terms.	**3**	**2**	**6**	The Primary Care Working Group is developing an application which meets all the requirements in NHS England guidance as well as the additional assurance requirements articulated by area team If the CCG fails to secure delegated responsibility this is likely to be due to factors outside the CCG's direct control. Guidance is clear that there is an opportunity to develop new or amended proposals during 2015/16.	VP Governing Body	Primary Care Working Group	3	1	**3**	12/14		1/15

Risks in the event that the CCG's application is successful

PCC/6		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	**3**	**4**	**12**	The CCG will have access to existing primary care commissioning resource within the Area Team. The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach. The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.	VP Governing Body	Primary Care Working Group	2	4	**8**	12/14		3/15

PCC/7		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 stakeholders could therefore be affected.	**2**	**3**	**6**	The CCG has a well-established and effective PPE function commissioned from CSU, as well as robust governance supporting the function. The CCG will have access to existing primary care commissioning resource within the Area Team The CCG is considering its strategic capacity & capability as part of the application process and a paper is being prepared for submission to NHS England Area Team who will be forming a view as part of their assurance processes.	VP Governing Body	Primary Care Working Group	1	3	**3**	12/14		3/15

Governing Body

15 January 2015

INTEGRATED PERFORMANCE REPORT

1.	**PURPOSE OF THE REPORT**
1.1	To provide the Governing Body with: • The headline Performance Dashboard including performance against the Key Performance Indicators, along with an update on key performance issues by exception. • An overview of the key risks or challenges in achieving performance indicators along with any actions being taken to improve performance. • An upddate on workforce information and performance. • The financial position as at 30 November 2014 together with forward projections for the year. This financial position has been subject to a similar "confirm and challenge process" as previous months involving budget holders and relevant CCG leads for each area. The position also reflects decisions taken by the Governing Body regarding prioritisation of investments for 2014/15.
2.	**EXECUTIVE SUMMARY**
2.1	The Governing Body Integrated Performance Report aims to provide an overview of performance, of NHS Barnsley Clinical Commissioning Group (BCCG) up to the end of November 2014. The report also highlights the financial performance of the CCG up to 30 November 2014.
2.2	The performance report attached at Appendix 1 provides a high level dashboard and an exception report which covers the NHS constitution standards, quality indicators, key performance indicators linked to programme board performance and financial performance. This is supplemented by finance appendices A and B which provide details of achievement of financial duties and an executive summary of the financial position for the month.
2.3	The Finance and Performance Committee have received a more detailed report containing all indicators monitored by the CCG and detailed financial analysis to enable them to maintain an oversight of performance and finance and provide assurance to the Governing Body.
2.4	There are a number of performance measures which are currently rated at 'Red' or 'Amber' for the month of November 2014. Where these are new ratings or where new data has become available since the last report and performance continues to be a concern, a narrative is provided in the performance report attached at appendix 1. A number of the measures which are currently flagged red are annual targets and therefore no narrative is included.

2.5	Key issues which are identified within the report are : • Waiting times for diagnostic tests (Red) • Yorkshire Ambulance Service performance for category R1 and R2 calls, ambulance handover times and crew clear delays. (Red) • Cancer patients seen within 62 days of referral from a GP (Red) • Incidence of healthcare associated infection (HCAI) – C.Diff at a commissioner level (Red)
2.6	Performance against the A&E 4 hour standard for both Barnsley CCG as a commissioner, and BHNFT as the main provider, has dipped towards the latter end of 2014. For the month of November the target was achieved and the year to date performance also remained above the 95% standard however, performance for December fell below the standard at 90.34%. For BHNFT, the impact of the reduced performance in December also resulted in the failure to achieve the standard for quarter 3 of 2014/15 with performance dipping to 94.12%.
2.6	The Barnsley CCG, November 2014 workforce information is currently showing that: • The CCG workforce has increased to 90 employees (73.1 full time equivalents) from the number reported in October with 7 new starters and 1 leaver in the period. • The sickness rate in November was 5.4% against a target of 2.5%. Year to date rate has increased at 2.4%. • Compliance levels for statutory and mandatory training continue to improve for employees although not to the target level in some areas. For Governing Body members, development sessions have been arranged to increase compliance in number of areas including Information Governance, Safeguarding and Fraud.
2.7	The CCG is currently forecasting an overspend of £2,037k before risk-adjustment, after accounting for delivery of £9,640k surplus.
2.8	The potential risk adjusted position for the CCG is an overspend of £768k. This is an improvement of the position by £421k.
2.9	However it is expected that through contract management and other levers the position will be managed through the remainder of the year in order that the CCG achieves its required surplus of £9,640k, in line with financial planning expectations and the position agreed with NHS England.
2.10	The position before risk-adjustment is set out below:

	£'000s	**£'000s**
Programme Forecast Overspend (Total Commissioning Services)	3,674	
Running Cost Forecast Underspend	-250	
CCG Forecast Overspend (excluding reserves)		**3,424**
Programme Reserves Underspend	-810	
Other Resource Requirements Overspend	1,270	
Sub-Total Programme Board and Other Reserves		**460**
Application of Contingency		-1,847
Total Projected Overspend		**2,037**

2.11	The financial risk assessment (see paragraph 3.57 of the report) has been undertaken to take account of potential changes to income levels and further contract risk. This has identified a risk-adjusted forecast overspend in the order of £768k an improvement on the position reported at Month 7 of £421k.
2.12	It should be noted that the majority of CCG programme expenditure relates to payments for variable activity levels. On this basis, there is still potential for significant variation from the current forecast. Therefore, it is recommended that, the CCG considers further actions to mitigate against the risk adjusted overspend.
3.	**THE GOVERNING BODY IS ASKED TO:** • Note the contents of the report including the 2014/15 performance to date. • Note the contents of the report including the 2014/15 projected financial performance • Consider how the recommendations outlined in the report will be taken forward within the organisation.

Agenda time allocation for report:	10 minutes.
Report of:	Vicky Peverelle / Cheryl Hobson
Designation:	Chief of Corporate Affairs / Chief Finance Officer
Report Prepared by:	Jamie Wike / Neil Lester
Designation:	Head of Planning & Performance / Deputy Chief Finance Officer

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	This report provides assurance to the Committee against risks 1.1, 1.3, 1.4, 3.1 and 4.1 of the Governing Body Assurance Framework. Performance and finance reporting is a key tool in providing assurance that both the risks currently identified within the Assurance Framework are being addressed and that any emerging performance risks are escalated as appropriate.	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	✓
	To commission high quality health care that meets the needs of individuals and groups	✓
	Wherever it makes safe clinical sense to bring care closer to home	
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	✓
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	✓
1.3	**Governance Arrangements Checklist**	**Has the area been considered**
	Financial Implications	Yes
	Contracting Implications	Yes
	Quality	Yes
	Consultation / Engagement	N/A
	Equality and Diversity	N/A
	Information Governance	N/A
	Environmental Sustainability	N/A
	Human Resources	N/A

2.	**INTRODUCTION/ BACKGROUND INFORMATION**
2.1	This monthly integrated performance report consists of a progress update against key performance indicators, details the CCG performance against its statutory and other financial duties and assesses the risks of achievement by the year end.
2.2	The headline performance report (attached at Appendix 1) covers the NHS constitution standards, quality indicators, key performance indicators linked to programme board performance, workforce indicators and financial performance. The report contains, by exception, a narrative on any key performance issues escalated by Finance and Performance Committee along with details of any actions being taken to address under performance.
2.3	Work will continue on developing and refining the performance reporting framework, in consultation with Governing Body members and lead officers across the CCG to ensure it is fit for purpose and contains the right information to provide the Governing Body with assurance of performance against the Commissioning Plan 2014/19 priorities and outcome ambitions.
2.4	The finance and contracting narrative details the financial performance of the CCG as at 30 November, along with the projected year end outturn.
2.5	Year-end projections has included a "confirm and challenge process" involving all budget holders and relevant CCG leads for each area along with decisions made by the Governing Body in relation to prioritisation of plans for the remainder of 2014/15.
3.	**DISCUSSION/ISSUES**
3.1	**<u>Performance Report – Progress against Key Performance Indicators by Exception</u>**
3.2	There are a large number of performance indicators which are monitored by the CCG to provide assurance and measure performance in delivering improved outcomes. These are reviewed on a monthly basis by the Finance and Performance Committee with key indicators reported on a monthly basis to Governing Body.
3.3	The key issues identified for consideration by the Governing Body are: • Diagnostics – The percentage of patients waiting for diagnostic tests for more than 6 weeks from referral continues to exceed the 1% with 40 (1.28%) patients waiting longer than 6 weeks. The majority of the delays were at: DBHFT where 6 patients waited for a non obstetric ultrasound and 4 a CT. At BHNFT the delays were 4 patients waiting for a Flexi-sigmoidoscopy, 3 a Cystoscopy, 4 for a CT scan and 5 a Colonoscopy. There were delays at STH, where 3 patients were waiting for a Colonoscopy, Cystoscopy and Flexi-sigmoidoscopy. There were 2 breaches at Sheffield Children's Hospital where the patients were waiting for a Colonoscopy. (Red) • Yorkshire Ambulance Service performance in Barnsley has dipped following improvement in October and performance overall for Red 1 and 2 (8 min) calls in Barnsley remains below the target at 70.3% in November against a target of 75%. YAS performance for category R1 (8 min) calls in Barnsley was 61.5% (77.4% in October) and for R2 (8 min) calls in Barnsley was 71.1% (70.6% in October).

Year to date performance for YAS overall and in Barnsley remains below the target for both R1 and R2 calls. (Red).

- Ambulance turnaround efficiency measures were also below targeted expectations in July recording:-
  - Ambulance handover times over 30 minutes, recording 21 breaches. (Red)
  - Ambulance crew clear delays over 30 minutes recorded 8 breaches in November (Red)

- The percentage of patients seen with 62 days of referral from a GP was below the target in November at 83.33% with 10 out of 60 patients waiting more than 62 days.

- Incidence of healthcare associated infection (HCAI) – C.Diff at a commissioner level is slightly above the expected level for November with 7 cases against a target of 6. Year to date performance is in line with trajectory with 53 cases. (Red)

Performance against the A&E 4 hour standard for both Barnsley CCG as a commissioner, and BHNFT as the main provider, has dipped towards the latter end of 2014. For the month of November the target was achieved and the year to date performance also remained above the 95% standard however, performance for December fell below the standard at 94.12%. For BHNFT, the impact of the reduced performance in December also resulted in the failure to achieve the standard for quarter 3 of 2014/15 with performance dipping to 94.12%.

3.4 **Programme Board Progress and Performance**

3.5 The Finance and Performance Committee considered major reviews of the Promoting Independence and Primary Care Development programmes and updates in respect of each of the other programme boards/work streams (Ageing Well, Cancer, Planned Care and Unplanned Care) in line with the agreed reporting schedule.

3.6 Key issues discussed by the Finance and Performance Committee in relation to the major reviews included:

- The Primary Care Development programme is progressing well with key elements in the process of implementation, including the establishment of the Practice Development Agreements (PDA), the local Quality Framework and the Innovation for Excellence in General Practice.
- Progress is continuing with the establishment of a GP Practice Federation, including the development of a Barnsley wide bid to wave 2 of the Prime Ministers Challenge Fund. Sign up to the Federation has been slow initially as individual practices consider the practical implications including funding requirements and current capacity due to other demands such as CQC visits and PDA sign up.
- The three key areas of work for the Promoting Independence programme, following the recent mid-year review were noted as Peer Mentoring, Universal Information and Advice Strategy, and Advice on Prescription.
- The committee was also informed that an application had been submitted for Barnsley to be a pilot site for Individual Personal Commissioning (IPC) programme, building on the well established work supporting Individual Budgets within Social Care and Personal Health Budgets, which have been aligned to the work of the Promoting Independence Board since its inception. Confirmation has

now been received that Barnsley has been selected as one of the ten national pilot sites.

3.7 In relation to the minor reviews, the Committee received an update on the status of each programme and an overview of progress against key projects. A copy of the recent Ageing Well Programme Board paper on Intermediate Care Transformation was discussed by the Committee and particular attention was drawn to the potential impact of reduction in funding available for Intermediate Care and the resulting implications on intermediate care beds and capacity. The Committee requested that the Chair of the System Resilience Group (SRG), write to the Chair of the Health and Wellbeing Board to feedback on recent discussions at SRG, to request that the use of funding included within the Better Care Fund be reviewed to identify the potential to mitigate any of these implications and to request that the Health and Wellbeing Board provide a mandate to the SRG to identify potential solutions.

3.8 **Finance and Contracting Report as at 30 November 2014**

3.9 The following narrative details the financial performance of the CCG as at 30th November, along with the projected year end outturn.

3.10 Year-end projections has included a "confirm and challenge process" involving all budget holders and relevant CCG leads for each area along with decisions made by the Governing Body in relation to prioritisation of plans for the remainder of 2014/15.

3.11 As shown at Appendix A, the CCG is planning to achieve of all of its statutory and other key financial duties. This includes the planned achievement of a surplus of £9,640k, in line with financial planning expectations and the position agreed with NHS England.

3.12 Appendix B provides a summary of the financial performance of the CCG to date and projected year end position. Attention is drawn to the continuing need for further savings to be generated or identified in order to achieve the required surplus.

3.13 Headline Messages

Total Commissioning Services shows a forecast overspend of £3,695k a movement of £157k on the month 7 position. The reasons for this movement are:

Acute Contract forecast movements	-£30K
Mental Health and Community forecast movements	-£65K
Continuing Healthcare	-£5K
Minor Movements	£286K
	-£28k
Total Movement	**£157k**

3.14 This position is partially off-set by a forecast underspend of £250k on Running Costs budgets and £22k on Corporate Costs. This results in a total overspend before the application of contingency of £3,423k.

3.15 Applying this contingency and forecast overspend on Other Reserves results in a net forecast overspend on Total Commissioning Services of £2,037k

3.16 In order to provide assurance in respect of the CCG's resilience to further contract risk

and potential allocation changes a financial risk assessment has been provided at paragraph 3.57.

3.17 The risk-adjusted forecast overspend of £1,393k is expected to be managed to year end to ensure that the CCG achieves its required surplus. This will be accomplished through contract management and other levers available.

3.18 **Programme Expenditure**

3.19 ***Acute Expenditure***
Based upon current forecasts the CCG is anticipating an overspend of £3,660k on Acute contract expenditure. At month 7 the projection was £3,691k a reduction of £31k.

3.20 This minor movement masks significant movements at individual contract level. The following table details the movement in forecast between Months 7 and 8.

3.21 The movements are as follows;

1. BHNFT Movement in position (reconciliation and activity)	-£487k
2. Sheffield Teaching FT increased forecast	£492k
3. Doncaster and Bassetlaw NHS FT reduced forecast	-£155k
4. Acute Contracts Other Providers increased forecast	£95k
5. Other Minor contract variations	£24k
6.	
Total Acute Contracts movement on forecast	**-£31k**

3.22 These movements are based upon latest contract monitoring information and will still be subject to variation either above or below this position and represent the most accurate current forecast available. The following section provides further information on the activity position underpinning these financial forecasts and the remedial actions to bring the position back to planned levels.

3.23 **Barnsley Hospital NHS FT-** The year to date financial position shows that BHNFT are under-performing by £275k. The forecast to the year-end for 2014/15 is expected to be an overspend of £75k, a reduction in forecast of £487k.

3.24 This forecast overspend at year end is comprised of:

Underlying SLA under trade	-£1,421k
Readmissions adjustment for 2013/14	£1,137k
Contract Reconciliation for 2013/14	£360k

3.25 Within the underlying SLA under trade the main components are:

Outpatients	-£768k
Elective	-£1,112k
Non-Elective	£1,703k
Non-Elective Excess Bed Days	-£675k
A&E Streaming	£1k
CQUINs	-£358k
Penalties	-£213k

3.26	As shown, the stated FOT position masks an actual under- performance in activity and CQUINs achievement of £1,421k.
3.27	The year-end forecast for both months 7 and 8 has been calculated using the month 6 actual activity. Therefore any underperformances during the first half of the year will have been forecast through to the year end. The Trust experienced some underperformance during the first half of the year due to a number of cancelled operations in Trauma & Orthopaedics, Urology and Gynaecology. These were cancelled due to emergency pressures.
3.28	There are currently 2 Urology Consultants (from a complement of 3) on long term sick leave. Cover is being provided by consultants from Sheffield Teaching Hospital. The effectiveness of these interim arrangements is being closely monitored
3.29	The Trust is aiming to achieve activity up to their planned levels across all surgical specialties for the remainder of the year. Within Trauma & Orthopaedics additional theatre sessions have been scheduled through to the end of March 2015. The CCG have been clear in that no activity is to be undertaken that reduces RTT to below 16 weeks and this situation is being closely monitored.
3.30	The Trust is seeing an underperforming trend in Gynaecology and this is primarily due to the clinical practice of a new consultant whose conversion rate is much lower than has been previously experienced.
3.31	Non-elective activity has increased mainly across medical specialties, and to a lesser extent in surgical specialties. No specific trends have been identified for the over-performance at this time.
3.32	The Trust is still experiencing data quality issues with their RTT data following the introduction of the new EPR system. These are being worked through but no robust data is available to be able to make an assessment of waiting times, however, prior to the implementation of the EPR system there were no issues.
3.33	**Mid Yorkshire Hospitals -** The Forecast Outturn (FOT) position at month 07 is an over-performance of £336k.
3.34	Additional activity is being undertaken at Mid Yorkshire Hospitals to address the long waiting times. The majority of the over-performance for Barnsley patients is in Trauma & Orthopaedics. Funding for this additional activity will be allocated from Area Team to each host CCGs. The share of funding for the additional activity undertaken for Barnsley registered patients at Mid Yorkshire Hospitals has yet to be determined. Barnsley CCG is liaising with Wakefield CCG in relation to this.
3.35	**Sheffield Teaching Hospitals -** Significant over-performances have been experienced over recent months at Sheffield Teaching Hospital as they address the pressures of patients waiting over 18 weeks for treatment. Most notably in electives there has been an increase in the number of Trauma & Orthopaedic and Urology activity. The over-performance in Urology is inevitably linked to the reduction in capacity available at Barnsley Hospital NHS Foundation Trust created by 2 of its 3 consultants being on long-term sick leave, which in-turn results in longer wait times, making alternative providers, such as Sheffield Teaching Hospital, more attractive to Barnsley patients.
3.36	Non-elective activity increases for primary Cardiology conditions are thought to be from

	referrals made by GPs directly to the Cardiology specialists at STH (bypassing local services) and also from consultants at other hospitals. A significant element of Cardiology services undertaken at STH are not for specialised services. Approximately 50% of this work could have been undertaken in a secondary care setting more local to the patient.
3.37	A clear steer has been given for all providers to reduce the lengths of wait and meet the waiting time targets by the end of the financial year. Funding for this additional activity will be allocated from Area Teams to host CCGs. The share of funding for the additional activity undertaken for Barnsley registered patients treated at Sheffield Teaching Hospital is yet to be determined.
3.38	The outpatient waiting list numbers at the end of November (across all commissioners) has decreased from 25540 to 24709. Similarly the inpatient waiting list numbers at the end of November (across all commissioners) has decreased slightly 11053 to 11015.
3.39	The number of Barnsley registered patients treated at STH on an 'admitted' pathway during October 2014 (latest data available) was 724, 94 of which had waited in excess of 18 weeks. The target for patients on an admitted pathway is for 90% to be seen within 18 weeks, for October STH achieved 87.02%.
3.40	For Barnsley registered patients this increased performance is expected to continue through to the end of the year and in some specialties, namely Trauma & Orthopaedics and Cardiology will continue to the end of June 2015. This additional activity will be factored into the activity proposals which are due to be shared with CCGs by 16th January 2015 as part of the contract negotiations for 2015/16. The additional activity will be separately identified as 'backlog' activity and the cost of this additional activity will be based on a percentage split of the 2015/16 proposal across all CCGs. This will result in an increased cost in 2015/16.
3.41	**Sheffield Children's Hospital -** The under-performance experienced to date is likely to continue through to the end of the year due to their continuing restricted capacity whilst capital works / refurbishment is carried out. Although the Trust has pressure on their long waiters their current limited capacity is restricting the speed at which this can be addressed.
3.42	The Trust is not expecting to achieve their RTT targets by the end of the financial year but expects them to be achieved by June 2015. This is still being assessed by the Trust and a report is to be shared with CCGs by the end of 2014. Activity plans for 2015/16 will reflect this.
3.43	**Rotherham Foundation Trust -** A formal assessment on the use of Lucentis for a number of Ophthalmology conditions at Rotherham Foundation Trust is to be discussed through the 2015/16 contract negotiations with Rotherham CCG. This will form part of the 2015/16 contract and be included in the Service Development and Improvement Plan (SDIP).
3.44	Rotherham Foundation Trust will continue to apply the NICE guidance for patients presenting with Age Related macular Degeneration, Diabetic Macular Oedema and Retinal Vitreous Oedema in the absence of any specific alternative direction from individual CCGs or until the outcome of the formal review is known.
3.45	**Other Areas of Programme Expenditure**

3.46 **Mental Health and Community Contracts –** The majority of these contracts are on a block basis and therefore contracts are forecast to be broadly break-even. There is a forecast underspend of £96k on Mental Health Non-Contract activity.

3.47 **Continuing Healthcare – In-Year Programme Expenditure –** The projected underspend on this area is £664k. This is a reduction in underspend of £5k from the position reported at Month 7.

3.48 **Continuing Healthcare Retrospective Claims**
There is a risk to the CCG in relation to its contribution to the national Retrospective Risk Share Pool, if the value of claims relating to those eligible for a retrospective payment exceeds the £1,349k transferred to NHS England. Based on the projected number of reviews and the historic claim values this is considered a minor risk and there is potential for return of funds to the CCG either in-year or as a reduction to next year's contribution should the national value of claims settled fall below the national risk share value. This position will not be known until February 2015.

3.49 **Primary Care Expenditure –** Total primary care expenditure is forecast to overspend by £1,315k a deterioration of £286k from Month 7. The key driver within this area is the prescribing budget which accounts for £1,176k, an increase of £400k on the position reported at Month 7, however this has been as a result of impacting Category M drugs price changes on the forecast in line with PPA trajectories and removing the risk from the risk-adjusted positon. This has been partially off-set by an decrease to forecast of £105k for Out of Hours provision.

3.50 The Head of Medicine Optimisation has reviewed the reasons for variation and has identified the following:

- There has been a further increase in the number of prescribed items in comparison with the April to October period 2013/14. This represents an approximate 3.5% increase in script volume and this is an 0.7% increase on figures reported last month.
- Additionally there has been a growth in the average cost of each prescription, from £6.46 to £6.69 in the April to October 2014 period. This represents a 3.6% increase in price and is a 1.2% increase on figures reported last month

3.51 The PPA forecast above reflects the current national monthly profile methodology. There are a number of alternative mathematical models available for forecasting which can produce significant variations. The CCG has considered the possible range of forecasts but at this stage in the year it is not proposed to vary from the national PPA model. However, the variations derived from the alternatives will be kept under review.

3.52 **Other Programme Costs –** This area is forecast to underspend by £406k, a reduction of £28k on the Month 7 position. The principal components are a projected underspend of £327k on Barnsley Education Support Time (BEST) and £134k on Barnsley Childrens and Young Peoples Trust resulting from the reversal of a 2013/14 accrual not required and an underspend against plan for Children's specialist equipment.

3.53 **<u>Running Costs</u>**

3.54 It is projected that the Running Costs allocation of £6,099k will underspend by £250k. This position ensures that the CCG will meet its duty not to exceed the amount specified

in Directions for Revenue Administration Resource. This underspend is being utilised to support the commissioning of front-line patient services. This forecast has not altered from the position reported at month 7 and still represents the best estimated usage of the allocation

3.54 **Programme Reserves and Other Resource Requirements**

3.56 There is forecast overspend against Total Programme Reserves and Other Resource Requirements of £460k. This results from;

- Total Programme Reserves projected underspend -£809k
- Other Resource Requirements overspend £1,270k

3.57 **Financial Risk Assessment**

3.58 Detailed below is a financial risk assessment taking account of the forecast positions outlined above, plus potential changes to income levels and further contract risk.

	£'000s	£'000s	£'000s
Total Projected Overspend			**2,037**
Potential Income Sources			
RTT Funding from Sheffield CCG	-580		
Quality Premium	-686		
Contribution to IT equipment through BCF reduction In year	-200		
YAS Penalties applied	-260		
IT Strategy rebate from CSU	-100		
Maximising use of £260k rebate for IT equipment	-65		
Sub-total Potential Income Sources		**-1,891**	
Potential Net Benefit before Further Contract Risk			**-1,891**
Further Contract Risk			
Community Pharmacy Transfer of responsibility from NHS England	400		
CHP Charge for Property	223		
Sub-Total Further Contract Risk			**623**
Risk-Adjusted Forecast Overspend			**768**

3.59 As shown above there are potential additional income streams available.

- Sheffield CCG received RTT funding for activity at Sheffield Teaching Hospitals FT. A proportion of this relates to Barnsley registered patients. Sheffield CCG have indicated that this should be repatriated. This is still subject to confirmation of RTT allocations during December with NHS England. At present the estimate is £580k return to Barnsley CCG. Further work is being led by the contracts team

	relating to RTT activity with other providers. • Quality Premium income is expected to be processed in following months allocations • Other Income Sources relate to ongoing discussions with other providers and the figures represent the best current forecast of the likely result.
3.60	Further contract risks of £623k relates to the following; • Community Pharmacy Transfer of responsibility communicated by NHS England in September but we are still awaiting formal transaction. • Revised estimate from CHP regarding payments for LIFT buildings received in December 2014. • Category M Drugs price changes have been impacted on the base forecast and no longer feature in the risk adjustment
3.61	In summary, the worst case position forecast for the CCG is that current forecast position of £2,037k continues and further contract risks of £623k materialise. This would equate to an overspend of £2,660k.
3.62	The risk-adjusted forecast overspend shown at the end of the table represents our current view of the most likely risk to be managed of £768k.
4.	**IMPLICATIONS**
4.1	Any implications of current levels of performance are included within the commentary in section 3.
4.2	On the basis of the information presented in this report, it is recommended that the committee; • Note the contents of this report.
5.	**RISKS TO THE CLINICAL COMMISSIONING GROUP**
5.1	There are a number of risks relating to the performance section of the report including those in relation to waiting times for diagnostics and ambulance service performance however these are included on the CCG risk register and are being monitored appropriately. The financial risks to the organisation are that: • The report has highlighted a potential overspend position for the year, if management action is not successful • The financial position of Barnsley Hospital NHS Foundation Trust is a continued source of risk • The implementation of a new patient administration system by the Trust present an almost certain risk that robust contract information will not be available for Month 9.
6.	**CONSULTATION**
6.1	All relevant functions and departments within the Clinical Commissioning Group are

	engaged in the development of the integrated performance report and all relevant documents or approaches have been provided to Governing Body, Management Team, the Audit Committee or Programme Boards prior to this paper.
7.	**APPENDICES TO THE REPORT**
	Performance Section • Appendix 1 – Barnsley CCG (InPhase) Monthly Performance Report to October 2014 **Finance Section** • Appendix A – Performance against Key Financial Duties • Appendix B – Financial Performance : Executive Summary
8.	**CONCLUSION**
8.1 8.2	Progress against all indicators will continue to be monitored and those indicators that are underperforming will be highlighted. The Governing Body is asked to note the content of the report and the current level of performance against key indicators including 2014/15 projected financial performance and consider how the recommendations outlined in the report will be taken forward within the organisation.

NHS Barnsley Clinical Commissioning Group
Performance Report

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

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

Putting Barnsley people first

Governing Body Dashboard 2014/15

NHS
Barnsley Clinical Commissioning Group

Key to Ratings:
- Improving
- Not Improving
- Area of Concern
- Not Available Yet

Performance Direction of Travel (comparison to previous period)
- Performance Improving
- No Change
- Performance Getting Worse

'?' = Awaiting Data

Performance

Outcomes	Target	Actual Period			Actual YTD	Period End Date
Potential Years of Life Lost (PYLL) from causes considered amendable to healthcare, per 100,000	2,471.30	2,445.30			2,445.30	December 2013
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	3.26 %	3.28 %			3.28 %	September 2014
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50.00 %	49.36 %			49.36 %	September 2014
Estimated diagnosis rate for people with dementia	64.27 %	62.72 %			62.72 %	September 2014
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1,199.20	1,164.60			1,164.60	March 2014
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	441.00	363.30			363.30	March 2014
Emergency admissions for acute conditions that should not usually require hospital admission	1,723.60	1,649.60			1,649.60	March 2014
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	2,770.00	480.20			2,290.90	March 2014
The proportion of older people (65+)still at home 91 days after discharge into rehabilitation	81.90 %	77.20 %			77.20 %	March 2014
Patient experience of hospital care	76.90	77.30			77.30	March 2014
% Patient experience of primary care - GP Services	85.70 %	84.89 %			84.89 %	March 2014
% Patient experience of primary care - GP Out of Hours services	66.22 %	65.32 %			65.32 %	March 2014
Incidence of medication errors causing serious harm	0	0			0	October 2014
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	53	7			53	November 2014
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0			0	November 2014
% Admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	90.00 %	91.77 %			91.83 %	November 2014
% Non-admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	95.00 %	97.00 %			97.25 %	November 2014
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.00 %	93.07 %			94.21 %	November 2014
Number of 52 week Referral to Treatment Pathways Incomplete (Commissioner)	0	0			1	November 2014
% Patients waiting for diagnostic test waiting > than 6 wks from referral (Commissioner)	1.00 %	1.28 %			4.56 %	November 2014
% 4 hour A&E waiting times - seen within 4 hours (CCG)	95.00 %	84.85 %			95.86 %	December 2014
Cancer - % Patients seen within 2wks referred urgently by a GP	93.00 %	96.30 %			94.09 %	October 2014
Cancer - % Patients referred with breast symptoms seen within 2 wks of referral	93.00 %	96.05 %			95.52 %	October 2014
Cancer - % Patients seen within 31 days from referral to treatment	96.00 %	98.40 %			98.82 %	October 2014
Cancer - % Patients seen within 31 days for subsequent treatment (Surgery)	94.00 %	100.00 %			98.03 %	October 2014
Cancer - % Patients seen within 31 days for subsequent treatment (Drugs)	98.00 %	100.00 %			100.00 %	October 2014
Cancer - % Patients seen within 31 days for subsequent treatment (Radiotherapy)	94.00 %	100.00 %			99.27 %	October 2014
Cancer - % Patients seen within 62 days of referral from GP	85.00 %	83.33 %			84.05 %	October 2014
Cancer - % Patients seen from referral within 62 days (Screening Service: Breast, Bowel & Cervical)	90.00 %	100.00 %			98.57 %	October 2014
Cancer - % Patients being seen within 62 days (ref. Consultant)	85.00 %	88.89 %			86.15 %	October 2014
CatA (Red 1) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	70.19 %			69.61 %	November 2014
CatA (Red 2) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	70.45 %			69.85 %	November 2014
CatA 19min response time (Yorkshire Ambulance Service - YAS)	95.00 %	96.09 %			96.09 %	November 2014
Number of mixed sex accomodation breaches (Commissioner)	0	0			0	November 2014
Cancelled operations rebooked within 28 days	0	0			0	October 2014
Proportion of people on Care Programme Approach (CPA) who were followed upwithin 7 days of discharge	95.00 %	100.00 %			100.00 %	October 2014
Trolley waits in A&E	0	0			0	December 2014
Urgent operations cancelled for a second time	0	0			0	September 2014
Ambulance handover delays of over 30 mins	0	21			104	November 2014
Ambulance handover delays of over 1 hour	0	0			4	November 2014

Quality

Outcomes	Target	Actual Period			Actual YTD	Period End Date
Friends & Family Test: Are providers meeting 15% response rate	15.00 %	26.34 %			26.34 %	October 2014
Friends & Family Test - % of patients recommending their hospital:Acute Inpatient (Qtr)	94.16 %	96.15 %			95.10 %	September 2014
Friends &Family Test - % of patients recommending their hospital: A&E (Qtr)	86.46 %	95.09 %			93.36 %	September 2014
Patient experience of hospital care	76.90	77.30			77.30	March 2014
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0			0	November 2014
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - BHFT	0	0			0	November 2014
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	53	7			53	November 2014
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - BHFT	13	1			7	November 2014
Number of mixed sex accomodation breaches (Commissioner)	0	0			0	November 2014

Resources

Outcomes	Target	Actual Period			Actual YTD	Period End Date
Underlying Recurrent Surplus (FORECAST)	3.20% £3.20%	3.20 %			3.20 %	November 2014
Surplus - full year forecast	£9,640,000	£9,640,000			£9,640,000	November 2014
Quality, Innovation, Productivity and Prevention (QIPP) - year to date delivery	£6,010,000 £7,930,000	Plans for delivery - excluding £2m to be planned			Plans for delivery - excluding £2m to be planned	November 2014
Running Costs (FORECAST)	£6,099,000	£5,849,000			£5,849,000	November 2014
BCCG Headcount		90			84	November 2014
BCCG Monthly sickness rate	2.5%	5.40 %			2.39 %	November 2014

BMBC: Better Care Fund

The Better Care Fund provides an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support, and, in doing so, providing them with a better service and better quality of life.

Below is the Dashboard to support Barnsley MBC Better Care Fund for 2014/15.

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Non-elective FFCEs (First Finished Consultant Episode)	Actual	2,733	2,805	2,682	2,778	2,513	2,621	2,813	2,642				
	Target	2,716	2,666	2,499	2,564	2,558	2,468	2,647	2,545	2,748	2,857	2,592	2,465
	Performance	●	▲	▲	▲	★	▲	▲	●	–	–	–	–
	Actual (YTD)	2,733	5,538	8,220	10,998	13,511	16,132	18,945	21,587				
	Target (YTD)	2,716	5,382	7,881	10,445	13,003	15,471	18,118	20,663	23,411	26,268	28,860	31,325
	Performance (YTD)	●	●	●	▲	●	●	●	●	–	–	–	–

		Mar-15
Permanent admissions of older people (aged 65+) to residential & nursing care homes, per 100,000	Actual	
	Target	640.9
	Performance	–
	Baseline 2013/14	736.5
	Direction of Change	?

		Mar-14	Mar-15
The proportion of older people (65+)still at home 91 days after discharge into rehabilitation	Actual	77.20	
	Target	81.90	85.00
	Performance	▲	–
	Baseline 2013/14		77.20

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Delayed transfers of care from hospital per 100,000 population (number of days delayed)	Actual	44.35	47.56	61.46	65.73	44.89	54.51	43.29	29.39				
	Target	61.20	61.20	61.20	74.80	74.80	74.80	18.30	18.30	18.30	42.40	42.40	42.40
	Performance	★	★	●	★	★	★	▲	▲	–	–	–	–
	Baseline 2013/14	61.40	61.40	61.40	75.00	75.00	75.00	18.40	18.40	18.40	42.60	42.60	42.60
	Quarterly Actual	-	-	153.37	-	-	165.13	-	-		-	-	
	Quarterly Plan	-	-	183.80	-	-	224.40	-	-	55.00	-	-	127.30

		Sep-14	Mar-15
Patient/service user experience	Actual		
	Target	5.20	5.20
	Performance	?	-
	Actual YTD (YTD)		
	Target (YTD)	5.20	5.20
	Baseline: 2012/13	5.30	5.30

		30/03/201	30/09/201
Proportion of people feeling supported to manage their condition	Actual	66.42 %	
	Target	67.85 %	68.80 %
	Performance	●	?
	Baseline 2013	67.70 %	67.70 %

Key Performance Indicators by Exception						
Indicator	**Target**	**Actual**	**RAG**	**Performance Direction**	**Period Performance**	**Period**
CatA (Red 1) 8 min response time (Barnsley)	75.00 %	65.52 %	▲	↓	**YAS Ambulance Response Times Position:** For the month of November 2014, YAS performance overall is not being achieved, and for Barnsley CCG Red1 8 min, is reporting 61.5% against a 75% target and the R2 8 min is reporting 71.1% against the 75% target. The latest YTD positions shows that the number of R1 calls responded to within the 8 minute target has gone from 79.1% in November 2013 to 70.19% in November 2014. This is a slight improvement from the October position. The number of R2 calls responded to within the 8 minute target over the same period has gone from 75.9% in November 2013 to 70.45% in November 2014 again a slight Improvement on October 2014 performance can be seen.	30/11/2014
CatA (Red 2) 8 min response time (Barnsley)	75.00 %	65.60 %	▲	↑	See Above Commentary against CatA Red1	30/11/2014
CatA (Red 1) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	70.19 %	▲	↑	See Above Commentary against CatA Red1	30/11/2014
CatA (Red 2) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	70.45 %	▲	↑	See Above Commentary against CatA Red1	30/11/2014
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	6	7	●	↑	At commissioner level, the number of cases of C.difficile for November is above the trajectory, with 7 cases against the target of 6. 3 of these were at BHNFT, 2 were at Doncaster & Bassetlaw NHS Foundation Trust Hospitals (DBHFT) and the other 2 cases were at Sheffield Teaching Hospital (STH). This takes the year to date position to 52 out of 53 cases. If the current trend was to continue, then Barnsley CCG would be well within the target of 73.	30/11/2014
% Patients waiting for diagnostic test waiting > than 6 wks from referral (Commissioner)	1.00 %	1.28 %	▲	↑	The percentage of patients waiting more than 6 weeks from referral for diagnostic tests in November, continues to exceed the 1% threshold, with 40 patients (1.28%) waiting longer than 6 weeks. The majority of the delays were at: DBHFT were 6 patients waited for a non obstetric ultrasound and 4 a CT. At BHNFT the delays were 4 patients waiting for a Flexi-sigmoidoscopy, 3 a Cystoscopy, 4 for a CT scan and 5 a Colonoscopy. There were delays at STH, where 3 patients were waiting for a Colonoscopy, Cystoscopy and Flexi- sigmoidoscopy. There were 2 breaches at Sheffield Children's Hospital where the patients were waiting for a Colonoscopy. Performance against the diagnostics target will continue to be monitored through contract monitoring.	30/11/2014

Other Key Performance Indicators by Exception (not included on dashboard)						
Indicator	**Target**	**Actual**	**RAG**	**Performance Direction**	**Period Performance**	**Period**
Cancer - % Patients seen within 62 days of referral from GP	85.00 %	83.33 %			For the month of October 2014, 50 out of 60 patients were seen and treated within 62 days. The breach reasons are: - 4 Inter Trust Referrals (ITR), from BHNFT to STH were received after the breach date (65, 70, 86 and 90). - 2 breaches were due to the patient being unwell (64,102). - 1 breach was due to the patient choice of diagnostic test (88). - 1 breach was due to outpatient capacity being inadequate at STH (73) - 1 breach was because a CT scan was unable to be performed because of the risk of giving contrast, without up to date Urea and Electrolyte blood tests. (95) - 1 breach was because BHNFT requested additional investigations (post diagnosis). This resulted in the ITR being received after breach date (118)	31/10/2014
Ambulance handover delays of over 30 mins	0	21			Ambulance handovers for BCCG, have seen an increase in delays,, with November 2014 reporting, over 21 patients waiting over 30 minutes compared to the 10 in September. This increase in handover delays has been seen across South Yorkshire. There is a financial penalty for the Ambulance handover measure that has been applied since April 2014. An improvement plan will be agreed with YAS and monitored, and monies retained by commissioners as a result of the implementation of financial penalties will	30/11/2014
Crew Clear delays of over 30 mins	0	8			There has been a slight increase in performance for crew clear delays in November with 8 cases over 30 minutes against a target of 0. 1 of these patients waited over 60 minutes. The narrative in the ambulance handover times reported above is applicable to this measure also.	30/11/2014
Crew Clear delays of over 60 mins	0	1			Please see commentary above about Crew clear delays.	30/11/2014

APPENDIX A

Barnsley Clinical Commissioning Group

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

MONTHLY FINANCE MONITORING STATEMENT - KEY FINANCIAL DUTIES

FOR THE PERIOD ENDING 30 NOVEMBER 2014

	YEAR TO DATE				PLANNED OUTTURN			
	PLANNED YEAR TO DATE	ACTUAL TO DATE	VARIANCE TO DATE	CURRENT STATUS	PLANNED OUTTURN	FORECAST OUTTURN	FORECAST VARIANCE	CURRENT STATUS
	£'000	£'000	£'000		£'000	£'000	£'000	
REMAIN WITHIN TOTAL REVENUE RESOURCE LIMIT *	237,829	237,829	0	→	358,014	358,014	0	→
REQUIRED SURPLUS (AS PER PLAN)	(6,427)	(6,427)	0	→	(9,640)	(9,640)	(0)	→
REMAIN WITHIN CAPITAL RESOURCE LIMIT	0	0	0	N/A	0	0	0	N/A
REMAIN WITHIN RUNNING COST ENVELOPE	4,049	3,863	(186)	→	6,099	5,849	(250)	→
REMAIN WITHIN MAXIMUM CASH DRAWDOWN **	245,653	238,158	(7,495)	→	359,317	359,067	(250)	→
PLANNING GUIDANCE REQUIREMENTS								
UTILISATION OF 2.5% RESOURCES NON RECURRENTLY	6,026	0	(6,026)	→	9,039	16,091	7,052	→
0.5% CONTINGENCY RESERVE ***	1,231	0	(1,231)	→	1,847	1,847	0	→

	YEAR TO DATE			PLANNED OUTTURN		
BETTER PAYMENT PRACTICE CODE	2014-15 NUMBER	2014-15 £'000	CURRENT STATUS	2014-15 NUMBER	2014-15 £'000	CURRENT STATUS
NON-NHS PAYABLES: CCG						
TOTAL NON NHS TRADE INVOICES PAID IN THE YEAR	5,377	26,932		8,066	40,398	
TOTAL NON NHS TRADE INVOICES PAID WITHIN THE TARGET	5,222	26,729		7,833	40,094	
PERCENTAGE OF NON-NHS TRADE INVOICES PAID WITHIN TARGET	**97.12%**	**99.25%**		**97.11%**	**99.25%**	
NHS PAYABLES: CCG						
TOTAL NHS TRADE INVOICES PAID IN THE YEAR	1,704	178,219		2,556	267,329	
TOTAL NHS TRADE INVOICES PAID WITHIN THE TARGET	1,679	178,074		2,519	267,111	
PERCENTAGE OF NHS TRADE INVOICES PAID WITHIN TARGET	**98.53%**	**99.92%**		**98.55%**	**99.92%**	

* Forecast variance assumes achievement of further savings target identified at Appendix B
** Indicative Maximum Cash Drawdown figure provided from NHSE, Final figure issued in Month 10
*** Forecast Outturn against 0.5% Contingency reserve assumes full achievement of further savings identified in Appendix B

APPENDIX B

Barnsley Clinical Commissioning Group

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

MONTHLY FINANCE MONITORING STATEMENT - EXECUTIVE SUMMARY

FOR THE PERIOD ENDING 30 NOVEMBER 2014

AREA	Appendix	TOTAL ANNUAL BUDGET (£'000)			YEAR TO DATE (£'000)			FORECAST (£'000)			
		RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	BUDGET	ACTUAL	VARIANCE OVER / (UNDER)	OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	MOVEMENT FROM PREVIOUS MONTH
RESOURCE ALLOCATION FOR CCG											
PROGRAMME RESOURCE	B5	(346,989)	(14,566)	(361,555)	(240,207)	(240,393)	(186)	(361,555)	0	0.00%	0
RUNNING COST RESOURCE	B5	(6,099)	0	(6,099)	(4,049)	(3,863)	186	(6,099)	0	0.00%	0
TOTAL RESOURCE ALLOCATION	**B5**	**(353,088)**	**(14,566)**	**(367,654)**	**(244,256)**	**(244,256)**	0	**(367,654)**	0	**0.00%**	**0**
PROGRAMME EXPENDITURE											
ACUTE	B1	186,403	4,960	191,363	128,450	130,568	2,118	195,023	3,660	1.91%	(30)
MENTAL HEALTH	B1	34,498	131	34,629	23,086	23,034	(52)	34,490	(139)	-0.40%	(89)
COMMUNITY HEALTH	B1	34,094	1,082	35,176	23,468	23,422	(46)	35,104	(72)	-0.20%	25
CONTINUING CARE / FREE NURSING CARE	B2	16,902	1,312	18,214	12,601	11,963	(638)	17,550	(664)	-3.65%	(5)
PRIMARY CARE	B2	48,323	1,492	49,815	33,219	34,013	794	51,131	1,316	13.93%	286
OTHER PROGRAMME COSTS	B2	8,912	5,501	14,413	9,914	9,481	(433)	14,007	(406)	-2.82%	(28)
TOTAL COMMISSIONING SERVICES (EXCLUDING RESERVES)		**329,132**	**14,478**	**343,610**	**230,738**	**232,481**	**1,743**	**347,305**	**3,695**	**1.08%**	**159**
CORPORATE COSTS (NON RUNNING COSTS)		746	(11)	735	483	452	(31)	713	(22)	-2.99%	(13)
DEPRECIATION / PROPERTY CHARGES		274	17	291	291	291	0	291	0	0.00%	0
CSU RECHARGE		740	0	740	493	493	0	740	0	0.00%	0
TOTAL PROGRAMME COSTS (EXCLUDING RESERVES)		**330,892**	**14,484**	**345,376**	**232,005**	**233,717**	1,712	**349,049**	3,673	**1.06%**	**146**
RUNNING COSTS											
PAY COSTS	B4	2,661	398	3,059	2,051	1,975	(76)	3,030	(29)	-0.97%	175
NON PAY COSTS	B4	3,438	(119)	3,319	2,184	2,073	(111)	3,096	(223)	-6.69%	(175)
INCOME	B4	(225)	(54)	(279)	(186)	(185)	1	(277)	2	-0.62%	0
RUNNING COSTS TOTAL		**5,874**	**225**	**6,099**	**4,049**	**3,863**	(186)	**5,849**	(250)	**-4.10%**	**0**
TOTAL CCG EXPENDITURE (EXCLUDING RESERVES)		**336,766**	**14,709**	**351,475**	**236,054**	**237,580**	1,526	**354,898**	3,423	**0.97%**	**146**
PROGRAMME BOARD & OTHER RESERVES (EXCLUDING CONTINGENCY)	B3	5,206	(514)	4,692	1,775	249	(1,526)	5,153	461	9.83%	6
TOTAL CCG EXPENDITURE BEFORE CONTINGENCY		**341,972**	**14,195**	**356,167**	**237,829**	**237,829**	0	**360,051**	3,884	**1.09%**	**152**
APPLICATION OF CONTINGENCY FOR PROGRAMME OVERSPEND		**(274)**	**2,121**	**1,847**	**0**	**0**	0		(1,847)	-100.00%	**(18)**
TOTAL AFTER APPLICATION OF CONTINGENCY		**341,698**	**16,316**	**358,014**	**237,829**	**237,829**	0	**360,051**	2,037	**0.57%**	**134**
FURTHER SAVINGS REQUIRED TO ACHIEVE PLANNED SURPLUS								**(2,037)**	(2,037)		**(132)**
TOTAL REQUIRED SURPLUS		**(11,390)**	**1,750**	**(9,640)**	**(6,427)**	**(6,427)**	**0**	**(9,640)**	**0**		

NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

Minutes of the Extra Ordinary Meeting of the Membership Council held on Wednesday 17 December 2014 at 19:00 hours in the Bluebell Conference Centre, Elmhirst Lane, Silkstone, Barnsley, S75 4LS

PRESENT:

Dr N Balac	Chairman Elected Member (St Georges Medical Practice)
Dr Ali	Elected Member (Apollo Court Medical Centre)
Dr E Czepulkowski	Elected member (Royston High Street)
Dr R Farmer	Elected member (Hoyland First PMS Practice)
Dr M Ghani	Elected Member (The Rose Tree PMS Practice)
Dr J Harban	Elected Member (Lundwood Medical Centre)
Dr S Chikthimmah	Elected Member (Park Grove Surgery)
Dr R Hariharan	Representing Park Grove Surgery
Dr P C Kakoty	Elected Member (The Kakoty Practice)
Dr S Krishnasamy	Elected Member (Royston Group Surgery)
Dr N Luscombe	Elected Member (Huddersfield Road)
Dr A Mistry	Elected Member (Wombwell GMS Practice – Chapelfield)
Dr J Maters	Elected Member (Grimethorpe Surgery)
Dr I R Saxena	Elected Member (Caxton House Surgery)
Dr S R Sen	Elected Member (Goldthorpe Medical Centre)
Dr S Vas	Representing Penistone Group Practice

IN ATTENDANCE:

Ms A Arnold	Lay Member
Mr Mike Austin	Chair of Practice Managers Group & Practice Manager Great Houghton Medical Centre
Mr G Hoggard	Barnsley Local Medical Committee
Ms K Morgan	Governing Body Secretary
Ms V Peverelle	Chief of Corporate Affairs
Miss L Richards	Governance Assurance and Engagement Facilitator
Mrs L Smith	Interim Chief Officer

APOLOGIES:

Ms A Arnold	Lay Member
Dr S Ball	Elected Member (Penistone Group Practice)
Dr C Bannon	Elected Member (Dove Valley Practice)
Ms M Hoyle	Practice Manager Member
Mrs C Hobson	Chief Finance Officer
Mr J Logan	Elected Member (Ashville Medical Practice)
Dr C N Neogy	Elected Member (Great Houghton Medical Centre)
Dr Kadarsha	Elected Member (Holly Green Practice)
Ms B Reid	Chief Nurse
Dr M Simms	Governing Body Secondary Care Doctor

The Chairman welcomed everyone to the Meeting of the Membership Council.

He explained that the NHS England had set very short timescales around Primary Care Co-Commissioning and this had necessitated the extra ordinary meeting of the Membership Council. Background information about Primary Care Co-Commissioning had been circulated to Members in preparedness for the meeting.

The CCG would like a view and mandate from the Membership Council on a preferred option for Primary Care Co-Commissioning in Barnsley.

Dr E Czepulkowski advised Members of a useful document published by the British Medical Association about Primary Care Co-Commissioning.

Agenda Item	Note	Action	Deadline
MC 14/12/01	**PRIMARY CARE CO-COMMISSIONING**		
	The Chief of Corporate Affairs gave a presentation to the Membership Council. The presentation provided an overview of Primary Care Co-Commissioning including: • Background and context • Aims & Scope of Co-Commissioning • Summary of Co-Commissioning functions & options - Greater Involvement - Joint Arrangements - Delegated commissioning • Governance Arrangements & Conflicts of Interest • Timescales • Benefits and risks		
	The Chief of Corporate Affairs highlighted that: • The Scope of Primary Care Co-Commissioning for 2015/16 was for general practice services only. • A submission for delegated commissioning arrangements had to be submitted to NHS England by 9 January 2015. NHS England would meet with CCGs in early January 2015 to gain assurance about the CCGs ability to undertake Primary Care commissioning functions. • If applications for delegated commissioning were successful a CCG Primary Care Commissioning Committee would need to be established, with all meetings being held in public. Draft terms of reference for Primary Care Commissioning Committee the had been produced in line with national guidance and template, the membership of		

Agenda Item	Note	Action	Deadline
	the committee would comprise: ○ Lay Member for public Engagement - (Chair) ○ Lay and executive majority ○ A representative from Healthwatch and a local authority member of the Health and Wellbeing Board would attend in a non-voting capacity. • In order to manage the potential for conflicts of interest, NHS England will publish strengthened statutory guidance. It was expected that the new guidance would make conflicts of interests a statutory requirement for all practice staff. • The timescales set by NHS England for Primary Care Co-commissioning were challenging and did not marry up with wider commissioning planning processes. An extra ordinary Governing Body meeting was scheduled (if required) for 9 January 2014 to sign off the co-commissioning application. The NHS England national moderation panels would meet in February 2015 and if successful commencement of new arrangements would start from 1 April 2015. • The identified benefits and risks regarding Primary Care Co-commissioning were as currently perceived. The Royal College of General Practitioners paper also provided a balance of risks.		
	The Chief of Corporate Affairs drew members' attention to her report which provided the Membership Council with further information relating to Primary Care Co-commissioning. In particular the following two documents were appended to the report: • Royal College of General Practitioners – The Risks and Opportunities for CCGs When Co-Commissioning Primary Care: Things to consider when Making Your Decision. • Members Briefing – Co-Commissioning of Primary Care		
	The Membership Council considered all information provided to them about Primary Care Commissioning, a summary of the main discussion points are as follows: • Trusts were now developing their own Primary Care		

Agenda Item	Note	Action	Deadline
	Centres in Hospitals. If trusts did not have a contract with NHSE then the CCG would not commission or pay for these services. It was noted that AMPS contracts are to be re-procured in the next year. • It was suggested that the commissioning of Primary Care would be best achieved and delivered in local hands, i.e. the CCG as opposed to being a centrally controlled function of NHS England. A benefit of CCG led Primary Care Commissioning would be that it was clinically led. • If the CCG should choose to progress Primary Care Co-commissioning at an early stage then this would generate additional monies for the CCG and subsequent appropriate investment in local Primary Care services. If the CCG did not opt for Primary Care Commissioning then this may eventually be imposed on the CCG. • Conflicts of Interests with regard to Primary Care Commissioning would need to be watertight. It was noted that the proposed membership of the Primary Care Commissioning Committee would lend itself to good governance and management of conflicts of interests. The Committee would not make decisions in isolation from the Membership Council and or CCG Governing Body. Health and Wellbeing Board representation on the Primary Care Commissioning Committee may lead to more cohesive approach to joined up services. • If the CCG was commissioning Primary Care Services there was an opportunity to move activity from expensive hospital based treatment to services being delivered cost effectively in the community. GP Federations could work in an integrated way to delivery care. • Should the CCG opt for Primary Care Co-Commissioning then the CCG would be making its own decisions around the allocation of investment for Primary Care services. Building blocks were already in place in place with the Practice Delivery Agreement and Barnsley QF. The CCG would be best placed to signal the direction of travel between hospital and community services.		

Agenda Item	Note	Action	Deadline
	• The ethos was right for practices to work together to deliver services however practices were already struggling to provide services and capacity was an issue generally. Taking additional work from the hospital would be difficult for Primary Care. It was not always advantages to be an early pioneer when guidance about Primary Care Co-commissioning was not fully worked up. It was explained that the CCGs Practice Delivery Agreement was a long term investment in Primary Care one aspect of which was to increase capacity. This sustained funding was expected to gain capacity and ease congestion in Primary Care, making Barnsley a more attractive place to work. • It was anticipated that the commissioning of specialised services would revert back to CCGs in 2016/17. The CCG could make headway with Primary Care Commissioning before introduction of specialised commissioning. • If the Membership Council and CCG opt to progress Primary Care Commissioning, the CCG could pull back at a later stage should further guidance determine something unacceptable to the CCG. There were currently no major disadvantages to the CCG taking on Primary Care Co-commissioning. • Going for the delegated commissioning option would enable more local control and flexibility to invest in Primary Care. Timescales for co-commissioning appeared to be very last minute but this had been determined by NHSE. Rotherham and Wakefield CCGs had agreed to progress to delegated co-commissioning. • If the CCG achieved delegated Primary Care Commissioning status, a share of extra staff from NHSE would be assigned to the CCG. The CCG may also have to invest in additional staff. The CCG could also share resources with other CCGs taking on delegated Primary Care Commissioning. The Local Medical Committee had been briefed on Primary Care Co-Commissioning.		
	The Membership Council was requested to agree a preferred option with regard to Primary Care Co-Commissioning for the CCG. It was queried whether the		

Agenda Item	Note	Action	Deadline
	Membership Council was quorate? The Governing Body Secretary clarified that the Membership Council was required to have practice list size of 139,250 to be quorate the current attendance at the meeting generated a list size of 120,770. It was noted that Governing Body Elected Members had already agreed to the delegated Commissioning Option. Dr E Czepulkowski commented that elected members had a responsibility to check with their partners about the options and decision on Primary Care Commissioning. The Chairman advised that it would be helpful to get a general steer and direction from the Membership Council in order for the CCG to progress a proposal for Delegated Commissioning of Primary Care, to be submitted to NHSE by 9 January 2015. As previously noted the CCG could rescind its application should the CCG not be happy with any new guidance issued. If the Membership Council did not provide a mandate to progress co-commissioning the CCG would lose this early opportunity to apply for delegated Co-commissioning of Primary Care. The Chairman suggested that as the Membership Council was not fully quorate information could be distributed to practices with a request for confirmation to proceed with the delegated Co-commissioning option. Dr Harban and Dr Ghani indicated that there were enough members present at the meeting to determine a mandate and way forward for the CCG with delegated co-commissioning of Primary Care, which could then be further endorsed by absent practices.		
	The Membership Council agreed: • **To the CCG proceeding with submission of a proposal for delegated commissioning of Primary Care (primary medical services only), to NHS England by 9 January 2014. This agreement was on the understanding that the CCG could withdraw from the application process if required as and when full information on finances and final guidance was received. Formal ratification for the CCG to take on delegated commissioning arrangements for Primary Care from NHS England would then be sought at the Membership Council Meeting scheduled for 20 January 2014**		

Agenda Item	Note	Action	Deadline
	• **To send a letter to all practices requesting confirmation that the practice was comfortable to proceed with Primary Care Commissioning on the basis agreed by the Membership Council. Responses were required by 31 December 2014**.		
MC 14/12/02	**CCG CONSITITUTION AND AMENDMENTS**		
	The Chief Of Corporate Affairs informed the Membership Council of a series of amendments to the CCG's Constitution. A number of amendments were required, primarily to progress the CCGs application to take on delegated responsibility for commissioning Primary care. The Membership Council considered and noted the proposed changes proposed to the CCGs Constitution.		
	The Membership Council approved: • The proposed amendments to the CCGs Constitution • Confirmed that it was happy for the Governing Body to make further changes if necessary in the light of the forthcoming conflicts of interest guidance in order to meet the submission deadline of 9 January 2015, subject to subsequent ratification by the membership Council on 20 January 2015.		
MC 14/12/03	**PRACTICE DELIVERY AGREEMENT UPDATE**		
	The Chief of Corporate Affairs provided the Membership Council with an update on the Practice Delivery Agreement (PDA). As at 17 December 2014 29 Practices had signed up to the PDA. Other practices had indicated their willingness to sign the PDA but this had been delayed due to pressures of the CQC inspection.		
	The Chairman commented that the current sign up was promising. However the Practice Engagement Event scheduled for 17 December 2014 had been cancelled due to existing pressures within Primary Care and the CQC Inspections. The inaugural Practice Engagement Event would be held on 15 January 2015.		
	The Membership Council noted the PDA update.		
MC 14/12/04	**PROPOSAL TO BID FOR A SHARE OF THE £100m WAVE 2 PRIME MINISTERS CHALLENGE FUND**		

Agenda Item	Note	Action	Deadline
	Dr A Mistry informed the Membership Council of latest developments with regard to federated working. The Federation Development Group at their meeting in December proposed to apply to the Prime Ministers Challenge Fund.		
	Consideration was being given to: • Reducing visits to care/nursing homes advocating virtual visits. • Working in partnership with SWYPT to develop pilots and integrated team models. • Pharmacists input to GP practices • Exploring options for the monitoring and provision of out of hours. – Seven day working		
	Ideas had been requested to make a local application to the Prime Ministers Challenge Fund. These ideas could, through federated working, alleviate pressures in Primary Care and kick start delivery of Primary Care at scale. The bid for the Prime Ministers Challenge Fund was to be submitted by 16 January 2015.		
	It was noted that the next meeting of the Federation will be held on 13 January 2015. An official name for the Federation was yet to be determined. Support was available from the CCG for the Federation in particular resource to develop ideas and proposals.		
	The Membership Council noted progress with proposals for the Prime Ministers Challenge Fund and the Federation.		
MC 14/10/05	**ANY OTHER BUSINESS**		
	07.1 **High Performing Teams**		
	Dr Robert Farmer indicated that he would resend the information about ideas for high performing teams to practices.		
MC 14/10/06	**DATE AND TIME OF NEXT MEETING**		
	The next meetings of the Membership Council will be held on Tuesday 20 January 2015 at 7.00 pm		

NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

Minutes of the Meeting of the Barnsley Clinical Commissioning Group AUDIT COMMITTEE held on Tuesday 4 December 2014 at 1.00 pm in the Boardroom at Hillder House, Barnsley

PRESENT:

Ms A Arnold	Chair, Lay Member for Governance
Ms M Hoyle	Practice Manager, Governing Body Member
Mr J Logan	Governing Body Member
Dr J Maters	Membership Council
Mr C Ruddlesdin	Lay Member for Engagement

IN ATTENDANCE:

Dr N Balac	CCG Chairman (from minute reference AC 14/74)
Mr M Curtis	Local Counter Fraud Specialist
Mrs C Hobson	Chief Finance Officer (from minute reference AC 14/67)
Mr N Lester	Deputy Chief Finance Officer (from minute reference AC 14/67)
Ms K Morgan	Governing Body Secretary
Ms V Peverelle	Chief of Corporate Affairs
Mrs L Smith	Interim Chief Officer (For part minute reference AC 14/74 only)
Mr R Walker	Head of Assurance
Mr K Watkins	Associate Director 360 Assurance
Ms L Wild	External Audit Manager KPMG

APOLOGIES

No Apologies Received

Prior to commence of business the Committee Chair advised that the External Audit Manager would be leaving the meeting early. Agenda items 5 and 7 would therefore be received together to facilitate input by the External Audit Manager.

Agenda Item	Note	Action	Deadline
AC 14/64	**DECLARATIONS OF INTEREST**		
	There were no declarations of interest relevant to the agenda.		
AC 14/65	**MINUTES OF THE PREVIOUS MEETING HELD ON 4 NOVEMBER 2014**		

Agenda Item	Note	Action	Deadline
	The minutes of the previous meeting held on 4 November 2014 were approved as a correct record of the proceedings subject to two small errors: • Minute reference 14/55 55.1 Internal Audit Plan & Progress Report. Last sentence to read – 'The Audit Committee noted the Internal Audit Progress Report and approved revised Internal Audit Plan.' • Minute reference 14/56 Audit Committee Effectiveness Third paragraph action deadline to read 29 January 2015.		
AC 14/66	**MATTERS ARISING REPORT**		
	The Committee noted the Matters Arising Report and the following main points were noted: • **Minute Reference AC 14/55 55.3 Governance Arrangements Programme Boards** The Head of Assurance advised that the reporting arrangements for Programme Boards would be finalised on completion of the Programme Board Review. It was anticipated that the Review of Programme Boards would be complete by January 2015. The Chief of Corporate Affairs agreed to ascertain from the Interim Chief Officer where the outcome of the Programme Board Review would be reported. • **Minute Reference AC 114/55 55.4 Governance Arrangements Better Care Fund** The Committee Chair indicated that Dr Clare Bannon, the Interim Chief Officer and the Chairman were hoping to attend the Audit Committee Development Session around Governance for Shared Commissioning. The Committee Chair further reported that the Remuneration Committee were to have a	**VP**	

Agenda Item	Note	Action	Deadline
	development session on HR related issues, following the Audit Committee approach. An invitation to this session will be extended to all Governing Body members. Dr J Maters enquired as to when access to the CCGs 'e' learning system would be available. It was clarified a new 'e' learning system ('E' Trevor) was currently being rolled out within the CCG. An update about access to the 'e' training system would be provided to the next meeting of the Audit Committee. **NB: Post Meeting Note:** Elements of the HFMA Training Package for Audit Committee members has been made available.	**CH**	
AC 14/67	**YEAR END GOVERNANCE TIMETABLE**		
	The Head of Assurance presented the draft 2014/15 Governance year end timetable to the Audit Committee. He reported that since the last meeting of the Audit Committee the submission dates for draft/final accounts had been received by the CCG. The Governance Year End Timetable assists the CCG in meeting all required deadlines and that all the Governing Body are engaged with the CCGs Annual Report and final accounts processes.		
	Discussion took place and the following main points were noted: • It was originally planned for Governing Body Members to have diarised time to read and make comment upon the CCGs Annual Report. However a meeting of the Governing Body (private session) on 9 April 2015 had been scheduled for Governing Body Members to undertake a detailed review of the Annual Report. • Due to pressures on external audit it would be helpful if the 7 May 2015 Audit Committee scheduled to undertake the 'page by page' review of the draft Annual Report, Governance Statement and Accounts could be moved to 30 April 2015. NB: Post Meeting Note – A meeting has been arranged for the 30 April 2015.		

Agenda Item	Note	Action	Deadline
	• The Associate Director 360 Assurance confirmed that the Head of Internal Audit Opinion Statement would be submitted to the CCG by 22 April 2014 • The Committee recognised the short timescale to make any changes to the draft Annual Report, Governance Statement and Accounts between the Audit Committee meeting on 19 May 2014 and Governing Body meeting on 21 May 2014. • The External Audit Manager highlighted that ledgers would be opened for officers to make amendments to accounts, if required around the 26/27 May 2015. This is the Spring Bank Holiday week and NHSE were looking at changing this date.		
	The Chief Finance Officer joined the meeting at this point.		
	The Committee approved the Governance Year End Timetable subject to: • **A change in the Audit Committee meeting date from 7 May 2015 to 30 April 2015.** • **The retention of the 7 May 2015 Audit Committee meeting date to be retained as a fall back.**		
AC 14/68	**TECHNICAL UPDATE FROM EXTERNAL AUDITORS KPMG**		
	The External Audit Manager presented the External Audit Technical Update to the Committee. Members noted that the KMPG Healthcare – Audit Committee Institute Seminar had been well attended with positive feedback received. Ms Marie Hoyle commented that she had represented the CCG, the presentations had provided an overview of developments within the Audit Institution. The Seminar had also facilitated connections with other CCG Audit Committee Members.		
	The Audit Committee noted the latest publications relating to the: • 2015/16 planning guidance • Department of update on the NHS pensions scheme reforms • Accounting Officer responsibilities statement.		

Agenda Item	Note	Action	Deadline
	The Audit Committee noted the Technical Update.		
AC 14/69	**INTERNAL AUDIT PROGRESS REPORT AND LOCAL COUNTER FRAUD PROGRESS REPORT**		
	Internal Audit Progress Report The Associate Director 360 Assurance introduced the Internal Audit Progress Report to the Audit Committee. • One internal audit report – Service Commissioning, Primary Care Development had been issued since the last meeting of the Audit Committee. The reported gave an audit opinion of significant assurance. The Committee considered the areas of good practice and areas for improvement identified from the audit. It was confirmed that the Primary Care Development Group (PCDG) reported to the Finance and Performance Committee. The terms of reference for the PCDG had been received by the Finance and Performance Committee however; their approval had not been formally recorded in the minutes. The terms of reference for the PCDG were to be resubmitted to next meeting of the Finance and Performance Committee to be formally recorded in the minutes as approved. The Chief of Corporate Affairs clarified that the Practice Delivery Agreement (PDA) had been approved by the Membership Council and 19 practices had currently signed up to the PDA. Primary Care and elements of Primary Care had been highlighted as a risk on the CCG's Assurance framework. • The Committee noted the current position and tracker with regard to internal audit recommendations. This information had been revised to reflect the requirements of the Audit Committee. In response to a question raised by the Committee Chair in respect of the audit assignment on		

Agenda Item	Note	Action	Deadline
	Budgetary Control and Key Financial Systems it was clarified that this work was due to commence in quarter 4. It was agreed that this needed to be undertaken early to ensure this did not impact on accounts close down. The Chief Finance Officer commented that significant assurance and been received from the previous such report and indicated that she would circulate the report to Members of the Audit Committee. • The Chief Finance Officer commented that it was important for all guidance issued by the HFMA, CIPFA and NHSE around the governance and finance issues for pooled budgets and the Better Care Fund to be considered together in terms of X the Development Session on section 75 pooled budget arrangements.	CH	
	Counter Fraud Audit Report Mr Matthew Curtis introduced himself to the Audit Committee as the CCG's new Counter Fraud Specialist. Mr Curtis was not new to CCGs just Barnsley CCG**.** The Counter Fraud Specialist advised that the counter fraud eLearning module had been issued to the WSYB CSU for use on the CCGs eLearning system. The Counter Fraud Specialist had attended the Controlled Drugs Local Intelligence Network meeting on 15 October 2014 where it was identified that there was an issue across the patch relating to temporary patients registering at practices and requesting prescriptions for codeine. Ms Marie Hoyle, Practice Manager, Governing Body Member indicated that there was a similar issue in Barnsley with duplicate patient identities. The Local Counter Fraud Specialist drew member's attention to the Review of Recruitment checks appended to his report. As recommended by the review the Chief of Corporate Affairs stated that recruitment checklists would be introduced to ensure that all required recruitment documentation was included in staffs personal files. In addition the Head of Assurance was working with the HR Manager ensure that all recommendations within the Review were undertaken.		
AC 14/70	**CO-COMMISSIONING OF PRIMARY CARE - UPDATE**		

Agenda Item	Note	Action	Deadline
	The Head of Corporate Affairs provided the Committee with an update on Co-Commissioning of Primary Care. The Governing Body had agreed to progress to the CCG towards 'delegated Commissioning of Primary Care' and an expression of interest to this effect had been submitted to NHSE.		
	The Chief of Corporate Affairs advised of the following current processes and steps being undertaken: • The Terms of Reference for an additional sub Committee of the Governing Body known as the Primary Care Commissioning Committee will be submitted to the Governing Body in private session on 11 December 2014. In the interim a Co-Commissioning Steering Group had been established to work up proposals and next steps to achieve delegated commissioning status for the CCHG. • Changes to the CCG's constitution would be required. Legal advice from Capsticks Solicitors was being sought about the required changes to the Constitution, conflicts of interest and terms of reference for the Primary Care Commissioning Committee. The Conflicts of Interests aspects with delegated commissioning will be considered by the Interim Chief Officer and Audit Committee Chair. • An Extra Ordinary meeting of the Membership Council will be held on 17 December 2014 to provide information about the delegated Commissioning of Primary Care' and to seek support of the Membership Council • An Extra Ordinary Meeting of the Governing Body will be held on 8 January 2015 to discuss the submission to NHSE on all aspects of the 'delegated commissioning' proposal. A formal proposal was required to be submitted to NHSE by 9 January 2015. NHSE would consider proposals to ensure that they were financially robust and attainable. • It was noted that currently the CCG was on track to		

Agenda Item	Note	Action	Deadline
	meet the process deadlines. Additional support from Heather Wells, was ensuring due diligence with regard to the project. • The landscape in South Yorkshire provided a risk element to delegated Commissioning; CCGs had agreed different options for Primary Care Commissioning. Barnsley and Rotherham - full delegation of primary care commissioning Bassetlaw – Greater CCG involvement in NHSE decision making, status quo Doncaster and Sheffield - Joint Commissioning Arrangements		
	The External Audit Manager left the meeting at this point. Mr C Ruddlesdin requested the External Audit Manager to pass on congratulations to Steven Doral for his appointment at KMPG.		
	The Committee noted the update on Co-Commissioning of Primary Care.		
AC 14/71	**ASSURANCE FRAMEWORK AND RISK REGISTER**		
	The Head of Assurance introduced the Assurance Framework and Risk Register to the Audit Committee. He informed the Committee that there was not real change to the Assurance Framework except for the assurances relating to the Better Care Fund.		
	One new risks had been added to the Risk Register risk reference 114/13 relating to the potential impact on the urgent care system in Barnsley as a result of the loss of 30 intermediate care beds from April 2015. This risk had been recently discussed by the Finance and Performance Committee and given that it was a system wide risk, the risk rating had been increased to a score of 20.		
	The Chief Finance Officer advised the Audit Committee about two particular risks • An additional risk was to be included on the Risk		

Agenda Item	Note	Action	Deadline
	Register around the CSU's ability to deliver on Primary Care IT, with a risk score of 20. • Risk ref 14/13 referred to the potential impact on the urgent care system as a result of the loss of 30 intermediate care beds from April 2015. There would also be a further financial impact and risk to the CCG following the decommissioning of intermediate care beds by the Local Authority. This would not be significant in the 2014/15 financial year but potentially has significant impact in 2015/2016 in terms of the 3 ½% reductions in hospital admissions.		
	In response to a query raised by Mr J Logan the Chief Finance Officer agreed to issue a contract query with SWYPT about the lack of replacement of long term condition nurses and report back to the next meeting of the Audit Committee on 29 January 2015.	**CH**	
	The Chief Finance Officer advised that additional risks would emerge in 2015/16 as the CCG's financial position shifts and introduction of the Primary Care Co-Commissioning. The Committee noted that Patient and Public Engagement was a statutory obligation of the CCG and would be crucial to any new CCG proposals and initiatives.		
	The Committee Chair highlighted that the Assurance Framework and Risk Register would feed into the CCG's Annual Report. For clarity it was determined that CCG Committees should review the risks for which they are responsible on the Assurance Framework and Risk Register to ensure that the documents were as up to date as they could be prior to consideration by the Audit Committee on 29 January 2014. Engagement should take place before the CCG defines priorities/plans & business cases.		
	Dr J Maters referred to the TB risk and highlighted that there appeared to be miscommunication. It was noted that this risk was being reviewed on a regular basis by the Quality and Patient Safety Committee. The Head of Assurance agreed to provide an update to Dr Maters about the risk in particular the risk rating outside of the meeting.		

Agenda Item	Note	Action	Deadline
	The Chief Finance Officer indicated that there could be issues and risks around the Primary Care Workstreams and Strategy. She further queried if the Committee felt that there were any elements of the Primary Care workstreams and Strategy not reflected on the Risk Register and which should be 'flagged'. It was noted that an assessment of Primary Care Property was under review and until finalised the totality of any risk was not yet know. A risk around Primary Care Estates was included on the Programme Board Risk Register.		
	The Audit Committee approved the Assurance Framework and Risk Register as at December 2014. **Actions Agreed** • **The Assurance Framework and Risk Register to be reviewed in detail at the next Audit Committee on 29 January 2014.** • **CCG Committee Chairs to be requested to review their respective risks in particular to clarify and define risks.** • **The Head of Assurance to advise to Dr Maters about the risk rating for the TB risk**		
AC 14/72	**REGISTER OF GIFTS, HOSPITALITY & SPONSORSHIP – NEW DECLARATIONS**		
	There were no new declarations in respect of the Register of Gifts, Hospitality & Sponsorship.		
AC 14/73	**REGISTER OF INTERESTS – NEW DECLARATIONS**		
	There were no new declarations in respect of the Register of Interests.		
AUDIT COMMITTEE DEVLEOPMENT SESSION			
AC 14/74	**GOVERNANCE FOR SHARED COMMISSIONING**		
	The Chief Finance Officer gave a presentation to the Audit Committee about the Better Care Fund (BCF) and the Section 75 Agreement. The presentation included:		

Agenda Item	Note	Action	Deadline
	• Background information relating to the BCF, section 75 Agreements and management of and timelines for the pooled budget. • Operating the pool • Key risks		
	Discussion took place and the following main points were noted: • Not delegation of executive responsibility • In response to a question raised it was clarified that although the BCF and pooled budget generated substantial work for the CCG in terms of capacity. The BCF was necessary in order to drive the system across partners with ultimately to one signal budget and deliver required services. • The CCG Chairman informed the Committee that NHSE had congratulated the CCG for their positive relationship with the Barnsley Metropolitan Borough Council. This relationship would be key to the delivery of the BCF. The Chief Finance Officer added that the CCG Finance team had built up good relationships with BMBC colleagues and met regularly. There were already collaborative arrangements in place such as the Children's Trust. • There were some risks on the radar for next year around the governance arrangements for the BCF and Section 75 Agreement and these would initially be monitored by the Head of Assurance. It was noted that the Governance arrangements would be subject to scrutiny by the External Auditors.		
	The Audit Committee noted the presentation and confirmed that they felt more informed about the Governance systems and processes for the BCF and Section 75 Agreement and potential risks to the CCG.		
AC 14/75	**ANNUAL REVIEW OF STANDING ORDERS, SCHEME OF DELEGATION AND PRIME FINANCIAL POLICIES**		
	The Audit Committee considered the CCGs; Standing orders, Scheme of Reservation and Delegation and Prime Financial Policies.		

Agenda Item	Note	Action	Deadline
	It was noted that advice had been sought from Capsticks and the documents had been updated in light of the decision by the Governing Body to apply and take on delegated responsibility for the commissioning of Primary Care from NHS England. The Head of Assurance informed the Committee that any further required changes to the advised that Standing orders, Scheme of Reservation and Delegation and Prime Financial Policies would be reported to the Audit Committee The Associate Director 360 Assurance requested to speak with the Head of Assurance outside of the meeting about quoracy issues identified by other CCGs.	**RW**	
	The Audit Committee considered and approved the CCGs: • Standing orders • Scheme of Reservation and Delegation • Prime Financial Policies		
AC 14/76	**DATE AND TIME OF NEXT MEETING**		
	The next meeting of the Audit Committee will be held on 29 January 2015 at 10.00 am in the Boardroom Hillder House.		

NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group FINANCE & PERFORMANCE COMMITTEE held on Thursday 4 December 2014 at 10.00am in the Boardroom, Hillder House, 49 – 51 Gawber Road, Barnsley S75 2PY.

PRESENT:

Dr Nick Balac (Chairman)	- Chairman of Barnsley CCG
Ms Anne Arnold	- Lay Member Governing Body
Dr John Harban	- Elected Member Governing Body
Mrs Cheryl Hobson	- Chief Finance Officer
Mr James Logan	- Elected Member Governing Body
Dr Nick Luscombe	- Elected Member Governing Body
Mrs Vicky Peverelle	- Chief of Corporate Affairs
Ms Lesley Smith	- Interim Chief Officer

IN ATTENDANCE:

Ms Jayne Sivakumar	- Head of Service Development
Mr Jamie Wike	- Head of Planning and Performance
Mr Neil Lester	- Deputy Chief Finance Officer/Finance
Mrs Angela Sanderson(Minutes)	- PA to Chief Finance Officer
Mr James Barker	- Lead Service Development Manager (Min FPC14/170)
Dr Mehrban Ghani	- Medical Director (Min FPC14/172)

APOLOGIES:

Mr Patrick Otway	- Deputy Chief Finance Officer/Contracting

Agenda Item	Note	Action	Deadline
FPC14/166	**DECLARATIONS OF INTEREST**		
	There were no declarations of interest relevant to the agenda received from members.		
FPC14/167	**MINUTES OF THE PREVIOUS MEETING**		
	The minutes of the meeting held on the 6 November 2014 were agreed as a true record of proceedings.		
FPC14/168	**MATTERS ARISING REPORT**		

	FPC14/148 – Meeting dates for next calendar year The Chief of Corporate Affairs advised members that following on from the discussion at the last meeting the only alternative date for the 2 April meeting was the 19 March. It was added that this date would be too early to collect information for reporting. After a discussion it was agreed that meeting dates would remain as previously set for 2015.		
	FPC14/156 – Performance Report The Chief of Corporate Affairs informed members that a more detailed report on YAS would be included in the Integrated Performance Report at the next Finance and Performance Committee meeting.	**PO**	**Jan 15**
FPC14/169	**UPDATE ON RECENT PUBLISHED AND EXPECTED GUIDANCE**		
	The Chief Finance Officer presented a report that detailed the final guidance of the NHS National Tariff Payment System 2015/16. It was advised that the guidance published a deadline for responses of 25 December 2014. There were key changes to the guidance but due to the timing of the release of the report the opportunity to work through the impact of the changes had not been completed. It was agreed that a more detailed summary would be circulated to members for their views and responses would be required before the Christmas break.	**PO**	
	Members noted that the consultation on Improving Children and Young Peoples mental health services was due to end in December. There was specific work being undertaken by a CAMHS Sub Group co-Chaired by the Chief Nurse and Chief Finance Officer which detailed some significant issues locally in terms of access to services and waiting times. Members were advised there was local work ongoing but the CCG needed to take into account national guidance and ensure that this is part of the local planning process. It was agreed that the Chief Finance Officer would clarify how many referrals were made into these services and share this information with members of the Finance and Performance Committee.	**CH**	
	The Chairman requested that the consultation be a future Governing Body agenda item once the report was		

	completed or when the task group had finalised its work.	**CH**	
FPC14/170	**CANCER PROGRAMME BOARD – MAJOR REVIEW**		
	The Lead Service Development Manager informed members that projects undertaken by the Cancer Programme Board were progressing well with clear timescales and deliverables. It was noted that the Lead Service Development Manager was working with the Communications and Engagement Manager to ensure that campaigns were conducted between November 2014 and March 2015. Members were informed that the funding for the cancer website had been moved into 2015/16. Members were further advised that the End of Life Care workstreams were progressing well and that work on progressing good relations with the hospice needed to continue and strengthen. It was added that the Cancer Board had been RAG rated as amber/green.		
FPC14/171	**PROGRAMME BOARDS – MINOR REVIEWS**		
	The Head of Service Improvement presented a report to the Committee advising that the Primary Care Development Group was currently rated amber/green. Members were informed that the CCG had received 19 Practice Delivery Agreements to date out of 37, it was hoped more would be completed by the deadline of 12 December 2014. Members were advised that the Promoting Independence and Planned Care Programme Boards were making good progress however the minor reviews report did not include their status, it was agreed that this would be included in future reports. Committee members were informed that the Unplanned Care Improvement Programme Board had RAG rated itself as amber and that projects continue to progress well. It was advised that due to low numbers, the RightCare Barnsley Launch scheduled for 4 December had been cancelled and an alternative date was currently being looked into. It was added that the first RightCare Barnsley Alliance Leadership Board had taken place on 10 November.		
	An update was given in that providers had now signed the		

	Alliance Contract and that the accommodation was ready and IT including the Call Management Software has been finalised and being installed.		
FPC14/172	**AGEING WELL PROGRAMME BOARD – MAJOR REVIEW**		
	Members noted the information contained in the Ageing Well Programme Board Report submitted by the Medical Director. A discussion took place around Intermediate Care funding and best use of community beds across Barnsley. The Committee noted that a task and finish group had been established to fully understand and mitigate this now.		
FPC14/173	**INTEGRATED PERFORMANCE REPORT**		
	Members noted the information contained in the report submitted by the Chief Finance Officer and Chief Of Corporate Affairs. It was noted on page 2 of the report there was a risk adjusted overspend position of £1.1m. Further information detailing this position was on pages 9 onwards in the Integrated Performance Report. The Chief Finance Officer discussed the potential for a further reduction to the £1.1m projected overspend, these included; • A potential return to the CCG on penalties from YAS although it was advised that elements of the penalties to be applied may be reinvested as to not destabilise YAS's position • RTT funding – it was advised that there could be a potential of £100k back from other CCGs related to Barnsley patients being treated in other centres. Work ongoing to resolve • ICT system – the Chief Finance Officer discussed that the BHNFT and BMBC project jointly funded by NHS England and Barnsley CCG is likely to slip, therefore releasing an extra £200k to Barnsley CCG. Members noted that with the potential income as listed above this would bring the CCG to a total of £0.5m projected overspend. The Deputy Chief Finance Officer added that there were further levers that raised at the Mid-Year Financial Review meeting which could		

	strengthen the position if needed. Consequently no further action to identify additional reductions was required at this stage.		
	Members noted and accepted the information contained in the Integrated Performance Report and October 2014 Workforce Report presented by the Head of Planning and Performance.		
FPC14/174	**2015/16 FINANCIAL PLANNING**		
	Committee members received a presentation from the Chief Finance Officer on the 2015/16 Financial Plan which highlighted the following; • 2015/16 Financial Plan - which included two scenarios around the CCG receiving the £6m banked surplus and the effect if this money was not received back. • An update on forecast expenditure against resources to include previously agreed recurrent investment of £2m per annum into Primary Care • Assumptions underlying financials which included income, expenditure, risk and opportunities. • Next steps; which included financial scenario planning The presentation raised the following issues and discussions: The Committee discussed the recent announcements of further cuts to the Council which would create more risk to the CCG as this could affect services such as mental health and intermediate care beds in 2015/16. Dr J Harban raised a possible inconsistency in practices receiving ECG machines. It was advised that the Planned Care Programme Board was aware of the CCG's financial position and it was agreed that an update on the ECG machines purchases and roll out would be fed back to the Committee. The Chief Officer advised that in 2016/17 the CCG would be responsible for the cost of specialised commissioning which could mean the CCG inheriting a possible deficit.	**CH**	
	Members noted that even though this would not come into effect until 2016/17 the CCG should remain vigilant of this potential risk. It was agreed that the CCG would have further		

	discussions on the financial situation at the January Governing Body meeting and the January Membership Council meeting.		
FPC14/175	**ASSURANCE FRAMEWORK**		
	The Committee received and noted the Assurance Framework report and its appendices.		
FPC14/176	**RISK REGISTER**		
	The Committee received the Risk Register and noted the report and its contents. After a discussion the following amendments to the Risk Register were agreed;		
	CCG 14/3 – Practice Manager Engagement The narrative on this risk was to be amended to include Practice Engagement, Supporting the Chair of the Practice Mangers Group, PEP being developed, implementation of PDA on 10 November and awarding practice innovation fund.	**VP**	
	CCG 13/6 – Inadequate support from Commissioning Support Unit relating to IT Support Members agreed that this should be a new risk and it would be rated Likelihood 5/Consequence 4 = 20	**CH**	
	CCG 14/13 – Potential impact on the urgent care system in Barnsley The Chief Finance Officer agreed to amend the narrative around the Operational Resilience Funding. Members agreed this risk should be rescored and this would be rated Likelihood 5/Consequence 4 = 20 – both Initial and Residual.	**CH** **VP**	
FPC14/177	**MINUTES OF THE BARNSLEY HOSPITAL NHS FT JOINT CONTRACT MEETING HELD ON 3 OCTOBER 2014**		
	The minutes of the BHNFT Contract Management meeting held on 3 October 2014 were received and noted by the Committee.		
FPC15/178	**MINUTES OF THE BARNSLEY HOSPITAL NHS FT JOINT CONTRACT MEETING HELD ON 7 NOVEMBER 2014**		

	The minutes of the BHNFT Contract Management meeting held on 7 November were received and note by the Committee. The Chief Finance Officer informed members that BHNFT had been informed of the decision made by this Committee on the COPD CQUIN Report.		
FPC15/179	**MINUTES OF THE 2014/15 SWYPFT CONTRACT MANAGEMENT MEETING**		
	No meeting to report.		
FPC14/180	**MINUTES OF THE 2015/16 SWYPFT CONTRACT NEGOTIATION MEETING HELD ON 6 NOVEMBER 2014**		
	The minutes of the 2015/16 Contract Negotiation meeting held on the 6 November 2014 were received and noted by the Committee.		
FPC14/181	**ANY OTHER BUSINESS**		
	The Chairman advised members that the Chair and Chief Officer would open discussions with Rotherham CCG and Wakefield CCG to explore potential areas of working together. Members were informed that Rotherham and Doncaster CCG's had undertaken did some joint working and it was being looked at to see if the details on this could be shared. It was agreed that a report would be presented to the Finance and Performance Committee and Governing Body on the outcome of the meeting.	**NB**	
FPC14/182	**DATE AND TIME OF NEXT MEETING**		
	The next meeting of the Finance and Performance Committee will be held at 10.00am on Thursday 8 January 2015 in the Boardroom, Hillder House.		

NHS
Barnsley
Clinical Commissioning Group

Putting Barnsley People First

Minutes of a Meeting of the NHS Barnsley Clinical Commissioning Group QUALITY & PATIENT SAFETY COMMITTEE held on Thursday 27 November 2014 at 13:00 in the Boardroom Left at Hillder House

PRESENT:

Dr Mehrban Ghani (Chair)	-	Medical Director
Dr Robert Farmer	-	Elected Practice Member Representative Contracting Lead from the Governing Body
Karen Martin	-	Interim Chief Nurse/Head of Patient Safety
Dr Sudhagar Krishnasamy	-	Elected Practice Member Representative Commissioning Lead from the Governing Body
Dr Mohammed Kadarsha	-	Membership Council Elected Practice Member representative
Chris Ruddlesdin	-	Lay Member for Public & Patient Engagement
Sharon Galvin	-	Designated Nurse Safeguarding Children & LAC (for agenda item QSPC 14/11/10 only)

IN ATTENDANCE:

Richard Staniforth	-	Lead Pharmacist
Richard Walker	-	Head of Assurance
Carol Williams	-	Executive PA Chief Nurse (Minute Taker)
Rebecca Wixey	-	Quality Manager

APOLOGIES:

Dr Mohammad Ali	-	Membership Council Elected Practice Member Representative
Chris Lawson	-	Head of Medicines Optimisation
Vicky Peverelle	-	Chief of Corporate Affairs
Brigid Reid	-	Chief Nurse & Caldicott Guardian
Mike Simms	-	Secondary Care Doctor, Governing Body

Agenda Item	Note	Action	Deadline
QSPC 14/11/01	**APOLOGIES**		
	Apologies were noted as above.		
QSPC 14/11/02	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	There were no declarations of interest relevant to the		

Agenda Item	Note	Action	Deadline
	agenda.		
QSPC 14/11/03	**PATIENT STORY**		
	The Quality Manager presented a patient story from the perspective of a daughter whose mother wanted to die at home. The mother had previously decided that she wanted a 'do not resuscitate' (DNR) order in place, and following a severe stroke had become very ill. The hospital held a Best Interest meeting resulting in the patient being placed on Fast Track to enable her to go home. This and discussions leading up to her admission had left the daughter concerned that her mother may not be able to live out the last moments of her life as she wanted.		
	The Chair invited thoughts and comments from the Committee. It was noted that a Living Will would have ensured that the mother's wishes could have been upheld – Living Wills are easy to understand and legally binding. This is particularly important when a patient is placed on Fast Track as further stress is avoided when the patient's personal wishes are known in advance.		
QSPC 14/11/04	**MINUTES OF THE PREVIOUS MEETING HELD ON 23 OCTOBER 2014**		
	The minutes of the previous meeting held on 23 October 2014 were accepted as a true and accurate record of the proceedings with the following exception: On page 6 of the minutes it states that no amendments were made to the Risk Register for YAS. However The Medical Director asked that for clarity it should be included that no changes had been made because the risk score had already been updated at the previous meeting. This amendment has now been made and submitted as a final version to the Governing Body.		
QSPC 14/11/05	**MATTERS ARISING REPORT FROM MEETING HELD ON 23 OCTOBER 2014**		
	Updates on outstanding items were provided as follows:		
	QPSC 14/10/01 – Apologies		

Agenda Item	Note	Action	Deadline
	Concerns were raised re lack of attendance of Membership Council Members. RWi had written to the GPs in question. It was agreed to the look at the timings of the Quality and Patient Safety Committee meetings as it would better accommodate GP members if the Committee meetings were scheduled over lunchtime which is in-between surgeries.	**CW**	**31/12/14**
	QPSC 14/10/11 – TB Update **Follow up of investigations/diagnostic tests** The issue has been taken to the APC meeting and needs to be formally communicated to all providers including SWYPFT, BHNFT and Primary Care. A letter has been produced and will be sent to the Medical Directors, Nursing Directors, and Head of CBUs at BHNFT		
	Updates were also provided on actions from earlier meetings as follows:		
	QPSC 14/08/14 – APC Issues for Escalation (Testosterone) The Medical Director had emailed the Deputy Director of Contracting to ensure that the decision taken by the Committee to implement a contract sanction will be discussed at the next contract negotiation meeting. The Medical Director and Deputy Director of Nursing had then written to the Medical and Nursing Directors at BHNFT to inform them of the CCG's decision.		
	QPSC 14/09/17 – Violent Patients Scheme Update This issue was raised at the last Area Team Quality Leads meeting and Barnsley is not the only CCG that has not received information relating specifically to Barnsley patients. This had been escalated to Head of Primary Care, Karen Curran.		
	The Committee noted the updates to matters arising from previous meetings.		
QUALITY AND GOVERNANCE			
QSPC 14/11/06	**ASSURANCE FRAMEWORK (STANDING ITEM)**		

Agenda Item	Note	Action	Deadline
	The Head of Assurance presented his standing monthly report on the Assurance Framework. The Committee noted that only one of the risks relevant to the Committee had been included in the current extract. The two additional risks which the Committee would normally review had not had any changes made to them since the previous meeting.		
	A discussion took place regarding issues with funding for the Intermediate Care Service, however, it was agreed that this not the appropriate forum and that this would be picked up through the Ageing Well Programme Board or through Rightcare Barnsley work stream.		
	The Committee agreed that there were no further changes required, and received and noted the latest position.		
QSPC 14/11/07	**RISK REGISTER (STANDING ITEM)**		
	The Head of Assurance presented his standing monthly report on the Corporate Risk Register. There had been no risks added or removed since the last report to the Committee and they agreed that the current risk ratings should remain. Chris Ruddlesdin highlighted that risk 14/5a which relates to YAS related to a meeting that had been held in May but this was on the 4 of November.	**RWa**	**31/12/14**
	The Head of Assurance stated that he had been asked to draft a new risk around the telephony services at the Goldthorpe LIFT Centre; this was tabled at the meeting. The CCG holds the contract (with others) for the IT and telephony services for this building. The Medical Director noted the conflict of interest for Dr M Kadarsha who excluded himself from the discussions. It was noted that this is a potential patient safety risk and whilst the Committee had assurances that the infrastructure and hardware was in place for a planned 'go live' over the weekend of 29/30 November they felt that this should be added to the risk register.		

Agenda Item	Note	Action	Deadline
	In the past patients have not been able to contact their GP or have experienced crossed telephone lines which is a major confidentiality risk. The Committee agreed details of the risk but noted that if the plans for the weekend had not resolved the issue, that this would be increased to red risk.		
	The Committee received and noted the Risk Register. No further amendments were made.		
QSPC 14/11/08	**PATIENT SAFETY REPORT (STANDING ITEM)**		
	The Interim Chief Nurse presented her monthly Patient Safety Report which provided the Committee with a deep dive on patient safety. In particular she highlighted the following areas to the Committee:		
	Care Homes Concerns were raised regarding care home staff competencies and skills. It was discussed that low salaries did not attract the best trained staff and they did not often remain in post which could cause problems for patient safety and was a risk for the CCG.		
	A training day had been held on 14 November for care home staff with the focus on what a Serious Incident was, how to report incidents and specific details of incident reporting in line with the CCG's policy. Following this, work will be undertaken by Gill Pepper, the new Designated Nurse Safeguarding Adults and Patient Experience Lead. She joins the CCG on 8 December and along with Kath Harris the Assistant Executive Director - Older People & Vulnerable Adults, BMBC, will be working to take forward methods of improving communication between care homes and GPs, with the aim of creating a seamless referral process for patients.		
	Serious Incidents The Area Team had formed a task & finish group led by Margaret Kitching, Chief Nurse for NHS England, which had been working on a combined policy for Serious Incidents which encompassed 'Never Events'. Owing to 'Never Events' being poorly defined or due to a lack of supporting evidence, there have been occasions when occurrences which ought to have been 'Never Events' because the definitions were not clear and specific. The Committee noted that there are contract penalties and issues for Trusts		

Agenda Item	Note	Action	Deadline
	if there is a 'Never Event' in their area.		
	The Interim Chief Nurse reported 57 incidents open in October 2014, of which 24 are pressure sores. This reflects the position held throughout the year of almost 50% of incidents being pressure sores. This highlights a need for better care and staff training.		
	Care Quality Commission CQC Inspectors visited the CCG for one week commencing 17 November and undertook a review of Looked After Children and Safeguarding Children. Overall the report highlighted good practice with areas for improvement that were already known to the providers and the CCG. The inspectors advised that the report may take up to 6 weeks to be published; this is because of legislation changes.		
	The Interim Chief Nurse took this opportunity to thank all the people involved in the process which included members of the Quality and Corporate teams.		
	The Interim Chief Nurse informed the Committee that CQC are undertaking inspections of 14 local GPs and that the CCG will support these practices.		
	Chris Ruddlesdin had spoken to the Chairman of Healthwatch who stated a recent search of the CQC website did not list all Barnsley practices; however Dr Robert Farmer assured the Committee that an area name search reveals the practices whereas a post code may not if there is more than one practice in the post code area. It was noted that only main surgeries are listed, not branch surgeries.		
	The Interim Chief Nurse informed the Committee that CQC will also review Mental Health Crisis services from the 27 to 28 January 2015 and they will use the acute Trust as the start of the process and will then move to SWYPFT. It was noted that the process of referral/transition between providers is being reviewed rather than the individual providers themselves.		
	Quality Visits Two quality visits have been undertaken by the Chief Nurse and Dr Krishnasamy who had visited YAS (see agenda item QSPC 14/11/12) and the Interim Chief Nurse along with the Medical Director and Quality Manager visited the AMU department at BHNFT last		

Agenda Item	Note	Action	Deadline
	week. This report will be presented at the next meeting.		
	The Committee were informed that the CCG is now being provided with staffing levels from SWYPFT and BHNFT; both providers have shown improvements in staffing levels and AMU sickness absence had improved from 13% sickness down to 4%. The report to be provided to this Committee.	**PO**	**08/01/15**
	Infection Prevention & Control The Co-Commissioning model (CCG & BMBC) will be presented to the CCG Management Team in the near future. The service specification has been developed (provided with the meetings papers) and the tender process had begun. A PIN was issued by the CSU; 8 providers downloaded this with 1 submitting an application.		
	The Interim Chief Nurse and the Infection Control Nurse attended an Ebola workshop which was held across all of Yorkshire. The purpose of the exercise was to pull all emergency planning together in case of an Ebola outbreak. There is now work to be undertaken by the Public Health England.		
	C. Diff cases had slightly risen, though are still under trajectory. Most of the cases had been in Primary Care though some had been in the Acute Trust. The microbiologist had contacted GPs and had offered to visit the practices to support staff as necessary.		
	TB Summit The report presented the action plan formed as a result of the TB Summit. The summit was poorly attended mainly due to an internal review at the CCG and a key meeting at the local authority being held at the same time. However, the action plan was produced and the specification will be worked up in the next few months in line with NICE guidance.		
	Committee members asked about the promised monthly summary on ambulance delays from YAS. The Quality Manager reported that she had chased up the report with the Medical Director at YAS who stated that he had been working on the report with the Business Intelligence team but this was not yet finalised. It was agreed that an update on this would be provided at the next meeting.	**KM**	**31/12/14**

Agenda Item	Note	Action	Deadline
	The Committee received and noted the Patient Safety Report and the areas highlighted.		
QSPC 14/11/09	**AQUA REPORT ACTION PLAN UPDATE (NEW STANDING ITEM)**		
	A letter received from Heather McNair and the action plan from the Mortality Steering Group were enclosed for members' information. It was noted that a number of the actions had already been completed however a number of them will be taken forward by the new Medical Director to pick up when they commence in post. The Committee felt that the action plan appeared comprehensive and it was agreed that it only needed to come to the Committee bi-monthly. No questions or comments were raised.		
QSPC 14/11/10	**LOOKED AFTER CHILDREN ANNUAL REPORT 2013/14**		
	The Designated Nurse for Safeguarding Children and Looked After Children (LAC) presented her first annual report for 2013/14 to the Committee. The Chief Nurse took the decision to delay finalising the report to include details of the Ofsted Inspection which took place over the summer of 2014.		
	The report highlighted that there were 223 Barnsley children in care and 27 of these children were placed out of area. Children can be placed out of area pre-adoption or because the child needs to attend a special school. There are 63 children placed in Barnsley from other areas.		
	Dr Andrea Nussbaumer will join BHNFT as the Named Doctor LAC early in 2015. Following recommendations from Ofsted there is now a Named Nurse for LAC employed by SWYPFT; this is Andrea Scholey who took up this post in October this year.		
	The Named Nurse will undertake an audit of every health assessment as an ongoing process from now on. The audit information will be reported to SWYPFT. It was agreed to look at how the Committee will be informed of the outcomes of these audits.	**KM/SG**	**31/12/14**
	Dr Robert Farmer stated that when children are being placed in Barnsley from other areas and required CAMHS services, SWYPFT have not routinely charged the relevant CCG. If this situation was rectified the CAMHS service would have additional		

Agenda Item	Note	Action	Deadline
	income with which to widen their services. The Medical Director asked to see a report every 6 months showing progress made with this.	**AS**	**30/06/15**
	The Medical Director asked that a highlight report be added as the first page of health assessments to assist GPs by ensuring that key points of interest and/or actions are clearly identified and not missed when reading through the full assessment.	**SG**	**31/12/14**
QSPC 14/11/11	**MEDICATION ERROR INCIDENTS REPORTS (QUARTER 2)**		
	This report was provided to the Committee for information only as this goes to the BHNFT and SWYPFT Contract meetings. It was noted that the figures involved for both trusts were very small. Both Trusts perform well against the national average. The Committee noted the levels of sickness reported in the Pharmacy team and that there was a shift of responsibility to the prescribers that would avoid this being an issue.		
QSPC 14/11/12	**YORKSHIRE AMBULANCE SERVICE (YAS) CALL CENTRE VISIT**		
	As YAS performance has been on the Risk Register for some time this triggered a quality assurance visit to Wakefield by the Chief Nurse and Dr S Krishnasamy. The visit was facilitated by Ben Holdaway, Locality Director (EOC) and Dr Steven Dykes, Associate Medical Director. The focus of the visit was on how calls are handled and despatched and how performance will improve. Both CCG reviewers each had the opportunity to sit with a call handler and a despatcher.		
	Several issues were highlighted during the visit. It was noted that the call handlers are not clinicians and when a patient reports having breathing difficulties this goes straight into the Red 1 algorithm and the call handler does not have the power to override this when the rest of the call history questions would not trigger a Red 1 call. The Team Leader could have re-triaged the case and changed this to a different category if deemed appropriate but overall YAS are more risk averse.		
	Dr Krishnasamy was reassured that whilst the target of 75% of Red 1 category calls are not being met in 8 minutes; the 19 mins conveyance target of seeing the patient and transporting them to the hospital is being		

Agenda Item	Note	Action	Deadline
	met for 97% of cases.		
	Another issue highlighted was post MI outcomes; return of spontaneous circulation - out of 11 Trusts across the country YAS are positioned 9th. On a positive note YAS are rated 1st in the country for survival rates, of which they are justifiably proud.		
	The Committee received and noted the YAS Report and the areas highlighted.		
COMMITTEE REPORTS AND MINUTES GENERAL			
QSPC 14/11/13	**SOUTH YORKSHIRE & BASSETLAW PRESSURE ULCER GOOD PRACTICE PROTOCOL FOR SAFEGUARDING**		
	The Interim Chief Nurse presented this report for information only. She noted the work that has been undertaken by the Director of Nursing at the Area Team to produce the protocols to raise awareness of pressure sores, the definition of what a pressure sore is and what is avoidable and unavoidable and to standardise practice across South Yorkshire.		
	The Committee received and noted the report and the areas highlighted.		
QSPC 14/11/14	**MINUTES OF THE AREA PRESCRIBING COMMITTEE HELD ON 8 OCTOBER 2014**		
	No comments were raised in relation to the minutes which were received and noted by the Committee.		
QSPC 14/11/15	**MINUTES OF THE PRIMARY CARE QUALITY AND COST EFFECTIVE PRESCRIBING GROUP HELD ON 18 SEPTEMBER 2014**		
	No comments were raised in relation to the minutes which were received and noted by the Committee.		
QSPC 14/11/16	**MINUTES OF THE QUALITY & PERFORMANCE GROUP (ACUTE CONTRACTS) MEETING HELD ON 7 OCTOBER 2014**		
	The Medical Director asked about the issue of the echocardiogram. It was noted that the Deputy Director of Finance and Contracts leads on this through the Contract meetings.		
	No further comments were raised in relation to the		

Agenda Item	Note	Action	Deadline
	minutes which were received and noted by the Committee.		
QSPC 14/11/17	**MINUTES OF THE QUALITY & PERFORMANCE GROUP (NON-ACUTE CONTRACTS) MEETING HELD ON 24 OCTOBER 2014**		
	No comments were raised in relation to the minutes which were received and noted by the Committee.		
QSPC 14/11/18	**MINUTES OF THE CQUINS MEETING HELD ON 16 OCTOBER 2014**		
	An *ad-hoc* meeting on 27 November with BHNFT was called to discuss progress the CWUIN for 2015/16, anti-microbials, pressure sores, DNAR and learning disabilities were suggested.		
	Dr Krishnasamy noted that in Birmingham the Trusts were asked to provide at least 3 positive outcomes of CQUINs for good practice that can be shared across the patch. The focus of CQUINs is often more negative and this is a more positive approach which could be something for us to think about in the future.		
	No further comments were raised in relation to the minutes which were received and noted by the Committee.		
QSPC 14/11/19	**MINUTES OF THE POST INFECTION REVIEW GROUP (PIR) MEETING HELD ON 24 OCTOBER 2014**		
	No comments were raised in relation to the minutes which were received and noted by the Committee.		
GENERAL			
QSPC 14/11/20	**ISSUES FOR ESCALATION TO THE GOVERNING BODY AND ITEMS TO BE COVERED IN HIGHLIGHT REPORT**		
	The Committee agreed the following areas for inclusion in the Quality Highlights Report to the November Governing Body: • AQuA Review Action Plan • Care Homes - CQC unannounced visit to a care home in Barnsley following a whistle blower stating their was a lack of overnight staff and a grade 4		

Agenda Item	Note	Action	Deadline
	pressure sore that had not been reported to the CQC (an Appreciative Enquiry will be undertaken). The Safeguarding team are involved. - Recent incidents at another care home are currently under investigation. • Bubb report - Winterbourne View will be circulated to the Committee for consideration at the next meeting. The learning disabilities lead has been asked to produce a summary report of key actions for the Governing Body.	**KM**	**31/12/14**
QSPC 14/11/21	**ANY OTHER BUSINESS**		
	Unplanned Care Board Dr Krishnasamy raised a suggestion from the Patient Council for unplanned care work. There is some reluctance for ethnic minorities to use the Pharmacy First scheme as GP practices have the help line for translation. There are some areas where the CCG is struggling to get the uptake for the minor ailments scheme and it was queried whether it would be possible to use a similar translation help line?		
	Richard Staniforth from Medicines Management team confirmed that this has been flagged with the Communications team and noted that with a change of contract in April 2013 pharmacies cannot access this help line. It was agreed that this would be raised with NHS England.	**RS**	**31/12/14**
	The Committee noted that this was Rebecca Wixey's last meeting and thanked her for all her hard work and support to the Committee, the Quality Team and throughout the CCG, she will be greatly missed.		
QSPC 14/11/22	**DATE AND TIME OF THE NEXT MEETING**		
	The next meeting of the Quality & Patient Safety Committee will be held on Thursday 8 January 2015 at 10:00 in the Meeting Room 3, Hillder House.		

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 2nd December, 2014

18. Present:-

Councillor Margaret Bruff – People (Safeguarding) Spokesperson
Councillor Margaret Morgan – Communities Support Member
Martin Farran – Executive Director, Adults and Communities
Rachel Dickinson – Executive Director, Children, Young People and Families
Penny Greenwood – Assistant Director, Public Health
Lesley Smith – Interim Chief Officer, NHS Barnsley Clinical Commissioning Group
Nick Balac – (Chairman), Chair NHS Barnsley Clinical Commissioning Group
Brian Hughes – NHS England
Adrian England – Barnsley Health Watch
Sean Rayner – South West Yorkshire Partnership NHS Foundation Trust
Steve Wragg – Barnsley Hospital NHS Foundation Trust

19. Declarations of pecuniary and non pecuniary interests.

No member wished to declare an interest.

20. Minutes of the Board Meeting held on 18th September, 2014.

The meeting considered the minutes of the previous meeting, held on 18th September, 2014.

RESOLVED: - that the minutes be approved as a true and correct record.

21. Minutes from the Children and Young People's Trust Executive Group held on 19th September, 2014.

The meeting considered the minutes from the Children and Young People's Trust Executive Group, held on 19th September, 2014.

RESOLVED: - that the minutes be received.

22. Minutes from the Barnsley Community Safety Partnership held on 23rd September, 2014.

The meeting considered the minutes from Barnsley Community Safety Partnership, held on 23rd September, 2014.

RESOLVED: - that the minutes be received.

23. Minutes from the Anti-Poverty Board held on 4th August, and 15th September, 2014.

The meeting considered the minutes from the Anti-Poverty Board meetings held on 4th August and 15th September, 2014.

RESOLVED:- that the minutes be received.

24. Minutes from the Provider Forum held on 10th September, 2014.

The meeting considered the minutes from the Provider Forum meeting, held on 10th September, 2014.

Members noted the Provider Forum's focus on reducing Accident and Emergency attendances and admissions, and the need tor intelligence on best practice that had achieved this objective.

RESOLVED: -
(i) that the minutes be received;
(ii) that the Director of Operations and Delivery, NHS England investigates the availability of evidence of good practice in relation to reducing Accident and Emergency attendances and admissions for sharing with the Provider Forum.

25. Health and Wellbeing Board Performance Dashboard and Quarter 2 position.

The item was introduced by the Health and Wellbeing Development Manager who referred to the suite of 16 indicators associated with the Health and Wellbeing Strategy 2014/19 and the 6 mandatory indicators associated with the Better Care Fund.

It was noted that 7 of the suite of indicators were on green, 0 on Amber, 6 on red and 9 had no data available other than baseline information. The meeting discussed in more detail those on red and noted the improvement action in place.

RESOLVED: -
(i) that the report and progress made in the development of a performance dashboard for the Health and Wellbeing Board be noted;
(ii) that the quarter 2 exception report on the progress being made across the suite of metrics in the Health and Wellbeing Strategy and Better Care Fund be received;
(iii) that exception reports on performance against the Health and Wellbeing Strategy and Better Care Fund are received at least every 6 months, with detailed project/scheme reports throughout the course of the year.

26. NHS – 5 Year Forward View.

The item was introduced by the Director of Operations and Delivery, NHS England. An overview was given of the current situation for the NHS, noting expected rising demand. The need to develop and implement new care models was noted, with a need for efficiency and innovation in the system.

The Interim Chief Officer, NHS Barnsley Clinical Commissioning Group, provided a commentary to put the presentation in a Barnsley context, which had been the subject of consideration by the CCG. The meeting noted the need to consider if the structures and systems in place in the health and social care system were sufficiently robust to respond to the challenge outlined in the presentation.

RESOLVED: -
(i) that the 5 year forward view for the NHS be noted;
(ii) that SSDG give consideration to the issues raised in the presentation and report to a future meeting of the board with a plan for future action.

27. BCF Assurance Outcome and Action Plan.

The item was introduced by the Health and Wellbeing Development Manager, making Members aware of the current approval rating, 'approved with support' and the conditions required to move the assessment to 'approved'. These included evidencing the following:-

- An outcome of the Ernst and Young work around economic modelling;
- Identification of the proportions around risk sharing;
- Setting out the timescales for the S.75 agreement.

RESOLVED: - that the successful outcome of 'approved with support' and the working taking place to ensure the BCF plan is approved in December 2014 be noted.

28. Holistic Patient Care (HPC) Project.

The meeting received a presentation from Paul Higginbottom, Business Manager of Barnsley Council Independent Living at Home Service and Jason Bradley from Barnsley Hospital NHS Foundation Trust on the HPC Project. The project aimed to develop improved information sharing systems, helping to deliver the overall strategy for Barnsley.

Members noted concerns that the sharing of clinical information was apparently not a priority, given that it was currently to be considered within phase three. This was due to anticipated difficulties in delivering this aspect in the first year, which highlighted the tight timescales associated with the funding arrangements.

RESOLVED: -
(i) that the intentions and current position of the HPC project be noted;
(ii) that the basis of the project forms part of the Pioneer programme around integrated care and support;
(iii) that the principles of the project be supported and each partner organisation be encouraged to take part fully in the project to ensure benefits are fully realised;
(iv) that SSDG give consideration to how the required timescales can be achieved across the whole system;
(v) that the Director of Operations and Delivery, NHS England raises the issues associated with the tight timescales within the LAT.

29. Systems Leadership – Supporting Whole Systems Transformation.

The item was introduced by the Health and Wellbeing Development Manager. Members were reminded of the challenge faced in the health and social care system in Barnsley. The need for development work to enable an encourage innovation, leading on to an improvement in service and in outcomes was stressed.

RESOLVED:-
(i) that the intentions, scope and focus of the systems leadership support be noted;
(ii) that a commitment be made to work closely with Robin Douglas to help inform how the role of the Board, pioneer programme and broader health and social care economy can help ensure a safe and sustainable system in the 21st Century.

30. Mental Health Crisis Care Concordat and CQC Inspection.

The item was introduced by the Executive Director Adults and Communities, referring to the publication 'Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis' and the principals within.

The meeting then considered a briefing note regarding the forthcoming CQC inspection, noting that it was likely that Barnsley Hospital NHS Foundation Trust would be designated as lead organisation for the inspection. The Board commented on the importance of the inspection covering young people's mental health, but that this would be determined by the CQC.

RESOLVED: -
(i) that the principles of the Concordat be accepted;
(ii) that a task and finish group be established to develop and action plan, and that the group reports back into the Board at an appropriate juncture;
(iii) that the details of the forthcoming CQC inspection be noted.

31. Safeguarding Adults Board Protocol with the Health and Wellbeing Board.

The item was introduced by the Cabinet Member People (Safeguarding), noting that from April 2015 the Safeguarding Adults Board (SAB) will be placed on a statutory footing.

Members noted the proposal for the Chair of the SAB to attend and present the annual report of the SAB to the Health and Wellbeing Board on a yearly basis, and for the SAB to be consulted on in relation to the JSNA and for the findings of the SAB to feed into the development of the Joint Health and Wellbeing Strategy.

RESOLVED: - that the protocol, setting out the governance and working arrangements between the Barnsley Safeguarding Adults Board and Health and Wellbeing Board, be approved.

32. Integrated Personal Commissioning Application.

The meeting received the application, which had been submitted prior to the deadline of Friday 7th November, 2014.

RESOLVED: - that the application be noted and that Board members be made aware of the outcome.

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Chairman

Minutes of the Meeting of the NHS Clinical Commissioning Group Formal Management Team held on Wednesday 10 December 2014 at 9.00am in Meeting Room 1, Hillder House, 49/51 Gawber Road, Barnsley S75 2PY

PRESENT:

Ms Lesley Smith	Interim Chief Officer (Chair)
Dr Nick Balac	Chairman
Mrs Vicky Peverelle	Chief of Corporate Affairs

IN ATTENDANCE:

Mr Neil Lester	Deputy Chief Finance Officer
Ms Sally Burton	Interim Assistant Director of Public Health
Ms Donna Mair	Public Health Strategic Commissioning Programme Manager (part)
Mrs Fran Wickham	Executive PA to Chairman & Interim Chief Officer (minute taker)

Agenda Item	Note	Action	Deadline
FMT 10/12/01	**APOLOGIES**		
	Apologies were received from Dr Ghani, Karen Martin, Cheryl Hobson, Christine Joy, Jim Logan, Kath Harris and Sharon Stoltz.		
FMT 10/12/02	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	There were no declarations of interest received.		
FMT 10/12/03	**ACTION LOG**		
	The Management Team discussed Item 1 Mental Health Strategy. It was recognised that this needs refreshing to look at the scope of the outcomes. It was noted that SWYPFT are redesigning their social work services and there needs to be a joined up approach to the Strategy; this is time critical due to the planning guidance and new mental health targets coming on steam. **Action: Chief Finance Officer and Senior Mental Health Commissioner to progress**	**CH/AR**	**07/01/15**

Agenda Item	Note	Action	Deadline
	Post Meeting Note – meeting has been arranged for early January 2015 With respect to Item 4 Integrated Care Home (Code of Standards between Care Homes and GPs) it was agreed to set a target date for completion of the end of January 2015.		
FMT 10/12/04	**MINUTES OF THE PREVIOUS MEETING HELD ON 27 NOVEMBER 2014**		
	The Management Team approved the minutes as a true and accurate record of the 27 November 2014 meeting. **Matters Arising** Further to the discussions on Primary Care Co-Commissioning the Chief of Corporate Affairs reported that the 'terms of reference' for the Primary Care Commissioning Committee have been revised and will be included on the next private Governing Body agenda for discussion. The Deputy Chief of Finance advised that there is a working group of Officers across the region which is undertaking an assessment of the financial risk associated with the above work. Whilst risk sharing has been put forward there are no firm proposals for a risk sharing protocol at this stage. It is recognised that decisions need to be made at regional and national level before risks can be properly quantified. The Chief of Corporate Affairs reported that there is a Primary Care Co-Commissioning Steering Group to be held this evening. A separate meeting will be held between the Area Team with the CCG so that they can assure themselves of the CCG documentation to date. The CCG must submit the delegation proposal by noon on the 9 January 2015.		
FMT 10/12/05	**INTEGRATED SEXUAL HEALTH SERVICE**		
	The Public Health Strategic Commissioning Programme Manager joined the meeting and advised that the paper presented gave an update on the progress for this service. It was hoped that the service would be in place from 1 April 2015. In October 2014 at pre-qualification stage 16		

Agenda Item	Note	Action	Deadline
	expressions of interest were received. Six PQQs (pre-qualification questionnaires) were completed and five suppliers were asked to tender for the service. Three tenders were received. Tenders were evaluated based on a 70% quality, 30% price split. On Monday (15 December 2014) there will be a clarification day with suppliers for assurance and the award will be made to the successful supplier this month. Mobilisation is to commence in January 2015 in order for the service to go live in April 2015. The service is anticipated to be a 'hub and spoke' service. Primary Care pathways are to be developed with the new provider. Dr Balac noted that if the provider was new to dealing with Primary Care pathways this might be a risk. It was recognised that the new provider would need to develop an engagement plan for implementation very quickly. The Deputy Chief Finance Officer advised that the CCG does not contribute to this contracted service. It was however noted that there is funding for some pharmaceuticals and there is an agreement for recharging 'LARKS' as this comes through from prescribing costs. The Public Health Strategic Commissioning Programme Manager left the meeting.		
FMT 10/12/06	**UNIVERSAL INFORMATION AND ADVICE BUSINESS CASE (UIA)**		
	The Chief Officer queried how this business case linked to the work in the development of Pioneer. There was also a need to understand where the business case would sit in relation to the Better Care Fund (BCF). The business case highlighted that the work would contribute to reducing the level of emergency admissions; however this was not quantified. The Chief of Corporate Affairs also noted that this work links to the Care Act and would be central to funding in the BCF and statutory responsibilities of other organisations.		

Agenda Item	Note	Action	Deadline
	The Deputy Finance Officer advised the following: • Work is progressing with the CCG and BMBC to progress UIA • To review areas of work where there are overlaps to ensure integrated system; business case seeks to ensure this is seamless • Work to reduce emergency admissions not seen in the BCF • Promoting independence • Links in with RightCare Barnsley The Management Team questioned whether there is a RightCare work stream looking at the same issues. Deputy Chief Finance Officer noted that the scope of this business case was more to enable self-help. The meeting also discussed links to Connects (connectivity hub) at BMBC. The Care Act is also about enabling people to think about housing, pension and other lifestyle choices early on to improve their health going forward. The business case put forward is for funding to prepare/scope the strategy for the Promoting Independence Board to join up the different parts. The meeting asked whether this could be developed with existing resources. Deputy Chief Finance Officer confirmed that the funding for this business case had been included in the Mid-Year Review. **Action: Deputy Chief Finance Officer to feedback to Chief Finance Officer and Stronger Barnsley Together Portfolio Manager asking for a more defined business case**	**NL**	**17/12/14**
FMT 10/12/07	**MAPPING CURRENT NHS PREVENTATIVE INTERVENTIONS – TO AGREE KEY CONTACTS**		
	Chief Officer reported that the CCG has received a letter from NHS England regarding a piece of work being commissioned to map current NHS preventative interventions. This work will start with the NHS but will also involve partners such as Public Health.		

Agenda Item	Note	Action	Deadline
	It was agreed that for the CCG the key contacts would be Jayne Sivakumar, Head of Service Delivery and Jamie Wike, Head of Planning and Performance. The Interim Assistant Director of Public Health reported that Carl Hickman, Public Health Principal – People would be the lead at BMBC. **Action: Chief Officer to report back key contacts**	**LS**	**17/12/14**
FMT 10/12/08	**ANY OTHER BUSINESS**		
	Interim Assistant Director of Public Health reported that the Director of Public Health retires on 31 December 2014; Julie Burrows will be in post from 5 January 2015.		
FMT 10/12/09	**DATE AND TIME OF NEXT MEETING**		
	The next Formal Management Team meeting will be held on Wednesday 7 January 2015, 9.00 – 11.00am in the Boardroom, Hillder House.		

NHS
Barnsley Clinical Commissioning Group

ACTION / DECISION LOG

FORMAL MANAGEMENT TEAM MEETING
Updated for 7 January 2015 Meeting

Date of Meeting	No	Action/Decision	Target Date	Responsible Individual	RAG	Comments / update
17.06.14	01	**MATTERS ARISING – MENTAL HEALTH STRATEGY –** Kath Harris to follow up the Mental Health Strategy amendments with Alison Rumbol, then send to the Chief Finance Officer, who will share with the Governing Body.	24.06.14 01.07.14	KH CH		**This work requires refreshing to look at the scope of the outcomes. This is time critical due to the planning guidance and new mental health targets coming on steam. Meeting has been arranged for early January 2015**
15.07.14	02	**INNOVATION APPROACH –**The Head of Planning and Performance will speak to the Head of Service Development regarding the Apple iGenius session and ask her to liaise with Glen Collinson, IT Business Partner, to arrange this. The Head of Planning and Performance will circulate the Innovation Camp video to the Management Team and to attendees prior to use at a future CCG staff briefing. A revised paper, addressing the issues discussed will be presented for discussion at the Formal Management Team meeting on 12 August and the CCG staff briefing on 19 August.	29.07.14 29.07.14 19.08.14	JW JW JW		**This item was taken forward on the agenda for 15.10.14**

29.07.14	03	**CSU MONTHLY PERFORMANCE REPORT –** Christine Joy will confirm to the Management Team the assurance the CSU has in place for the gap in OD support.	20.08.14	CJ		**There is a plan and a discussion has taken place on scoping. This will link in with the associate Board to deliver agreed output in the interim.**
17.09.14	04	**INTEGRATED CARE HOMES TEAMS –** Kath Harris agreed to work with Karen Martin, Head of Patient Safety/Deputy Chief Nurse, on the Code of Standards between Care Homes and GPs.	29.10.14	KH		**Item needs to be expedited as a priority. Need a consistent set of standards to deliver service. To be completed by the end of January 2015.**

Key:

Blue (B)	**New Action (1st time to the meeting)**
Red (R)	**Outstanding (Passed target date)**
Grey (Gr)	**Update required (Not clear where action is up to)**
Amber (A)	**Progressing (Work begun but not complete)**
Green (G)	**Action Completed (to next meeting to note only then remove from log)**
White (W)	**Decision made**