

A meeting of the NHS Barnsley Clinical Commissioning Group Governing Body will be held on Thursday 9 May 2019 at 9.30 am in St John and St Mary Magdalene Church Parish Hall, Lockwood Road, Goldthorpe, S63 9JY

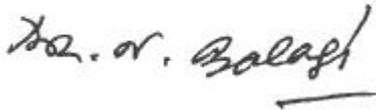
**AGENDA
(Public)**

Item	Session	GB Requested to	Enclosure Lead	Time
1	Apologies	Note		9.30 am
2	Quoracy	Note		
3	Patient Story	Note		9.35 am 10 mins
4	Declarations of Interest relevant to the agenda	Assurance	GB/Pu 19/05/04 Nick Balac	9.45 am 5 mins
5	Patient and Public Involvement Activity Report	Assurance	GB/Pu 19/05/05 Lesley Smith	9.50 am 10 mins
6	Minutes of the meeting held on 14 March 2019	Approval	GB/Pu 19/05/06 Nick Balac	10.10 am 5 mins
7	Matters Arising Report	Note	GB/Pu 19/05/07 Nick Balac	10.15 am 5 mins
Strategy				
8	Chief Officers Report	Information	GB/Pu 19/05/08 Lesley Smith	10.20 am 10 mins
9	Developing SYB System Commissioning and CCG Joint Commissioning Arrangements for 2019/20	Decision	GB/Pu 19/05/09 Lesley Smith	10.30 am 10 mins
10	Integrated Care Update	Information	Verbal Jeremy Budd	10.40 am 10 mins
11	Cancer Programme Six Monthly Assurance Report	Assurance	GB/Pu 19/05/11 Hussain Kadarsha	10.50 am 15 mins
Quality and Governance				

12	Management of Patient Experience Policy		Approval	GB/Pu 19/05/12 Martine Tune	11.05 am 10 mins
13	Quality Highlights Report		Assurance	GB/Pu 19/05/13 Martine Tune	11.15 am 10 mins
14	Risk & Governance Exception Report		Assurance	GB/Pu 19/05/14 Richard Walker	11.25 am 10 mins
Finance and Performance					
15	Integrated Performance Report		Assurance and Information	GB/Pu 19/05/15 Roxanna Naylor Jamie Wike	11.35 am 15 mins
16	Budgets 2019/20 and Planning Update		Approval	GB/Pu 19/05/16 Roxanna Naylor	11.50 am 10 mins
17	QIPP Programme Reporting		Assurance and Information	GB/Pu 19/05/17 Jamie Wike	12.00 noon 10 mins
Committee Reports and Minutes					
18	18.1	Minutes of the Finance and Performance Committee Meeting held on 7 March 2019 and 4 April 2019	Assurance	GB/Pu 19/05/18.1 Nick Balac	12.10 pm 5 mins
	18.2	Minutes of the Audit Committee Held on held on 21 March 2019 and 18 April 2019	Assurance	GB/Pu 19/05/18.2 Nigel Bell	
	18.3	Minutes of the Quality and Patient Safety Committee held 21 February 2019.	Assurance	GB/Pu 19/05/18.3 Sudhagar Krishnasamy	
	18.4	Minutes of the Membership Council held on 19 March 2019	Assurance	GB/Pu 19/05/18.4 Nick Balac	
	18.5	Assurance Report of the Primary Care Commissioning on 31 January 2019	Assurance	GB/Pu 19/05/18.5 Chris Millington	
	18.6	Assurance Report Equality and Engagement Committee	Assurance	GB/Pu 19/05/18.6 Martine Tune	
	18.7	Minutes of the Health and Wellbeing Board held on 9 April 2019	Assurance	GB/Pu 19/05/18.7 Nick Balac	
	18.8	Minutes of the meeting of South Yorkshire and Bassetlaw Shadow Integrated Care System Collaborative Partnership Board 9 November 2018	Assurance	GB/Pu 19/05/18.8 Lesley Smith	

19	Governing Body Assurance Work Plan/Agenda Timetable	Approval & Assurance	GB/Pu 19/05/19 Richard Walker	12.15 pm 5 mins
20	Questions from the Public on Barnsley Clinical Commissioning Group business	Note	Nick Balac	12.20 pm 10 mins
21	Reflection on how well the meeting's business has been conducted: <ul style="list-style-type: none"> • Conduct of meetings • Any areas for additional assurance • Any training needs identified 	Assurance	Nick Balac	12.30 pm 5 mins
General				
22	Date and Time of the Next Meeting: Thursday 11 July 2019 at 9.30 am in Mapplewell & Staincross Village Hall, Darton Lane, Mapplewell, Barnsley S75 6AL			12.35 pm Close

Signed



Dr Nick Balac – Chairman

Exclusion of the Public:

The CCG Governing Body should consider the following resolution:

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

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

GOVERNING BODY

9 May 2019

Declarations of Interests, Gifts, Hospitality and Sponsorship Report**PART 1A – SUMMARY REPORT**

1.	THIS PAPER IS FOR													
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>						
2.	REPORT OF													
		<i>Name</i>	<i>Designation</i>											
	<i>Executive Lead</i>	Richard Walker	Head of Governance & Assurance											
	<i>Author</i>	Paige Dawson	Governance, Risk & Assurance Facilitator											
3.	EXECUTIVE SUMMARY													
	<p>Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.</p> <p>The table below details what interests must be declared:</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Financial interests</td> <td>Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;</td> </tr> <tr> <td>Non-financial professional interests</td> <td>Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;</td> </tr> <tr> <td>Non-financial personal interests</td> <td>Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;</td> </tr> <tr> <td>Indirect interests</td> <td>Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.</td> </tr> </tbody> </table>				Type	Description	Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;	Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;	Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;	Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.
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	<p>Appendix 1 to this report details all Governing Body Members' current declared interests to update and to enable the Chair and Members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p>Additions / Removals Dr Mehrban Ghani and Dr Madhavi Guntamukkala have been removed from the register in respect of their resignation on 1 April 2019.</p> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>
4.	THE GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none"> Note the contents of this report and declare if Members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.
5.	APPENDICES
	<ul style="list-style-type: none"> Appendix 1 – <i>Governing Body Members Declaration of Interest Report</i>

Agenda time allocation for report:	5 minutes
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	9.1
2.	Links to CCG's Corporate Objectives	Y/N
	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	
	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 £.	
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

NHS Barnsley Clinical Commissioning Group Register of Interests

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

Register: Governing Body

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

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	<ul style="list-style-type: none"> • Partner at St Georges Medical Practice (PMS)
		<ul style="list-style-type: none"> • Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract • Member of the Royal College of General Practitioners • Member of the British Medical Association • Member of the Medical Protection Society • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG • Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).
Nigel Bell	Lay Member - Governance	<ul style="list-style-type: none"> • Ad hoc provision of Business Advice through Gordons LLP
		<ul style="list-style-type: none"> • GP Appraiser for NHS England • Directorship at SAAG Ltd, 15 Newham Road, Rotherham

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
		<ul style="list-style-type: none"> • Husband is a partner at The Grove Medical Practice and Lakeside Surgery • Member of the Royal College of General Practitioners • Member of the British Medical Association • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
John Harban	GP Governing Body Member	<ul style="list-style-type: none"> • GP Partner at Lundwood Medical Centre and The Kakoty Practice, Barnsley
		<ul style="list-style-type: none"> • AQP contracts with the Barnsley Clinical Commissioning Group to supply Vasectomy, Carpal Tunnels and Nerve Conduction Studies services • Owner/Director Lundwood Surgical Services • Wife is Owner/Director of Lundwood Surgical Services • Member of the Royal College of General Practitioners

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • Member of the faculty of sports and exercise medicine (Edinburgh) • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG • Chair of the Remuneration Committee at Barnsley Healthcare Federation
M Hussain Kadarsha	GP Governing Body Member	<ul style="list-style-type: none"> • GP Partner in Hollygreen Practice
		<ul style="list-style-type: none"> • GP Partner in Lakeside Surgery, Goldthorpe (Partner in Company Alliance Primary Care LTD) • The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG • Member of the British Medical Association • Director of YAAOZ Ltd, with wife
		<ul style="list-style-type: none"> • Malkarsha Properties Ltd (Director) • All Stars Medical - Dormant

Name	Current position (s) held in the CCG	Declared Interest
Sudhagar Krishnasamy	Associate Medical Director	<ul style="list-style-type: none"> • GP Partner at Royston Group Practice, Barnsley
		<ul style="list-style-type: none"> • Member of the Royal College of General Practitioners • GP Appraiser for NHS England • Member of Barnsley LMC • Member of the Medical Defence Union • Director of SKSJ Medicals Ltd • Wife is also a Director • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG • Undertakes sessions for IHeart Barnsley
Jamie MacInnes	Governing Body Member	<ul style="list-style-type: none"> • GP Partner at Dove Valley Practice

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • Shareholder in GSK
		<ul style="list-style-type: none"> • 3A Honorary Senior Lecturer
		<ul style="list-style-type: none"> • Wife is a T/L Fellow Oncoplastic / breast trainee but applying for a Consulting Post
Chris Millington	Lay Member	<ul style="list-style-type: none"> • Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 2018) • Partner Governor Barnsley Hospital NHS Foundation Trust (since 6 February 2019)
Roxanna Naylor	Chief Finance Officer	<ul style="list-style-type: none"> • Partner works at NHS Leeds Clinical Commissioning Group.
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> • Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Mark Smith	GP Governing Body Member	<ul style="list-style-type: none"> • Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles.
		<ul style="list-style-type: none"> • Director of Janark Medical Ltd
Lesley Smith	Governing Body Member	<ul style="list-style-type: none"> • Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients potentially including the NHS.
		<ul style="list-style-type: none"> • Member of the Regional Leadership Council (RLC), Yorkshire and Humber Leadership Academy, Health Education England

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • Chair, South Yorkshire Cancer Alliance
		<ul style="list-style-type: none"> • Deputy Lead SYB, Integrated Care System
		<ul style="list-style-type: none"> • Chief Executive Lead for Strategy, Planning and Transformation SYB, Integrated Care System
Martine Tune	Chief Nurse (Acting)	<ul style="list-style-type: none"> • Works on an ad-hoc basis for the Care Quality Commission as a Specialist Advisor.
		<ul style="list-style-type: none"> • Husband is an employee of Rotherham NHSFT at the middle manager level.
Sarah Tyler	Lay Member for Accountable Care	<ul style="list-style-type: none"> • Volunteer Governor / Board Member, Northern College
		<ul style="list-style-type: none"> • Voluntary trustee / Board Member for Steps (community care provider for early years / nursery)
		<ul style="list-style-type: none"> • Interim Health Improvement Specialist for Wakefield Council (ceased July 2018)
		<ul style="list-style-type: none"> • Quality For Health Manager, Voluntary Action Calderdale (VAC) in partnership with the Calderdale Clinical Commissioning Group

Governing Body

9 May 2019

Patient and Public Involvement Activity Report

1.	THIS PAPER IS FOR									
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
2.	REPORT OF									
	<table border="1"> <thead> <tr> <th></th> <th><i>Name</i></th> <th><i>Designation</i></th> </tr> </thead> <tbody> <tr> <td><i>Executive Lead</i></td> <td>Lesley Smith</td> <td>Chief Officer</td> </tr> <tr> <td><i>Presenting</i></td> <td>Kirsty Waknell</td> <td>Head of communications and engagement.</td> </tr> </tbody> </table>		<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Lesley Smith	Chief Officer	<i>Presenting</i>	Kirsty Waknell	Head of communications and engagement.
	<i>Name</i>	<i>Designation</i>								
<i>Executive Lead</i>	Lesley Smith	Chief Officer								
<i>Presenting</i>	Kirsty Waknell	Head of communications and engagement.								
3.	EXECUTIVE SUMMARY									
	<p>We have confirmed our financial contribution of £141k to Barnsley Council for 19/20 to deliver patient and public involvement activities and support to the voluntary and community sector.</p> <p>This report highlights the local conversations which are going to be taking place in Barnsley in relation to the NHS Long Term Plan. A more detailed update is provided in the Chief Officer's report, which sets out the involvement plan across South Yorkshire and Bassetlaw.</p>									
4.	THE GOVERNING BODY IS ASKED TO:									
	<ul style="list-style-type: none"> Note the content of the report. 									

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

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	9.1
2.	Links to CCG's Corporate Objectives	Y/N
	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
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	N
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	<i>This paper is for assurance and there are no engagement requirements.</i>
	Is actual or proposed engagement activity set out in the report?	Yes.
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

PART 2 – DETAILED REPORT

1	INTRODUCTION	
	This report gives an overview of our recent and future patient and public involvement activity in Barnsley CCG.	
1.1	<p>The CCG has made a financial contribution of £141k in 2019/20 to Barnsley Council for patient and public involvement activities.</p> <p>The funding is used by the local authority on our behalf to support the following activities:</p> <ul style="list-style-type: none"> • Deliver robust and sustainable third sector to support health and care services such as My Best Life. • Provide community involvement infrastructure for health and care public involvement activities. • Support the adult joint commissioning team to undertake consultation, engagement and involvement throughout the commissioning cycle. • Ensure access to any commissioner equality forums in relation to above activity points. 	
2.	INVOLVEMENT ACTIVITY	
	How public and patient involvement is influencing the decisions we make.	
	Activity	Outcomes/findings
	NHS Long Term Plan	<p>During May and June we'll be talking to patients, the public, to staff and other stakeholders about what the NHS Long Term Plan means for Barnsley.</p> <p>Healthwatch Barnsley is also collecting views via surveys and in local group sessions.</p> <p>We will also be starting to talk to people about things which will influence the new Health and Wellbeing Board Strategy for Barnsley.</p>
	Barnsley Vision Strategy	<p>The strategy group plans to work with people with sight loss to look at what can be done within the resources available. They want to help people engage in what is already available locally, help support new community projects and look at developing services.</p> <p>The term 'sight loss' includes people who have a sight loss that is affecting their everyday life; they may or may not be registered as sight impaired (partially sighted) or severely sight impaired (blind).</p> <p>It will ask people for their experiences, views and opinions on prevention, independence and</p>
	<p>Barnsley's Vision Strategy Group wants to hear about the experiences of Barnsley residents who have sight loss, from the point of diagnosis to on-going support and services.</p> <p>The Vision Strategy Group is made up of representatives from people with sight loss, Barnsley Council,</p>	

<p>Education Inclusion Services, Healthwatch Barnsley, charities, NHS Barnsley Hospital, Barnsley Clinical Commissioning Group, South West Yorkshire Foundation NHS Partnership Trust, Royal National Institute of Blind People (<i>RNIB</i>) and local opticians.</p>	<p>inclusion, and services.</p> <p>People will be able to give their views online at https://surveys.barnsley.gov.uk/s/AJFB4 Hard copies which can be filled in with support from members of the group including Barnsley Hospital and the RNIB, and over the telephone.</p> <p>Information from completed questionnaires will be used to identify areas to focus on at an engagement event on Saturday 11 May, 12.30 to 3.30pm at Barnsley Town Hall.</p>
<p>Big Conversation for the Barnsley Deaf community</p>	<p>A follow-up event was held on 13 April 2019 with SWYPFT, Barnsley Hospital and the CCG to discuss the progress of improvements to local services for Deaf people in Barnsley.</p> <p>The feedback is being written up and will be shared in a future report.</p>

GB/Pu 19/05/06

Minutes of the meeting of the Barnsley Clinical Commissioning Group Governing Body (PUBLIC SESSION) held on Thursday 14 March 2019 at 9.30 am in the Boardroom, Hilder House, 49/51 Gawber Road, Barnsley, S75 2PY**MEMBERS PRESENT**

Dr Nick Balac	Chairman
Dr Adebowale Adekunle	Member
Nigel Bell	Lay Member for Governance
Dr Sudhagar Krishnasamy	Member & Associate Medical Director
Dr Jamie MacInnes	Member
Chris Millington	Lay Member for Patient and Public Engagement & Primary Care Commissioning
Roxanna Naylor	Chief Finance Officer
Mike Simms	Secondary Care Clinician
Lesley Smith	Chief Officer
Martine Tune	Chief Nurse (Acting)
Sarah Tyler	Lay Member for Accountable Care

IN ATTENDANCE

Jeremy Budd	Director of Commissioning
Chris Lawson	Head of Medicines Optimisation (Up to and including reference GB 19/03/09)
Janine Lee	Project Manager Medicines Management Team (Up to and including reference GB 19/03/09)
Kay Morgan	Governance & Assurance Manager
Patrick Otway	Head of Commissioning Mental Health, Children's and Maternity (for minute reference GB 19/03/10 and GB 19/03/11 only)
Phil Strike	Communications Digital Officer
Richard Walker	Head of Governance and Assurance
Jamie Wike	Director of Strategic Planning and Performance

APOLOGIES

Dr John Harban	Member
Dr M Hussain Kadarsha	Member
Dr Mark Smith	Member

MEMBERS OF THE PUBLIC

Tony Conway	Member of the Public
Nora Everitt	Member of the Public

GB/Pu 19/05/06

Agenda Item		Action	Deadline
GB 19/03/01	QUORACY		
	The meeting was declared quorate.		
GB 19/03/02	PATIENT STORY		
	<p>The Governing Body received a patient story reflecting the positive experience and outcomes for a patient, following a review of medications by a clinical pharmacist at their local GP Practice.</p> <p>The Patient Story demonstrated how the skill mix of health care professionals within a Practice Team can deliver better outcomes for patients and ease pressures in the system. Patients see the right person with the right skills at the appropriate time. There were some initial misconceptions about the Clinical Pharmacist service but these were unfounded with patients receiving a first class professional service and improved outcomes as demonstrated in the Patient Story. Positive feedback regarding the valued role of the clinical pharmacist had been received from Practices.</p> <p>It is important for patients to have an annual review of their medication and Clinical Pharmacists had time to talk to patients about their medicines, check for side effects and answer any questions patients may have.</p>		
	The Chief Nurse (acting) commented that all the patient stories received at the Governing Body can be found on the CCG's website and are available for use in relevant forums.		
	<p>The Governing Body noted the Patient Story.</p> <p><i>Agreed action:</i> <i>To promote the role of the Clinical Pharmacists to Members of the public.</i></p>	KW	09.05.19
GB 19/03/03	DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA		
	The Governing Body considered the Declaration of Interests, Gifts, Hospitality and Sponsorship Report. No further declarations were received.		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	The Chairman advised that all GP Members will have an interest in agenda items 9 'Primary Care Networks' and 14 'PDA'. Item 9 was for information, and item 14 was to approve the content of the 2019/20 PDA which had previously been considered by the Membership Council and Governing Body. The financial elements of the PDA would be considered and approved by the Primary Care Commissioning Committee to facilitate the management of conflicts of interest. GP members could therefore remain in the meeting for discussion on these items.		
GB 19/03/04	PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT		
	The Lay Member for Patient and Public Engagement & Primary Care Commissioning introduced the Patient and Public Involvement (PPI) Activity Report to the Governing Body. It was noted that local stakeholders, the Patient Council and Dr Jan Eldred (Chair of Citizens Advice) had contributed to the review of the Patient and Public Involvement Strategy. The revised Strategy included acknowledging the emergence of the South Yorkshire and Bassetlaw Integrated Care System and the strengthened collaborative approach of involvement by partners in Barnsley. The Strategy had been approved by the CCG's Engagement and Equality Committee in February 2019. The Chair suggested that a greater emphasis should be included on the innovative work done by young people informing commissioning.		
	The Chief Officer highlighted that the wording within the Patient and Public Involvement Strategy referred mainly to engagement rather than involvement. She advised that the Strategy should be reviewed and wording changed as appropriate to give greater emphasis to involvement.		
	<p>The Governing Body noted the overview of recent and future patient and public involvement activity in Barnsley.</p> <p><i>Agreed actions</i></p> <p><i>To give additional emphasis to Patient and Public Involvement throughout the strategy rather than</i></p>	<p>CM/KW</p>	<p>09.05.19</p>

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	<p><i>Patient and Public Engagement.</i></p> <p><i>To include the work of young people and Chillypep in the Strategy.</i></p>	<p>CM/KW</p>	<p>09.05.19</p>
<p>GB 19/03/05</p>	<p>MINUTES OF THE PREVIOUS MEETINGS HELD ON 8 NOVEMBER 2018</p>		
	<p>The minutes of the previous meeting held on 10 January 2019 were verified as a correct record of the proceedings.</p> <p>The Lay Member for Patient and Public Engagement & Primary Care Commissioning referred to minute reference GB 19/01/14 'Cancer Development Proposal' and requested an update in relation to Capacity in Lift Buildings. The Director of Commissioning advised that the utilisation of vacant capacity within Lift Buildings will be considered by the Estates Strategy Group. Additionally, the CCG will give assurance to partners that a range of services are welcomed into available space within LIFT buildings. The Director of Commissioning reported that a tour of the available facilities within LIFT buildings was scheduled for 25 March 2019 and members were welcome to attend the tour.</p>		
<p>GB 19/03/06</p>	<p>MATTERS ARISING REPORT</p>		
	<p>The Governing Body considered the Matters Arising Report.</p> <p>Minute reference GB/Pu 19/01/13 Mental Health 5 Year Forward View Business Case</p> <p>The Director of Strategic Planning and Performance agreed to determine a date for the Clinical Forum to consider NHSE evidence re IAPT LTC Service and potential for reduction of acute healthcare costs associated with long term conditions.</p>	<p>JW</p>	<p>09.05.19</p>
<p>STRATEGY</p>			
<p>GB 19/03/07</p>	<p>CHIEF OFFICER'S REPORT</p>		
	<p>The Chief Officer introduced her report and outlined the</p>		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	developing system commissioning arrangements for 2019/20 in South Yorkshire and Bassetlaw (SY&B). This will be a system-wide approach to standardise commissioning, reduce variation in practice, and improve equity of service access. The commissioning priorities will be managed by the Joint Committee of CCGs, strengthened with delegated decision making authority where agreed by the five SY&B CCGs.		
	It was queried whether the 2019/20 SY&B proposed system commissioning priorities were sufficiently ambitious. SY&B were already commissioning together, there were no new areas within the commissioning priorities and very little relating to Primary Care. The statutory duty to involve the public in commissioning decisions was highlighted.		
	In response to questions raised, it was clarified that decisions and actions around the Hospital Services Review currently remained with individual CCGs as this had not been delegated to the Joint Committee of CCGs.		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Considered the content of the paper and supported the approach to expand on and implement system commissioning in SYB during 2019/20 in line with the NHS Long Term Plan requirements • Agreed the draft 2019/20 JCCCG priorities and support the JCCCG to develop the work programme and propose which priorities should be given delegated authority from CCGs to the JCCCGs for 2019/20 • Supported the next steps and timeline 		
GB 19/03/08	PRIMARY CARE NETWORKS		
	The Director of Commissioning gave a presentation to the meeting about integrated care and primary care networks. The presentation provided information relating to the NHS Long Term Plan, the new GP contract for 2019/2020, and the new Primary Care Network Directed Enhanced Service (DES) which are intended to 'turbo-charge' the development of integrated out of hospital care.		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	The Governing Body noted that Primary Care Networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. The new Primary Care Networks must be established by 1 July 2019. The key to successful networks is not form but rather function to achieve outcomes.		
	The Lay Member for Accountable Care commented that the national consultation on integrated care and the NHS Long Term Plan was very detailed with a focus on legislative changes; it may be more useful for members of the public to become involved with the CCGs local consultations. It was noted that the Barnsley Community Voluntary Service (CVS) were keen to engage with integrated care networks and all partners.		
	The Governing Body noted the report.		
GB 19/03/09	CLINICAL PHARMACISTS PROGRAMME – PHASE 2		
	The Head of Medicines Optimisation introduced a paper regarding the expansion of the clinical pharmacist workforce programme. The Governing Body noted the demonstrable success of the clinical pharmacist phase one programme with clinical pharmacists being integral to Practice Teams, providing clinical review and treatments leading to improved outcomes for patients and increasing capacity in Primary Care.		
	Discussion took place around the recruitment of Clinical Pharmacists. Barnsley CCG had had the clear foresight to invest early in clinical pharmacists and established a good track record in terms of recruiting, inducting, training and supporting Clinical Pharmacists in their new roles. It was noted that the CCG also had a culture of investing and developing staff with excellent retention rates.		
	The Lay Member for Patient and Public Engagement & Primary Care Commissioning and the Lay Member for Governance, on a point of clarity, highlighted that the Primary Care Commissioning Committee had approved recruitment of clinical pharmacists in principle subject to funding and not the totality of required funding. The Chief Finance Officer clarified that the funding for recruitment was		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	already accounted for in the CCG's 2019/20 budget.		
	<p>The Governing Body noted the detailed information within the Phase 2 Clinical Pharmacist Programme and approved the utilisation of the budgeted funds to proceed with the recruitment of a second cohort of clinical pharmacists.</p> <p><i>Agreed Action: To review wording of the Primary Care Commissioning Committee Minutes to ensure it reflects the Committee decision to approve the recruitment to the Clinical pharmacist programme phase 2 in principle subject to funding.</i></p>	CM/RW	09.05.19
GB 19/03/10	CHILDRENS COMMISSIONING REPORT		
	<p>The Head of Commissioning (Mental Health, Children's and Maternity) updated the Governing Body on the on the work that has been undertaken since the November 2018 update in relation to the commissioning of Children's Health Services in Barnsley.</p> <p>Children and Young People's Local Transformation Plan Refresh</p> <p>The Governing Body were pleased to note the positive comments received from NHS England in relation to the Children and Young People's Local Transformation Plan Refresh. The plan was highly regarded for being comprehensive, ambitious and innovative.</p> <p>NHS Specialist CAMHS</p> <p>The Secondary Care Clinician highlighted that a large percentage of ADHD referrals were deemed inappropriate. It was noted that Patients are signposted to other available support services either before or at point of referral to CAMHS whichever is appropriate.</p> <p>The Governing Body was informed that a review by NHSI of CAMHS/Mind Space will take place on 8, 9 and 10 April 2019. The review will look at value for money, referrals, waiting times case management and productivity. The Governing Body Children and Mental Health Leads will be</p>		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	invited to take part in the review. ASC Pathway The Lay Member for Governance requested further clarity in relation to the ongoing costs of the revised over 11 years ASC pathway.		
	The Governing Body noted the progress made and the risks highlighted. <i>Agreed action</i> To clarify the figures in relation to costs of the revised over 11 years ASC pathway.	PO	09.05.19
GB 19/03/11	TRANSFORMING CARE UPDATE		
	The Head of Commissioning (Mental Health, Children's and Maternity) provided the Governing Body with an update on the Transforming Care Programme. It was noted that the aims, objectives and principles of the Transforming Care Programme will continue beyond the programme's formal end date and work will be progressed to ensure that appropriate placements are made (as close to Barnsley as possible) for all those people with a Learning Disability for whom it is appropriate and where it will provide an improved quality of life for that individual.		
	The Chief Finance Officer highlighted that there were ongoing discussions around the re-provision of Forensic Outreach Liaison Services and this will require Governing Body approval once further information is gathered from within the TCP work stream.		
	The Governing Body noted the current trajectory position <i>Agreed action</i> To ascertain the impact of re-provision and gain Governing Body approval.	PO	09.05.19
GB 19/03/12	SOUTH YORKSHIRE AND BASSETLAW COMMISSIONING FOR OUTCOMES POLICY INCORPORATING EVIDENCE BASED INTERVENTION GUIDANCE		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	<p>Dr Adebowale Adekunle presented the updated South Yorkshire and Bassetlaw Commissioning for Outcomes Policy to the Governing Body for approval. It was noted that the Policy incorporated national evidence based intervention guidance.</p> <p>Exceptions to the Policy were queried. It was clarified that possible exceptions to the Policy were the responsibility of and at the discretion of the referring clinician for example where a patients existing illnesses/long term conditions impacted on other illnesses.</p> <p>Members recognised the importance and need for the members of the public and local Members of Parliament to be made aware of the Policy.</p>		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Approved and adopt the revised South Yorkshire and Bassetlaw Commissioning for Outcomes Policy. • Approved the proposed implementation of the Policy from April 2019 <p><i>Agreed Actions</i> To ensure appropriate Comms messages are issued about the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy.</p>	LS (KW)	09.05.19
QUALITY AND GOVERNANCE			
GB 19/03/13	PDA		
	<p>The Associate Medical Director presented the final draft of the 2019/20 Practice Delivery Agreement (PDA) to the Governing Body for approval. Members discussed the PDA and the following main points were noted.</p> <ul style="list-style-type: none"> • The financial elements of PDA payments to practices will be approved by the Primary Care Commissioning Committee to facilitate the management of conflicts of interest. • The PDA may require future revision and update in 		

Agenda Item		Action	Deadline
	respect of the Primary Care Network formation, terminologies and clarification of payments. It was highlighted that some aspects of the 2019/20 PDA schemes are likely to be included in the National Service Specification for the Primary Care Network Direct Enhances Service (DES). Payments to Practices in respect of the PDA and DES will be reviewed to avoid duplication of payments. Any flex or changes to the PDA will be subject to approval by the Primary Care Commissioning Committee. <ul style="list-style-type: none"> Assurance was provided that appropriate arrangements are in place for performance monitoring against the Key Performance Indicators within the PDA. 		
	The Governing Body approved the 2019/20 Practice Delivery Agreement.		
GB 19/03/14	MEDICINES ORDERING – SAFETY AND WASTE UPDATE		
	The Head of Medicines Optimisation introduced a report detailing the progress of the Barnsley Medicines Ordering – Safety & Waste (MOSW) Programme. The programme is successfully reducing medicines waste associated with third party ordering and currently on track to deliver the required QIPP savings.		
	The Associate Medical Director reported an instance of appliances being ordered for patients that had died. The Chief Nurse (Acting) advised that a separate piece of work was being undertaken to mitigate risks around equipment waste.		
	<p>The Governing Body:-</p> <p>Noted the report, particularly the assurance provided regarding the progress of Medicines Ordering Safety and Waste (MOSW) programme work being undertaken across Barnsley GP practices.</p> <p>Advised that a business case to facilitate a decision on an “invest to save” permanent option prior to the end of this planned programme work (October 2019) be submitted to the Governing Body. The business case should consider whether the MSOW functions could</p>		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	become part of clinical pharmacists' core work.		
GB 19/03/15	CLINICAL FORUM REVIEW		
	The Director of Strategic Planning and Performance presented an evaluation of the role that the Clinical Forum had provided, in the clinical input to programmes and projects being undertaken by the CCG since its inception in April 2017.		
	It was highlighted that the CCG, being a clinically led organisation, valued the input of the Clinical Forum in providing clinical expertise in the work of the CCG, helping to make a real difference with better outcomes for the people of Barnsley. In response to a question raised it was clarified that the Clinical Forum invited other health care professionals to participate in and attend meetings as appropriate.		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the content of the review and assurance report presented at Appendix A • Considered the findings of the review and determined that: <ul style="list-style-type: none"> ○ Members of the Clinical Forum should be provided with appropriate information and a clear ask to enable effective decision making ○ The Membership of the Forum is considered with a view to including other health care professions ○ Consideration should be given to incorporating within Clinical Forum's terms of Reference the role of generating good ideas to generate and support the CCG's vision.. 	JW JW	09.05.19 09.05.19
GB 19/03/16	QUALITY HIGHLIGHTS REPORT		
	The Chief Nurse (Acting) introduced the Quality Highlights report to the Governing Body. The Chief Finance Officer reported that Finance and Performance Committee were aware of the issues relating to the Thames Ambulance Service Ltd contract and legal advice had been sought regarding the contract.		

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Agenda Item		Action	Deadline
	<p>The Governing Body noted the Quality Highlights Report.</p>		
GB 19/03/17	<p>RISK AND GOVERNANCE EXCEPTION REPORT</p>		
	<p>The Head of Governance and Assurance presented the Risk and Governance Exception Report.</p> <p>Risk Register Risk reference CCG 14/10 – Primary Care Clinical Workforce. The Chairman advised that the risk should be updated to reflect the additional controls now in place for this risk including the extra capacity of Clinical Pharmacist.</p> <p>Internal Audit (360 Assurance) Governing Body Survey Members considered the overall positive results of the Internal Audit (360 Assurance) Governing Body Survey. However in one area and as identified by the Audit Committee there appeared to have been a misunderstanding about the particular survey question and scoring. As the survey was anonymous, Members were advised to contact the Head of Governance & Assurance should they have any queries about the Governing Body Assurance Framework (GBAF).</p> <p>Governance and Cyber Security Update The Head of Governance and Assurance reported that the CCG had achieved over and above the required compliance for staff DSA training and it was expected that the Data Security and Protection (DSP) Toolkit will be signed off within the next few days.</p> <p>Domestic Abuse Support Policy A minor amendment was proposed to Appendix 1 of the Policy ‘Forms of Abuse and Potential Indicators’ – sexual section to include the word ‘forcing’.</p> <p>Yorkshire Ambulance Service The Governing Body were informed that the CCG was exploring issues with the BHNFT around the pressures on the Yorkshire Ambulance Service relating to on-day discharges, increases in weekend activity above levels included within the procurement and the planning of</p>		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	discharges. It was noted that a remedial action plan was in place in respect of the Thames Ambulance Service Ltd contract and the CCG was also considering alternative provision for the service.		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Reviewed the full GBAF for 2018/19, and considered that the risks are appropriately described and scored, and there is sufficient assurance that they are being effectively managed as 10 January 2019 • Did not Identify any additional positive assurances relevant to the risks on the GBAF • Reviewed the Corporate Risk Register and confirmed all risks are appropriately scored and described, and did not identify any potential new risks • Approved the removal of risk 18/03 from the Risk register as recommended by the Quality & Patient Safety Committee • Noted the Internal Audit (360 Assurance) Governing Body Survey Outcomes • Noted the current progress with and arrangements for signing off and submitting the Data Security & Protection Toolkit • Approved the Domestic Abuse Policy subject to a minor change to wording in Appendix 1 Forms of abuse and potential indicators. • Ratified the urgent decision to make an additional contribution £108,700 to support the cost pressures within YAS to 31 August 2019 and noted the proposed way forward. 		
<p>FINANCE AND PERFORMANCE</p>			
GB 19/03/18	INTEGRATED PERFORMANCE REPORT		
	<p>Finance</p> <p>The Chief Finance Officer presented the key messages</p>		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	<p>from the Financial Report. As at 31 January 2018, the CCG is forecasting to achieve all financial duties and planning guidance requirements with an in-year balanced budget position.</p> <p>The acute contract activity data for month 9 showed an overtrade position of £2.0m; with the main forecast overtrade of £5.5m being with the Barnsley Hospital NHS Foundation Trust (BHNFT). The forecast position against the CCGs QIPP efficiency programme shows a £244k over achievement against the £11.5m target.</p>		
	<p>Performance</p> <p>The Director of Strategic Planning and Performance reported key performance indicators by exception to the Governing Body. Overall performance for Barnsley patients is positive. A&E performance is just below 95% with Barnsley performing well in comparison to other areas. The Challenges in meeting the cancer standards were highlighted.</p> <p>The Chief Nurse (Acting) referred to the 12 hour trolley breach and advised that following review the breach was deemed to be justified in the context of the clinical situation.</p> <p>The Director of Strategic Planning and Performance informed the Governing Body of potential changes to current performance indicators. .</p>		
	<p>The Governing Body noted the contents of the report including:</p> <ul style="list-style-type: none"> • 2018/19 performance to date • projected delivery of all financial duties, predicated on the assumptions outlined in this paper • the current forecast position on the CCG's efficiency programme <p>Agreed action <i>To provide Governing Body Members with a link to the current performance indicators, rationale for potential changes along with the proposed new indicators.</i></p>	<p>JW</p>	<p>09.05.19</p>
<p>GB</p>	<p>QIPP DELIVERY REPORT</p>		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
19/03/19			
	The Director of Planning and Performance introduced the Quality, Innovation, Productivity and Prevention (QIPP) Programme Report to the Governing Body. The report provided assurance that the QIPP Programme was on track to deliver the required efficiency savings. Schemes are expected to deliver £11.7m against the £11.5m target		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the content of the dashboard and did not identify any specific actions that the Governing Body agree in relation to the QIUPP/Efficiency Programme • Noted the current position against the £11.5m target. 		
COMMITTEE REPORTS AND MINUTES			
GB 19/03/20	COMMITTEE REPORTS AND MINUTES		
	<p>The Governing Body received and noted the following Committee minutes & assurance reports:</p> <ul style="list-style-type: none"> • Finance and Performance Committee Meeting held on 3 January 2019 and 7 February 2019 It was noted that the provision of GP laptops for mobile working was progressing and almost ready to go live. • Minutes of the Audit Committee held on 24 January 2019 • Quality and Patient Safety Committee held on 13 December 2018 The implementation of GP WiFi was f being rolled out to all Practices, an exact full implementation date at this time was not known. • Minutes of the Membership Council held on 22 January 2019 • Assurance Report of the Primary Care Commissioning Committee on 29 November 2018 and 31 January 2019 		

GB/Pu 19/05/06

Agenda Item		Action	Deadline
	<ul style="list-style-type: none"> Assurance Report Equality, Inclusion & Engagement Committee 15 November 2019 The Lay Member for Patient and Public Engagement commended the positive support provided by the Equality, Diversity & Inclusion Lead to the work of the Equality and Engagement Committee. Members' attention was drawn to the outcomes from the Health watch Barnsley Report into service provision for blind and partially sighted people in Barnsley. The Chief Officer advised that the Committee should be mindful of terminologies relating to quality involvement rather than 'engagement' in all the Committee's Minutes, Reports, documents and strategies. 		
GB 19/03/21	QUESTIONS FROM THE PUBLIC ON BARNSELY CLINICAL COMMISSIONING GROUP BUSINESS		
	<p>The Chairman requested questions from members of the public. The following comments, questions and responses were noted:</p> <p>Question - Will the CCG cooperate with the DWP plans for automatic digital transfer of the health records of benefit claimants as opposed to the current manual system?</p> <p>Response – The CCG would cooperate with the DWP if this supported patients and dependent of the type and part of patient record to be shared, effective restrictions/ access rights and consent obtained. The CCG will look to safeguard the interests of patients and comply with data protection legislation.</p> <p>Question – Why did Barnsley CCG implement the Commissioning Policy which reduces GP referrals of patients to secondary care services before full consultation?</p> <p>Response –Patients are referred for an expert consultation and opinion and it is the consultant who determines the course of treatment. The clinical thresholds pathways are nationally determined by NHS England and NICE. The Commissioning for Outcomes Policy fully complies with</p>		

Agenda Item		Action	Deadline
	<p>these national guidelines to provide uniformity of care across the South Yorkshire and Bassetlaw area.</p> <p>Prior to implementation the CCG involved the public in consultation via the Patient Council, and Governing Body meetings in public session.</p> <p>The member of the public commented that it would have been helpful to have known about the Commissioning Policy.</p> <p>Question – Regarding the closure of Out of Hours emergency Ophthalmology Services, with implications for patients when transferred to other hospitals, why was there no public consultation regarding service closure?</p> <p>Response –The change to the Ophthalmic service was agreed in 2016 at South Yorkshire and Bassetlaw system level followed by a phased change to the service. The numbers of overnight eye injuries are very small which prevented meaningful consultation. The decision was discussed at Overview & Scrutiny Committee. The CCG therefore honoured and fulfilled its obligations with regard to public consultation.</p> <p>Question – Why is the CCG not involving the public in significant changes proposed by moving commissioning to system level?</p> <p>Response – The Chief Officer noted the comments of the Member of the public about public consultation regarding commissioning at system level and advised that examples of where public consultation had not taken place would be helpful.</p> <p>Question – A member of the public asked a question on behalf of a Barnsley Save Our NHS Representative as follows: Why are many of the genuine concerns raised by the public not answered or apparently dismissed?</p> <p>Response – The Chief Officer advised that she could not agree that questions from members of the public had not been answered by the CCG but would check this again with the CCG’s Head of Communications. She further</p>		

Agenda Item		Action	Deadline
	<p>requested specific examples of questions received but not answered.</p> <p>Question – Is there a shortage of doctors and in Barnsley?</p> <p>Response – The CCG had difficulties in recruiting GPs in comparison to other areas but had worked hard to offer support and training to GPs with a view to retaining them in Barnsley. There was probably nowhere in the country which could say had sufficient staff and this was a national problem.</p> <p>The Practice Team model in Barnsley is built upon a varied skill mix of healthcare professionals to provide the right care at the right time for patients. For example, the CCG had introduced Clinical Pharmacists into Practices thereby freeing up GP capacity to see and treat patients.</p> <p>The member of the public commended the patient stories received at the start of all Governing Body meetings in public session.</p>		
GB 19/03/22	REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED		
	<p>The Governing Body agreed that the business of the meeting had been conducted appropriately and agreed to proceed to the private part of the agenda.</p>		
GB 19/03/23	DATE AND TIME OF THE NEXT MEETING		
	<p>Thursday 9 May 2019, 9.30 am in the Goldthorpe Parish Church Hall, Lockwood Road, Goldthorpe, S63 9JY.</p>		

**GOVERNING BODY
(Public session)**

9 May 2019

MATTERS ARISING REPORT

1. The table below provides an update on actions arising from the previous meeting of the Governing Body (public session) held on 14 March 2019.

Table 1

Minute ref	Issue	Action	Outcome/Action
GB 19/03/02	PATIENT STORY To promote the role of the Clinical Pharmacists to Members of the public.	KW	COMPLETE
GB 19/03/04	PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT To give additional emphasis to Patient and Public Involvement throughout the strategy rather than Patient and Public Engagement. To include the work of young people and Chillypep in the Strategy.	CM/KW CM/KW	COMPLETE COMPLETE
GB 19/03/09	CLINICAL PHARMACISTS PROGRAMME – PHASE 2 To review wording of the Primary Care Commissioning Committee Minutes to ensure it reflects the Committee decision to approve the recruitment to the Clinical pharmacist programme phase 2 in principle subject to funding.	CM/RW	COMPLETE – Approval in principle is noted in the minutes.

GB 19/03/10	CHILDRENS COMMISSIONING REPORT To clarify the figures in relation to costs of the revised over 11 years ASC pathway.	PO	Meeting booked with BHNFT colleagues at the end of April to go through the proposal and to clarify costings.
GB 19/03/11	TRANSFORMING CARE UPDATE To ascertain the impact of re-provision and gain Governing Body approval.	PO	PO picking up with RN
GB 19/03/12	SOUTH YORKSHIRE AND BASSETLAW COMMISSIONING FOR OUTCOMES POLICY INCOPORATING EVIDENCE BASED INTERVENTION GUIDANCE To ensure appropriate Comms messages are issued about the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy.	LS (KW)	COMPLETE
GB 19/03/14	MEDICINES ORDERING – SAFETY AND WASTE UPDATE A business case to facilitate a decision on an “invest to save” permanent option prior to the end of the planned programme work (October 2019) be submitted to the Governing Body. The business case should consider whether the MSOW functions could become part of clinical pharmacists’ core work.	CL	Ongoing
GB 19/03/18	INTEGRATED PERFORMANCE REPORT To provide Governing Body Members with a link to the current performance indicators, rationale for potential changes along with the proposed new indicators.	JW	COMPLETE – Link to NHS webpage and copy of the interim report circulated

2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Table 2

Minute Ref	Issue	Action	Outcome/Actions
GBPu 18/09/18	COMMITTEE REPORTS AND MINUTES - FPC 18/151 – Sexual Health To ascertain the funding envelope for the Sexual Health Procurement	RN	BMBC have confirmed funding envelope not yet determined for the procurement.
GBPu 18/11/07	CHIEF OFFICER'S REPORT The Chief Officer and Secondary Care Clinician to discuss Bowel Cancer Prevention and Screening nationally and at Integrated Care System level outside of the meeting.	LS/MS	meeting held to clarify the issues.
GBPu 18/11/09	CANCER UPDATE To provide data re cancer screening uptake and share with Localities.	HK/SL	Information will be shared with localities by 16 January 2019
GBPu 18/11/13	COMMISSIONING OF CHILDREN'S SERVICES MONITORING REPORT To provide the Governing Body with a report regarding the 'value for money' aspects of the Therapy services and a proposed model of Support for Practices around referrals.	PO	ONGOING - A meeting has been planned with SWYPFT on 31 January 2019 to discuss the demand / capacity modelling.
GBPu 19/01/10	PRIMARY CARE UPDATE To discuss the skills, competencies	JHa/MT/J	The skills, competencies and

	and roles of nursing staff within the Practice Team.	Ho	future roles will be discussed as part of the wider Barnsley Integrated workforce development steering group.
GBPu 19/01/13 GB 19/03/06	MENTAL HEALTH 5 YEAR FORWARD VIEW BUSINESS CASE To submit NHSE evidence to the Clinical Forum re how an IAPT-LTC service can reduce acute healthcare costs associated with long term conditions. To determine a date for the Clinical Forum to consider NHSE evidence re IAPT & LTC.	PO JW	ONGOING – The IAPT Business Case does provide some of the evidence. COMPLETE – Potential date identified subject to confirmation by Chair.

GOVERNING BODY

9 May 2019

REPORT OF THE CHIEF OFFICER

1.	THIS PAPER IS FOR		
	<i>Decision</i> <input type="checkbox"/>	<i>Approval</i> <input type="checkbox"/>	<i>Assurance</i> <input type="checkbox"/>
	<i>Information</i> <input checked="" type="checkbox"/>		
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Executive Lead</i>	Lesley Smith	Chief Officer
	<i>Author</i>	Kay Morgan	Governance and Assurance Manager
3.	EXECUTIVE SUMMARY		
	<p>This report provides the Governing Body with:</p> <ul style="list-style-type: none"> • The South Yorkshire and Bassetlaw Integrated Care System (SYB ICS), Chief Executive Report, providing an update on the work of the SYB ICS in April 2019. • The Patient, Public and Staff Involvement Plan for the development of the South Yorkshire and Bassetlaw 5 Year Strategy. • Letters from Sir Andrew Cash, ICS Chief Executive Officer and Alison Knowles, Locality Director – South Yorkshire & Bassetlaw re: the CCG’s Annual Review 2018/19 • An update on the SYB ICS Pathology Transformation Programme, seeking: <ul style="list-style-type: none"> ○ support to progress towards developing a Business Case ○ agreement that implementation of changes to organizational form should be subject to full business case ○ support in identifying resolution in respect of the key enablers 		
4.	THE GOVERNING BODY IS ASKED TO:		
	Note the report and documents provided for information and support.		
5.	APPENDICES		
	<ul style="list-style-type: none"> • Appendix A – CEO Report and supporting scorecards from SYB ICS Health Executive Group meeting. • Appendix B - Patient, Public and Staff Involvement Plan for the development of the South Yorkshire and Bassetlaw 5 Year Strategy. • Appendix C – Letters Re the CCG’s Annual Review. • Appendix D - SYB ICS Pathology Transformation Programme Update 		
Agenda time allocation for report:		10 mins	

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	5.1
2.	Links to CCG's Corporate Objectives	Y/N
	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 £.	√
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

South Yorkshire and Bassetlaw Integrated Care System CEO Report

**SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM
SYSTEM HEALTH EXECUTIVE GROUP**

9 April 2019

Author(s)	Andrew Cash, Chief Executive, South Yorkshire and Bassetlaw Integrated Care System		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input checked="" type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do this		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the South Yorkshire and Bassetlaw Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System over the last month.			
Recommendations			
The Collaborative Partnership Board partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.			

South Yorkshire and Bassetlaw Integrated Care System CEO Report

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

April 2019

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System over the last month.

2. Report – April 2019

2.1 This Report

From April 1, the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) will adopt the interim governance that has been agreed across partners covering the 2019/2020 financial year. The new ways of working are for a twelve month period and include the Collaborative Partnership Board (CPB), System Health Oversight Board (HOB), System Health Executive Group (HEG) and Integrated Assurance Committee (IAC). The CEO Report, which will go to the monthly HEG, will be available for all partner boards, governing bodies and committees.

The HEG will also receive an integrated assurance report highlighting the performance across the system which will also be made available for partners following the meeting. The performance report, which has been a section of my report and remains so this month, will therefore be picked up by the integrated assurance report from May 2019.

2.2 Priority areas for system working

We continue to work with our Local Authority partners to inform and shape how our system health and care partnership arrangements might be organised, including a revised Collaborative Partnership Board as set out in the NHS Long Term Plan. At a workshop in March, led by the Local Authority Chief Executives, three areas of focus and priority for system working were agreed:

- Complex lives, including a system wide approach, health and social care
- The impact of loneliness, including mental, physical and wider services
- Activity and health, including exercise, active travel, planning and transport

The areas are supported by the South Yorkshire and Bassetlaw Health and Wellbeing Board Leads and arrangements for taking them forward will be discussed and agreed at the Collaborative Partnership Board.

2.3 Performance Scorecard

The attached scorecards show our collective position at March 2019 (using predominantly January 2019 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

The data shows that across the system, our overall performance is comparatively good. We do, however, need to focus our efforts to secure sustainable improvement in Cancer Waiting times. While we remain red for A&E performance (which has dropped from 89.5 to 88.1) and referral to

treatment (RTT), where our performance is marginally below the constitutional standard at 91.6%, we are now making good progress towards achievement of the March 2019 waiting list objective. I would like to record my thanks to the Chief Executives and their teams in our system for their sustained efforts in helping turn our collective position around.

The ICS financial position is reporting a year to date favourable variance against plan of £17.3m excluding PSF; and is currently forecasting a £12.2m favourable variance which is expected to improve further at Month 12 to £16.7m. This is due to phasing of plans and the continued hard work by Trusts and CCGs to deliver their financial positions.

2.4.1 Hospital Services Update

The Hospital Services Review Programme continues to focus on two main areas. These are Hosted Networks and the development of clinical models on maternity, paediatrics and gastroenterology.

At the March Joint Committee of Clinical Commissioning Groups, it was agreed that commissioners will play a role in supporting the Networks, shaping the strategic priorities and working with them to ensure that proposals are deliverable as they are being developed.

A workshop with Trust Medical Directors, Networks Leads and commissioner representatives will shortly take place to agree the structure and high level work programme for the Networks. These will be reviewed by the Health Executive Group before they are signed off.

Accountable Officers and Chief Executives met on 21st March and 1st April to discuss the way forward on changes around paediatrics and maternity. A recommendation will be submitted to Governing Bodies over the coming weeks.

2.5 The NHS Long Term Plan

Involvement with stakeholders, staff and the public to inform our response to the NHS Long Term Plan will start to get underway in April. A three-month conversation with people across South Yorkshire and Bassetlaw will build on what we learned from the engagement that took place in 2016 on our Sustainability and Transformation Plan. The engagement will be co-ordinated by the ICS and supported by ICS partners and Healthwatches and the findings will inform our local Plan.

As part of the programme of work, SYB ICS Chief Executives and Accountable Officers will meet in April to start to discuss the refresh of the ICS priorities in view of the NHS Long Term Plan. The discussion will form part of the development session at the launch of the Health Executive Group. The System Operational Plan, which is in development and focuses on the year ahead, will shortly be published and also help to inform the ongoing strategic discussions.

2.6 Workforce update

Following the publication of the NHS Long Term Plan, the Chair of NHS Improvement, Baroness Dido Harding and Chief Executive of Leeds Teaching Hospitals NHS Trust, Julian Hartley are leading work on a national Workforce Implementation Plan (WIP).

We have responded as SYB ICS and also as part of a collective response from the six ICSs in the North of England following a request for our initial thoughts on the development of the WIP. The letters are supportive of the WIP and outline how ICSs will be a key driver in ensuring that the ambitions are realised.

At the same time, work to support the agreement of the workforce priorities in SYB ICS has concluded with the development of a Maturity Matrix. It has been developed with engagement of colleagues across the system and seeks to confirm priorities and the level of role played by SYB ICS.

2.7 Digital update

As part of the Yorkshire and Humber Care Record (YHCR) work, SYB ICS continues to work with partners to deliver the milestones set within the NHS England's funding agreement which has resulted in a further release of over £2m in capital across Yorkshire and the Humber (Y&H). Work in SYB includes a pilot across Y&H to test patient information sharing.

The Government has committed £37.5m to develop Digital Innovation Hubs (DIHs) as a first step towards a national approach to enable the safe and responsible use of health-related data at scale for research and innovation. We are supporting a joint application across Yorkshire and the Humber to become a Digital Innovation Hub (DiH).

2.8 Joint Health Overview and Scrutiny Committee

Colleagues from the ICS were called before the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee (JHOSC) in March to discuss the implications for the populations of the area on the NHS Long Term Plan, SYB ICS governance and updates on the SYB ICS workstreams.

The JHOSC was formed in 2015 to oversee and scrutinise proposals to change hyper acute stroke services and some out of hours children's surgery and anaesthesia services across South Yorkshire and Bassetlaw and North Derbyshire. It continues to meet to review and scrutinise matters relating to the planning, provision and operation of health services covering the geographical footprint.

Andrew Cash
Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 2 April 2019

How are we doing? An overview

Key performance report: March 2019



Place*	A&E (95%) Feb 2019 data	RTT (92%) Jan 2019 data	Diagnostics 6 weeks Jan 2019 data	2ww (93%) Jan 2019 data	2ww breast (93%) Jan 2019 data	31 day (96%) Jan 2019 data	62 day (85%) Jan 2019 data	EIP (50%) Dec 2018 data	IAPT Access 4.75% Q4) Dec 2018 data	IAPT Recovery (50%) Dec 2018 data
Barnsley CCG	Red	Green	Red	Green	Green	Green	Red	Green	Green	Green
Barnsley Hospital	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green
Bassetlaw CCG	Red	Red	Red	Red	Green	Red	Red	Red	Green	Green
Doncaster CCG	Red	Red	Red	Green	Red	Red	Red	Green	Green	Green
DBH	Red	Red	Green	Green	Red	Green	Green	Green	Green	Green
Rotherham CCG	Red	Green	Green	Green	Green	Green	Red	Green	Green	Green
Rotherham Hospital	Red	Green	Red	Red	Green	Green	Red	Red	Green	Green
Sheffield CCG	Red	Green	Green	Green	Green	Red	Red	Green	Green	Red
Sheffield Children's	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
STH	Red	Green	Green	Green	Green	Red	Red	Green	Green	Green



The ICS financial position is reporting a year to date favourable variance against plan of £17.3m excluding PSF; and is currently forecasting a £12.2m favourable variance which is expected to improve further. This is due to the phasing of plans and the continued hard work of all partners

*Data based on CCG and Acute Trust performance

How are we doing? An overview

Key performance report: March 2019



A&E (95%)
Feb 2019 data

RTT (92%)
Jan 2019 data

Diagnostics
6 weeks
Jan 2019 data

2wvw (93%)
Jan 2019 data

2wvw breast
(93%)
Jan 2019 data

31 day (96%)
Jan 2019 data

62 day (85%)
Jan 2019 data

EIP (50%)
Jan 2019 data

IAPT Dec 2018 data
Access 4.75% Q4

IAPT Dec 2018 data
Recovery (50%)

South Yorkshire and Bassetlaw

88.1 91.6 0.7 94.6 92.8 93.4 69.8 77.4 4.8 52.2

Greater Manchester



Cheshire and Merseyside



Cumbria and North East



Humber, Coast and Vale



Lancashire and South Cumbria



West Yorkshire



The ICS financial position is reporting a year to date favourable variance against plan of £10.1m excluding PSF; but is forecasting a £2.3m adverse variance against outturn.

How are we doing? An overview

Key performance report: March 2019



	A&E (95%) Feb 2019 data	RTT (92%) Jan 2019 data	Diagnostics 6 weeks Jan 2019 data	2ww (93%) Jan 2019 data	2ww breast (93%) Jan 2019 data	31 day (96%) Jan 2019 data	62 day (85%) Jan 2019 data	EIP (50%) Jan 2019 data	IAPT Access 4.75% Q4 Dec 2018 data	IAPT Recovery (50%) Dec 2018 data
South Yorkshire and Bassetlaw	88.1	91.6	0.7	94.6	92.8	93.4	69.8	77.4	4.8	52.2
Greater Manchester	●	●	●	●	●	●	●	●	●	●
Bucks, Oxfordshire and Berkshire West	●	●	●	●	●	●	●	●	●	●
Frimley Health	●	●	●	●	●	●	●	●	●	●
Dorset	●	●	●	●	●	●	●	●	●	●
Nottinghamshire	●	●	●	●	●	●	●	●	●	●
Blackpool & Fyde - Lancashire and S.Cumbria	●	●	●	●	●	●	●	●	●	●
Milton Keynes, Bedfordshire & Luton	●	●	●	●	●	●	●	●	●	●
Gloucestershire	●	●	●	●	●	●	●	●	●	●
Suffolk and NE Essex	●	●	●	●	●	●	●	●	●	●



The ICS financial position is reporting a year to date favourable variance against plan of £10.1m excluding PSF; but is forecasting a £2.3m adverse variance against outturn.

NHS Long Term Plan

Engaging the health and care staff, patients, the public and other stakeholders to inform the South Yorkshire and Bassetlaw response to the Plan

1. Introduction

In June 2018, the Prime Minister announced a new five-year funding settlement for the NHS, a 3.4 per cent average real-terms annual increase in NHS England's budget between 2019/20 and 2023/24 (a £20.5 billion increase over the period). To access the funding, national NHS bodies were asked to develop a long-term plan for the service. The resulting document, the NHS long-term plan, was published on 7 January 2019.

It builds on the policy in the NHS five year forward view which explained the need to integrate care to meet the needs of a changing population. This was followed by other strategies, covering general practice, cancer, mental health and maternity services, while the new models of care outlined in the Forward View have been rolled out through a programme.

The NHS Long Term Plan sets out the requirement for Integrated Care Systems to work together with local partners to develop their local response by producing an ICS five-year strategic plan by the Autumn of 2019. As an essential part of this process, wide engagement with health and care staff, patients, the public and other stakeholders across South Yorkshire and Bassetlaw needs to take place.

This paper provides the detail around engaging with the many audiences across South Yorkshire and Bassetlaw Integrated Care System to determine what the NHS Long Term Plan means for them and to co-design the most effective ways to put the commitments into practice locally.

The engagement plan builds on the many conversations that continually take place in each of our Places (Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield) around local planning and commissioning of services and also the conversation we had with the public about their views on the SYB Sustainability and Transformation Plan (in response to the Five Year Forward View) in 2016.

Feedback from the wide engagement exercise will be collated, analysed and reported back to ICS partners to inform the South Yorkshire and Bassetlaw ICS Five Year Plan, expected to be published in the Autumn.

2. The role of communications and engagement teams

The ICS is expected to take the lead in ensuring that communications and engagement staff from all the organisations involved in the local system are involved in delivering the activity. We will support teams in local organisations with materials, to conduct conversations and to ensure we are co-ordinating resources.

Engagement will take place working with and across our communications, engagement and patient experience colleagues in all the partner organisations within SYB ICS. We have an important role in:

- Informing health and care staff in particular, as well as patients, members of the public and other stakeholders, about the ambitions the Long Term Plan sets out, as well as the process by which we will translate it into local action.
- Involving all relevant stakeholders in thinking about how local services should adapt to implement the improvements and ambitions set out in the plan, and co-producing the resulting system-wide strategies.
- Influencing debate by making the case for change, articulating the benefits and implications of how our services and others across our local health system will change once local strategies are developed and put into action.

Communications partners within the ICS are best placed to decide how they can best support the operational objectives of their organisations, including adapting ‘business as usual’ activity and aligning messaging on the Plan with their existing narratives to ensure that it makes sense in a local context. A pack of core materials to support partners to have conversations has been developed, it includes: Web copy for partners’ websites, copy for partners’ staff and public bulletins, social media assets, focus group scripts, press release, key messages document and flyers for the regional public event.

To support the work, NHS England is investing nationally in local Healthwatches and the Health and Wellbeing Alliance to provide extra capacity to support additional engagement with the local public, and in particular seldom heard groups, to that which partners are expected to deliver.

3. Target Audiences

The engagement focuses on four areas:

- Local communities
- Health and care staff
- Local government
- Governors, non-executives and lay members

3.1. Involving people and communities in taking forward the NHS Long Term Plan

We have used the NHS England framework for ‘what good engagement for Integrated Care Systems looks like’ to shape our approach with patient and community engagement.

The action plan below has been compiled with our stakeholders for engagement across our system, based on the framework. It endeavours to bring together online and face to face/ paper-based opportunities as well as broader opportunities for anyone who would like to have their say to get involved, and more targeted engagement with seldom heard communities.

3.2. Involving health and care staff and clinicians

We want staff across the whole system have an opportunity to influence and be part of changes to our health and care service. To be engaged, they need to feel empowered, involved in decisions and able to act as leaders and ambassadors for change. It is also important that they have an understanding about what those proposals are and how they will impact them and their ways of working.

We want to ensure all staff have a chance to be involved in conversations, from hospital doctors, GPs, allied health professionals, nurses, local authority and social care staff, finance managers, administrative staff and the third sector as well as those who have a role to play in planning, commissioning or delivering services.

We are not starting engagement with staff from scratch. Partners have been setting out and discussing the impact of the Five Year Forward View and Long Term Plan with their teams. Many areas have already made good progress in engaging and involving staff in changes to health and care services locally, but we acknowledge that this is a challenging area of work.

We will use the NHS England framework to help take this forward.

Our partners are already well advanced in many of these areas and so we will work together to identify system wide opportunities. Work is already underway with clinicians to strengthen multi-professional engagement and the action planning from this work will inform our approach.

3.3. Involving local government

Our local government partners are connected with work that is developing in the emerging partnerships in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. We will work with our partnerships to have conversations about the Plan with:

- Health and Wellbeing Boards
- Council Executives
- Health Overview and Scrutiny Committees (HOSC), including the Joint HOSC

We are also working with our local authority partners to shape proposals for partnership working and to identify a number of strategic priorities which would benefit from system collaboration. We will tailor our system wide approach following these discussions.

3.4. Working with Foundation Trust governors, non-executives and lay members

These key stakeholder groups are involved in the development of and decision-making connected to strategic planning and we will engage with them via established organisational routes as well system wide arrangements and events.

4. Key Messages

- The NHS is changing and it needs your help. As medicine advances, health needs change and society develops, we have to continually move forward so that our services are the best they can possibly be, now and in the future.
- Nationally, the NHS published a document called the Long Term Plan which advises how we can do just that. The plan sets out how services will develop over the coming years to improve people's health and wellbeing. It aims to give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.
- Organisations responsible for health and care services in South Yorkshire and Bassetlaw are working together in new and more joined up ways to deliver the best

health and care for patients, in a partnership called the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS).

- Following the publication of the Long Term Plan, SYB ICS wants to know how you think we can better support the health and wellbeing of people of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield to help develop a South Yorkshire and Bassetlaw five year plan.
- We have an opportunity to work together better to deliver the best care for patients – wrapping support, care and services around people as individuals, removing organisational barriers and putting the needs of people and patients first.
- You can take part in our survey to give your views: <https://www.healthandcaretogethersyb.co.uk/get-involved/supporting-development-south-yorkshire-bassetlaw-5-year-plan>
- Your local Healthwatch is also gathering opinions for us so you may have seen and contributed to their survey (in which case there's no need to do both)
- You can attend one of our regional events taking place on Thursday 6 June at 10.30am or 5.30pm at The Source near Meadowhall. To find out more details about the event see the 'Current Events' tab on the Get Involved page <https://www.healthandcaretogethersyb.co.uk/get-involved/get-involved> or contact Eleri Fowler on 0114 305 1197.
- You can find out more about the NHS Long Term Plan here: <https://www.england.nhs.uk/long-term-plan/>

5. Action Planner

Date	Action	Audience	Notes inc promotion/channel	Delivery organisation
January 2019	Doncaster partnership for carers	Carers in Doncaster	Early views in developing the joint health and social care commissioning strategy, aligned to key priorities from the Long Term Plan (LTP)	Doncaster CCG and Healthwatch
February 2019	Doncaster health ambassadors network	Doncaster health ambassadors	Early views in developing the joint health and social care commissioning strategy, aligned to key priorities	Doncaster CCG and Healthwatch

			from the Long Term Plan (LTP)	
February 2019	Doncaster Patient Participation Group (PPG) network	Doncaster patients	Early views in developing the joint health and social care commissioning strategy, aligned to key priorities from the Long Term Plan (LTP)	Doncaster CCG and Healthwatch
February 2019	Doncaster College	Doncaster students	Early views in developing the joint health and social care commissioning strategy, aligned to key priorities from the Long Term Plan (LTP)	Doncaster CCG and Healthwatch
February	Bentley Library	People from Bentley	Early Long Term Plan (LTP) conversation and taking more control over people's own health and wellbeing	Doncaster Clinical Commissioning Group (CCG)
March	Rotherham Health and Wellbeing Board (HWBB)	Rotherham HWBB	Early LTP conversation	Rotherham CCG
March	Rotherham GP Professional, learning, training and commissioning event	Rotherham GPs	Early LTP conversation	Rotherham CCG
March	Rotherham Healthwatch Health and Wellbeing	General patients/public in Rotherham	Early LTP conversation	Rotherham Healthwatch

	meeting			
15 March	Engagement with deaf community and Rotherfed	Deaf community in Rotherham	Promoting Healthwatch survey	Rotherham Healthwatch
19 March	Rotherham Parent Forum	Parents in Rotherham		Rotherham Healthwatch
20 March	Thurcroft Luncheon Club	Members of community in Thurcroft		Rotherham Healthwatch
20 March	Sheffield Children's Trust (SCT) Youth Forum	Young People (patients)		South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) team
25 March	Healthwatch Survey Monkey	General patients/public	Online (inc social advertising) Healthwatch Networks	All SYB Healthwatches
W/c 25 March	Focus group crib sheet	N/A – to be tailored as appropriate to group meeting		SYB ICS team
W/c 25 March	Briefing sheet for Stakeholders (inc MPs/ Councillors etc)	MPs/ Health and Well Being Boards/ Overview and Scrutiny Committees (OSCs)		SYB ICS team to develop for CCG teams to deliver
26 March	Council members seminar	Rotherham Cllrs		Rotherham CCG
26 March to 2 April	Tag conversation into Mental Health System Perfect week – Doncaster and Bassetlaw	Patients and members of the public/users of mental health services	Social media – online survey and information via website. News release and links to mental health support detailed in NHS Long Term Plan.	Doncaster CCG/ Doncaster Healthwatch

27 March	Be Cancer Safe Event in Rotherham	Cancer survivors and general public in Rotherham		Rotherham Healthwatch
27 March	Crossroads Care group	Rotherham carers and people with care needs		Rotherham Healthwatch
1 April	Launch of new Doncaster CCG staff intranet	Doncaster CCG staff	Dedicated area on new staff intranet with links to Long Term Plan and how this will be delivered locally via the joint health and social care commissioning strategy	Doncaster CCG
4 April	Lesbian Asylum Support Sheffield at Together Women Project	Young Lesbian, Gay Bisexual and Transgender (LGBT) Asylum seekers in Sheffield (includes some Black and Minority Ethnic communities)		SYB ICS Engagement Team
8 April	Barnsley Central library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
12 April	Rotherham military veterans group	Military veterans from Rotherham		Rotherham Healthwatch
12 April	Deaf Futures meeting	Members of the deaf community in Rotherham		Rotherham Healthwatch
15 April	Barnsley Central library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch

18 April	Sheffield Family Voices	Black and Minority Ethnic (BME) women in Sheffield		SYB ICS Engagement Team
23 April	Firvale Women's Group	BME and Roma women in Sheffield		SYB ICS Engagement Team
23 April	Barnsley Chief Nurse to attend Overview and Scrutiny Committee/ CCG Liaison Meeting	Barnsley Overview and Scrutiny Committee	ICS Briefing sheet for Stakeholders	Barnsley CCG
23 April	Walderslade surgery, Hoyland	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
23 April	Mapplewell library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
24 April	Goldthorpe library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
25 April	Wombwell library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
25 April	Worsborough library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
29 April	Rotherham Maternity Voices Partnership	Pregnant and new mothers in Rotherham		SYB ICS Engagement Team
29 April	Barnsley Interchange	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
30 April	Dodworth library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
30 April	Hoyland library	Patients/ public in Barnsley	Encouraging people to fill in	Barnsley Healthwatch

			survey	
Early April TBC	Launch of joint health and social care commissioning strategy	Patients and members of the public	Your Life Doncaster – linking through to CCG website: Including strategy itself and direction of travel, setting context and links with national NHS LTP. This will lead into bi-monthly themes to enable patients and public to co-design services and care pathways	Doncaster CCG / Doncaster Council / Healthwatch Doncaster
April/ May/ June	Staff/ GP bulletins briefing and link to survey	All partner staff	All partners to share ICS copy in their staff/GP bulletins, some are doing additional face to face briefings (see other rows in plan). Work is currently taking place with Trusts to agree face to face opportunities for their staff	All partner organisations
April/ May/ June	Council of Governors	Sheffield Children's Trust Governors		Sheffield Children's Trust
April/ May/ June	Open Meeting Presentations	Sheffield Children's Trust Staff		Sheffield Children's Trust
April 2019	Your Life Doncaster	Doncaster Community Engagement Group - more		Doncaster CCG and Healthwatch

		than 1,500 community groups		
April	Brief Doncaster MPs	Doncaster MPs	ICS Briefing sheet for Stakeholders	Doncaster CCG
April	Brief Doncaster HWBB	Doncaster HWBB	ICS Briefing sheet for Stakeholders	Doncaster CCG
April	Tag conversation on to existing Learning Disabilities (LD) & Autism Strategy engagement in Doncaster	Doncaster LD / Autism communities	Survey/ focus group crib sheet	Doncaster CCG/ Doncaster Healthwatch
April	Brief Bassetlaw MPs	Bassetlaw MPs	N/A	Bassetlaw CCG
April	Brief staff and GPs	Bassetlaw CCG staff & GPs	N/A	Bassetlaw CCG
April	Brief Nottinghamshire Health and Well Being Board	Nottinghamshire Health and Well Being Board	ICS Briefing sheet for Stakeholders	Bassetlaw CCG
April	Brief Rotherham MPs	Rotherham MPs	ICS Briefing sheet for Stakeholders (and with offer of follow up face to face or phone conversation with CCG AO or GP Chair)	Rotherham CCG
April	Doncaster Minority Representation Group	Members of Doncaster minority community groups	Empowering representatives to go back to their communities, encouraging discussion and completion of	Doncaster CCG

			surveys	
April	Barnsley Healthwatch focus group – refugee council am – women’s group pm – men’s group	Barnsley refugees		Barnsley Healthwatch
April	Barnsley Healthwatch focus group – macular society	Visually impaired communities in Barnsley		Barnsley Healthwatch
April	Nottinghamshire Healthwatch focus group – Bassetlaw LGBT group	LGBT community in Bassetlaw		Nottinghamshire Healthwatch
April	Nottinghamshire Healthwatch focus group – Bassetlaw Talk to Us point	General public/ carers/ older people in Bassetlaw		Nottinghamshire Healthwatch
April	Doncaster Healthwatch focus group – Sea cadets	Young people in Doncaster		Doncaster Healthwatch
April	Doncaster Healthwatch focus group – older people volunteering group	Older people in Doncaster		Doncaster Healthwatch
April	Doncaster Healthwatch focus group – Doncaster prisons	Prisoners/ prison staff in Doncaster		Doncaster Healthwatch
April	Rotherham Healthwatch	Deaf community in Rotherham		Rotherham Healthwatch

	focus group – deaf community			
April	Rotherham Healthwatch focus group – military veterans group	Military veterans in Rotherham		Rotherham Healthwatch
April	Sheffield Healthwatch focus group – young people’s group	Young people in Sheffield		Sheffield Healthwatch
April	Sheffield Healthwatch focus group – under-represented groups	People with learning disabilities/ ethnic minorities/ homeless people in Sheffield		Sheffield Healthwatch
April	Sheffield children’s hospital patient involvement day	Young patients in Sheffield		Sheffield Healthwatch
April/ May	Brief Barnsley MPs	Barnsley MPs	ICS Briefing sheet for Stakeholders (and with offer of follow up face to face or phone conversation with member of CCG Senior Management Team)	Barnsley CCG
April/ May	Brief Barnsley Health and Well Being Board	Barnsley Health and Well Being Board		Barnsley CCG
30 April	Equality Hub members	Cross Hub Health Working Group	Verbal update and distribution of information to Equality Hub members	Sheffield CCG

May	Patient Participation Group Network	Sheffield residents		Sheffield CCG
May	Membership Office at Sheffield Teaching Hospitals	Members of Sheffield Teaching Hospitals	Copy and link to survey	Sheffield CCG
May	Involve Me	People in Sheffield interested in commissioning	Copy and link to survey	Sheffield CCG
13 May	Arthritis Society	Those who suffer from arthritis in South Yorkshire and Bassetlaw		SYB ICS Engagement Team
18 May	Rotherham Sight and Sound	Deaf and blind community in Rotherham		SYB ICS Engagement Team
May	Epilepsy support group	Those who suffer from epilepsy in South Yorkshire and Bassetlaw		SYB ICS Engagement Team
May	Rotherham CCG all staff meeting	Rotherham CCG staff		Rotherham CCG
May	Rotherham Health and Wellbeing Board meeting	Rotherham Health and Wellbeing Board	Follow up conversation	Rotherham CCG
May	Staff briefing	Doncaster CCG staff	Update on joint health and social care commissioning strategy and how it links with chapters of LTP – reinforcing their role of commissioning services to deliver national and regional	Doncaster CCG

			priorities.	
May/ June	Staff briefing session – Barnsley CCG	Barnsley CCG staff	Regarding both Long Term Plan and Barnsley Health and Wellbeing strategy refresh	Barnsley CCG
3 June	An audience with the CCG meeting	Voluntary Community sector organisations		Rotherham CCG
4 June	Rotherham Patient Participation Group (PPG) Network meeting	Rotherham GP Patient Participation Group Network members		Rotherham CCG
6 June AM	Regional open event	General patients/ public	Online Leaflet with date to be distributed widely Media release Existing SYB network and partner patient/ public networks Internal comms	SYB ICS Team
6 June early evening	Regional open event	General patients/ public (inc working population)		SYB ICS Team
June	School of Nursing, Sheffield Hallam University	Nursing students		SYB ICS Engagement Team
June	Doncaster prison	Prisoners and prison staff		SYB ICS Engagement Team
June	Barnsley Patient Council members (membership	Barnsley Patient Council members	Direct invite and via Barnsley Practice	Barnsley CCG

	drawn from GP Practice Patient Groups)		Managers	
June	Attendance at Community coffee morning – Emmanuel church	Barnsley patients/public		Barnsley CCG
June	Barnsley CVS Network Event	Voluntary Community sector organisations		Barnsley CCG
3 July	Rotherham Health and Well Being Event (including CCG AGM and Place Board)	General patients/public in Rotherham		Rotherham CCG
July	16 face to face conversations (per neighbourhood) via community organisations and telesurvey (to reach 2000 people)	General patients/public in Sheffield	Promotion in the neighbourhoods via the community organisations	Sheffield CCG
July	Focus group with Chinese community centre attendees	Sheffield Chinese community	Focus group crib sheet	Sheffield CCG
July	Focus group with Sheffield refugee council	Sheffield refugee community	Focus group crib sheet	Sheffield CCG
July	Sheffield MPs/ Overview and Scrutiny Committee/ Health and Well Being Board briefed as part of briefing on joint	MPs/ Councillors		Sheffield CCG

	Sheffield commissioning strategy			
July	'Big Chat' day, inc market stalls across SYB/ events in Trusts/ workplaces etc	All patients/ public/ staff		All partner organisations



South Yorkshire and Bassetlaw Integrated Care System

PMO Office: 722 Prince of Wales Road

Sheffield

S9 4EU

0114 305 4487

12th April 2019

Dr N Balac, Chair

Lesley Smith, Accountable Officer

Barnsley CCG

Hillder House

Barnsley

S75 2PY

Dear Nick and Lesley,

CCG Annual Review 2018/19

Thank you for meeting with us on 27 March 2019 for your Annual Review meeting.

This year was the first time that I chaired the Annual Review in my role as ICS lead for South Yorkshire & Bassetlaw and was a valuable opportunity to understand more about the depth and breadth of the work in Barnsley.

I was particularly impressed by the work in Barnsley on developing integrated care – from primary care through community and into secondary care, for patients with general and mental health needs. The film of the CCG's work over the last year demonstrated the many and tangible differences you are making for patients and the staff who work in Barnsley. This is very innovative work and the ICS will support you in your ambition to be at the forefront of the development of an integrated care trust in Barnsley.

You ended 2017/18 by being assessed as an "outstanding" CCG, for the first time. It is clear from the discussion in the meeting that 2018/19 has been a further successful year for the CCG.

Thank you for your continuing commitment to delivering high quality care for your residents and for the work that you are doing to support the on-going development of the ICS.

Yours sincerely,

Sir Andrew Cash

ICS Chief Executive Officer

Dr N Balac, Chair
Lesley Smith, Accountable Officer
Barnsley CCG
Hillder House
Barnsley
S75 2PY

Alison Knowles
Locality Director-
South Yorkshire & Bassetlaw
Oak House, Moorhead Way
Bramley
Rotherham
S66 1YY
0113 8250665
alison.knowles1@nhs.net
12th April 2019

Dear Nick and Lesley,

CCG ANNUAL REVIEW 2018/19

Thank you for meeting with us on 27 March 2019 for your Annual Review Meeting. The purpose of this letter is to: provide feedback on the key issues were discussed; confirm next steps for the publication of the 2019/20 Annual Performance Assessment; and outline priorities for the year ahead.

As you will be aware, NHS England has a statutory duty to conduct an annual performance assessment of each CCG. The Government's Mandate to NHS England specifies the four headline categories to be used: Outstanding; Good; Requires Improvement; and Inadequate.

Whilst the methodology for the calculation of the 2018/19 Annual Performance Assessment has not yet been finalised, as a guide, we anticipate that the Quality of Leadership (QoL) assessment will account for 25% of the overall judgement alongside 25% for the finance domain and the remaining 50% will be made up of the indicator set focussed on outcomes for patients.

Overview of 2018/19

Your short film was a highly effective and engaging presentation of your achievements in 2018/19. It demonstrated clearly the improvements to patient care that you have delivered and the strong relationships you have with partners in Barnsley. We congratulated you on this which is the culmination of a number of years of hard work by the team, under your leadership.

We discussed a number of specific issues from the last year. Firstly, the work that Dr Ghani and his team have undertaken to move the GP Federation from "special measures" to "good" in its CQC rating in just eight months. This is a remarkable achievement which evidences the commitment to high quality and safe care for your residents.

We discussed the continued development of integrated commissioning and provision in Barnsley. The work with your local authority continues to strengthen and your joint



consideration of revised governance to support the Barnsley “place” in 2019/20. We reflected on the challenges of the ISAP process and were pleased to hear that it had, at least, strengthened integrated working in Barnsley. We noted your continued commitment to integrated care and fully support your ambition to develop an integrated care trust in Barnsley. Finally, for this part of the discussion, you confirmed that you are working to implement an integrated care record for Barnsley within 2019/20.

In terms of primary care, we discussed the workforce challenges and the work you have undertaken with the Federation and practices to introduce new roles and ways of working such as the home visiting service to free up GP time in practice. You are well underway with the planning for primary care networks although we all recognise that these will take time and resource to realise their full potential.

I congratulated you on the performance of your urgent and emergency care system. Of note, was the resilience in the system over the winter period where you were able to recover quickly from times of peak pressure. You confirmed that the growth in admissions and attendances continues to be an area of focus for the CCG in 2019/20.

Along with the wider South Yorkshire & Bassetlaw system, performance on cancer pathways is a concern for Barnsley. We noted the good work on early diagnosis through the Be Cancer Safe programme, the recruitment of 2000 cancer champions and the use of your Practice Development Agreement to support primary care. However, we all recognise the continuing challenges with capacity and growth in demand in specific tumour pathways. As a CCG you are well-sighted on these through local work and through Lesley’s work leading the Cancer Alliance. You confirmed that improving delivery remains a priority for your team in 2019/20.

NHS Long Term Plan and Integrated Care

A discussion took place regarding the detail of your plan for integrated care and primary care networks. You shared a presentation on the integrated care partnership and talked about having one integrated care outcomes framework which will be adopted by the Health and Wellbeing Board in autumn 2019. You confirmed that the number and boundaries for the primary care networks in Barnsley will be made by your membership in advance of the May deadline.

Commissioning Reform

We discussed the future of the CCG in the context of the increasing role for the ICS, the Long Term Plan and the development of primary care networks. I confirmed that NHS England plans to work with the ICS and the five CCGs to review the commissioning structure in South Yorkshire & Bassetlaw so that, by end March 2020, resources are aligned to:

1. Leadership and delivery at system level;
2. Leadership and delivery in place, including working with local authorities; and
3. Effective primary care networks and integrated delivery.

We noted the discussions that have already been held in Barnsley on this and your readiness to move to a new way of working.

CCG Quality of Leadership Assessment

I thanked you for your 2018/19 Quality of Leadership Self-Evaluation and outlined the moderation process that will now be followed within NHS England. I expect the overall assessment of the CCG to be published in July, in line with the Mandate.

In conclusion, 2018/19 has been a very successful twelve months for the CCG, building on the strong foundations from prior years. The leadership and drive from you and your team is evident in your work in Barnsley and across South Yorkshire & Bassetlaw. Thank you for the CCG's continued commitment to delivering high quality and sustainable care for your residents.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Alison Knowles', is centered within a light gray rectangular box.

Alison Knowles

Locality Director – South Yorkshire & Bassetlaw

NHS England and NHS Improvement



South Yorkshire and Bassetlaw Integrated Care Pathology Transformation Programme

Update to CCG Governing Bodies

March 2019



BACKGROUND AND CONTEXT

Similar to other regions in the UK, the laboratory (pathology) services in South Yorkshire and Bassetlaw (SYB) have evolved independently over the years as units within individual acute Trusts and have been providing support for the clinical services of the Trusts and their associated local primary care services, each CCG in South Yorkshire holds pathology activity as part of their main acute contracts.

As a consequence of the findings of the Lord Carter Review and the Model Hospital Programme, NHS Improvement (NHSI) launched a programme for the consolidation of laboratory services in England in September 2017 into twenty-nine pathology networks (South Yorkshire and Bassetlaw being 1/29).

The aim of this NHSI programme is to reduce unwarranted variation and ensure creation of clinically safe and sustainable pathology services for the future, providing more responsive, high quality and efficient services. The recently published NHS Long Term Plan states that 'By 2021, all pathology services across England will be part of a pathology network' and '... pathology networks will mean quicker test turnaround times, improved access to more complex tests and better career opportunities for healthcare scientists at less overall cost'. NHSI estimated that up to £200m could be saved nationally by implementation of their proposed Hub and Spoke (central service laboratory - CSL, and essential service laboratory – ESL) model for service delivery. However, NHSI have tasked each network with defining the most appropriate service delivery model for their population.

This document sets out the progress made to March 2019 by the SYB Pathology Transformation Programme, via its Board and associated Workgroups, to transform Pathology Services across SYB and seeks approval from Trust Boards to proceed to develop an Outline Business Case that will assess a defined set of options for future service delivery. In January 2019, CCG representation has been enhanced on the Pathology Board from January 2019.

The aim of the SYB Pathology Transformation is to develop innovative, clinically, operationally and financially effective and commercially attractive laboratory medicine solutions that are responsive to the needs of the clinician, the patient and their families. SYB Pathology will operate across organisational boundaries and boundaries of care, anticipating current and future service needs, proactively developing the service using R&D in conjunction with academia and industry while working as an integral component of SYB ICS.

The Strategic Outline Case for pathology transformation was made by NHSI in 2017. The SYB Pathology Transformation Programme is working to produce an Outline Business Case (OBC), which will appraise a set of agreed options for change in detail and provide a recommended option to Trust Boards with endorsement from CCG's. The final step of the process, subject to approval of OBC, will be the Full Business Case (FBC) which will focus upon implementation considerations associated with the recommended.

PROGRESS

The Programme Transformation Board is chaired by a Chief Executive (DBH) and supported by a Medical Director (STHFT) sponsor. A Programme Clinical Director and Programme Manager have been appointed. A series of expert workgroups, together with the Programme Board, have:

- Agreed a SYB Pathology Services Memorandum of Understanding (MoU), which has been signed off by all participating Trusts.
- Agreed Guiding Principles for Pathology Transformation across SYB.
- Worked to understand the methodology used by NHSI to calculate estimated savings across SYB. Based on 15/16 data the calculated 'consolidation saving' for SYB, using the NHSI methodology, was £5.2million.
- Agreed the key areas requiring investment to deliver the transformation programme.
- Set out meaningful options for change to be evaluated against the Guiding Principles.
- Recommended the essential set of tests that need to remain on site in each ESL to be responsive to all acute requirements.
- Started to identify the interdependencies between the various pathology sub specialties, clinical services, academia etc. to inform the future location of services across SYB.

- Issued a Prior Information Notice (PIN) to inform the market of our intention to procure a SYB pan-Pathology Managed Service Contract (MSC) and issued a list of initial questions to suppliers in a market engagement questionnaire.
- Collated 17/18 workload data for all disciplines and sites and are making progress to standardise the data collection between providers.
- Appointed a fixed term Workforce Lead. Agreed AfC job profiles for staff and begun the process of functional mapping of the required tasks across all services to inform the workforce model required for each option being evaluated.
- Drafted financial principles to guide decision making on changes to current service models to ensure a systems approach.
- Mapped out current IT and Logistics services.
- Gained clarification from NHSI that Sheffield Children's Hospital FT is included in the transformation programme although the specialist paediatric pathology services may be subject to a wider national transformation programme.
- Established a Project Plan to oversee time lines, risks and issues. The project plan aims to complete the OBC by July 2019 and the FBC by February 2020.

It must be noted that most members of the Board and expert workgroups are existing pathology professionals from constituent SYB organisations, and they are finding it difficult to sustain the level of input required to progress the Programme alongside existing service delivery and their core responsibilities.

OPTIONS FOR CHANGE

The options for service delivery currently being evaluated are:

1. The NHSI model of one CSL with ESLs on other acute hospital sites
2. Modified NHSI models:
 - i. More than one CSL for one or more discipline
 - ii. An expanded ESL test range and/or volume
3. Collaborative working with no change to organisational form or operating models
4. Do Nothing

The expert workgroups are currently evaluating each of the options with a view to identifying, for each option:

- Equipment requirements
- Floor space requirements
- Inter-dependencies between individual groups of tests, specialties, subspecialties, clinical services, academia etc.
- Staffing model over the 24/7 period
- Financial implications

In order to progress this work a number of key enablers have been identified. At this stage, the workgroups have assumed that they will be in place for Options 1, 2 and 3. As requested by NHS I, the network has informed them of the capital investment needed, and will be seeking opportunities to bid for funding.

KEY ENABLERS

1. Robust governance and management arrangements for the transformation programme and future SYB Pathology Service.
2. A capital investment of around £17.8m to support:
 - implementation of a unified Laboratory Information System (LIMS) across the whole SYB pathology service
 - implementation of digital reporting for Histopathology
 - estates reconfiguration / development to ensure services can be located appropriately
3. Integrated logistics (specimen transport) across the SYB region.

4. A single SYB pan-Pathology MSC.
5. Resource to release staff time within organisations to devote to delivering the Programme to agreed timescales.

RECOMMENDATIONS FOR CCG GOVERNING BODIES

1. Support to progress the transformation programme to OBC as described in this paper.
2. Agreement that the implementation of a single organisational form for SYB Pathology Services should be subject to the completion of an outline and full business case.
3. Support the resolution of the identified key enablers.

GOVERNING BODY

9 May 2019

Developing South Yorkshire & Bassetlaw System Commissioning and CCG Joint Commissioning Arrangements for 2019/20

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input checked="" type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input type="checkbox"/>	<i>Information</i>
2.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Lesley Smith	Chief Officer
	Author	Lisa Kell	Director of Commissioning, SYB ICS
3.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	N/A		
4.	EXECUTIVE SUMMARY		
	<p>This paper sets out the approach for developing system commissioning for 2019/20 through a set of SYB commissioning priorities managed by the Joint Committee of CCGs (JC CCGs) strengthened with delegated authority from the five CCGs for specific decisions in order to facilitate streamlined decision making as a system. The priority areas requested by commissioners for delegated authority are listed in the paper.</p> <p>The Long Term Plan (LTP) sets out the direction that NHS commissioning arrangements will evolve over the next few years. SYB commissioners have been working together during 2018/19 to build on the joint commissioning arrangements already in place through the Joint Committee which was established in 2017.</p> <p>Any resource implications as a result of system commissioning will be quantified and discussed with CCGs during 2019/20.</p>		

5.	THE GOVERNING BODY
	<p>Members of the Governing Body are asked to:</p> <ol style="list-style-type: none"> 1. Consider the content of the paper and support the approach to develop SYB system commissioning arrangements and the JC CCG in 2019/20 in line with the NHS Long Term Plan requirements 2. Support the review of the JC CCG Terms of Reference and Manual Agreement for 2019/20 3. Agree the request for specific decisions set out in the paper to be delegated from CCGs to the JC CCG in order to support streamlined decision making for system commissioning and support the delivery of the 2019/20 JC CCG priorities.
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix A – Briefing for SYB CCG Governing Bodies in public session Developing SYB System Commissioning and CCG Joint Commissioning Committee Arrangements for 2019/20

Agenda time allocation for report:	10 minutes.
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	5.1 & 5.2
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	
	2 - Primary Care	
	3 - Cancer	
	4 - Mental Health	
	5 - Integrated Care System (ICS)	Y
	6 - Efficiency Plan	
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	
	8 - Maternity	
	9 - Compliance with Statutory and Regulatory Requirements	
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

**Developing SYB System Commissioning
and
CCG Joint Commissioning Committee Arrangements for 2019/20**

Briefing for SYB CCG Governing Bodies in Public

May 2019

1. Purpose

1.2 This paper sets out the approach for developing system commissioning arrangements in SYB for 2019/20 through a set of agreed commissioning priorities managed by the Joint Committee of CCGs (JC CCGs) strengthened with delegated authority for specific decisions in order to support streamlined decision making across SYB.

2. Background

2.1 The SYB CCGs have worked together since the inception of CCGs in 2012 and prior to that as PCTs to deliver commissioning and contracting responsibilities as efficiently as possible on behalf of each other focussing on a best use of cost and resources, standardisation to improve quality and outcomes and avoid duplication. These joint working arrangements are wide ranging and include undertaking a lead role on behalf of the five CCGs for a commissioning function or activity; leading a service transformation programme or undertaking a lead contractor role for an NHS provider contract.

2.2 In 2018/19 the SYB commissioners with involvement from CCG Governing Bodies set out the intention to explore opportunities for further system commissioning to support the development of Integrated Care Partnerships (ICPs) at place and working together strategically in a wider Integrated Care System with the following specific aims:

- **At SYB** – to commission, plan and deliver some activities and functions once across SYB where it demonstrably adds value for the system; reducing unwarranted variation improving equity of access, standardisation and quality of service and improves population health
- **At Place** – to commission, plan and deliver services locally, with a focus on integrated care with partners to improve population health through new models of care, and a consistency in approach to support providers to deliver services more equitably for local populations.

2.3 At the end of 2018/19 the JC CCGs established a work plan of priorities along with a requirement for some delegated decision making.

2.4 The JC CCG is also taking into account the requirements in the NHS Long Term Plan that commissioning arrangements will evolve over the next few years and ICS's will need to have in place streamlined commissioning arrangements to enable a single set of commissioning decisions at system level.

3. Principles for SYB System Commissioning

3.1 A guiding principle for any changes to commissioning and/or joint decision making must be that it demonstrates added value, including improvement in outcomes and population health, standardisation of care, financial efficiency, better use of resources including scarce workforce and avoids unnecessary duplication. Unintended significant risks for a CCG, place or ICS should be avoided.

1.2 It is important that system commissioning priorities are clinically developed to ensure an agreed SYB consensus to pathways, policies and protocols. To enable this, a set of principles on CCG clinical engagement will be agreed by the JC CCG with clear processes to be followed. Assurance will be sought through the JC CCG that all SYB priorities being developed are underpinned by robust clinical evidence and best practice and with a locally managed process in each place for clinicians to engage, influence develop and agree the work.

2. Review of the JC CCG Terms of Reference and Manual Agreement

4.1 Due to a number of changes to the JC CCG for 2019/20 including the establishment of a sub group to operationally support the JC CCG; new associate CCG membership (Derby and Derbyshire CCG and Wakefield CCG); the request for lay member voting rights; new priority areas for joint working; the request for delegation of some decisions and wider ICS interim governance arrangements for 2019/20, the Terms of Reference and the Manual agreement are being revised. These will be brought back to CCG Governing Bodies for discussion and approval.

3. Request to Delegate Authority to Joint Committee of CCGs

5.1 A high level subset of the 2019/20 JC CCG priorities that require delegated authority from CCGs to the JC CCG are shown below.

<u>2019/20 SYB System Commissioning Priorities requiring delegated authority</u>	<u>Requested delegation to the JC CCG to:</u>
System Contracting <ul style="list-style-type: none"> • 999 system lead contractor (YAS) for 4 SYB CCGs • 111 system lead contractor (YAS) for 5 SYB CCGs 	<ul style="list-style-type: none"> • develop and agree a % financial threshold of contract value against contract baseline for the lead contractor to negotiate on behalf of each CCG during 19/20 contract negotiations.
Outpatients <ul style="list-style-type: none"> • Review of outpatient follow ups across SYB by specialty, develop clinical protocols to standardise practice and reduce unwarranted variation * • Review of outpatient first appointments (as above) * 	<ul style="list-style-type: none"> • identify and agree the specialities in scope of the review • develop and sign off clinical protocols developed with SYB clinical engagement from both commissioners and providers and patients/ public as necessary • implement clinical protocols in Providers standard NHS contracts 2019/20

<p>Commissioning Outcomes</p> <ul style="list-style-type: none"> Commissioning for Outcomes – new stage 2 	<ul style="list-style-type: none"> identify and agree the clinical priorities in the policy sign off 19/20 policy through the CRG ensuring public consultation /engagement has taken place implementation of protocols and included formally in standard NHS contracts 2019/20
<p>IVF</p> <ul style="list-style-type: none"> Explore options for a SYB approach to the number of IVF cycles 	<ul style="list-style-type: none"> develop IVF options appraisal and financial modelling for consideration by CCG Governing Bodies
<p>Cancer</p> <ul style="list-style-type: none"> Standard implementation of national cancer pathways across SYB tom improve outcomes and equity of access* 	<ul style="list-style-type: none"> implement standard cancer pathways in NHS provider contracts and across the 5 SYB places
<p>Medicines and Prescribing</p> <ul style="list-style-type: none"> Medicines optimisation – standardisation of policies across SYB 	<ul style="list-style-type: none"> Identify opportunities for medicines standardisation develop and sign off policies developed with SYB clinical engagement from clinicians, patients / public as necessary

**priorities consistent with the LTP*

Recommendations

Members of the Governing Body are asked to:

1. Consider the content of the paper and support the approach to develop SYB system commissioning arrangements and the JC CCG in 2019/20 in line with the NHS Long Term Plan requirements
2. Support the review of the JC CCG Terms of Reference and Manual Agreement for 2019/20
3. Agree the request for the specific decisions set out in the paper to be delegated from CCGs to the JC CCG in order to facilitate streamlined decision making for system commissioning and support the delivery of the 2019/20 JC CCG priorities.

Paper prepared by

Lisa Kell
 Director of Commissioning
 SYB Integrated Care System

Governing Body

9 May 2019

Cancer Programme Assurance

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input checked="" type="checkbox"/>	<i>Information</i>
	<input type="checkbox"/>		<input type="checkbox"/>
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Executive Lead</i>	Jeremy Budd	Director of Commissioning
	<i>Clinical Lead</i>	Dr Kardarsha	Governing Body GP and Clinical Lead for Cancer
	<i>Author</i>	Siobhan Lenzionowski	Lead Commissioning and Transformation Manager
3.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have had prior consideration at:		
	Group / Committee	Date	Outcome
	Governing Body	8/11/18	Tabled within Cancer Programme Plan assurance paper
	Cancer Steering Group	4/3/19	Tabled within Cancer Programme Plan Assurance
	Cancer Alliance Board	1/3/19	Tabled within highlight reports
	Governing Body	10/1/19	Tabled within Early Diagnosis and Screening Proposal ED and Screening paper
	Senior Management Meeting	17/4/19	Assurance paper approved
4.	EXECUTIVE SUMMARY		
	The aim of this paper is to provide assurance to the CCG Governing Body that the CCG has cancer delivery programme is in place, which is delivering the:		
	<ul style="list-style-type: none"> World Class Outcomes (A strategy for England 2015-2020) South Yorkshire, Bassetlaw and North Derbyshire (SYB&ND) Cancer Alliance Programme 'at place' 		

	<ul style="list-style-type: none"> • NHS Five Year Forward View Cancer objectives • NHS 10 Year Plan Cancer Actions • A five-year framework for GP contract reform to implement The NHS Long Term Plan • National Cancer Survivorship Initiative.
5.	GOVERNING BODY IS ASKED :
	To accept this 6 monthly Cancer Programme assurance paper.
6.	APPENDICES
	<ul style="list-style-type: none"> • Appendix A – Cancer Programme Delivery Plan • Appendix B - Summary March 2019 – Programme Assurance and Risk report.

Agenda time allocation for report:	15 Minutes
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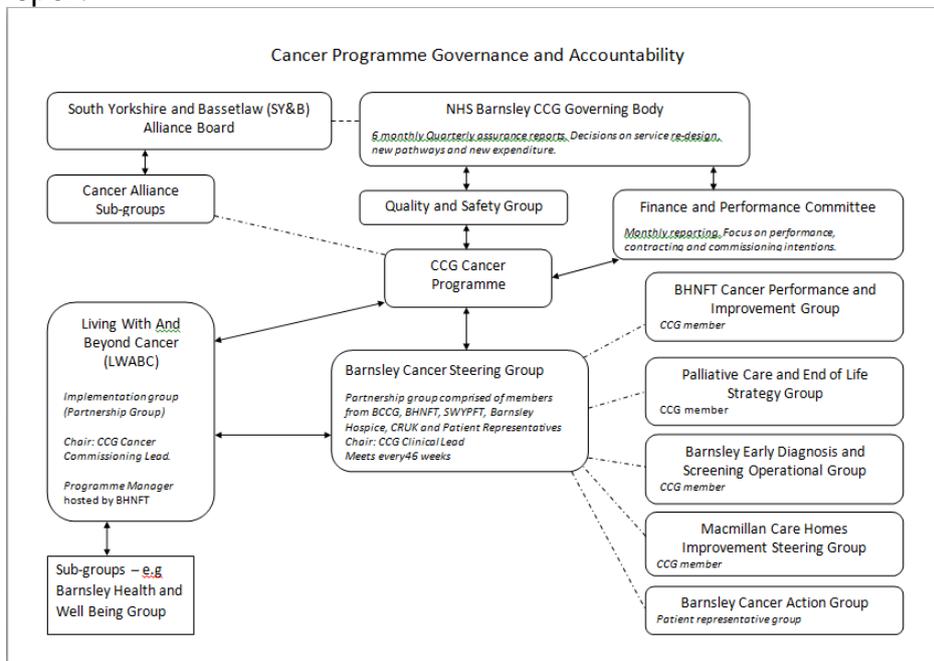
PART 1B – SUPPORTING INFORMATION

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

PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION
	The aim of this paper is to provide a 6 monthly reporting assurance to the Governing Body, for the cancer programme for Barnsley.
2.	DISCUSSION/ISSUES
	<p>1. Context</p> <p>1.1. Cancer Alliance Board</p> <p>Barnsley CCG is member of the Cancer Alliance Board, which is a nationally mandated alliance that has been formed within the Shadow Integrated Care System of South Yorkshire, Bassetlaw and North Derbyshire.</p> <p>Within the Cancer Alliance programme there are 4 work streams. These cover the five priorities identified:</p> <ol style="list-style-type: none"> 1. Cancer Intelligence 2. Early Intervention and Diagnosis 3. High Value Pathways 4. Living with and Beyond Cancer (LWABC) <p>The work programme includes producing specifications that can be adopted across the SYB&ND system; agreeing shared pathways; producing shared clinical guidance; agreeing single operating models across multiple sites for upper Gastro-intestinal (GI), prostate, lung and lower GI. It also works as a system to deliver the 62 day GP referral to treatment target and improving the take up of screening programmes.</p> <p>Within the LWABC programme is work on introducing a recovery package and pathways to improve people's care and lifestyle both while they are experiencing cancer and beyond this period. This includes improving the experience for people at the end of their lives.</p> <p>2. Barnsley Cancer Programme Assurance Framework</p> <p>The CCG assurance framework for cancer is via the programme 2018-2020 action plan. This outlines the actions the CCG will undertake to deliver the key priority areas within the national and local cancer programmes and strategies. To take into account the NHS 10 Year Plan and the five-year framework for GP contract reform, it has been recently updated to ensure that the deliverables are included. During the last 6 months the programme has been strengthened by the inclusion of a number of early diagnosis and screening specific initiatives, which were approved by the CCG Governing Body. (Refer to Appendix A for the plan).</p> <p>The programme action plan focuses on five key areas. These are:</p> <ul style="list-style-type: none"> • Prevention of cancer • Early Diagnosis • Care and Treatment • Living with and Beyond Cancer (LWABC) • End of Life – Palliative Care

Governance and accountability for the overall delivery of the programme is via a number of routes. Refer to the diagram below for details of the governance pathways for the programme. Throughout the programme Clinical Leadership is provided by a governing body member, who also Chairs the Barnsley Cancer Steering group and ensures there is clinical oversight. This partnership group meets monthly and compiles a monthly assurance report. Refer to appendix B for the groups March 2019 Programme Assurance and Risk report



3. Cancer Programme Progression

The key priority areas for the Cancer Programme Action Plan are delivering as expected. There are a number of improvement areas that are a particular focus for the CCG programme. These are:

- improving the CCG 's 62 GP referral to treatment target
- ensuring an increase in referrals to diagnostics and via the two week wait referral pathway, lead to an increase in the percentage of cancer diagnosed at an early stage (1 or 2)
- reducing the number of 3 admissions to BHNFT for people at end of life in the last 3 months of life
- reducing the variation in screening rates across Barnsley GP practices

3.1 Barnsley CCG Performance Position

The CCG IAF constitution performance target is the 62 day GP referral to treatment target. This remains under target for the past 6 months. Refer to the table below for the CCG performance.

Quarter	Performance – target 85%
Q4 -2017-18	86.3
Q1 2018-19	84.3
Q2 2018-19	84.2
Q3	81.9

Cancer performance figures for Barnsley CCG are lower than for the Acute Trust, as they are directly affected by the lower performance of other trusts where pathways are shared or where patients choose to access an alternative provider. One of the reasons performance is a challenge is due to capacity issues in Urology at STHT. It is expected that this will continue to impact on the CCG performance during 2019-20. There has also been an increase of referrals into BHNFT especially for breast and urology, which has affected BHNFT performance and the CCG overall figure.

The CCG to address these issues and improve performance is working with the BHNFT and as part of the Cancer Alliance on a number of improvement areas. This includes:

- Implementing the new straight to test timed pathways by introducing nurse led triage, which will reduce the number of first time appointments required by people who do not have cancer and cancer clinicians workload
- Improving the tracking of patient transfers between different departments at BHNFT and the transfer of patients to STHT to reduce the time it takes to meet the target
- Improving the timescales of the delivery of procedures within radiology
- Introducing new two week wait referral forms to improve the quality of GP referrals to BHNFT which will speed up the two week wait times and overall target
- Reducing clinical variation from BHNFT to STHT so that treatment decision are quicker to decide
- Working with the Alliance to identify the impact of increased referrals and diagnostics on BHNFT and identify the solutions that can address this demand including workforce needs
- Introducing tele dermatology within primary care to reduce the demand on the skin cancer pathway and release clinical time at BHNFT
- Introducing HCA for LWABC to improve the patients experience when they are diagnosed with cancer and release Cancer specialist nurses time to support complex patient referral pathways
- Piloting a vague symptoms pathway to reduce first diagnosis at emergency admission and within the cancer of unknown primary pathway
- Improving clinical Multi-Disciplinary Team working across the Alliance to improve clinical variation and improve patient transfer to STHT and Weston Park
- Introduced lower GI pathway FIT test to identify medium risk patients and reduce referrals into the colorectal cancer pathway.
- Increasing BHNFT capacity within the diagnostic test departments and test slots available
- Commissioning a capacity and demand needs assessment to understand the future cancer needs of the Barnsley population and identify the actions required to address this demand. The focus of the 12 week project is on seven cancers: Female breast, Lung, Colorectal, Prostate, Leukaemia, Brain and Upper GI.

These areas are also a challenge across the whole of the South Yorkshire and North Derbyshire Cancer Alliance area.

3.2 Barnsley NHSFT Performance Data

Over the past 6 months, the cancer waiting time's compliance for the Trust has been met. It has been reducing since 2017-18 and they continue to remain within the target performance expected. The target is 85%.

Quarter	Performance – target 85%
Q4 -2017-18	90.3
Q1 2018-19	88.6
Q2 2018-19	87.2
Q3 2018-19	85.2

There are three pathways that continue to not consistently meet the 62 day GP referral to treatment target which are Colorectal, Head and Neck and Urology. These issues are being addressed by CCG via the delivery of the Trusts performance improvement plan and contracting monitoring governance; via the actions BHNFT take due to being involved in delivering the Cancer Alliance clinical and operational delivery working groups; and BHNFT contribution to the CCG Cancer programme delivery and assurance governance.

4. Cancer Programme Progression

The table below outlines the programmes progress over the last 6 months and planned priority deliverables for the next 6 months. (for further details refer to the appendix A – Cancer Programme Delivery Plan and Appendix B – Cancer Programme March 2019 – Programme Assurance and Risk report.)

Priority Key Area	2018-19 Quarter 3 and 4 Progress	2019-20 Quarter 1 and 2 Planned Deliverables
Prevention	Screening group established and produced improvement plan and started delivering targeted actions.	Practice profiles produced that outline improvement actions – improvement plans supported by CRUK worker
	BHNFT Preventing Risky behaviours CQUIN on track and delivering.	Stakeholder workshop held that has identified priorities/ plan in place delivering e.g increasing resource - out of hours cervical screening started
	Cervical screening campaign undertaken with wide coverage in social and newspaper media	practices working on reducing number of people not attending for screening via PDA scheme
	Screening indicator developed for GP practices Practice Development Agreement – reducing incidences of patients who are not attending appointments	Prevention and Early diagnosis market stall established and increased prevention awareness within market stakeholders and customers
Early Diagnosis	Lower GI pathway mobilisation plan implemented – all FIT communication materials distributed to primary care and patient groups; delivery method of samples return to pathology agreed; BHNFT impact modelling agreed with CCG.	Lung health check clinics delivery started with primary care networks
		Vague symptoms pilot pathway implemented and first evaluation results produced
		Primary care Tele dermatology pilot mobilised and reducing referrals to skin pathway at BHNFT

	All practices received safety netting and Significant Events Analysis training and started working on SEA process. Seven completed at least 2 SEA's.	Via PDA all practices have begun National Cancer Diagnosis Audit.
	Be Cancer Safe (BCS) - targeting group/people that have low rates of attending primary care; working in partnership with screening; one year further funding decision agreed; Social Media Campaign continues; 1 year evaluation completed.	BCS used practice profiles to identify support to practices with low rates of ED and screening; have set up market stall and delivering raised awareness to practice champions and local population
Care and Treatment	Rapid pathways and direct access action plans implemented	Timed/rapid pathways embedded and Upper GI timed pathway working group started
	Recovery plans delivered e.g. patient tracking system and patient transfer agreement in place by April 2019	MDT working improving transfer of patients through pathway
	Worked with Cancer Alliance to ensure CCG performance improving by Q4 and reduced number of unavoidable breaches by STHT and BHNFT	Alliance Diagnostic demand and capacity modelling completed
Living with and Beyond Cancer (LWABC)	Delivering the LWABC action plan-with a particular emphasis on embedding eHNA into secondary care and cancer care reviews in primary care; additional funding obtained from Macmillan for new posts to support delivery.	e-HNA and treatment summaries in place for 3 tumour pathways . Three HCA have started and showing improved patient care
	Macmillan GP started, completed induction and started visiting practices	Macmillan GP delivered monthly educational events to primary care; with GP cancer leads increased uptake of EPaCCS and quality of cancer care reviews; supported work on raising importance of screening and ED using practice profiles.
End of Life – Palliative Care	Education on Electronic Palliative Care Coordination System EPACCS started and delivered to 14 practices and to neighbourhood nursing team / EPACCS template produced.	All practices had training on EPACCS and using template/ SWYPFT spot check audit resulted in increased number patients on palliative care register.
	Care Homes Macmillan nurse started completed induction, worked with 3 nursing homes.	Care Homes Macmillan nurse increased number if patients on register and reduced inappropriate admissions
Governance	CCG commissioning intentions reflect new pathways and new performance targets	PCN started delivering Early Diagnosis specification and quality improvement plans for

		end of life
	PDA process agreed cancer indicators that will support maximisation of primary care delivery of the cancer programme	PDA first 6 months implementation demonstrating impact on cancer priorities
	Commissioned capacity and demand needs assessment	Capacity and demand needs assessment completed; plan in place to address findings and identify financial return on investment for cancer programme delivery

In the past 6 months Barnsley has been awarded funding via the Cancer Alliance NHS England transformation funding for :

Purpose	Funding	Funder	Provider
Straight to Test Triage Nurse	30,000	Cancer Alliance	BHNFT
MRI additional capacity	32,000	Cancer Alliance	BHNFT
Vague Symptoms pilot pathway	70,000	Cancer Alliance	BHNFT
Locum Consultant Radiologist and training for new pathway	44,000	Cancer Alliance	BHNFT
Total	£176,000		

In addition the CCG has commissioned Be Cancer Safe project for a further 12 months (£100,000) and Barnsley received Macmillan Cancer Care funding for three HCA posts; Macmillan GP and the Care Homes Nurse ANP.

5. Risks to Delivery of Cancer Programme

There are a number of risks to delivery of the Programme plan :

Risk	Mitigating Action
Risk to delivery of the 62 day wait NHS Constitution standard if clear pathways from cancer diagnosis to treatment are not developed and actioned by all partners	Programme plan focusing on improving efficiency of pathway; ensuring referrals appropriate and capacity in place to meet demand
Risk to delivery of early diagnosis if the CCG does not effectively promote to the people of Barnsley the national screening programme	Cancer steering group targeting – via BCS public awareness; media promotion; GP practices targeting people whom do not attend.
Risk that the incidence of cancer is not reduced, and of poorer outcomes post treatment, if steps to promote healthy lifestyles for Barnsley people are not successful	BHNFT Preventing Risky behaviours CQUIN on track and delivering; Barnsley Council targeting areas with high rates of smoking and low physical activities.
Lack of GP engagement with Programme deliverables will hinder	Communication in plan to ensure GP engaged – a variety of methods will be used

	progress	to minimise risk. Cancer steering group monitoring at each meeting and taking additional action as required.
	Timed pathways implementation not delivered to timescale - risks of clinicians not engaged	Assurance improvement plans in place to mitigate risk
	Diagnostics capacity unable to meet increased demand	CCG working with Cancer alliance CCG's to identify future demand and capacity gaps; pressure points and mitigating actions; ICS demand and capacity workstream working on identifying mitigating actions
	<p>All these risks are being managed via the Barnsley Cancer Programme governance and via the CCG membership of the Cancer Alliance Board.</p> <p>Recommendation</p> <p>It is recommended that Governing body accept this assurance report.</p>	
3.	IMPLICATIONS	
3.1	Financial implications	
	There are no financial implications for the purpose of this update. As individual business cases or funding bids are developed, financial implications will be considered as part of these.	
3.2	Consultation & Engagement	
	Not applicable	
3.3	Equality & Diversity	
	Not applicable	
3.4	Information Governance	
	Not applicable	
3.5	Environmental Sustainability	
	Not applicable	
3.6	Human Resources	
	Not applicable	
3.7	Other Implications	
	Not applicable	
4.	RISKS TO THE CLINICAL COMMISSIONING GROUP	
	Not applicable	
5.	APPENDICES TO THE REPORT	

	Not applicable
6.	CONCLUSION
	In conclusion the aim of this paper is to provide Governing Body with assurance that the cancer programme is delivering a plan, which focuses on early detection, prevention and is delivering the Cancer World Class Outcomes (A strategy for England 2015-2020) and NHS 10 year plan. It is recommended that Governing Body accept this assurance report.

Barnsley CCG Cancer Programme Action Plan - April 2018-April 2020
March 2019 Progress, BCSG Meeting: 04.04.19

No.	Actions 2018-20	Lead	RAG rating	Progress and Planned Actions: March 2019
1.0	PREVENTION			
1.1	CCG work with Barnsley Council to implement the Health and Wellbeing Plan. To reduce smoking quit rate by 4% to 57%.	SL		BMBC carried out alcohol CleaR assessment, for which an improvement plan has been developed. <ul style="list-style-type: none"> - An Alcohol plan has been developed that will complement other strategic plans. - Strategy development is progressing. Alcohol CleaR assessment being taken to Health and Wellbeing in April, slides to be shared at the following BCSG.
1.2	CCG will raise awareness of early symptoms by taking part in 'Be Clear on Cancer' programme via social media throughout the year.	KW		Preparing for Cervical Cancer Screening Week (10-16 June 2019) <ul style="list-style-type: none"> - A number of social media postings taken place to capitalise on screening week. - Meeting taken place with cancer alliance comm lead, BCS and BMBC to plan further work ensure joined up across agencies. Positive meeting to continue on quarterly basis. - Identified that not all partner comms planned aligned on this topic, so this action has been picked up. Promotion of the BHF Lundwood #LadiesNight drop in clinic in Feb. March; Promotion of BeCancerSafe breakfast meetings. Promotion of BeCancerSafe team runner up award. Continue working with CA on priority communications areas.
1.3	During 18/19 BHNFT and SWYPFT will implement the following national CQUIN: 'Preventing ill health by risky behaviours – alcohol and tobacco' There are five parts to the indicator; 1) Tobacco screening 2) Tobacco brief advice 3) Tobacco referral and medication offer 4) Alcohol screening 5) Alcohol brief advice or referral The Indicator relates to adult patients (at least 18 years of age) admitted to an inpatient ward with a LoS equal to or greater than one, excl. maternity wards.	LB		BHNFT and SWYPFT on track to deliver all parts of the risky behaviour CQUIN, including year-end targets. Note: CQUIN updates come to the CCG on a quarterly basis, therefore this action will also be updated quarterly. This particular CQUIN relates to 18/19 only at this stage, although it is likely to continue next year.
1.4	CCG involved in Cancer Alliance and CRUK development of Structured clinics in community that target smokers using family and peer support approach.	SL		Governing body accepted proposal that to develop further. Unlikely to be progressed until SY&B pilot been delivered and planned, as will need to learn from pilot before develop in Barnsley. Doncaster pilot meetings started. Focusing on pathway and producing delivery plan. No actions for Barnsley at this stage.
1.5	Macmillan GP work plan includes action to promote in Primary care importance of improving screening rates and early diagnosis	SL / HK / SE		Screening a minor delivery objective for post but will promote if opportunity and work in partnership with CRUK post BT. Postholder will incorporate key messages into educational events and practice visits. Working with CRUK on practice profiles.

No.	Actions 2018-20	Lead	RAG rating	Progress and Planned Actions: March 2019
1.6	Be Cancer Safe targeting areas highest rates of non-engagement in screening and high value tumour sites. Recruiting 1600 cancer champions by April 2019. Identify target communities / Localities; Work in partnership with Screening Programme to maximise value; Focus on high value activities that target known areas of low screening; Social Media Campaigning 1600 Cancer champions recruited by April 2020.	AT		<ul style="list-style-type: none"> 48 Engagement activities delivered in February (x3stands, x2 events, x2 talks, x41 grassroots activities/visits) from which 159 new Cancer Champions were created (94 Females and 65 Males). 126 Cancer Champions created within the target areas i.e. Dearne 34 Stairfoot 38, St.Helen's 54. Introduction of visual aids, models and video to demonstrate breast lumps, the prostate and the cervix received well in communities and supported conversations about cancer. Conversations with members of the BME community suggest confusion about what causes cancer; many myths are circulating e.g. gallstones lead to cancer. Supported the PHE cervical screening campaign through engagement activities and social media platforms. Confusion prevails re the HPV vaccination; young women who have had the vaccine as girls perception of protection for life and so the cervical screening invitation is ignored. Many older people are not aware of the breast and bowel screening opt in. Still waiting on feedback/outcome of Joint BCS/Macmillan Health and Well-Being HUB proposal submitted to BMBC Market team Feb 19. Update sought by email 21/3. <p>Maintaining a BCS Facebook page (148 posts during Feb) and Twitter page (74 tweets during Feb).</p>
1.7	Act upon recommendations of Social care movement programme evaluation (due December 2019)	AT		<p>First two sections of the Evaluation Report circulated in draft for comments 22/2. Sections 3 and 4 pending. Final report expected 19/3 for checking. SCHAAR team met with Barnsley BCS team 19/2 to help plug gaps in the evaluation report.</p> <ul style="list-style-type: none"> Sections 1-3 of the final Evaluation Report circulated for comments 19/3. Now branded. Weekly tel catch ups between SCHAAR (evaluation team), Cancer Alliance and AT continue, in the hope of keeping the evaluation on track and getting what we need from the evaluation at different levels (i) from a commissioning point of view with SYBND patients in mind; informing system change (ii) from a national perspective; raising the profile of the project/brand/model, sharing the learning, shaping policy (iii) from a local perspective; informing service delivery at Place and exploring opportunities beyond the cancer agenda. <p>Artist commissioned to produce a series of visual illustrations, which will be included in the final report. Joining the final BCS meeting on 26/3; meeting opened up to Project Workers and other stakeholders. Electronic copy of the final report available from mid-April; suggested date 15/4. Hard copies 26/4.</p>
1.8	CCG made decision about continuation of Be cancer safe project by December 2018 (funding ends April 2019)	SL		<p>CCG will fund BCS for further year. BCS informed. Waiting for Cancer Alliance to confirm if funding available.</p> <p>Contract issued and agreed year 2 work plan and priority areas . Action completed.</p>
1.9	NHS E local screening improvement group agreed action plan to increase quality of service, reduce waiting times and increase number attending screening, improve patient experience.	TT		<p>Action plan to be developed for April 2019/20. SL/TT met to discuss focused piece of work to identify priority areas</p> <p>Workshop being held to identify priority areas and gaps on 8 May in Barnsley.</p>
1.10	All screening and public health campaigns targeting populations that have low attendance rates e.g. men and populations who do not consider themselves at risk	KW		<p>Governing body paper for January 2019 meeting requests funding. Decision due 10/1/2019</p> <p>BMBC have a cancer comms plan. The comms team has been liaising with partners. Meeting taken place with cancer alliance comm lead, BCS and BMBC , the DBH screening comms team to plan further work ensure joined up across agencies. Positive meeting to continue on quarterly basis. Identified that not all partner comms planned aligned on this topic, so this action has been picked up. Identify if further finance is required as per the January GB paper/</p>
1.11	CCG attending SY&B cancer alliance Early diagnosis Work Stream to ensure NHS England screening commissioning intentions implemented at place.	SL		<p>Lynch testing agreed by pathology network; FIT roll communication to practices been weekly ; likely screening FIT now in June 19 at earliest</p>

No.	Actions 2018-20	Lead	RAG rating	Progress and Planned Actions: March 2019
				Continue to prepare primary care and acute services for new screening tests. On track.
1.12	All Barnsley GP practices meeting smoking quit rates in QOF target	LR		Identify current position and movement. To check position via QOF data and agree actions as required
1.13	Screening targets for each practice within 2019-20 CCG PDA that includes targeting vulnerable groups and links to PH Barnsley local initiatives. PDA focusses on reducing DNAs rather than screening rates.	SL		PDA DNA uptake indicator will support uptake. Workshop being held to identify priority areas and gaps in April will identify priorities for practices via practice profile document. To discuss as part of work of Early detection and screening sub group action plan. To be identified within practice profile document.
1.14	As CCG commissioned services are updated to ensure they are maximising all opportunities available to raise awareness of cancer symptoms and screening uptake. To target those with highest health inequalities.	SL		SL worked with contracting to make sure in 2019/20 contracts commissioning intentions included supporting delivery of cancer programme ; screening and raise awareness of cancer symptoms opportunities for staff and patients. Communication group to identify opportunities to raise screening and early diagnosis symptoms with workforce and patients. Contracts finalised. Steering group members working on using BCS cancer navigation tool to raise awareness with staff and patients within their services. PH working on using the tool with SWYPFT community services and across staff.
2.0	EARLY DIAGNOSIS			
2.1	Implementation of all key steps of the rapid assessment and diagnosis pathways for lung, prostate & colorectal cancers by April 2019. To include reducing inappropriate referrals by Primary care - Roll out new 2WW referral forms by April 2019 (or as defined by site specific pathway rollouts e.g. Prostate new form from October 2018) , targeted education to PC e.g. BEST; pathways on BEST website;	SL JC		a) Prostate: Final agreement of Triage protocol and process with all clinical teams. Referral system set up for GP's to refer patients using a RAS. Telephone triage appointment created to ensure patient tracking is maintained. Monitor demand on CNS triage workload. Reporting set up for monitor number of triage patients.
			b) Lung: ED pathway discussed and progress to mirror GP pathway. Streamline the pathway from CXR to CT with potential hot reporting and appointments	
			c) Colorectal: Bowel Prep discussion occurred and two options agreed. 1st option is post to patient home (need to understand 1 st class or signed for delivery). 2nd option for patient to collect form local pharmacy. Meeting occurred with Endoscopy team to understand potential for Colorectal Triage been managed within the current Pre Assessment process. Referral system set up for GP's to refer patients using a RAS. Telephone triage appointment created to ensure patient tracking is maintained. Timed pathway start date delayed – maybe for 2 months. Agreement from all Clinical services involved in the patient pathway to agree proposed changes to pathway and start date - meeting 3 April to agree plan and triage provision. No clinical agreement at this stage about safety of triage. Once above in place action plan will be created to ensure management of changes to a given timescale – may be 2 months delay.	
2.2.	Primary Care Education being delivered in via GP Macmillan post to improve pathway	SE		SE planning evening sessions to begin in May 19. BEST event planned and delivered to >120 GP's on 16/1/9. Met with Macmillan E&D team – looking at arranging Red Whale Cancer Update locally for 40 GP's funded by Macmillan, awaiting funding application for this from Macmillan training grant Hot Topic sessions due to start 2/5 – Oncological emergencies and long term effects of cancer treatment, Dr Caroline Lee undertaking, paper invite given out at BEST, will be promoted in Primary care news Second session planned 6/6- Dr Baxter, Consultant Dermatologist on Skin cancer
2.3	Ensure wider Primary care colleagues fully engaged in development process and influencing new process - new rapid assessment and diagnosis pathways	SL / HK		Colorectal new 2WW form on BEST website with accompanying pathway; CCG Clinical forum discussed urology pathway and requested Consultant Urology to attend next meeting; PSA ranges identified as need updated as confusing on ICE profile for GP's – pathology lead needs further evidence before convinced of change required. Agreement reached on PSA ranges with Pathology lead for ICE profile and changes. GP informed of changes. Lung pathway completion of U&E increased to send out good news story in March – awaiting information to Updated pathways shared with CCG membership council to ensure aware of implication for primary care.

No.	Actions 2018-20	Lead	RAG rating	Progress and Planned Actions: March 2019
				Agreement reached on PSA ranges with Pathology lead for ICE profile – was risk that using age figures would confuse GP- changed to figures and confirmation on form- communication will be sent to Primary care and on BEST website. Lung pathway completion of U&E increased : send out good news story.
2.4	Pilot Vague Symptom pathway rolled out by April 2019 and acted upon findings.	SL		Meetings held to agree clinical outcomes and ICE profile. Proposal received from BHNFT ; start date moved back to 1/4/19 . BHNFT /CCG attended CA share and learn meeting. Final MOU agreed with CA and within BHNFT contract. Pathway shared with membership council. Pathway shared via BEST website and via primary care bulletin; to LMC and CCG membership; BHNFT undertaken engagement with clinicians .
2.5	New Bowel screening pathway successfully implemented. – FIT , bowel scope	TT		Update FIT rolled out from June 2019 now not April . on track Continue with communication to providers and ensuring ready for roll out with capacity.
2.6	Primary care commissioned to work with CRUK to undertake safety netting SEA training and at least 2 SEA by April 2019. SEA Process – CRUK will review practice profiles with GP practices and share best practice in screening. Action plans will be developed for each practice which the CCG will support to implement via PDA. CCG will monitor its impact and the learning will inform future service delivery	BT		Ran the safety netting session at the all the locality events across Barnsley. There was representation from 75% of the GP practices. It resulted in several practice visits to run the session at the surgery with the whole team. Thus far 5 practices have completed and submitted their two SEAS'. BT attending BEST Event 16.01.19 ; Reminder issued to practices A reminder email went out from the CCG to all those practices who signed the contract but haven't submitted their SEA's. As a result BT has received 0 additional SEA's. In mid March BT or the CCG will contact the practices that have not submitted their SEA's In the hope we get a better response. SL will request practices submit funding agreements.
2.7	Implement lower GI FIT pathway by January 2019 and monitor implementation to ensure on track – 21/12/19 Start date postponed to March 4 th 2019.	SL		Practice Managers provided with targeted update on implementation. KITs distributed to practices w/c 4/3; primary care via bulletin provided with updates. Communication to practice managers sent about 2 week waits will no longer have FIT – communicated to Primary care w/c 29/1 in bulletin; update to clinical forum 7/2 ; pathology FCP range changed; referral form finalised by CDG and on BEST website with explanatory information . Go live date was 4/3. LMC and membership council sent information pack. Kits out w/c 4/3. Audit on practices awareness and implementation to be undertaken. Keep encouraging practices to show patient video on screens; feedback to CCG patient council on leaflet obtained and provided; FCP monitoring and FIT uptake begins .
3.0	BEST TREATMENT AND CARE			
3.1	CCG monitoring BHNFT recovery plan implementation via contracting process, attendance at BHNFT CPIG group; via attendance at cancer alliance monthly operational meetings; escalation via GBAF monthly reporting process.	SL		Recovery plan on track for BHNFT. Monitored by contracting process and CA governance.
3.2	BHNFT implemented new Patient Tracking List tracking system by April 2019.	JC		Complete
3.3	CCG working with Cancer Alliance to address CCG performance and ensure STH issues are not impacting on CCG overall performance	SL		62 day recovery- head and Neck and Urology are not recoverable in Q4; Focus to be e pathways that do not require a referral to STH (Breast / Skin need to be 100%); BHNFT met Q3 62 day target in January but not CCG .There have been increases in A&E diagnosis across the board, and more multiple cancers being diagnosed. CCG 62 days performance breaching target. With CA agree external support for demand and capacity work ; continue rolling out timed pathway to reduce pressure on system.

No.	Actions 2018-20	Lead	RAG rating	Progress and Planned Actions: March 2019
3.4.	CCG working with BHNFT to ensure 31 day performance on target; and shadow monitoring 28 day and 31 day targets	SL		On track to monitor and have in place by target timescale, timed pathway will support this target. Continue implementation
3.5	BHNFT implemented Provider transfer agreement PTA to ensure smooth transfer of patients to other trusts	JC		Version 10 National CWT guidance due to be published Q4. Network Inter-provider Transfer Policy to be updated accordingly. Day 38 IPT adjusted position due to move from shadow reporting nationally to real performance in next few months (some national delay in system). Local report in place and ready.
3.6	To embed consistent use of revised 2ww form in all Barnsley Practices and that all GPs are aware of and undertake the required work up actions before referral. Produce communication plan – and ensure EMBED embedded form into GP systems	SL		Colorectal form on BEST website and with EMBED. Continue communication updates to primary care and monitoring uptake.
3.7	Implement ICE pathway for Direct Access for those not via OPD pathway	AS		Completed
3.8	Quality Surveillance Programme – Via CCG quality surveillance monitor and address issues identified via Trust Self-assessment	SL		Results presented at regional QDG and shared with BHNFT. SA/SL meeting to agree improvement action and monitoring process.
3.9	Use the Quality Surveillance Programmes findings /recommendations for practice to shape services.	SA		SA/SL meeting to agree improvement action and monitoring process SA/SL meeting to agree improvement action and monitoring process
3.10	BHNFT MDT actively participating in Alliance Clinical Development Group and developing new models e.g. MDT and Review Chemotherapy provision across SY&B	JC		Good attendance by BHNFT at MDT Effectiveness workshop Jan 2019. Actively involved in all pathway development work. RAPID pathway implementation on track for April 219 Actively involved in all pathway development work. RAPID pathway implementation on track for April 2019.
3.11	CCG will ensure all relevant Prostate elements e.g. latest 2ww form versions, use of information leaflet (plus risk strat elements) are reflected in the PDA for April 2019 onwards.	SL		On track. Working on READ codes with Embed. Indicators accepted by Gov body. Action completed Completed
3.12	To ensure commissioning intentions are adjusted to reflect amendments to pathways.	SL		Completed as within contracts. LWABC accepted by BHNFT. Completed
3.13	Introduce Community Outreach Dermatology pathway to increase early diagnosis of skin cancer and reduce inappropriate 2 WWs.	SL		CCG management team Agreed 1 year pilot – engagement survey to practices to ascertain preferred equipment option and gain comments on pilot. Agree specification and agree preferred equipment with primary care- via survey; Paper back to SM with further firmed up details 17/4.
4.0	LWABC			
4.1	BHNFT and CCG will implement recovery package to include –E HNA; care and treatment summary pathway; cancer care reviews and risk stratification via LWABC programme	SA		Staffs are in the LIVE pilot phase for e-HNA; work with informatics ongoing re care plan delivery for primary care – test phase of paperwork needed with Dr Edgar’s surgery. CCR nurse post to go to clinical forum in early Feb. RS work on-going for prostate and colorectal – sign off still needed for colorectal. Amber – Lead clinician for colorectal cancer stepped down as MDT lead which will

No.	Actions 2018-20	Lead	RAG rating	Progress and Planned Actions: March 2019
				<p>potential effect RS</p> <p>Now entered LIVE pilot some issues with staffs capacity to complete. Currently only breast completing. Need CSW's in post to assist. Period of 3/12 pilot . CSW posts signed off and sent to Macmillan. Await green light for advertising the three posts.</p> <p>Live pilot continues currently 25 e-hna care plans completed in breast – data to be collated. Still awaiting CSW roles to be advertised. All treatment summary templates completed in the 3 tumour sites. Test work still outstanding. Sign off for RS still needed but STT work has took immediate priority.</p>
4.2	Services and information contact points in place that support people LWABC for anxiety/MH issues	SA		<p>Anxiety management 6th course undertaken, further work with IAPT outstanding – await IAPT to contact us and attend LWABC Steering group</p> <p>HOPE course No 7 started 27/2/19 – low numbers but consistent referrals now. The Well to move premises at the end of March – work with IAPT can then start. Anxiety management course No 5 started. LGFB starting March for ladies. Very good local support made. Very early discussions with WPH re possible transport needs for Barnsley patients attending chemo at Sheffield.</p> <p>The Well has moved and will reopen 1st April and will give us more space to progress.. HOPE course had poor attendance this time due to patient illness. Anxiety management had good attendance.</p>
4.3	Services and information contact points in place for people LWABC with lack of income issues	SA		<p>Work with Macmillan benefits advice – they presented to LWABC but we need stats to check outcome figures</p> <p>Work ongoing with Macmillan benefits and we will invite them to run a benefits clinic once The Well moves.</p>
4.4	Improving information access points for people LWABC and ensuring at all parts of LWABC journey people receive information need	SA		<p>Contact made with Be cancer safe in an attempt to get a market stall for health and wellbeing information around cancer. Working with Macmillan re information in various points including acute sector/ The Well and outlying buildings such as library/ IAPT etc. Still pushing 'Live well Barnsley'. Macmillan Information will go in the new Well/ hopefully with Be cancer safe on the market and in outlying areas of Barnsley.</p> <p>On-going work with Be Cancer Safe and BMBC re health and wellbeing market. Early conversations been had around cancer information with Macmillan and WPH charities</p>
4.5	BHNFT working with Sheffield Hallam University Research Project (Funded by Weston Park Charity) - to map support for Physical Exercise , raise awareness benefits of exercise to staff; Staff will promote exercise to patients and an embedded and consistent part of cancer pathways (breast, colorectal and prostate)	SA		<p>Research team presented findings to acute trust cancer performance group and can come to the cancer steering group to present if requested. Physical exercise prompt within e-HNA but need real life data still needed from assessments</p> <p>Outstanding work – to discuss with the research team and LWABC SG. Some data should now come through the e-HNA process</p>
4.6	Macmillan GP post increasing uptake of recovery package within Primary care	SE		<p>Plans to meet with SA to discuss how this can be managed and coordinated going forward</p> <p>Looking at developing CCR within primary care and establishing Macmillan CCR template across EMIS and system 1. Information gathering as to how to achieve this - ongoing, will be nest to puch forward once second person in post to target GP practices.</p> <p>Lots of discussions around CCR and Dr E and SA are looking at how the CCR template work can be improved and benefit patients</p>

No.	Actions 2018-20	Lead	RAG rating	Progress and Planned Actions: March 2019
5.0	POSITIVE EXPERIENCE AT EOL			
5.1	implementation of Barnsley Palliative Care and End of Life Strategy on track.	JO/PH		SWYPFT's Palliative / EoL Care Service have developed an EoL action plan in collaboration with the EoL Steering Group members. This action plan is currently on track. Awaiting next meeting of the End of Life Strategy Group that is scheduled to be held on 18 th April 2019 to decide plan of action.
5.2	90% Implementation of an Electronic Palliative Care Coordination System by April 2020 EPACCS in primary care target for 2019-20 reduced ED admissions in last 2 weeks of life	PH		An article re the EPaCC's training available via the SWYPFT Palliative Care Service was produced and shared with practices (18.03.19) for distribution to primary care which encouraged practices to make contact with the service for the EPaCC's training. Survey to practices who have not undertaken training produced and distributed to ensure all signed up for training. Action plan updated to reflect current position. Survey produced and distributed to practices that have had training to ascertain position and identify possible mobilisation issues.
5.3	Care home population EOL experience improved as Care homes Macmillan nurse increased number of EPACCS and advanced care planning with primary care	PH		Post holder (K Yockney) is continuing to roll out the Advanced Specialist Practitioner – Care Homes project across the South Neighbourhood. This is expected to move to the Central Neighbourhood mid-April 2019. Initially sign up to using EpaCCs within primary care has been slow but hopefully the service's attendance at the BEST event and the recent promotion of the training via the primary care newsletter and due to this being included in the forthcoming PDA should increase this.
5.4	Evaluated impact of Epaccs on admission to acute services	SL		Paper to CCG CF with current performance – a number of recommendations made that being addressed via CCG NEL work programme. Continuing to address via CCG NEL work programme and PDA roll out.
5.5	Review of palliative care CCG commissioned services to ensure seamless pathway and transitions between services.	SL		Meeting arranged with SWYPF to review how can be addressed via current service offer; developing measures to monitor progression of EOL admission. Meeting undertaken with SWYPF to review how can be addressed via current service offer; developing measures to monitor progression
6.0	GOVERNANCE FOR PROGRAMME			
6.1	Monitoring investment plan in place that outlines impact of additional funding streams and identifies gaps in funding that will hinder cancer action plan delivery	SL		Not progressed will be part of NEL EOL programme Progression will be part of NEL EOL programme
6.2	Cancer steering group meeting 6 weekly that has identified actions that can work as a system and is implementing improvement plan	SL/HK		On track – assurance process in place and risk ID updated monthly.
6.3	Macmillan GP work plan and objectives on target	SE		On track Review meeting with Macmillan planned
6.4	CCG and BHNFT produce locality 10 year cancer strategy to identify outcomes and recommendations to improve cancer programme. To include workforce planning, clinical and public	SL		Macmillan funding not received. Funding not available to employ consultant. BHNFT/CCG agreed 10 plan identifies strategy objectives- agreed need to review action and way forward based on new position. BHNFT/CCG meet to agreed way forward based on new position.

No.	Actions 2018-20	Lead	RAG rating	Progress and Planned Actions: March 2019
	engagement events			
6.5	LWABC implementation group in place, delivering plan and funding objectives by April 2020	SL/SA		On track – meeting agreed HCA proposal. On track – benefits service presented, primary care nurse facilitator role agreed by group
6.6	Patient and public engagement embedded into programme and demonstrating changes occurring due to feedback and involvement	SL		SL arranged to meet patients who attend Be Well in April to gain insight into their cancer journey. SL arranged to meet patients who attend Be Well in April to gain insight into their cancer journey; ED& Screening stakeholder event BCS local groups & health watch attending ;
6.7	Local Workforce delivery plan in place that will ensure consistent delivery and sustainability of services. To include upskilling for new responsibilities and gaps in capacity e.g. endoscopy, radiology. The plan to be aligned with ICS workforce work stream delivery.	SL		MDT workshop output: discussion about MDTs being restructured. An aspiration would breach current guidelines and would breach the self-assessment for providers. Trusts concerned that this is signed off appropriately so that they will not be held to account for breaching national guidance. Cancer Alliance supporting process. ICS paper on demand and capacity diagnostics presented at Alliance board – needs further work on solutions. Radiology BHNFT is low on capacity and Breast pathway demand compared to resource an issue – 2 further clinics added. Continue supporting at ICS/CA level
6.8	Prepare for delivery of GP contract Primary Care Networks re. early discharge and cancer specifications. Also end of life QI – awaiting specification to be published.	SE		Macmillan GP sharing Macmillan QI toolkit with practices to support QI implementation.
6.9	Gain assurance that GP's using correct 2WW cancer referral forms (Coroner's recommendation)	SL		BHNFT have reported to CCG that some GP referral forms are still not being completed properly. Address via Quality governance routes when received officially from CA notice; run session at referrals for Practices workshop on 2WW in May;

RAG key

RAG key	
	Overdue
	On track / Potential delay
	Complete

Stakeholder and Distribution List

Initials	Name	Job title	Organisation
SL	Siobhan Lendzionowski	Lead Commissioning and Transformation Manager	Barnsley CCG
KW	Kirsty Waknell	Head of Communications and Engagement	Barnsley CCG
LB	Lynsey Bowker	Lead Commissioning and Transformation Manager	Barnsley CCG
HK	Dr Hussain Kadarsha	Clinical Lead – Cancer	Barnsley CCG
SE	Dr Steph Edgar	Cancer Research GP	South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance
LR	Lynne Richards	Primary Care Transformation Manager	Barnsley CCG
LE	Louise Exley	Contracting and Commissioning Support Manager	Barnsley CCG
LH	Lucy Hinchliffe	Contracting and Commissioning Support Manager	Barnsley CCG
AT	Alison Thorp	Be Cancer SAFE Project Coordinator	Be Cancer Safe

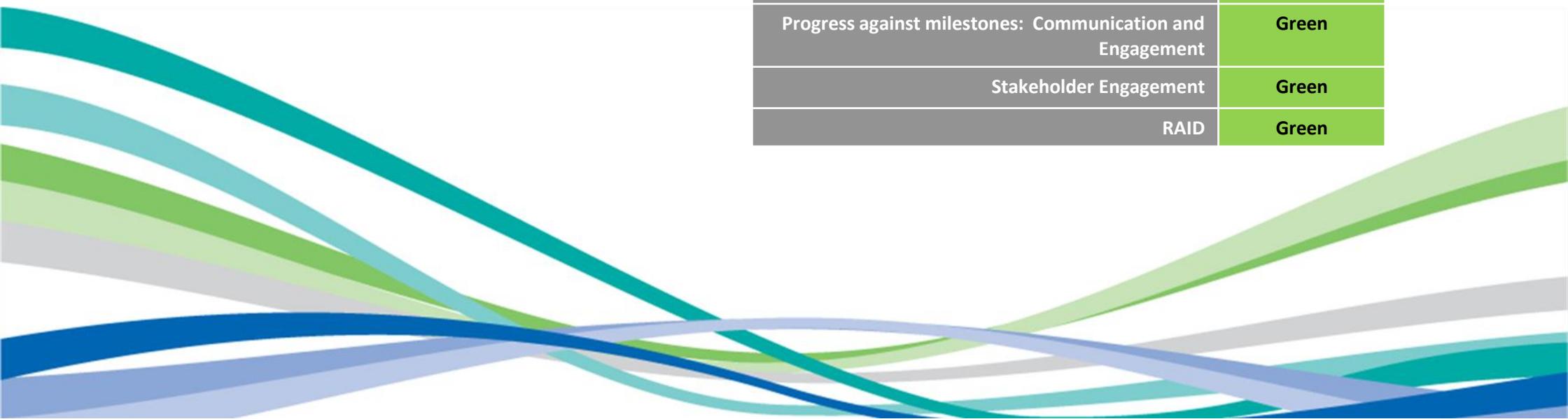
Appendix A

TT	Tracey Turner	Screening and Immunisation Coordinator	NHS England
Sak	Sohaib Akthar	Public Health Practitioner	BMBC
RC	Rebecca Clarke	Public Health Principal	BMBC
San	Sara Andrews	Project Manager – LWABC	BHFNT
BT	Ben Towler	CRUK Facilitator	Cancer Research UK
JC	John Crossland	Lead Cancer Manager	BHNFT
JW	Jan Walker	Patient Services Director	Barnsley Hospice
JF	Julie Ferry	Chief Executive	Barnsley Hospice
JO	Janet Owen	End of Life Care – Clinical Lead	SWYPFT
PH	Paul Hughes	Service Development Manager	SWYPFT
GS	Gill Stansfield	Deputy District Director / Clinical Transformation Lead	SWYPFT
PM	Paul Morawski	Senior Information Analyst/Cancer	BHNFT
HW	Hayley Williams	Programme Lead	South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance
JJ	Julia Jessop	Cancer Alliance Programme Director	South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance

Barnsley Cancer Programme – March 2019 Progress Report

AO Sponsor	Jeremy Budd , Director of Commissioning
Clinical Lead	Dr Kardarsha, Governing Body Member Cancer
Programme Lead	Siobhan Lendzionowski, Lead Commissioning and Transformation Manager
Date:	03/04/19
Author:	Siobhan Lendzionowski/Lucy Hinchliffe

Progress against milestones overall	Green
Progress against milestones: Prevention	Green
Progress against milestones: Early Diagnosis	Amber
Progress against milestones: LWABC	Green
Progress against milestones: Best Care and Treatment	Amber
Progress against milestones: End of Life	Green
Progress against milestones: Governance	Green
Progress against milestones: Communication and Engagement	Green
Stakeholder Engagement	Green
RAID	Green



Summary of Action
Plan specific updates

Update March 2019

Prevention

Be Cancer SAFE: links established with PHE colleagues; Locality Dearne Team and BME and Polish populations. Joint BCS/Macmillan Health & Wellbeing Hub proposal submitted to BMBC market, awaiting feedback. **Risky behaviours CQUIN:** BHNFT and SWYPFT on target to deliver all parts including year-end targets. **Screening:** stakeholder workshop to be held April '19 to identify priority areas and gaps. **Lynch screening:** Paper to MT due 03/04/19. On track for 01/04/19 changeover date. **Public health:** Alcohol CleaR assessment being taken to Health and Wellbeing Board in April, slides to be shared at following BCSG.

Early Diagnosis

Timed pathways: Lung (green rating): ED pathway discussed and progress to mirror GP pathway. Prostate (green rating): agreement of Triage protocol and process with all clinical teams. Referral system set up for GPs to refer using a RAS. Colorectal (red rating): No clinical agreement about safety of triage, meeting 03/04/19 to resolve. Timed pathway start delayed for potential of 2 months. **Vague Symptoms:** Pathway shared via BEST website, with primary care, secondary care and LMC. **SEA:** Signed-up practices reminded to submit SEAs, further comms due mid-March to submit SEA and to apply for funding agreement. 5 practices submitted. **FIT - lower GI pathway:** Kits out w/c 04/03/19. Audit on awareness/implementation to be undertaken; communication being sent regularly to primary care.

Best treatment and care

Waiting times: With CA agree external support for demand and capacity work; continue rolling out timed pathway to reduce pressure on system. **Quality Surveillance self-assessment:** Results presented at QDG and shared with BHNFT. Improvement action and monitoring process to be agreed. **Teledermatology:** CCG MT agreed 1 year Pilot, engagement survey to practices to ascertain preferred equipment option and general feedback distributed.

LWABC

e-HNA/Care planning: Live pilot continues, currently 25 e-hna care plans completed in breast. Still awaiting CSW roles to be advertised. **Treatment summaries:** All templated completed in the 3 tumour sites. Test work outstanding. **Supported self management:** The Well has moved and will reopen 1st April. HOPE course had poor attendance due to patient illness. Anxiety management was well-attended. **Risk stratified pathways:** Clear pathways in place and being agreed regionally and locally –some delays still on local completion. **Information:** Macmillan Information will go in the new Well/ hopefully with Be Cancer Safe on the market and in outlying areas of Barnsley. **Engagement and Project Governance:** Dr Edgar and Sara Andrews looking at how the CCR template work can be improved and benefit patients. **Project evaluation:** evaluation work on-going with the Regional LWABC programme and the local evaluation including Anxiety management review of courses. **Primary care:** work on-going with discussions with Dr Edgar/ Dr Kadarsha and Dr Balac and how best to support primary care.

End of Life

SWYPFT's Palliative/EoL Care: awaiting next EoL strategy group meeting to progress action plan 18/04/19. **EpaCCs:** Surveys to practices who have / have not undertaken training produced and distributed to encourage sign up and ascertain possible mobilisation issues. **Macmillan ANP for Care homes:** Post-holder continuing to roll out project across South neighbourhood. Expected to move to 2 high admission care homes mid-April 19.

Governance

Steering Group: On track. **CCG Contracting process:** Reporting requirements relating to cancer A&E attendance and Vague Symptoms included in acute contract for 19/20. **5-10 year Strategy:** Macmillan possible funding withdrawn. BHNFT/CCG working towards a solution. **Workforce: MDT workshop:** Using learning from the Cheshire and Merseyside models, the High Quality Services workstream of the CA will define scope and feed into CDGs. Pilots will be set up in each local trust and act as a vehicle for sharing learning. An implementation group is to be established, HQS group to develop scope and devolve to group. This is to be started virtually and expanded at the next HQS meeting. To continue supporting at ICS/CA level

Communication and engagement

Patient Engagement Screening: Preparing for screening week (10-16 June 2019). **Primary Care Education:** Hot Topic sessions due to start 2/5 – Oncological emergencies and long term effects of cancer treatment, Dr Caroline Lee undertaking, paper invite given out at BEST, will be promoted in Primary care news. **Patient Engagement:** March; Promotion of BeCancerSafe breakfast meetings. Promotion of BeCancerSafe team runner up award. A cancer care navigation tool has been developed by BCS and is being worked on via BCSG.

Risks/Issue Log

	Risk	RAG	Score	Mitigating Action	RAG	Score
1.	MDT effectiveness – restructure may breach guidelines and standards	Red	25	Cancer Alliance supporting process to ensure trust not penalised	Yellow	12
2.	Lack of GP engagement with Programme deliverables will hinder progress	Red	25	Communication in plan to ensure GP engaged – a variety of methods will be used to minimise risk. Cancer steering will monitor at each meeting and action as required.	Yellow	12
3.	Lack of Patient and Public Engagement will hinder programmes progress	Red	25	Engagement plan to be produced to mitigate risk. Cancer steering will monitor at each meeting and action as required	Yellow	12
4.	Practices not completing SEA's and action plans leading to no reduction in early diagnosis rates	Yellow	9	CRUK targeting each practice . CCG to remind practices of local funding agreement	Yellow	9
5.	Diagnostics capacity unable to meet increased demand	Red	16	CCG working with Cancer alliance CCG's to identify future demand and capacity gaps; pressure points and mitigating actions; ICS demand and capacity workstream working on identifying mitigating actions	Yellow	8
6.	EPaCCS not adopted by all GP practices leading to no improvement EOL choices for patients	Yellow	12	Palliative care team working with practices to embed; Best event January team delivered training	Yellow	8
7.	Timed pathways implementation not delivered to timescale - risks of clinicians not engaged Colorectal delayed due to clinical safety assurance issues.	Red	16	Assurance reporting in place to mitigate risk; delivery groups set up to mitigate risk. BHNFT working with clinicians to agree solution.	Red	16
	Total		128			77

Governing Body

9 May 2019

NHS Barnsley CCG Draft Management of Patient Experience Feedback Policy

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>
	<i>Information</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Executive Lead</i>	Martine Tune	Chief Nurse (Acting)
	<i>Author</i>	Paige Dawson	Governance, Risk and Assurance Facilitator
3.	EXECUTIVE SUMMARY		
	<p>The Barnsley CCG Complaints Policy was last issued in September 2014 (V1.1). The CCG Quality Team has reviewed the policy and undertaken a substantial re-write to clarify and extend the purpose and scope of the policy to include all patient experience feedback (hence the change in the title). It also takes into account the following:</p> <ul style="list-style-type: none"> • Barnsley CCG’s updated management of patient experience processes; • General Data Protection Regulations 2016; and • The CCG’S Policy on Policies issued in September 2017. 		
4.	THE GOVERNING BODY IS ASKED TO:		
	<ul style="list-style-type: none"> • Review and approve the revised policy. 		
5.	APPENDICES		
	<ul style="list-style-type: none"> • Appendix A – Draft updated Management of Patient Experience Feedback Policy 		

Agenda time allocation for report:	<i>10 mins</i>
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 9.1
2.	Links to CCG’s Corporate Objectives	Y/N
	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
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	N
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

MANAGEMENT OF PATIENT EXPERIENCE FEEDBACK POLICY

Version	1.2
Approved By:	Governing Body
Date Approved:	TBC
Name of Authors:	Sarah MacGillivray, Head of Quality and Hilary Fitzgerald, Quality Manager
Name of Responsible Committee:	Governing Body (Approval) Quality & Patient Safety Committee (Review)
Name of Executive Lead:	Martine Tune, Chief Nurse (Acting)
Date Issued:	TBC
Review Date:	3 years from approval
Target Audience:	Barnsley CCG Staff/ Public

MANAGEMENT OF PATIENT EXPERIENCE FEEDBACK POLICY

DOCUMENT CONTROL

Version No	Type of change	Date	Description of change
V1	New Policy		
V1.1	Amendment		Amended former PCT Policy
V1.2	Bi-annual review/amendment	January 2019	<p>Comprehensive rewrite to clarify purpose and scope of the policy and take into account the following:</p> <ul style="list-style-type: none"> • Barnsley CCG's updated management of patient experience processes; • General Data Protection Regulations 2016; and • The CCG'S Policy on Policies issued in September 2017.

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7	Conflicts of Interest	
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11	Guidance And Support For People Wishing To Make A Complaint	
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14	References	
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	Appendix C - Glossary of Terms	
	Appendix D - Equality Impact Assessment	

1. INTRODUCTION

1.1. Barnsley Clinical Commissioning Group (the CCG) is committed to ensuring that the services it commissions for the people of Barnsley are of the highest quality, designed to put people first, making sure there is no compromise on the safety of care.

1.2. Compliments, comments, concerns and complaints help us to confirm what we are doing right and to identify problem areas. For the purposes of this policy, these expressions of opinion will be referred to collectively in this policy as patient experience feedback. This type of feedback give us an insight into the standards of care in the services that we commission and they help us to take action to prevent problems occurring in the future and to continually improve the quality of services.

1.3. This policy applies to all patient experience feedback received about:

- Actions, behaviour or attitude of any person employed by Barnsley CCG, including those employed as part of a temporary or honorary contract, agency/bank staff, students and volunteers or any other person that is acting on behalf of the CCG;
- Services commissioned and managed by Barnsley CCG; and
- Commissioning decisions made by Barnsley CCG.

1.4. This policy does not apply to issues of concern that would be dealt with solely under line management arrangements and human resources policies e.g. Grievance Procedure, Whistle Blowing Policy and Disciplinary Policy.

1.5. This Policy has been developed in accordance with the CCG's Policy on Policies – the Development and Management of Procedural Documents.

1.6. The current statutory framework for managing complaints in the NHS is set out in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 No. 309. A range of other reference documents is listed in the Policy's References section (9).

1.7. This Policy should also be read in conjunction with the following CCG policies:

- Management of Serious Incidents Policy
- Safeguarding Vulnerable Clients Policy

2. PURPOSE

2.1. The purpose of this document is to outline how the CCG manages the patient experience feedback it receives, and to ensure that the CCG meets its statutory obligations under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. The aims of this policy are as follows:

- Ensure that all staff have a clear understanding of their responsibilities, and that they respond effectively to patient experience feedback;
- To provide a clear, simple and easy to understand process for managing patient experience feedback which is fair and impartial, widely publicised and accessible to all;
- To ensure those providing us with patient experience feedback and staff are provided with the necessary guidance and support;
- To support the identification of the causes of negative patient experience feedback and its use in improving services and prevent recurrence;
- To make sure that complaints and concerns are managed promptly and efficiently, and answers or explanations are provided quickly and within established time limits; and
- To ensure that complainants and those who raise concerns are treated courteously and with empathy, and care is not adversely affected as a result of having made a complaint or raised a concern.

3. RISKS OF NOT HAVING THIS POLICY IN PLACE

3.1. The following risks may arise if this policy is not in place:

- The CCG may not achieve its statutory obligations.
- There is a lack of clarity about what measures staff should take when they receive patient experience feedback, which may lead to inconsistent levels of feedback management in the CCG. This, in turn, may adversely affect the reputation of Barnsley CCG and the confidence of the public in the organisation.
- The CCG cannot effectively demonstrate that patient experience feedback is appropriately investigated, and responded to and learning from this is appropriately actioned to avoid a reoccurrence of events that gave rise to any negative feedback received.

4. DEFINITIONS

4.1. The CCG recognises and records patient experience feedback activity under the following categories:

4.1.1. **Compliments:** The CCG recognises that compliments are a valuable source of feedback. Positive feedback received regarding services can provide an opportunity to acknowledge improvements and successes, to recognise good practise and to apply this across other areas.

4.1.2. **Complaints:** A complaint is an expression of dissatisfaction about any aspect of the CCG and its commissioned services requiring a response.

Exclusions

The following complaints are not required to be dealt with in line with the 2009 regulations

- A complaint that has already been investigated under these, or previous regulations and formally responded to.
- A complaint regarding privately funded treatment.
- A complaint made by a responsible body to another responsible body. For example disputes on contractual matters between independent contractors should not be handled through this procedure.
- A complaint made by an employee of a NHS body about their employment. These matters will be handled via the Human Resources Procedure.
- A complaint arising from the alleged failure to comply with a request for information under the Freedom of Information Act 2000. These will be dealt with via the CCG's governance processes.
- Where a complaint is received that is disputing a funding decision for example an individual funding request/continuing healthcare case, this will be handled in accordance with the appropriate appeals process. It is important to note that a patient's eligibility for continuing healthcare or individual funding cannot be decided through the complaints procedure. Therefore, if the aim of the person raising the concern is to challenge the eligibility decision, it would be more effective and appropriate to lodge an appeal than to lodge a complaint. However, the complainant can use the complaints procedure to raise concerns about the processes used.

4.1.3. **Concerns:** A concern is an expression of unease or anxiety. Concerns include requests for information, advice, support and assistance and suggestions about a service. Timely solutions to concerns will be sought including liaison with staff, managers and other relevant organisations where appropriate.

5. PRINCIPLES

5.1. The CCG's key principles for managing complaints and concerns are as follows:

- All complaints and concerns will be listened to and treated seriously. The Clinical Commissioning Group will make no distinction between complaints and concerns received in person, by telephone or in writing (including by email or social media).
- Anyone who raises a complaint with Barnsley CCG are reassured that their confidentiality will be respected. Information will only be disclosed to those persons with a legitimate need to know to enable them to investigate and/or respond to specific matters.
- All complainants have a right to receive a prompt, open, sensitive, constructive and honest response.
- Staff at Barnsley CCG will endeavour to resolve all complaints to the complainant's satisfaction.
- The CCG is committed to using complaints as a means of learning how to improve its services.
- The CCG will ensure that all complaints are used positively by monitoring trends and patterns to facilitate early detection of systemic problems whilst being fair and supportive to staff and in accordance with our vision and values.

5.2 Compliments will be used to support wider learning and service development. The key principle listed above in relation to confidentiality will apply equally to those providing positive or negative patient experience feedback.

6. ROLES AND RESPONSIBILITIES

6.1. INTERNAL

Organisation

6.1.1 Barnsley CCG Governing Body will oversee the management of the patient experience feedback process to satisfy itself that the required quality of service by all providers and of commissioning activity and decisions is achieved and maintained. This includes the responsibility for approving Barnsley CCG's Management of Patient Experience Feedback Policy.

CCG Staff

6.1.2 CCG staff are responsible for familiarising themselves with the Management of Patient Experience Feedback Policy relevant to their area of work. Members of staff will be expected to assist as required in a timely manner in any complaint or concern investigation.

- 6.1.3 **Chief Officer** has overall accountability for the management of patient experience feedback within the CCG, including, sharing lessons learnt and ensuring that this Policy is effectively communicated to all staff. This responsibility is formally delegated to the Chief Nurse. The advice of the Medical Director will be sought where appropriate.
- 6.1.4 **Chief Nurse** provides executive responsibility for ensuring that BCCG has the necessary systems and processes to support effective handling of patient experience feedback
- 6.1.5 **Head of Quality** will act as the CCG's designated 'complaints manager' in accordance with the requirements of the NHS complaints regulations.
- 6.1.6 **Head of Governance and Assurance** - Provides expertise on information governance matters as and when required.
- 6.1.7 **Quality Manager** – Responsible for the operational management of the administration of patient experience feedback, and the BCCG's patient experience feedback monitoring process.
- 6.1.8 **Quality Team Administrator** - Provides the administrative support needed to operate a robust system for the management of patient experience feedback received within the CCG.

Groups

- 6.1.9 **Quality & Patient Safety Committee** is accountable to the Governing Body for assurance on patient experience and is chaired by the Medical Director. The Quality and Patient Safety Committee ensures information from patient experience feedback is used for continuous improvement across the wider health economy to enhance patient outcomes and experience.
- 6.1.10 **Quality Operational Group** ensures that patient experience feedback is managed appropriately and complaints and concerns are dealt with in a responsive manner by monitoring the progress of investigations. It also reviews information gathered from patient experience feedback to identify trends and themes and compares this information with other sources of data to support decision-making at the Quality and Patient Safety Committee.

6.2. EXTERNAL

- 6.2.1 **Our Providers** are required to have their own arrangements for collecting and managing patient experience feedback. Like the CCG they are required to handle their complaints in accordance with the Local Authority Social Services and National Health Service complaints (England) Regulations 2009.
- 6.2.2 Providers' performance in relation to complaints handling will be managed primarily through existing contract monitoring arrangements.

- 6.2.3 The CCG will investigate Provider complaints if requested to do so and, where this is the most appropriate course of action as agreed with the particular Provider. The CCG may also co-ordinate responses to complaints about multiple Providers. The CCG will seek timely cooperation from its Providers when conducting any such investigations.

7. MANAGING CONFLICTS OF INTEREST

- 7.1. NHS Barnsley Clinical Commissioning Group recognises that a conflict of interest, or perceived conflict of interest, in its role of investigating complaints is a key risk that requires careful management and handling whether this is a direct or indirect conflict, pecuniary or otherwise.
- 7.2. To this end, any investigations will not be carried out by a person named in a complaint. In addition, any final response will be quality assured and formally signed off by a CCG officer other than the investigating officer.

8. PROCEDURE

- 8.1. A flowchart outlining the process for managing serious incidents/near misses that involve providers of commissioned services is set out below. This should be viewed in conjunction with the additional notes on the next page. **NB Detailed procedures are held by the Quality Team.**

9. APPROACH TO PERSISTENT COMPLAINANTS

- 9.1. There may be times when nothing further can be reasonably done to assist a complainant to rectify their concerns. In determining arrangements for handling such complainants staff should consider two key considerations:-
- Whether the Managing Patient Experience Feedback Policy has been correctly implemented and that no material element has been overlooked or inadequately addressed. In doing so it should be appreciated that even persistent complainants may have issues which contain some substance. The need to ensure an equitable approach is, therefore, crucial.
 - To be able to identify the stage at which a complainant/person requesting information has become unreasonably persistent.
- 9.2. Information on the CCG's approach and procedure for handling of unreasonably persistent complainants is shown at **Appendix B**.

10. INFORMATION GOVERNANCE

- 10.1. All NHS organisations must comply with the requirements of the Data Protection Act 2018 (including the General Data Protection Regulation).

- 10.2. Any electronic communications relating to complaints should be sent via the secure email account qualityteam.safehaven@nhs.net to ensure that correspondence is picked up promptly by the Quality Team.
- 10.3. Complaint files relating to CCG complaints' investigations will be held by the organisation for a minimum of 10 years in accordance with the requirements of Appendix 3 of NHS Digital's Records Management Code of Practice for Health and Social Care 2016.

11. GUIDANCE AND SUPPORT FOR PEOPLE WISHING TO MAKE A COMPLAINT

- 11.1. We recognise that some people may require assistance to raise a complaint or concern, for example, they may be unable to read or write, or may not have English as their first language or may suffer from disabilities which make formal written complaints difficult to make. The CCG has access to interpretation/translation services and other services for those unable to put their complaint into writing. The Quality Team will help complainants to make oral complaints, either by phone or in person, and will provide information about advocacy services that can assist complainants, such as :

DIAL

- DIAL provides a free, impartial and independent advocacy service for people who wish to make a complaint about the NHS or Social Care Services in Barnsley. DIAL can be contacted by telephone on 01226 240273 or by email at first.contact@dialbarnsley.org.uk

HealthWatch

- Barnsley Healthwatch is an independent consumer champion created to gather and represent the views of the public. It plays a role at both national and local level and will provide advice, information and signposting service for people who use health and social care services. The service is available to all those who live and work in Barnsley and all those interested in accessing health and social care services locally. Healthwatch can be contacted by telephone on 1226 320106.

Interpreting Service

- Barnsley CCG will arrange for translating and interpreting services to be available to help complainants whose first language is not English or who need to communicate in other ways.

12. PUBLICITY ABOUT PATIENT EXPERIENCE FEEDBACK PROCESS

- 12.1. The CCG will ensure all staff and stakeholders have access to a copy of this policy and procedure via the CCG's website

<http://www.barnsleyccg.nhs.uk/about-us/feedback-and-enquiries.htm>

- 12.2. The CCG will ensure that the right to complain, and the independent help available to complainants who make either formal or informal complaints is well publicised.
- 12.3. This will be done through publicity material and information (including leaflets and information available on Barnsley CCG's website).

13. PERFORMANCE MONITORING/ REPORTING

- 13.1. All patient experience feedback contacts will be recorded for monitoring purposes on the Quality Team's Patient Experience Feedback Monitoring Database.
- 13.2. The **Quality Team** will use patient experience feedback along with a range of other intelligence to help identify any serious concerns or themes, and identify potential improvements in service delivery. Learning from complaints and concerns will be disseminated to relevant staff and shared externally with the CCG's main providers to effect change within the CCG and locally throughout the health community.
- 13.3. The **Quality & Patient Safety Committee** will receive quarterly patient experience reports as part of their governance and performance reporting. The reports will identify any trends and patterns arising from patient experience feedback, and any subsequent action taken as a result of lessons learned.
- 13.4. An annual patient experience feedback report will be produced in accordance with the reporting requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, and presented to the Quality and patient Safety Committee. All reports will be rigorously anonymised to avoid patient identification.

14. MONITORING THE COMPLIANCE AND EFFECTIVENESS OF THE POLICY

- 14.1. The Chief Nurse will ensure that a process is in place to monitor compliance and effectiveness of this policy.

15. REFERENCES

- The NHS Constitution
- Health and Social Care Act 2012
- Equality Act 2010 and s.149 of the Public Sector Equality Duty.

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- A Review on the NHS Hospitals Complaint System Putting Patients Back in the Picture, (Right Honourable Ann Clwyd MP & Professor Tricia Hart, October 2013).
- Principles of Good Complaint Handling, Parliamentary and Health Service Ombudsman 2009
- Listening... Responding... Improving, A guide to better customer care 2009
- My expectations for raising concerns and complaints (Parliamentary and Health Service Ombudsman, November 2014)
- Mental Capacity Act 2005

16. REVIEW OF COMPLAINTS POLICY AND PROCEDURE

- 16.1. A review of the Management of Patient Experience Feedback Policy will be undertaken by Barnsley Clinical Commissioning Group every three years or earlier if new NHS guidance, legislation, occurs or there are significant changes to organisational structure or practices.

APPENDIX A – Procedure for Managing Patient Experience Feedback

What should staff do when they receive a compliment, comment, concern, or complaint?

The following applies to CCG staff.

Compliments and comments

1. Barnsley CCG welcomes compliments and comments from patients, carers, relatives and the general public which highlight areas of good practice and acknowledge the hard work of staff.
2. Compliments and comments can be provided in a number of ways including by telephone, in person, in writing (by email or letter), or via the CCG's social media.
3. Staff who receive compliments and comments should report these to the Quality Team, so that they can be formally recorded and acknowledged. The Quality Team will ensure that staff are made aware of any compliments received about them and also inform their line manager.

Complaint

Who can make a complaint or raise a concern?

4. Anyone who is receiving, or has received, NHS treatment or services and who is affected by an action, omission or decision can complain. This includes services provided by independent contractors who have a contract with the CCG to provide NHS services as part of the NHS contract.
5. To ensure that complaints are dealt with quickly complaints should be forwarded to qualityteam.safehaven@nhs.net or by hand.

Complaints made by a person's representative

6. If a person is unable to complain themselves then some else, usually a relative or friend can complain on their behalf providing the person has given their consent. If a complainant is the parent or guardian of a child under the age of 18 (to whom the complaint relates) the CCG must be satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child.
7. If there are reasonable grounds to believe that the person, where they are not the complainant, lacks capacity (either physically or mentally) to give consent then this should not prevent an investigation of the complaint from happening. However, there should be clear documentation that shows that all possible steps have been taken to try to help the person make a decision for themselves about the action to be taken and this should be discussed with the complainant. Particular attention shall be paid to the need to respect the confidentiality of the patient, and to any known wishes expressed by the patient that information should not be disclosed to third parties.

8. If a complaint is raised concerning a person who is deceased, this must be made by a suitable representative, for example next of kin. If Barnsley CCG does not consider that the complainant is a suitable representative, they may decline to deal with the complainant and recommend that another person acts on the deceased person's behalf.
9. If a Member of Parliament makes a complaint on behalf of a constituent the complaint will be handled following the CCG's Standard Operating Procedure for MP letters.

Complaints that relate to services commissioned by Barnsley CCG and provided by another organisation

10. Generally, the CCG considers that it is more appropriate, except in exceptional circumstances that complaints relating to its providers such as Barnsley Hospital NHS Foundation Trust, and South West Yorkshire Partnership NHS Foundation Trust should be handled directly by providers.
11. The CCG will decide whether it is more appropriate for the provider(s) to investigate and respond to the complaint directly or whether the CCG should handle complaint. This decision will be agreed at the weekly Quality Operational Group meeting with relevant input from the Head of Quality.

Complaints that relate to multiple providers

12. Where a complaint relates to multiple NHS bodies or relates to an NHS body and a Local Authority, those bodies must cooperate in the complaint resolution process, and ensure that the complainant receives a coordinated response to the complaint.

Time limits for Submitting a Complaint

13. Complaints should normally be made within 12 months of the event or 12 months of the date of discovering the problem. Barnsley CCG has the discretion to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complainant to have made their complaint earlier, providing it is still possible to investigate the complaint effectively and fairly.

How to Submit a Complaint

14. Complaints can be provided in by telephone, in person, in writing (by email or letter), or via the CCG's social media accounts. We will ensure that if the complainant requires additional support in making their complaint support will be offered.

Process for Dealing with Complaints

Informal Resolution

15. Staff who receive complaints by telephone should report these as soon as possible to the Quality Team, so that they can be investigated. Many concerns can be resolved quickly without needing to instigate the CCG's formal complaints procedure and the Quality Team will try to answer queries and resolve problems as they arise.
16. All verbal complaints/ concerns should be documented using the Quality Team's standard template.
17. If an oral complaint is resolved to the complainant's satisfaction within one working day then the matter does not need to be treated as a formal complaint. However, consideration should be given to the seriousness of the concerns raised and whether further action or a formal investigation is required. There are circumstances in which the complainant is satisfied by the response but the CCG will still wish to investigate further and/or take further action.

Formal Resolution

18. For oral complaints that cannot be resolved within one working day or written complaints, these will be handled as a formal complaint.

Acknowledgement, discussion of complaint and consent

19. The Quality Team will acknowledge complaints (verbally or in writing) within three working days of receipt, confirming the manner in which their complaint will be handled, the timescale for responding to their complaint, and the key issues that need a response.
20. The acknowledgement will also include details of independent services, such as DIAL, which can assist the complainant with their complaint should the complainant need this.
21. A copy of the acknowledgement and/and the written record of any discussions should be saved in the electronic complaint case file. The acknowledgement will inform the complainant in writing of the timeframe within which the CCG expects to be able to respond to the complaint. This will usually be **20** working days.
22. In some circumstances, such as when a complaint involves other organisations or requires a particularly complex investigation, a longer timeframe may be required, and this should be communicated to the complainant with the reason for this.
23. Where a complaint is made by a representative, the Quality Manager will request the patient's consent or, if the patient is unable to provide informed consent, will ensure that due consideration is given to whether the complainant is a suitable representative and is acting in the patient's best interests. Any decision not to respond to a complaint will be approved by the

Head of Quality and the reasons clearly documented on file. The Head of Quality will write to the complainant explaining that the CCG is not going to respond to the complaint, the reasons for this, and the complainant's right to refer their concerns the Parliamentary and Health Service Ombudsman.

24. Where a complaint concerns a service that is commissioned by the CCG and provided by another organisation, the Quality Team will request the complainant's consent to share their complaint with that organisation. In some cases the organisation that is the subject of the complaint will then respond directly to the complainant.
25. If a complainant refuses consent for the complaint to be redirected to the provider, the Quality Team will ask the provider to investigate the complaint and provide the CCG with the outcome of their investigation. Where the CCG will have continued involvement in the complaint, consent for the CCG and the other organisation(s) to share information with the CCG will also be sought.

Recording and Investigation of Complaints

26. All patient experience feedback contacts will be recorded for monitoring purposes on the Quality Team's Patient Experience Feedback Monitoring Database. All subsequent activity relating to the CCG's management of the complaint should be logged on the Patient Experience Feedback Monitoring Database.
27. For each complaint/ concern, an electronic case file will be set up in the Complaints folder on the Quality Team's shared drive. All documentation and evidence relating to the complaints investigation should be stored in the electronic case file. **NB** – any telephone conversations relating to the complaint/ concern should be documented.
28. All new patient experience feedback will be discussed at the weekly Quality Operational Group meeting and an investigator will be allocated to instigate each complaint, with the details of the investigator recorded on the Patient Experience Feedback Monitoring Database.
29. Where it becomes apparent during the complaints investigation that the response will take longer than the expected timeframe, a holding letter/ email will be sent to the complainant, with a revised expected timeframe.

Responding to Complaints

30. All responses to formal complaints will be in the form of a letter. Responses will include:
 - Apology if appropriate.
 - Explanation of how the complaint has been considered; and

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- Explanation of what has occurred and the conclusions reached in relation to the complaint and whether the complaint has been upheld, partially upheld, or not upheld.
- What action has been taken or is proposed in consequence of the complaint;
- Details of the complainant's right to take their complaint to the Parliamentary Health Service Ombudsman, and the relevant contact details, which are:
 - Parliamentary Health Service Ombudsman
Millbank Tower
Millbank
London
Sw1P 4QP

31. All draft responses will be reviewed by the Head of Quality, prior to being submitted for final sign off along with a copy of the original complaint. Final responses must be signed off by a senior officer who has had **no** prior involvement with the investigation, usually the Chief Nurse or alternatively the Chief Officer or the Chair of the CCG.

32. Following approval, the complaint response will be saved as PDF document and issued to the complainant either by post or attached to an email, and any other organisations involved in the complaint.

33. The Quality Team will maintain records of any actions that arise from complaints and track these through to completion.

Parliamentary Health Service Ombudsman

34. The CCG will fully cooperate with any investigations or enquiries conducted by the Parliamentary Health Service Ombudsman.

35. All contacts from the PHS will be recorded on the Patient Experience Feedback Monitoring Database so that any requests for information are monitored through to completion.

36. The Quality Administrator will ensure that the Chief Nurse is notified of any PHSO investigations via the summary report from the weekly QOG Meetings.

37. The Quality Manager will ensure that completion of actions associated with PHSO investigations are monitored through to completion, and that non-completion of actions is escalated via the Head of Quality to the Chief Nurse.

Reporting of Complaints

38. All complaints/ concerns will be reviewed at the weekly Quality Operational Group meeting. This will routinely be attended by the Head of Quality, the Quality Manager and the Quality Team Administrator and the Quality Team Administration Assistant. The review will include:

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- Review of progress of complaint responses
- Allocation of new complaints or actions
- Triangulation of patient experience feedback against other sources of intelligence
- Decision making regarding the need for escalation of patient safety concerns.

39. A written summary update of the progress of complaints will be emailed to the Chief Nurse by the Quality Team.

40. Quarterly reports will be provided to the CCG Primary Care Team about complaints received by the CCG about GP practices.

41. The Quality Team will prepare and submit the quarterly KO41a data collection return on written complaints to NHS Digital. Further guidance about this can be found below:



ko41a-guidance-notes 2018.pdf

42. An annual patient experience feedback report will be produced in accordance with the reporting requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, and presented to the Quality and Patient Safety Committee.

Monitoring

43. A summary update will be provided on all ongoing complaints/ concerns at the weekly Quality Operational Group meeting to help ensure that complaints and concerns are being investigated and responded to on a timely basis. A copy of this update will be provided to the Chief Nurse.

44. The Quality Team will provide a report to each QPSC detailing:

- Total number of complaints received in year
- Number of open complaints
- Performance against targets for acknowledging and responding to complaints
- Themes and trends from complaints
- Improvements taken as a result of complaints
- Number of complaints referred to Ombudsman for investigations and outcome.

Compliance with Complaints Process

45. A quarterly audit of a random sample of complaints will be undertaken to ensure that they have been processed in line with this policy and that it is operating effectively.

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46. The results of the quarterly audit will be reported to the Quality Operational Group.

APPENDIX B – PROCEDURE FOR MANAGING PERSISTENT COMPLAINANTS

1. The aim of this procedure is to identify situations where a complainant could be considered unreasonably persistent and to suggest ways of responding to such situations.
2. This procedure **should only be used as a last resort** and after all reasonable measures have been taken (i.e. an effort to resolve complaints following the NHS complaints procedures).
3. Careful judgement and discretion must be used in applying the criteria to identify potential unreasonably persistent complaints and requests for information and in deciding what action to take in specific cases. This procedure should only be implemented following careful consideration with authorisation of, the Barnsley Clinical Commissioning Group (CCG) Chair and Chief Officer.

DEFINITION OF UNREASONABLY PERSISTENT COMPLAINTS AND/OR REQUESTS FOR INFORMATION

4. Complainants or persons requesting information (and/or anyone acting on their behalf) may be deemed to be unreasonably persistent where current or previous contact with them shows that they have met two or more (or are in serious breach of one) of the criteria set out below in the following paragraphs.
5. Persisting in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted. For example, where investigation is deemed to be 'out of time' or where the Parliamentary Health Service Ombudsman has declined a request for independent review.
6. Changing the substance of a complaint or persistently raising new issues or seeking to prolong contact by unreasonably raising further concerns or questions upon receipt of a response whilst the complaint/request is being dealt with. Care must be taken not to disregard new issues, which differ significantly from the original complaint/request - these may need to be addressed separately.
7. Unwilling to accept documented evidence of treatment given as being factual (e.g. drug records, GP manual or computer records, nursing records) or deny receipt of an adequate response despite correspondence specifically answering their questions/concerns. This could also extend to include those persons who do not accept that the facts can sometimes be difficult to verify after a long period of time has elapsed.
8. Focusing on a trivial matter to a degree which is out of proportion to its significance and continuing to focus on this point. It should be recognised that determining what is trivial can be subjective and careful judgement must be used in applying this criterion.

9. Physical violence has been used or threatened towards staff or their families/associates at any time. This will, in itself, cause personal contact to be discontinued and will thereafter, only be pursued through written communication. All such incidents should be documented and reported using the Barnsley CCG Policy and Procedure on the Reporting, Recording and Investigation of Accidents and Incidents, and notified as appropriate, to the police.
10. Had an excessive number of contacts with the CCG when pursuing their request or complaint, placing unreasonable demands on staff. Such contacts may be in person, by telephone, letter, fax or electronically. Discretion must be exercised in deciding how many contacts are required to qualify as excessive, using judgement based on the specific circumstances of each individual case.
11. Have harassed or been abusive or verbally aggressive on more than one occasion towards staff - directly or indirectly - or their families and/or associates. If the nature of the harassment or aggressive behaviour is sufficiently serious, this could, in itself, be sufficient reason for classifying the complainant as unreasonably persistent. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this. All incidents of harassment or aggression must be documented in accordance with Barnsley CCG's Policy and Procedure on the Reporting, Recording and Investigation of Accidents and Incidents.
12. Display unreasonable demands or expectations and fail to accept that these may be unreasonable once a clear explanation is provided to them as to what constitutes an unreasonable demand (i.e. insisting on responses to complaints or enquiries being provided more urgently than is reasonable or recognised practice, presenting similar or substantially similar requests for information).

PROCEDURE

13. When complainant(s) requesting information have been identified as unreasonably persistent, in accordance with the above criteria, the CCG Chair and Chief Officer (or their nominated deputy) will decide what action to take. The Chief Officer (or deputy/representative) will implement such action and notify the individual(s) promptly, and in writing, the reasons why they have been classified as unreasonably persistent and the action to be taken.
14. This notification must be copied promptly for the information of others already involved such as practitioners, Independent Complaints Advocacy Service, Member of Parliament, advocates etc. Records must be kept, for future reference, of the reasons why the decision has been made to classify as unreasonably persistent and the action taken.

15. The Barnsley CCG Chair and Chief Officer (or their delegated representative) may decide to deal with unreasonably persistent complainants in one or more of the following ways:-

- 15.1. Once it is clear that one of the criteria for a persistent complainant has been seriously breached, it may be appropriate to inform the individuals, in writing, that they are at risk of being classified as unreasonably persistent. A copy of this procedure should be sent to them and they should be advised to take account of the criteria in any future dealings with the Trust and its staff. In some cases it may be appropriate, at this point, to copy this notification to others involved and suggest that complainants seek advice in taking their complaint further (e.g. via the Independent Complaints Advocacy Service, Parliamentary Health Service Ombudsman, Patient Advice and Liaison Service);
- 15.2. NHS Barnsley CCG should try to resolve matters before invoking this procedure, and/or the sanctions detailed within it, by drawing up a signed agreement with the complainant/persons requesting information (if appropriate, involving the relevant practitioner) setting out a code of behaviour for the parties involved, if the CCG is to continue dealing with the complaint. If this agreement is breached, consideration would then be given to implementing other actions as outlined below;
- 15.3. NHS Barnsley CCG can decline further contact either in person, by telephone, fax, letter or electronically, or any combination of these, provided that one form of contact is maintained. Alternatively, a further contact could be restricted to liaison through a third party. A suggested statement has been prepared for use if staff are to withdraw from a telephone conversation. This is shown in the attached staff operational guidance.
- 15.4. Notify complainants/persons requesting information in writing that the CCG Chair or Chief Officer (or delegated deputies/ representatives) has responded fully to the points raised and has tried to resolve the issues but there is nothing more to add and continuing contact on the matter will serve no useful purpose. This notification should state that that correspondence is at an end and that further communications will be acknowledged but not answered;
- 15.5. Inform complainants/persons requesting information that in extreme circumstances the CCG reserves the right to refer unreasonably persistent complaints to the organisation's solicitors/the Information Commissioner and/or, if appropriate, the Police;
- 15.6. Temporarily suspend all contact, whilst seeking legal advice or guidance from NHS England, the Parliamentary Health Service Ombudsman, Information Commissioner's office or other relevant agencies.

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16. Once classified as unreasonably persistent, there needs to be a mechanism for withdrawing this status if, for example, a more reasonable approach is subsequently demonstrated or if the subject submits a further complaint/request for information for which the normal complaints procedures or Freedom of Information Act procedures would be appropriate.
17. Staff should have already used careful judgement and discretion in recommending or confirming unreasonably persistent status and similar judgement/discretion will be necessary when recommending that such status should be withdrawn. Where this appears to be the case, discussions will be held with the BCCG Chair and Chief Officer (or their delegated representatives) and, subject to their approval, normal contact and procedures will be resumed.

APPENDIX C – Glossary of Terms

Term / abbreviation	What it stands for
Being Open	Open communication of patient safety incidents that result in harm or the death of a patient while receiving healthcare.
Carer	Family, friends or those who care for the patient. The patient has consented to them being informed of their confidential information and to their involvement in any decisions about their care.
Child	The Children Act 1989 and the Children Act 2004 define a child as being a person up to the age of 18 years. The Children Act 2004 states that safeguarding, protection and cooperation between services may, in certain circumstances, be continued through to a young person's 19th birthday or beyond.
Clinical Commissioning Group -	Clinically-led organisation that commissions most NHS-funded healthcare on behalf of its relevant population. CCGs are not responsible for commissioning primary care, specialised services, prison healthcare, or public health services.
Commissioner	An organisation with responsibility for assessing the needs of service users, arranging or buying services to meet those needs from service providers in either the public, private or voluntary sectors, and assuring itself as to the quality of those services.
Data Protection	<p>Everyone responsible for using personal data has to follow strict rules called 'data protection principles'. They must make sure the information is:</p> <ul style="list-style-type: none"> • used fairly, lawfully and transparently • used for specified, explicit purposes • used in a way that is adequate, relevant and limited to only what is necessary • accurate and, where necessary, kept up to date • kept for no longer than is necessary • handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage

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Information Governance	How information is managed in an organisation.
Providers of NHS Funded Care	Organisations that deliver healthcare that is partially or fully funded by the NHS, regardless of the provider or location.
Providers	Organisations acting as a direct provider of publicly funded health care services.
Safeguarding	Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights. Children, and adults in vulnerable situations, need to be safeguarded. For children, safeguarding work focuses more on care and development; for adults, on empowerment, independence and choice.
Statutory Obligations	When an organisation or person is bound or obliged to do certain things, and which arises from law or custom.
Working Day	Days that exclude weekends and bank holiday

Equality Impact Assessment

Title of policy or service:	Management of Patient Experience Feedback	
Name and role of officer/s completing the assessment:	Martine Tune, Chief Nurse (Acting)	
Date of assessment:	30.04.19	
Type of EIA completed:	Initial EIA ‘Screening’	<i>(select one option)</i>

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> including partners, national or regional 	<p>The purpose of this document is to outline how the CCG manages the patient experience feedback it receives, and to ensure that the CCG meets its statutory obligations under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.</p> <p>The aim of the policy is to comply with statutory requirements, legislation and best practice. Positive impact, therefore “Full” EIA not required.</p>
<p>What Outcomes do you want to achieve</p>	<p>Ensure that all staff have a clear understanding of their responsibilities, and that they respond effectively to patient experience feedback;</p> <p>To provide a clear, simple and easy to understand process for managing patient experience feedback which is fair and impartial, widely publicised and accessible to all;</p> <p>To ensure those providing us with patient experience feedback and staff are provided with</p>

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	<p>the necessary guidance and support;</p> <p>To support the identification of the causes of negative patient experience feedback and its use in improving services and prevent recurrence;</p> <p>To make sure that complaints and concerns are managed promptly and efficiently, and answers or explanations are provided quickly and within established time limits; and</p> <p>To ensure that complainants and those who raise concerns are treated courteously and with empathy, and care is not adversely affected as a result of having made a complaint or raised a concern.</p>
Give details of evidence, data or research used to inform the analysis of impact	BCCG Annual Patient Experience Report 2017/18 Information reports from the complaints database
Give details of all consultation and engagement activities used to inform the analysis of impact	N/a

Identifying impact:

- **Positive Impact:** will actively promote the standards and values of the CCG.
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact: causes or fails to mitigate unacceptable behaviour. If such an impact is identified, the EIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

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2. Gathering of Information					
This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty</i> .					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	✓	<input type="checkbox"/>	<input type="checkbox"/>	Policy actively promotes the following of the CCG's values: <ul style="list-style-type: none"> • <i>Equity and fairness</i> • <i>Services are designed to put people first</i> • <i>Quality care delivered by vibrant primary and community care or in a safe and sustainable local hospital</i> • <i>Excellent communication with patients</i> However, Policy may not be easily accessible to all people.	Greater public confidence that the CGG treats complainants and those who raise concerns with empathy makes sure that complaints and concerns are managed promptly and efficiently.
Age	✓	<input type="checkbox"/>	<input type="checkbox"/>		
Carers	✓	<input type="checkbox"/>	<input type="checkbox"/>		
Disability	✓	<input type="checkbox"/>	<input type="checkbox"/>		
Sex	✓	<input type="checkbox"/>	<input type="checkbox"/>		
Race	✓	<input type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	✓	<input type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	✓	<input type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	✓	<input type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	✓	<input type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating	✓	<input type="checkbox"/>	<input type="checkbox"/>		

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discrimination)					
Other relevant groups	✓	<input type="checkbox"/>	<input type="checkbox"/>		

IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
People may require information in alternative formats e.g. easy read	Produce easy to read complaints guidance/ leaflet and/or short film and audio clip	Note number of requests Feedback from complainants, advocacy organisations and Healthwatch	31.03.20	Martine Tune, Chief Nurse (Acting)

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Chief Nurse (Acting)	Date of next Review:	3 years

Once completed, this form **must** be emailed to the Equality Lead barnsleyccg.equality@nhs.net for sign off:

Equality Lead signature:	
Date: 30.04.19	

GOVERNING BODY

9 May 2019

QUALITY HIGHLIGHTS REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR									
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><i>Decision</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Approval</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
2.	REPORT OF									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;"><i>Name</i></th> <th style="width: 35%;"><i>Designation</i></th> </tr> </thead> <tbody> <tr> <td><i>Executive Lead</i></td> <td>M Tune</td> <td>Chief Nurse (Acting)</td> </tr> <tr> <td><i>Author</i></td> <td>H Fitzgerald</td> <td>Quality Manager</td> </tr> </tbody> </table>		<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	M Tune	Chief Nurse (Acting)	<i>Author</i>	H Fitzgerald	Quality Manager
	<i>Name</i>	<i>Designation</i>								
<i>Executive Lead</i>	M Tune	Chief Nurse (Acting)								
<i>Author</i>	H Fitzgerald	Quality Manager								
3.	EXECUTIVE SUMMARY									
	<p>Provide the May 2019 Governing Body with the agreed highlights of the April 2019 Quality & Patient Safety Committee.</p> <p>The information provided is in addition to the monthly performance report and ongoing risk management via the Assurance Framework and Risk Register.</p> <p>Six quality issues are highlighted and rated:</p> <ul style="list-style-type: none"> • Thames Ambulance Service Ltd Contract - Red • Prevent Training Compliance - Amber • Positive CQC inspection reports for Hollygreen Practice, Ashville Medical Centre, Kingswell Surgery and Victoria Medical Centre - Green • Prevent Policy - Green • Safeguarding Audit - Green • Safeguarding Training Compliance - Green 									
4.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:									
	<ul style="list-style-type: none"> • Note the Quality Highlights identified 									
5.	APPENDICES									
	<ul style="list-style-type: none"> • Appendix A – Quality Highlight Report 									

Agenda time allocation for report:	<i>10 minutes</i>
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 6.1 & 9.1
2.	Links to CCG's Corporate Objectives	Y/N
	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
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

Appendix A – April 2019 QPSC Quality Highlight Report

Issue	Consideration	Action
Thames Ambulance Service Ltd contract	Two risks regarding the performance of Thames Ambulance Service Ltd (TASL) have been drafted and were considered by QPSC.	QPSC approved the inclusion of the risks on the risk register. The Committee was assured that measures to mitigate the risks have been put in place, and the CCG is closely monitoring the actions in the remedial action plan.
Prevent Training Compliance	QPSC was asked to note one risk to the CCG's safeguarding adult systems and processes in relation to Basic Prevent Awareness training. Of the staff who require this level of training (level 1), only 78% are compliant versus the target of 90%.	Remedial action is underway to rectify this and it is anticipated that there will be a marked improvement in the compliance rate by end of the next quarter.
CQC Inspections	Q&PSC received confirmation that Hollygreen Practice, Ashville Medical Practice, Kingswell Surgery and Victoria Medical Centre have recently received positive CQC inspection reports.	QPSC agreed that it would be beneficial if the CCG shared Practices' experience of the CQC inspection process with the local CQC inspector via Primary Care Team.
Prevent Policy	The CCG's Prevent Policy was presented to QPSC for approval.	Q&PSC approved the policy and agreed that it did not require formal ratification by the Governing Body due to the low level of changes.
Safeguarding Audit	The CCG has been involved in 2 Safeguarding Adult Board commissioned audits. These have reviewed actions in relation to organisational abuse and the quality of referrals made by the CCG to Adult Social Care.	QPSC was assured that the audit showed that the quality of the CCG's referrals to the Safeguarding Adults Board is good. Only minor learning points have been highlighted for the CCG and these have now been completed.
Safeguarding Training Compliance	QPSC was informed that the CCG is showing good levels of compliance for Level 1/ 2 Safeguarding Adults Training at 92%.	QPSC was assured that mandatory training requirements for this area are being achieved.

GB Pu 19/05/13

Green = positive assurance

Amber = concern being monitored, for information

Red = articulated risk or escalation

GOVERNING BODY

9 May 2019

RISK AND GOVERNANCE EXCEPTION REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR							
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>
2.	REPORT OF							
		<i>Name</i>						<i>Designation</i>
	<i>Executive Lead</i>	Richard Walker	Head of Governance & Assurance					
	<i>Author</i>	Paige Dawson	Governance, Risk & Assurance Facilitator					
3.	EXECUTIVE SUMMARY							
	<p>Introduction This report presents to the Governing Body a number of matters, specifically:</p> <ul style="list-style-type: none"> • Governing Body Assurance Framework • Corporate Risk Register <p>Governing Body Assurance Framework The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. In line with the new Corporate Calendar the Governing Body will now receive the full Assurance Framework (GBAF) at every other meeting with a summary being brought to intervening meetings. In line with these reporting timescales a summary of the GBAF is therefore presented to the May 2019 meeting of the Governing Body (Appendix 1). There are currently no risks on the GBAF 2018/19 rated as 'red' extreme risk.</p> <p>Corporate Risk Register The <i>Corporate Risk Register</i> is a mechanism to effectively manage the current risks to the organisation. Governing Body receives the full Risk Register twice a year (September and March) with exception reports brought to intervening meetings. This report therefore provides the Governing Body with an exception report of the Corporate Risk Register (Appendix 2).</p> <p><i>Red (extreme) risks:</i> There are currently 5 extreme risks on the CCG's Risk Register which have been escalated to the Assurance Framework as gaps in assurance against risks on the Assurance Framework. The risks are:</p>							

- Ref CCG 18/04 (rated score 16, 'extreme') - If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.
- Ref 18/02 (rated score 16 'extreme') - If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.
- Ref CCG 14/10 (rated score 16 'extreme') – Risks resulting from not being able to attract and retain a suitable and sufficient Primary Care clinical workforce
- Ref CCG 14/15 (rated score 15 'extreme') – Potential impact on quality & patient safety of incomplete D1 discharge letters
- Ref CCG 15/07 (rated score 15 'extreme') – Quality & patient safety risks relating to Yorkshire Ambulance Service (YAS). If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response time targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected

Additions / Removals

At its meeting on 25 April 2019 Quality and Patient Safety Committee agreed inclusion of two new risks in relation to the Thames Valley Ambulance Service (TASL).

Governing Body is asked to approve these new risks.

Registers of Interests, Sponsorship, Gifts & Hospitality

Governing Body will recall that the CCG is required to obtain declarations of interest from all staff, Governing Body Members, Membership Council Representatives and other relevant Practice staff, and to publish these in Registers of Interests. While the onus is on individuals proactively to declare changes to their interests as they occur the CCG is required to prompt people to review and update their declarations of interest at least annually. This process was undertaken earlier in the year.

The CCG continues to update the Registers on an ongoing basis through the year. The most recent registers can be located on the website using the following link: <http://www.barnsleyccg.nhs.uk/about-us/> . The table below summarises the latest position:

Staff Group	Number of Declarations Outstanding	Percentage completed
Membership Council	0	100%
Governing Body	0	100%
CCG Staff	0	100%

Registers of Gifts, Hospitality & Sponsorship

There have been no new declarations of gifts, hospitality and sponsorship.

Annual Report and Accounts

NHS England requires CCG's to produce, as a single document, an Annual Report and Accounts in accordance with regulations and guidance it provides. A working group from communications, finance and governance has coordinated the production of the report, with input and contributions from officers and clinicians in the CCG as appropriate.

The Department of Health Group Accounting Manual 2018-19 (GAM) sets out the structure and contents of the Annual Report and Governance Statement. The CCG must produce a 3 part annual report and accounts which includes the following:

- *Performance Report* (incorporating performance overview and analysis)
- *Accountability Report* (incorporating Members' Report, Statement of Accountable Officer's responsibilities, Governance Statement, Remuneration and Staffing Report)
- *Accounts*.

In accordance with NHS England's requirements the Draft Annual Report was submitted on 18th April 2019, and the Draft Accounts were also submitted on the 18th April 2019 ahead of the deadline of 24th April 2019 following detailed review by the Audit Committee. The Draft Annual report and Accounts are now being audited by the CCG's external auditors, KPMG, after which the final versions will be:

- Considered by Audit Committee on 16th May 2019, then
- Approved and adopted by Governing Body on 23rd May 2019 on the recommendation of the Audit Committee.

Committee Annual Assurance Reports

CCG Committees' Terms of Reference require that they each produce an Annual Report for submission to the Governing Body. The purpose of the reports are to provide the Accountable Officer, and the Governing Body, with assurance that the Committees have discharged the responsibilities delegated to them in their Terms of Reference and have managed the key risks within their remit.

Annual Assurance Reports are attached for the Governing Body in respect of:

- Audit Committee
- Finance and Performance Committee
- Quality and Patient Safety Committee
- Equality and Engagement Committee
- Primary Care Commissioning Committee
- Remuneration Committee

The reports have been considered and approved by the respective committees, and were received by the Audit Committee on 29 March 2018.

	<p>Review of standing Orders, Prime Financial Policies and Scheme of Relegation and Delegation</p> <p>It is a responsibility of the Audit Committee to undertake an annual review of the CCG's Standing Orders, Scheme of Reservation and Delegation, and Prime Financial Policies. The review has recently taken place, following which a small number of relatively minor updates and amendments are proposed (see Appendix 4).</p> <p>The Audit Committee approved these amendments at its meeting in March 2019. Since these documents form part of the CCG's Constitution the changes also require further consideration and ratification by Governing Body, Membership Council and NHS England through the process for amending the Constitution. Governing Body is therefore asked to approve these changes, following which the changes will be incorporated into the next substantive update of the Constitution later in 2019.</p> <p>Review of the Procurement Policy</p> <p>The Procurement Policy has been reviewed with input from the CCG's Executive Procurement Lead, Head of Procurement, CCG's Head of Governance and the local NHS Fraud Team to ensure it remains fit for purpose and reflects the current legislation and guidance. Minor changes have been made to the policy, with the revised policy being considered and agreed by the Finance and Performance Committee. The revised policy will be available on the CCG website.</p>
4.	THE GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none"> • Review the summary of the GBAF for 2018/19, and consider whether the risks are appropriately described and scored, and whether there is sufficient assurance that they are being effectively managed as 10 January 2019 • Identify any additional positive assurances relevant to the risks on the GBAF • Review the extract of the Corporate Risk Register to confirm all risks are appropriately scored and described, and identify any potential new risks • Consider and approve the new risks in relation to Thames Valley Ambulance Service (TASL) • Note the current position regarding the Registers of Interests, Sponsorship, Gifts & Hospitality • Note the submission of the Draft Annual Report & Accounts in accordance with NHSE timescales • Note the Committee Annual Assurance Reports 2018-19 • Approve the proposed changes to the Standing Orders, Scheme of Reservation and Delegation, and Prime Financial Policies • Note the review of the Procurement Policy
5.	APPENDICES
	<ul style="list-style-type: none"> • Appendix 1 – Summary GBAF 2018/19 • Appendix 2 – Corporate Risk Register – Summary • Appendix 3.1 - Audit Committee Annual Assurance Report 2018-19 • Appendix 3.2 - Finance and Performance Committee Annual Assurance

	<p>Report 2018-19</p> <ul style="list-style-type: none">• Appendix 3.3 - Quality and Patient Safety Committee Annual Assurance Report 2018-19• Appendix 3.4 - Equality and Engagement Committee Annual Assurance Report 2018-19• Appendix 3.5 - Primary Care Commissioning Committee Annual Assurance Report 2018-19• Appendix 3.6 - Remuneration Committee Annual Assurance Report 2018-19• Appendix 4 – Summary of Proposed Changes to the Standing Orders, Scheme of Reservation and Delegation, and Prime Financial Policies
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Agenda time allocation for report:	10 minutes
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1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	All
2.	Links to CCG's Corporate Objectives	Y/N
	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
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
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3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

Barnsley CCG: Summary of Governing Body Assurance Framework April 2019

Introduction

The Governing Body Assurance Framework aims to identify the principal or strategic risks to the delivery of the CCG’s strategic objectives and key operational priorities. 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 priorities, 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.

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<p>URGENT & EMERGENCY CARE</p> <ul style="list-style-type: none"> Enhance front door clinical streaming Improved patient flow Free up hospital beds - Reduce non-elective activity and length of stay More GP appointments evenings & weekends Increased clinical assessment of calls to NHS 111 & CAS Delivery of 4 hour A&E standard (90% by Sept 2018, 95% March 2019) Delivery of ambulance targets / conveyance 	<p>If partners locally and across the ACS do not engage constructively together, to develop a model for urgent care at a South Yorkshire and Bassetlaw and Barnsley level, in line with best practice and national guidance there is a risk that urgent care services are unable to meet the growing demand, constitution standards for urgent care are not achieved and the quality of patient care is negatively impacted.</p>	FPC	15	12	12	<p>RR 13/3: Failure to deliver 4 hour A&E waits target. Target not achieved in 2017/18.</p> <p>RR 15/07: If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response time targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected.</p> <p>RR 18/04: If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity</p>

Barnsley CCG: Summary of Governing Body Assurance Framework April 2019

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
						and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.
<p>PRIMARY CARE Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to:</p> <ul style="list-style-type: none"> • Deliver investment into Primary Care • Improve Infrastructure • Ensure recruitment/retention/development of workforce • Address workload issues using 10 high impact actions • Improve access particularly during the working week, more bookable appointments at evening and weekends. 	<p>There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:</p> <ul style="list-style-type: none"> • Engagement with primary care workforce • Workforce and capacity shortage, recruitment and retention • Under development of opportunities of primary care at scale, including new models of care • Not having quality monitoring arrangements embedded in practice 	PCCC	12	12	12	<p>RR 14/10: If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that:</p> <ul style="list-style-type: none"> • Some practices may not be viable, • Take up of PDA or other initiatives could be inconsistent • The people of Barnsley will receive poorer

Barnsley CCG: Summary of Governing Body Assurance Framework April 2019

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<ul style="list-style-type: none"> • Every practice implements at least 2 of the high impact 'time to care' actions • Deliver delegated Primary Care functions 	<ul style="list-style-type: none"> • Inadequate investment in primary care • Independent contractor status of General Practice. 					<p>quality healthcare services</p> <ul style="list-style-type: none"> • Patient services could be further away from their home. <p>RR 18/03: If there is not an adequate and rapid response from Barnsley Healthcare Federation to the areas identified by CQC in their recent inspections there is a risk that the BHF does not meet contractual and service requirements potentially leading to:</p> <ul style="list-style-type: none"> • poor quality or unsafe services for the people of Barnsley • reputational /brand damage • Strategic implications for the CCG in terms of delivery of the out of hospital strategy and primary care at scale • Continuity of service • Risk of patients and practices not accessing services provided by BHF
CANCER	<ul style="list-style-type: none"> • Risk to delivery of the 62 day wait NHS 	FPC	12	12	12	Cancer services are have

Barnsley CCG: Summary of Governing Body Assurance Framework April 2019

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<ul style="list-style-type: none"> • Reduced Inequalities especially those diagnosed at emergency admission • Better cancer survival to be diagnosed at stage 1 or 2 • Implement rapid assessment and diagnosis pathways for lung, prostate & colorectal cancers • Roll out of FIT in bowel screening • Access to the most modern cancer treatment • Improve Patient Experience along pathways and LWBAC • Deliver Survivorship Program (LWABC) including recovery package • Stratified follow up pathways breast, prostate and urology rolled out • Commissioning for Value adopted if appropriate • Implement new cancer waiting times system & begin data collection • Achieve 8 waiting time standards including the 62 day referral-to-treatment cancer standard. The '10 high impact actions' implemented in the Trust. Cancer transformation funding will be linked to delivery of the 62 day cancer standard. 	<p>Constitution standard if clear pathways from cancer diagnosis to treatment are not developed and shared by partner</p> <ul style="list-style-type: none"> • Risk to delivery of early diagnosis if: <ul style="list-style-type: none"> (a) the CCG does not effectively promote to the people of Barnsley the national screening programme (b) Practices do not consistently apply NICE guidance for cancer diagnosis and referral. • Risk that, if the CCG does not have a clear local strategy for delivering cancer priorities and performance, the CCG will not secure full access to cancer transformation funding which would impact negatively on securing improvements to services for people Living With and Beyond Cancer (LWABC) and improving 62 day target and 8 WT standards . • Risk that the incidence of cancer is not reduced, and of poorer outcomes post treatment, if steps to promote healthy lifestyles for Barnsley people are not successful. 					<p>detailed and copious volumes of data from a variety of areas including Dr Foster, PHE and NHSE, as well as local BI and Provider data in Open Exeter. Whilst we do not believe that additional information will be required to identify compliance additional information will be brought to bear as appropriate and necessary to interrogate specific areas.</p>
<p>MENTAL HEALTH</p> <ul style="list-style-type: none"> • Increase the number of children and young people receiving evidence-based treatment to improve their emotional health and wellbeing • By Q4 2018/19 to improve access to 	<p>If the CCG and its partners are unable to manage and mitigate the potential barriers to improving mental health services - lack of workforce capacity, limited financial resources, and legacy 'backlogs' - there is a risk that the</p>	FPC & QPSC	12	12	12	

Barnsley CCG: Summary of Governing Body Assurance Framework April 2019

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<p>psychological therapies (IAPT) to 19% of the local prevalent population and to 25% by 2021.</p> <ul style="list-style-type: none"> • Improve the IAPT moving to recovery rate to an ambitious targets of 60% acknowledging the national target is 50% • Improve pre and post mental health crisis care support • Crisis care: extend the Liaison Mental Health service in A&E to include children and young people • Reduce the numbers of suicides in Barnsley to the national average as a minimum • Continue to Improve perinatal mental health • Develop a South Yorkshire and Bassetlaw sustainable regional ASD /ADHD diagnosis and treatment service for adults • Meet the Mental Health Investment Standard (MHIS) • Improve access to healthcare and deliver annual physical health checks for the population 	<p>CCG's ambitions for these services will not be achieved and that delivery of the five year forward view for Mental Health will not be achieved.</p>					
<p>INTERGRATED CARE SYSTEM (ICS)</p> <p>There is a shared view that in order to transform services to the degree required to achieve excellent and sustainable services in the future, we need a single shared vision and plan in each Place and across South Yorkshire and Bassetlaw. Partners from across health and social care in each Place have come together to develop a single shared</p>	<p>The effectiveness of the ICS will be undermined if any of the member parties is unable to sign up to the system MOU, the direction of travel, and the mechanisms for collective decision making.</p>	<p>ICS CPB JCCC of CCG</p>	9	9	12	

Barnsley CCG: Summary of Governing Body Assurance Framework April 2019

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
vision and plan as part of an Integrated Care System. CCG contributions to system wide working & enabling work streams: Leadership and programme support						
INTEGRATED CARE AT PLACE LEVEL <ul style="list-style-type: none"> Development of Integrated care arrangements in Barnsley bringing Barnsley service providers and commissioners together to plan and deliver care. 	<ul style="list-style-type: none"> Local public and political support because of a misunderstanding of the ambition of integrated health and care, partly because of the term “accountable care”, which has previously been used in the NHS, is associated with an American model of privatised health and care Planned consultation on the NHS contract for integrated care resulting in technical barriers The new integrated support and assurance process (ISAP) impacts on the process for securing integrated services and the overall scope of ambition. Maturity of the local provider partnership, financial and operating pressures in the system affect their ability to implement transformational change There is also a specific risk in relation to the GP Federation following on from the recent CQC inspection, which may impact on their capacity to invest time and resource in development of integrated service solutions 	TBC	9	9	12	RR 18/02: If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.

Barnsley CCG: Summary of Governing Body Assurance Framework April 2019

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<p>EFFICIENCY PLANS</p> <ul style="list-style-type: none"> • Free up hospital beds • Best value across all CCG expenditure • Reduce avoidable demand • Reduce unwarranted variation in clinical quality and efficiency • Cut the costs of corporate services and administration • Financial accountability and discipline for all trusts and CCGs 	<p>If the CCG does not develop a robust QIPP plan supported by effective delivery & monitoring arrangements, there is a risk that the required QIPP savings will not be achieved, resulting in a failure to achieve statutory financial duties and non-compliance with NHSE business rules.</p>	FPC	12	12	12	
<p>TRANSFORMING CARE FOR PEOPLE WITH LEARNING DIFFICULTIES AND / OR AUTISTIC SPECTRUM CONDITIONS</p> <p>Transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals by:</p> <ul style="list-style-type: none"> • Reducing inappropriate hospitalisation • Improve access to healthcare and deliver annual physical health checks (eg cervical screening) • Invest in community teams • Ensure all children with learning disabilities, autism or both receive Community Care, Education and Treatment Review (CETR) if appropriate • Ensure all adults with learning disabilities, autism or both receive Community Care and Treatment 	<p>If the CCG and its partners are unable to provide focussed case management and wrap around services there is a risk that:</p> <ul style="list-style-type: none"> • People with a learning disability or autistic spectrum conditions will enter hospital inappropriately • There will be difficulty discharging current patients • Potential prohibitively high cost of meeting needs • Inability of current provider market to meet needs • Difficulty in ensuring that the quality of care is high. 	FPC QPSC	12	12	12	

Barnsley CCG: Summary of Governing Body Assurance Framework April 2019

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
Review (CTR) as appropriate						
MATERNITY Continue to implement the Saving Babies' Lives care bundle to further reduce still birth, neonatal deaths, maternal deaths and brain injuries. Implement the SYB LMS (Local maternity service) and: - Deliver the continuity of carer - Improve maternity safety, choice and personalisation - Liaise closely with the local MVP (Maternity Voice Partnership) to ensure local women are able to influence and shape the delivery of future services	<ul style="list-style-type: none"> Dependent upon implementing the outcomes of the Hospital Services Review Lack of investment in additional staff resources to enable 'continuity of carer' Dependent on ICS maternity services therefore failure of the ICS providers to integrate working practices fully to implement the LMS Lack of staff rotation between hospital and community based services may reduce the likelihood of fully delivering continuity of carer. 	FPC QPSC	12	12	12	
COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS <ul style="list-style-type: none"> Delivery of all the CCG's statutory responsibilities Deliver statutory financial duties & VFM Improve quality of primary & secondary services (inc reductions in HCAI, ensuring providers implement learning from deaths, and reductions in medication errors); Involve patients and public; Promote Innovation Promote education, research, and training Meet requirements of the Equality Act Comply with mandatory guidance for managing conflicts of interest 	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.	Various	10	10	12	RR 14/15 Discharge medication risks related to poor or incomplete D1 discharge letters

Barnsley CCG: Summary of Governing Body Assurance Framework April 2019

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<ul style="list-style-type: none">Adhere to good governance standards						

- 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)	5	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	19	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	4	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1					
				Total = Likelihood x Consequence				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 18/04	1,2, 3, 5,6, 8	If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets	5	4	20	Regular review of activity data as part of contract and performance management and monitoring arrangements. Other data reviewed and analysed to identify new opportunities to reduce non elective activity e.g. NHS Rightcare Packs, Dr Foster data etc. A&E Delivery Board is established (Barnsley Urgent and Emergency Care Delivery Board) with responsibility for delivering improvements to urgent care services and achieving related targets. CCG funding identified to	Director of Strategic Planning & Performance (Finance & Performance Committee)	Contract and Performance Monitoring	4	4	16	04/19	April 2019 Year-end out turn is expected to remain above plan. Growth has been included in the 2019/20 contracts and operational plan and work continues to finalise the work programme for 2019/20 to manage NEL activity growth March 2019 Non Elective activity case mix remains above	05/19

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment	
			Likelihood	Consequence	Score				Likelihood	Consequence	Score				
		(with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.			16	<p>support winter planning and resilience with a specific focus on avoiding A&E attendance and reducing emergency admissions. Process has commenced to identify schemes/proposals for investment.</p> <p>CCG commissioned Out of Hospital Services in place e.g. Intermediate Care & Rightcare Barnsley, Neighbourhood Nursing, BREATHE, IHEART</p> <p>Non-Elective commissioning group established to identify priorities to address opportunities in Non – Elective Activity and contribute to QIPP plans.</p>								plan. Delivery of constitutional targets however remains good and contractual over performance is being managed in 2018/19. This are of work is a priority for the CCG during 2019/20 with plans being developed to mitigate the increasing demand.	
18/02	1,2, 5,6	If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not	4	4	16	<p>Escalation of CCG concerns to BMBC senior management</p> <p>Escalation via SSDG and health & wellbeing board</p> <p>To be raised and discussed at H&W Board development Session (August 2018)</p>	LS (SSDG)	Added to the Corporate Risk register in context of long standing and frequently articulated concerns with respect to a basket of	4	4	16	02/19	February 2019 BMBC and the CCG have agreed to develop a proposal for a JCB and take that through their respective governance mechanisms for consideration.	03/19	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.						BMBC commissioned services notably: 0-19 Health Checks Weight management & smoking cessation					December 2018 Explore potential of a Joint Commissioning Board with BMBC. August 2018 Formal escalation of concerns by Chief Officer to Chief Executive BMBC	
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare	3	3	9	NHS England's Primary Care Strategy includes a section on workforce planning The CCG's Primary Care Development Programme has a workforce workstream and Primary Care workforce Strategy is in development. Links have been developed with the Medical School to enhance attractiveness of Barnsley to students The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of	Senior Primary Care Commissioning Manager. (Primary Care Commissioning Committee)	Governing Body	4	4	16	03/19	April 2019 – Recruitment is in progress for the clinical pharmacists. PDA review of attainment for 2018-19 is underway. No change to risk score. March 2019 – GB approved recruitment of a second cohort of clinical pharmacists at its meeting on	04/19

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		<p>services</p> <p>(d) Patients services could be further away from their home.</p>				<p>their workforce. The successful PMCF (now known as GP Access Fund) has enabled additional capacity to be made available outside normal hours via the iHeart Barnsley Hubs. BHF is also actively developing physicians associates roles.</p> <p>The CCG has funded 15 Clinical Pharmacists to provide support to all Practices in Barnsley. Approval was given to the recruitment of a second cohort of 7 clinical pharmacists & 2 technicians in March 2019.</p> <p>The CCG has also funded 14 Apprentices to provide additional capacity in Primary Care.</p> <p>The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points.</p> <p>GP Forward View includes a</p>							<p>14.3.19. No change to risk score.</p> <p>February 2019 – No changes to report</p> <p>December 2018 No updates to report</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
						section on workforce, with additional funding being made available to support Primary Care sustainability.								
14/15	1, 5, 6	There are two main risks: 1. Scant or absent information relating to why medication changes have been made. Poor communication of medication changes, even if changes are appropriately made for therapeutic/safety reasons, creates a patient safety risk when post discharge medicines reconciliation is being undertaken by the GP practice. The risk being that the GP practice may either accept inappropriate changes when all the patients' risk factors have not been accounted for by the	4	4	16	Ongoing discharge medication risks escalated to BCCG Chief Officer and Chief Executive of BHNFT resulted in 2 quality risk meetings (August and November 2016) Area Prescribing Committee (APC) monitor concerns and will report 2017 audit to the Quality & Patient Safety Committee A working Group (with reps from Practice managers Group & BHNFT) looking at D1 Discharge Summary Letters.	Head of Medicines Optimisation (Quality & Patient Safety Committee)	Risk Assessment & audit of discharge letters	3	5	15	04/19	April 2019 Final audit report and action plan have not yet been received. Provisional audit results were presented at a D1 Summit meeting held on 31 st January 19. The MMT are following up with BHNFT in respect of a timeframe for production of the report February 2019 Provisional D1 audit results discussed at Jan 19 meeting which showed some improvement on previous audits. These results were presented at	05/19

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		<p>hospital clinicians or an error has been made or not accept clinically important changes as not confident about the reasons for the change.</p> <p>2. Clinically significant safety alerts, such as contraindicated combinations of medication, are being frequently triggered by primary care prescribing systems during post discharge medicines reconciliation when adding medicines to the Patients Primary Care Record. This indicates that either the hospital is not reconciling medicines using the GP Practice Summary Care Record or that the reconciliation is not sufficiently robust.</p>											<p>a D1 summit on 31st Jan 19. BHNFT have advised APC that full audit results have been collated and finalising the final audit report.</p> <p>December 2018 Provisional BHNFT D1 audit results available for 14th Jan 19 meeting . Draft 2017/18 primary care D1 re-audit report showed improvement over 2014 and 2016 audits. Agreed to combine BHNFT and primary care audit results into one 2019 report.</p> <p>D1 summit has been planned for 31st Jan 2019.</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 15/07	1,5, 6	If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response time targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected.	4	5	20	July 2016 Regular consideration of YAS incident reporting by QPSC and GB to understand the frequency and severity of incidents associated with ambulance response.	Chief Nurse (Acting) (Quality & Patient Safety Committee)	Risk Assessment	3	5	15	04/19	<p>April 2019 Not able to provide assurance around the timeframe for improvement for ambulance response times. However, progress continues to be monitored via Urgent & Emergency Care Transformation Delivery Board and at the Y&H 999/111 Contract Management Board meeting.</p> <p>February 2019 Continue to work with other CCG's (Sheffield lead commissioner) to improve flow of quality monitoring data and ensure quality indicator data measured</p>	05/19

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
													<p>accurately and consistently. Concerns remain in relation to ambulance response with appropriate resources in a time frame that is appropriate to the patient's needs.</p> <p>December 2018 Escalated to Assurance Framework as a gap in control.</p> <ul style="list-style-type: none"> - Monitoring and reporting YAS SI's separately - YAS 111/999/IUEC on agenda in Clinical Governance and Quality Steering Group and Contract Management Meeting. 	

Barnsley Clinical Commissioning Group

BARNSLEY AUDIT COMMITTEE ANNUAL ASSURANCE REPORT 2018/19

1. INTRODUCTION

- 1.1** All CCGs are required to have an Audit Committee, which provides assurance and advice to the Governing Body on the entirety of the CCG's control and integrated governance arrangements. This includes the proper stewardship of resources and assets, including value for money; financial reporting; the effectiveness of audit arrangements (internal and external); and risk management arrangements.
- 1.2** The role of the Audit Committee is detailed in the NHS Audit Committee Handbook issued by the Healthcare Financial Management Association (HFMA). All members of the Audit Committee have been issued with a copy of this handbook to ensure that they are aware of their roles and responsibilities.
- 1.3** In understanding the role of the Audit Committee it is also important to acknowledge what it does not do. It is not the role of the Audit Committee to establish and maintain processes for governance as these are the responsibility of executive directors and the Accountable Officer. Nor is the Audit Committee a finance committee with responsibility for regular review and approval of investments, in order to retain its impartiality.
- 1.4** The purpose of this report is to provide assurance to the Accountable Officer and the CCG Governing Body that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.

2 CONDUCT OF THE COMMITTEE'S BUSINESS

- 2.1** The Membership of the Audit Committee is set out in the table below:

Membership and Attendance		
Role	Name	Meetings Attended
Chair	Nigel Bell	6/6
Lay Member for PPE and PCC	Chris Millington	6/6
Governing Body Elected Member (Seconded to Barnsley Healthcare Federation from June 2018)	Dr Madhavi Guntamukkla	1/2
Governing Body Elected Member (from July 2018)	Dr Adebowale Adekunle	4/4
Member of the Membership Council	Vacant (since April 2017)	N/A
Practice Manager	Vacant (since January 2018)	N/A

Barnsley Clinical Commissioning Group

2.2 The Chairman of the Clinical Commissioning Group and officers of the CCG cannot be members of the Audit Committee. However, the Chief Finance Officer and Head of Governance and Assurance both attend the Audit Committee, as do representatives of internal and external audit providers.

2.3 The Committee has met 6 times during the year. The quoracy of meetings is as follows:

Meeting Date	Quorate
19 April 2019	Yes
21 May 2019	No
26 July 2019	Yes
11 October 2019	Yes
24 January 2019	Yes
21 March 2019	Yes

The 21 May 2018 meeting was not quorate but on the basis that the Audit Committee was making recommendation to the Governing about the CCG Annual Report and Accounts it was agreed to proceed with the business of the meeting. For completeness of Governance requirements, Dr Madhavi Guntamukkala confirmed she had reviewed the minutes and agenda papers and agreed with the recommendation in advance of the Governing Body extra ordinary meeting on 24 May 2018 to consider the CCG's Annual Report and Accounts.

In light of the challenges with regard to quoracy the Committee reviewed its Terms of Reference and reduced its membership from 5 to 4 members and a reduced quorum from 3 members to 2 members.

2.4 The Committee flags up specific concerns to the Governing Body and the minutes of meetings are routinely reported to the Governing Body at which point the Committee Chair highlights any items for escalation identified by the Audit Committee which are in turn recorded in the Governing Body Minutes. Examples of escalated items are:

- Approved Governance Year End Processes and Timetable.
- UK Code of Governance Compliance
- Audit Committee self-assessment against the new Audit Committee Handbook requirements and checklist.
- Approval of the Integrated Risk Management Framework

This Audit Committee Annual Assurance Report will also be taken to the Governing Body in May 2019.

2.5 The Committee reviewed its Terms of Reference in July 2018 in accordance with its work plan and agreed:

- A reduction in membership - removal of the Governing Body Practice Manager member from the Audit Committee membership as the position

Barnsley Clinical Commissioning Group

was currently vacant, and

- To reduce the quorum from 3 members to 2 (including at least 1 Lay member)

The changes were approved by the Governing Body in September 2018

3 RELATIONSHIP WITH AUDITORS

- 3.1** The Audit Committee has continued to have effective working relationships with the CCG's External Auditors, KPMG. The Committee receives reports from the Audit Manager at each meeting as well as technical updates on issues affecting CCGs and the wider NHS.
- 3.2** Effective working relationships have also been maintained with our internal audit provider, 360 Assurance. An audit plan has been agreed with 360 Assurance, using a business risk based approach, which links to the key risk areas within the Assurance Framework. Progress reports have been received at every meeting and the work required to support the Head of Internal Audit Opinion is on track for completion in time to inform the final accounts process.
- 3.3** During the year the enhanced process for monitoring the implementation of Internal Audit recommendations has been embedded and is working well.
- 3.4** The Head of Internal Audit Opinion, which summarises all Internal Audit's work in the year, will be received and reviewed by the Audit Committee in draft in March 2019, and the final Head of Internal Audit Opinion in May 2019. The Opinion will be incorporated into the Annual Governance Statement.
- 3.5** All audit reports from assurance reviews in the 2018/19 Internal Audit Plan that have been issued to management and the Audit Committee to date have reported Significant Assurance on systems and processes.
- 3.6** In line with good practice, the Audit Committee regularly meets with each set of auditors in private (i.e. without officers present), to ensure effective relationships are maintained and to allow discussion of current developments etc. outside Audit Committee business meetings.

4. REVIEW OF THE COMMITTEE'S EFFECTIVENESS

- 4.1** The Audit Committee has the skills and competencies necessary to discharge its functions. A range of specialists attend the Committee to provide expert advice and support, including the Chief Finance Officer, the Head of Governance & Assurance, representatives from both Internal and External Audit, and the Local Counter Fraud Specialist.
- 4.2** In March / April 2019, building on similar reviews undertaken in previous years, the Audit Committee will refresh its assessment of its effectiveness using the Self- Assessment Checklist for Audit Committees in the HFMA handbook. The self-assessment covers both Committee Processes and Committee Effectiveness.

5. ACHIEVEMENTS IN THE YEAR

5.1 Highlights of the Audit Committee's work during 2017/18 include:

- Review & submission of the 2017/18 Annual Report and Accounts in accordance with Department of Health timescales.
- Reviewed Audit Committee Terms of Reference and recommended to Governing Body for approval (July 2018)
- Reviewed and agreed to reduce frequency of meetings in light of decision to reduce Governing Body meetings to bi-monthly.
- Approved Integrated Risk Management Framework (October 2018)
- Reviewed and approved the CCGs self-assessment demonstrating compliance with the UK Corporate Governance Code
- Received Annual Assurance Reports from CCG main Committees March 2019
- Oversight of the production of Annual Report 2018/19

6. DELIVERY OF THE COMMITTEE'S TERMS OF REFERENCE

6.1 The table below summarises how the Audit Committee has discharged its key responsibilities as set out in its Terms of Reference:

Responsibility	How discharged
Review the establishment and maintenance of an effective system of governance, internal control and risk management	GB Assurance Framework & Risk Register reviewed and challenged twice a year with exception reports to other meetings; Losses & Special Payments and Tender Waivers reported to every meeting Regular reviews of Register of Interests, Register of Gifts & Hospitality, and Register of Procurement Decisions; Reviewed and approved Operational and Financial Policies as required Annual review of Standing Orders, Scheme of Delegation and Prime Financial Policies. Receives regular reports on Health & Safety, Fire Safety and Business Continuity. Received Freedom of Information Annual Report
Ensure that there is an effective internal audit function	Approved internal audit plan 2018/19; Internal Audit Progress Reports to every meeting; Received & reviewed internal audit annual report.
Review the work and findings of the External Auditors	Approved external audit plan 2018/19; External Audit reports to every meeting; Received & reviewed Annual Audit Letter.

Barnsley Clinical Commissioning Group

<p>Ensure that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review</p>	<p>Review of budgetary control system and other key financial systems included within internal audit plan.</p>
<p>Provide assurance over the integrity of the financial statements of the CCG; Review the Annual Report & Accounts</p>	<p>Received and reviewed the Head of Internal Audit Opinion and External Audit Governance report (ISA260); Undertook detailed review of the Annual Report & Accounts prior to formal approval by the Governing Body.</p>
<p>Satisfy itself that the organisation has adequate arrangements in place for countering fraud</p>	<p>Approved Local Counter Fraud Plan 2018/19; Local Counter Fraud progress reports to Audit Committee meetings; Received & reviewed LCFS annual report; Received and reviewed self-assessment against NHS Protect Counter Fraud Standards for Commissioners.</p>

7. CONCLUSION

- 7.1** This report has demonstrated how, during 2018/19, the Audit Committee has continued to effectively to discharge the functions and responsibilities delegated to it by the Governing Body and set out in its Terms of Reference.
- 7.2** Supported by the CCG's internal and external auditors and the Local Counter Fraud Service, the Committee has provided the Governing Body with assurance over the accuracy and integrity of the CCG's Annual Report and Accounts, and over the robustness of the CCG's systems of internal control, assurance, and risk management.
- 7.3** As such the Committee provides assurance to the Accountable Officer and the CCG's Governing Body for the purposes of the *Review of the Effectiveness of Governance, Risk Management & Internal Control* within the CCG's Governance Statement.

Report of: Nigel Bell, Lay Member for Governance and Chair of the Audit Committee (March 2019)

BARNSLEY FINANCE AND PERFORMANCE COMMITTEE

ANNUAL ASSURANCE REPORT 2018/19

1.	INTRODUCTION		
1.1	<p>As set out in its Terms of Reference which have been approved by the Governing Body the purpose of the Finance and Performance Committee is to:</p> <ul style="list-style-type: none"> • Establish a performance framework which enables the Clinical Commissioning Group to proactively manage its Financial, Performance and Quality Innovation, Productivity and Prevention agenda. • Provide assurance about delivery and sustained performance in these areas to the Governing Body, by reviewing and approving performance reports and rectification action plans in detail prior to the Governing Body meetings. • Hold to account the Senior Management Team of the Clinical Commissioning Group for delivery in their areas of responsibility. 		
1.2	<p>The purpose of this report is to provide assurance to the Accountable Officer that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.</p>		
2.	CONDUCT OF THE COMMITTEE'S BUSINESS		
2.1	<p>The terms of reference were reviewed and approved by Governing Body in September 2018.</p> <p>Attendance of the Finance and Performance Committee during 2018/19 (up to and including February 2019) is set out in the table below:</p>		
2.2	Name	Role	Meetings attended
	Dr Nick Balac (Chair)	The Chair of the Governing Body	9 of 12
	Nigel Bell	Lay Member, Governance	8 of 12
	Lesley Smith	Chief Officer	8 of 12
	Jamie Wike	Head of Strategic Planning & Performance	11 of 12
	Roxanna Naylor	Chief Finance Officer (from July 2017)	11 of 12
	Dr John Harban	Elected Governing Body Member - Contracting	12 of 12
	Dr Andy Mills	Membership Council Member	11 of 12
	Dr Jamie MacInnes (From Jan 2019)	Elected Governing Body Member	3 of 3
	Dr Adebowle Adekunle (from Sept 2018)	Elected Governing Body Member	4 of 7

	Dr Madhavi Guntamukkala (to July 2018)	Elected Governing Body Member	2 of 3
	Dr John Harban has acted as Chair on three occasions in the absence of the Committee Chair.		
2.3	In total the Committee met 11 times (April 18 – Feb 19) during 2018/19, 10 of these meetings were quorate.		
2.4	All minutes of the Committee have been submitted to the Governing Body, and a monthly Integrated Performance Report summarising the work of the Committee appears on every Governing Body agenda.		
3.	REVIEW OF COMMITTEE'S EFFECTIVENESS		
3.1	The Finance and Performance Committee has the skills and competencies necessary to discharge its functions and is supported by the attendance of officers to provide input on finance, performance, contracting and service developments.		
3.2	Members of the Committee have had access to all statutory and mandatory training programmes including information governance and fraud awareness through the CCG learning and development programme.		
3.3	The Committee regularly reviews and refines the information it requires in order to support it to fulfil its roles and responsibilities. This has included the introduction of new QIPP reporting and escalation arrangements.		
4.	ACHIEVEMENTS IN THE YEAR		
4.1	<p>The Committee has:</p> <ul style="list-style-type: none"> • Reviewed and identified commissioning and financial performance issues, identifying and escalating risks as appropriate to the Governing Body and identifying potential mitigations and solutions. • Provided oversight of CCG financial performance and performance against key constitution, outcome framework and local priority performance measures through review of the Integrated Performance Report. • Provided oversight of the Quality, Innovation, Productivity and Prevention (QIPP) schemes and the CCG Efficiency Programme, reviewing progress and escalating risks as appropriate to the Governing Body and identifying potential mitigations and solutions. • Embedded the Risk and Assurance element of its responsibilities, challenging and exploring risk appetite, mitigation and control. • Provided oversight of the financial and operational planning process ensuring that the CCG's plans are in line with NHS business rules, other financial duties and planning guidance requirements. 		

4.2	<p>During 2019/20 the committee will continue to ensure it is meeting its roles and responsibilities as set out in the terms of reference and in order to do so will continue to provide oversight of financial and operational performance, providing assurance and escalating risks to the Governing Body where appropriate. A key area of focus in 2019/20 will continue to be upon assuring the development and delivery of CCG financial and operational plans and ensuring the CCG is compliant with its financial duties and is meeting its responsibilities for delivering NHS constitutional standards and other performance targets.</p>																				
5.	DELIVERY OF RESPONSIBILITIES SET OUT IN THE TERMS OF REFERENCE																				
5.1	<p>The table below sets out the primary responsibilities of the Committee and the actions taken to deliver them:</p>																				
	<table border="1"> <thead> <tr> <th data-bbox="272 853 836 925">Responsibility</th> <th data-bbox="836 853 1390 925">How discharged</th> </tr> </thead> <tbody> <tr> <td data-bbox="272 925 836 1003">Review and oversight of performance against national and local targets</td> <td data-bbox="836 925 1390 1003">Receipt and review of the Integrated Performance Reports (IPR)</td> </tr> <tr> <td data-bbox="272 1003 836 1077">Review and oversight of in year financial position</td> <td data-bbox="836 1003 1390 1077">As above</td> </tr> <tr> <td data-bbox="272 1077 836 1189">Review of the financial plan. Receive and review a detailed report of the budgets for future years.</td> <td data-bbox="836 1077 1390 1189">Receipt and review of draft financial planning and budget documentation.</td> </tr> <tr> <td data-bbox="272 1189 836 1373">Review and oversight of implementation of the Quality, Innovation, Productivity and Prevention schemes</td> <td data-bbox="836 1189 1390 1373">Receipt and review of monthly QIPP dashboard setting out progress against each scheme and the IPR including financial performance against the overall efficiency plan</td> </tr> <tr> <td data-bbox="272 1373 836 1451">Receive an update on the contracting cycle on a monthly basis.</td> <td data-bbox="836 1373 1390 1451">Receipt and review of monthly contracting cycle report.</td> </tr> <tr> <td data-bbox="272 1451 836 1563">Receive and review departmental delivery plans for indicators or performance areas by exception</td> <td data-bbox="836 1451 1390 1563">Receipt and review of the Integrated Performance Reports</td> </tr> <tr> <td data-bbox="272 1563 836 1675">Challenge delivery of rectification plans produced to achieve targets or improve performance</td> <td data-bbox="836 1563 1390 1675">Receipt and review of the Integrated Performance Reports</td> </tr> <tr> <td data-bbox="272 1675 836 1821">Ensure resolution of key performance issues raised by accountable members of the Senior Management Team</td> <td data-bbox="836 1675 1390 1821">Receipt and review of matters arising report</td> </tr> <tr> <td data-bbox="272 1821 836 1966">Receive and review risks on the Governing Body Assurance Framework and Risk Register relevant to the work of the Committee</td> <td data-bbox="836 1821 1390 1966">Extracts of the GBAF and risk register considered at every meeting. Extreme risks escalated to GBAF as gaps in control.</td> </tr> </tbody> </table>	Responsibility	How discharged	Review and oversight of performance against national and local targets	Receipt and review of the Integrated Performance Reports (IPR)	Review and oversight of in year financial position	As above	Review of the financial plan. Receive and review a detailed report of the budgets for future years.	Receipt and review of draft financial planning and budget documentation.	Review and oversight of implementation of the Quality, Innovation, Productivity and Prevention schemes	Receipt and review of monthly QIPP dashboard setting out progress against each scheme and the IPR including financial performance against the overall efficiency plan	Receive an update on the contracting cycle on a monthly basis.	Receipt and review of monthly contracting cycle report.	Receive and review departmental delivery plans for indicators or performance areas by exception	Receipt and review of the Integrated Performance Reports	Challenge delivery of rectification plans produced to achieve targets or improve performance	Receipt and review of the Integrated Performance Reports	Ensure resolution of key performance issues raised by accountable members of the Senior Management Team	Receipt and review of matters arising report	Receive and review risks on the Governing Body Assurance Framework and Risk Register relevant to the work of the Committee	Extracts of the GBAF and risk register considered at every meeting. Extreme risks escalated to GBAF as gaps in control.
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6.	ASSURANCE AND RISK MANAGEMENT																				

6.1	In accordance with the CCG's Integrated Risk Management Framework, in 2018/19 to date every meeting of the Committee has received and reviewed extracts from the Governing Body Assurance Framework and Risk Register. Risks on the register have been reviewed, rated, and (where the rating exceeds a score of 15) escalated to the Governing Body Assurance Framework as a gap in control against the relevant corporate objective.																									
6.2	<p>The number and severity of risks monitored and managed by this committee is as follows:</p> <table border="1" data-bbox="272 629 1401 857"> <thead> <tr> <th></th> <th style="background-color: #92d050;">Low (1-3)</th> <th style="background-color: #ffff00;">Moderate (4-6)</th> <th style="background-color: #ffcc00;">High (8-12)</th> <th style="background-color: #ff0000;">Extreme (15-25)</th> </tr> </thead> <tbody> <tr> <td>January 2016</td> <td>0</td> <td>6</td> <td>11</td> <td>2</td> </tr> <tr> <td>January 2017</td> <td>0</td> <td>2</td> <td>9</td> <td>2</td> </tr> <tr> <td>January 2018</td> <td>0</td> <td>1</td> <td>11</td> <td>1</td> </tr> <tr> <td>January 2019</td> <td>0</td> <td>0</td> <td>9</td> <td>1</td> </tr> </tbody> </table> <p>As part of the ongoing review of the risk register by the Committee and the Governing Body the number of risks monitored and managed by this committee has reduced from 13 at January 2018 to 10 at January 2019. There have been a number of changes to risks and to risk ratings during the period.</p>		Low (1-3)	Moderate (4-6)	High (8-12)	Extreme (15-25)	January 2016	0	6	11	2	January 2017	0	2	9	2	January 2018	0	1	11	1	January 2019	0	0	9	1
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6.3	The extreme risk remaining on the Register as at January 2019 have been addressed as follows:																									
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	reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.	Nursing, BREATHE, IHEART.
7.	CONCLUSION	
7.1	<p>This report demonstrates to the Governing Body that during 2018/19 the Finance & Performance Committee:</p> <ul style="list-style-type: none"> • Effectively discharged the functions and responsibilities delegated to it by the Governing Body as set out in its Terms of Reference. • Managed the risks for which it was responsible in accordance with the CCG's Integrated Risk Management Framework. • Provided assurances to the GB in accordance with the GBAF. 	
7.2	<p>The report also provides assurance to the Accountable Officer to support the declarations and disclosures she made in the Review of the Effectiveness of Governance, Risk Management & Internal Control within the CCG's Governance Statement.</p>	

Quality and Patient Safety Committee Annual Report 2018-19

1. INTRODUCTION

- 1.1 The purpose of the Quality & Patient Safety Committee (Q&PSC) is to assure Barnsley Clinical Commissioning Group (CCG) regarding quality, patient safety, clinical effectiveness and patient experience for the services it commissions for the people of Barnsley.
- 1.2 The aim of this report is to provide assurance to the Governing Body and Accountable Officer that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.

2. CONDUCT OF THE COMMITTEE'S BUSINESS

- 2.1 The membership and attendance of the Committee is set out below:

Membership and attendance		
Role	Name	Meetings attended (April 2018 – March 2019)
Medical Director (until June 2018)	Dr Mehrban Ghani	1/2
Associate Medical Director (Chair)	Dr Sudhagar Krishnasamy	6/7
Chief Nurse (until June 2018)	Brigid Reid	2/2
Chief Nurse (Acting) as of July 2018) (Deputy Chair)	Martine Tune	6/7
Governing Body Secondary Care Clinician	Mike Simms	7/7
Governing Body Member	Dr Mark Smith	6/7
PPE Lay Member	Chris Millington	7/7
Head of Medicines Optimisation	Chris Lawson	5/7
Head of Quality for Primary Care Commissioning (until June 2018)	Catherine Wormstone	2/2
Senior Primary Care Transformation Manager (from July 2018)	Julie Frampton	0/5*
Membership Council Rep**	Dr Ibrar Ali	6/7
Membership Council Rep	Dr Shahriar Sepehri	6/7

* Nominated a deputy to attend on her behalf

** From 10th October 2018 Dr Ali ceased to be a Membership Council Rep but was co-opted onto the Committee and continues to serve as a clinical advisor.

- 2.2 The Committee have met 7 times during the year 2018/19 year, and all meetings were quorate.
- 2.3 The minutes of all Q&PSC meetings are provided to the public Governing Body meetings. In addition, following each meeting, a Quality Highlights report is submitted to the proximal Governing Body meeting. This highlights any significant quality issues that the Q&PSC judges important for the Governing Body to be sighted on.
- 2.4 The Committee's Terms of Reference were originally approved at the May 2016 Q&PSC meeting. These were updated in November 2017 and again in September 2018. The most recent update resulted in changes to the Terms of Reference to reflect changes in membership, and changes to the frequency of meetings from a minimum of 8 a year to 6 a year to align with changes in the frequency of the CCG's Governing Body. Also, the Terms of Reference were updated to include the receipt of briefings from the South Yorkshire and Bassetlaw Yorkshire Ambulance Service 111/999/IUEC Clinical Governance and Quality Steering Group and Contract Monitoring Meeting.

3. REVIEW OF COMMITTEE'S EFFECTIVENESS

- 3.1 The Governing Body can be assured that Q&PSC has the necessary skills and competencies to effectively perform its functions:
- The Committee is chaired by the Associate Medical Director. The Chief Nurse (Acting) is the Deputy Chair, and a number of other clinicians are included within the membership (see section 2.1);
 - The Committee is attended and advised by a number of other experts, including the Head of Assurance and Governance, the Head of Quality, and the Designated Nurse for Safeguarding Children; and
 - Each Committee meeting receives a Quality Metrics Report that summarises quality information relating to the services the CCG commissions for the people of Barnsley. This information includes, but is not limited to, serious incidents, complaints, Friends and Family Test, staffing data and safeguarding children and adults activity, and Primary Care quality.

4. ACHIEVEMENTS IN THE YEAR

- 4.1 There continues to be systematic review and triangulation of a range of quality data by the senior clinical quality team in the CCG. The detail is summarised and reported to each Q&PSC meeting. The Quality Team continually reviews the range of information that QPSC receives so that it can readily identify trends/themes and lessons learned and so contribute to the improvement of patient care.
- 4.2 The Committee has received regular updates on the results of CQC activity across our providers. Positive connections with CQC Inspectors have been maintained during 2018/19.

- 4.3 The Committee maintained close oversight of the delivery of the CQC's action plan for Barnsley Healthcare Federation's services. Also, committee members and CCG Quality Team officers have provided the Federation with direct support to enable and deliver improvements for patient safety and quality. The CQC rating is now good.
- 4.4 The system of clinically led Quality Assurance visits halted in 2018 due to CQC inspection activity which our providers were responding to and actively engaging with. Further review at that time was not appropriate or required. The visits will be revived in 2019.
- 4.5 Patient stories continue to make a positive contribution to the Quality and Patient Safety Committee meetings. The stories have been identified to reflect the full extent of the wider health provision and are composites of the real-life experiences of individuals in receipt of Barnsley commissioned services.

5. DELIVERY OF THE COMMITTEE'S TERMS OF REFERENCE

- 5.1 The table below summarises how the Committee has discharged its key responsibilities as set out in its Terms of Reference (September 2018):

	Responsibility	How discharged
a.	Receive reports and guidance from regulatory, national and other competent bodies and where applicable ensure action plans are developed to improve performance or adopt best practice in Barnsley.	<p>The Committee has received a range of reports from system and professional regulatory and other bodies, examples being:</p> <ul style="list-style-type: none"> • The outcomes of CQC inspections of South West Yorkshire Partnership NHS Foundation Trust and GP practices in Barnsley • Results of national 2018 GP Patient Survey • Report from NHS 111 on changes to pathways regarding assessment for septicaemia and meningitis • Update on reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections. <p>In addition, the Committee received the CCG's annual self-assessment of cancer services via NHS England's annual quality surveillance process.</p>
b.	The Committee will receive regular patient safety, patient experience and complaints reports to review themes and trends and identify areas to pursue with relevant providers for improvement.	<p>Quality metric reports are a standing agenda item. These provide data and commentary in relation to:</p> <ul style="list-style-type: none"> • Serious Incidents including Never Events • Healthcare Safety Investigation Branch reports • Patient/Public Experience: patient surveys and

		<p>reports</p> <ul style="list-style-type: none"> • Infection prevention and control • Medicines Safety • Clinical staffing levels <p>QPSC also received the annual Quality Accounts for Barnsley Hospital NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust and Barnsley Hospice</p>
B	Review the CCG's Assurance Framework and Risk Register in accordance with the CCG's Integrated Risk Management Framework.	This is a standing agenda item on the Q&PSC agenda. Further information can be found in sections 6 and 7.
d.	Receive minutes/briefings from relevant meetings	<p>The Committee has received the minutes or briefings from:</p> <ul style="list-style-type: none"> • Area Prescribing Committee; • Primary Care Quality & Cost Effective Prescribing Group; • SY & B Quality Surveillance Group; • BHNFT Clinical Quality Board; • SWYPFT Clinical Quality Board; • Health of Children in Care and Care Leavers Steering Group; • Health Protection Board • Barnsley Intelligence Sharing Meeting • South Yorkshire and Bassetlaw YAS 111/999/IUEC Clinical Governance and Quality Steering Group and Contract Monitoring Meeting
e.	The Committee will agree a clear escalation process, with the governing body, including appropriate trigger points to enable appropriate engagement of the Clinical Commissioning Group and external bodies on areas of concern.	Significant matters are escalated to the CCG Governing Body via a Quality Highlights report and/or inclusion on the Risk Register and (where risks are scored 15 or higher) the Assurance Framework.
f.	The Committee will provide an annual report and highlight's /escalation report and approved minutes to the Governing Body after each meeting.	Quality Highlights reports and the Q&PSC minutes are taken to every Governing Body, in addition to the QP&SC Annual Report.
g.	The Committee will also oversee professional issues and responses to whistle blowing linked to quality and patient safety.	No issues have been raised through the whistle blowing procedure this year.
h.	The Committee will identify and determine best performance, quality and value outcomes by assessing clinical effectiveness, cost effectiveness, quality standards and the views of patients and carers in Barnsley.	The Committee receives a range of information including the minutes of the Area Prescribing Committee and the Primary Care Quality & Cost Effective Prescribing Group which focus on clinical effectiveness, patient safety and improving outcomes for patients.

i.	The Committee will ensure all service development and redesign, evaluation of services and decommissioning of services are subject to a Quality Impact Assessment as part of the implementation process.	The Committee has received and approved a Quality Impact Assessment for Integrated Lower GI Pathway.
j.	The Committee will receive and review reports from the Information Governance Group about the process for completing and submitting the Data Security and Protection Toolkit (this has replaced the IG Toolkit) and other related matters, to ensure the implementation of key standards within the CCG in relation to Information Governance and ensure effective governance systems are in place for implementing and monitoring these standards.	The Committee has received regular update reports on Information Governance, which included compliance with Data Security and Protection Toolkit requirements.
k.	The Committee will satisfy itself that effective processes are in place within all its commissioned services and the Clinical Commissioning Group for safeguarding children and young people, safeguarding vulnerable adults, managing issues arising from domestic violence, forced marriage and the PREVENT agenda.	The Committee has received regular updates on safeguarding activity throughout the year via the Quality Metrics Report. This includes updates on independent investigations such as Domestic Homicide Reviews, Mental Health Homicide reviews and Safeguarding Adults' and Children's reviews. In addition, the Committee has received discrete reports on a new electronic system for safeguarding assurance, guidance for General Practice on young people who are not brought to healthcare appointments.
l.	The Committee will also receive and approve clinical policies and clinical pathways for adoption in Barnsley.	In 2018/19, the Committee has received and approved the Management of Serious Incidents Policy and the Safeguarding People Policy.

6. ASSURANCE AND RISK MANAGEMENT

- 6.1 In accordance with the CCG's Integrated Risk Management Framework, every meeting of the Committee so far in 2018/19 has received and reviewed the extract from the Risk Register and Governing Body Assurance Framework relevant to the work of the Committee. The Q&PSC ensures that risks allocated to it are correctly described, appropriately scored, action is being taken against the risks identified, and that, where necessary, extreme risks are escalated to the Governing Body.
- 6.2 The QPSC is responsible for overseeing 3 out of the 6 extreme risks on the CCG's current risk register. Those risks, and the actions taken to address them, are summarised in the table in Appendix A of this report.

7. CONCLUSION

- 7.1 Based on the information contained in this report the Governing Body can be assured that the Q&PSC has effectively discharged the functions and responsibilities delegated to it by the Governing Body and set out in its Terms of Reference, and managed the risks for which it is responsible in accordance with the CCG's Integrated Risk Management Framework.

Report of: Dr Sudhagar Krishnasamy, Associate Medical Director/ Chair of QPSC

APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 18/03	1, 2, 5, 6, 8	<p>If there is not an adequate and rapid response from Barnsley Healthcare Federation to the areas identified by CQC in their recent inspections there is a risk that the BHF does not meet contractual and service requirements potentially leading to:</p> <p>poor quality or unsafe services for the people of Barnsley;</p> <p>reputational /brand damage;</p> <p>Strategic implications for the CCG in terms of delivery of the out of hospital strategy and primary care at scale.</p> <p>Continuity of service</p>	3	5	15	<p>BHF has an action plan in place as required by the CQC and CCG to achieve compliance no later than 6 months from date of publication of reports</p> <p>Progress against the action plan is to be reported to CCG/BHF contract monitoring meeting</p> <p>CCG has provided a package of support to BHF to assist in the development of the action plan</p> <p>Support includes senior management input from the CCG Medical Director and CCG Head of Delivery (out of Hours and Primary Care).</p> <p>Support to BHF by BCCG Communications Team</p> <p>The CCG continues to make financial investment in primary care at scale.</p>	<p>SK (Clinical Lead)</p> <p>JH (Exec Lead)</p> <p>(Quality & Patient Safety Committee)</p>	CQC inspection	3	5	15	12/18	<p>December 2018</p> <p>Report arising from the CQC inspection expected soon – risk to be reviewed in light of its findings (which are expected to be positive)</p> <p>November 2018</p> <p>BHF had a CQC revisit recently and got positive outcomes (the official CQC report not yet published).</p>	01/19

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		Risk of patients and practices not accessing services provided by BHF				<p>QPSC and PCCC are both fully sighted on the issues and the action plan. Regular update reports will be provided</p> <p>Primary Care Quality Improvement Group are to complete a full Quality Review Profile for BHF and will also provide the mechanism to ensure a co-ordinated approach to the support for BHF and also monitoring of the CQC action plan and will update QPSC/PCC as appropriate.</p> <p>CQC will re inspect within 6 months of publication of report</p> <p>Ongoing monitoring of delivery of the iHeart 365 service through routine contract management arrangements</p>								
14/15	1, 5, 6	<p>There are two main risks:</p> <p>1. Scant or absent information relating to why medication changes have been made. Poor</p>	4	4	16	<p>Ongoing discharge medication risks escalated to BCCG Chief Officer and Chief Executive of BHNFT resulted in 2 quality risk meetings (August and November 2016)</p>	<p>Head of Medicines Optimisation</p> <p>(Quality &</p>	<p>Risk Assessment & audit of discharge letters</p>	3	5	15	12/18	<p>Dec 2018</p> <p>Provisional BHNFT D1 audit results available for 14th Jan 19 meeting.</p>	01/19

APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

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		<p>communication of medication changes , even if changes are appropriately made for therapeutic/safety reasons, creates a patient safety risk when post discharge medicines reconciliation is being undertaken by the GP practice. The risk being that the GP practice may either accept inappropriate changes when all the patients' risk factors have not been accounted for by the hospital clinicians or an error has been made or not accept clinically important changes as not confident about the reasons for the change.</p>				<p>Area Prescribing Committee (APC) monitor concerns and will report 2017 audit to the Quality & Patient Safety Committee</p> <p>A working Group (with reps from Practice managers Group & BHNFT) looking at D1 Discharge Summary Letters.</p>	<p>Patient Safety Committee)</p>					<p>Draft 2017/18 primary care D1 re-audit report showed improvement over 2014 and 2016 audits. Agreed to combine BHNFT and primary care audit results into one 2019 report.</p> <p>D1 summit has been planned for 31st Jan 2019.</p> <p>Sept 2018 MD audit across secondary and primary care using same criteria was not possible due to information access.</p>		

APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		2. Clinically significant safety alerts, such as contraindicated combinations of medication, are being frequently triggered by primary care prescribing systems during post discharge medicines reconciliation when adding medicines to the Patients Primary Care Record. This indicates that either the hospital is not reconciling medicines using the GP Practice Summary Care Record or that the reconciliation is not sufficiently robust.										Format of D1 medicines information section was changed by Trust in August 2018. Primary Care audit data collection was undertaken between Nov 17 and Dec 17 and a report is being compiled for Nov 18 APC. A joint meeting (11 th Sept) chaired by Trust Medical Director took place where the Trust has agreed to plan and undertake internal audit of quality of D1 medicines information during Autumn 18. Meeting		

APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
												<p>scheduled for 23rd Oct to finalise the Trust audit criteria and plan.</p> <p>May 2018 The audit has been delayed until June/July to prioritise QIPP at year end.</p> <p>April 2018 No change to report</p> <p>March 2018 Primary Care Audit coming to APC on 11 April / 9 May 2018</p>		

APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

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CCG 15/07	1,5, 6	If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response time targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected.	4	5	20	July 2016 Regular consideration of YAS incident reporting by QPSC and GB to understand the frequency and severity of incidents associated with ambulance response.	Chief Nurse (Acting) (Quality & Patient Safety Committee)	Risk Assessment	3	5	15	12/18	December 2018 Escalated to Assurance Framework as a gap in control. Monitoring and reporting YAS SI's separately YAS 111/999/IUEC on agenda in Clinical Governance and Quality Steering Group and Contract Management Meeting	01/19

APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
												<p>September 2018</p> <p>The CCG continues to monitor the level of serious incidents reported by YAS in their quarterly South Yorkshire & Bassetlaw YAS 111 / 999 / IUEC Clinical Governance & Quality Steering Group & Contract Management Meeting.</p> <p>June 2018</p> <p>Risk to be reviewed at 19 July QPSC meeting</p>		

EQUALITY AND ENGAGEMENT COMMITTEE

ANNUAL ASSURANCE REPORT 2018/19

1. Introduction

1.1 As set out in its terms of reference which have been approved by the Governing Body the purpose of the Equality and Engagement Committee is to:

- Provide assurance to the Governing Body that the CCG's approach to communication and patient, carer and public engagement meets statutory requirements and best practice. The duties of the Committee will be driven by the priorities of the Clinical Commissioning Group and will be flexible and responsive to new and emerging priorities.
- Ensure that Barnsley CCG meets the General and Specific Duties under the Equality Act 2010 across all commissioning decisions, contracting and workforce, and that equality, diversity, inclusion and human rights are actively promoted, communicated and managed for the workforce of the CCG and the community of Barnsley alongside the continuing work with other partners to contribute to reducing health inequalities across Barnsley.

1.2 The purpose of this report is to provide assurance to the Accountable Officer that the Equality and Engagement Committee has discharged its delegated functions set out in its terms of reference, and has managed the risks within its remit effectively.

2. Conduct of the Committee's Business

2.1 All meeting of the Equality and Engagement Committee were quorate. The attendance for members at each committee is recorded below.

2.2 Members Attendance at Equality & Engagement Committee Meetings

Membership and attendance		
Role	Name	Meetings attended
Lay Member for Public and Patient Engagement (Chair)	Chris Millington	100% 4/4
Chief Nurse (Deputy Chair)	Brigid Reid	100% 1/1

Chief Nurse (Acting) (Deputy Chair)	Martine Tune	75% 3/4
Governing Body Secondary Care Clinician (no longer a committee member from changes in terms of reference in August 2018)	Mike Simms	100% 1/1
Practice Manager Governing Body Member (no longer a committee member from changes to terms of reference in August 2018)	Marie Hoyle	100% 1/1
Member of the Membership Council	Dr I Saxena	75% 3/4
Head of Communications and Engagement	Kirsty Waknell	100% 4/4
Senior Primary Care Commissioning Manager (new member from August 2018) (Deputies attended November 2018 and February 2019 meetings respectively)	Julie Frampton Lynne Richards Louise Dodson	100% 1/1 100% 1/1 100% 1/1
Elected Governing Body Member	Dr A Adekunle	75% 3/4
Healthwatch Barnsley (Deputy attended November 2018)	Susan Womack Lorna Lewis	75% 3/4
Equality, Diversity & Inclusion Lead	Colin Brotherston-Barnett	75% 3/4
Head of Governance & Assurance	Richard Walker	100% 4/4

2.3 All minutes of the Equality and Engagement Committee have been submitted to the Governing Body.

2.4 The Equality and Engagement Committee's terms of reference were reviewed at its meeting on 16 August 2018 and 15 November 2018. The terms of reference were approved by the Governing Body in September 2018 and January 2019. The August update was a change in membership and the November changes were to align the terms of reference with those of the Equality, Diversity & Inclusions Working Group.

3. Review of Equality and Engagement Committee's effectiveness

3.1 The Equality and Engagement Committee formally reviewed its own effectiveness in November 2018, completing an internal survey to assess both effectiveness of the processes and of individual's experience and ability to contribute to the committee. The Chair undertakes sense checks at the end of each committee meetings.

3.2 The current (17/18) NHS England assessment of patient and community involvement indicator in the national improvement and assessment framework is 'Good', with the publication of the 18/19 performance expected later in 2019.

4. Achievements in 2018/19

4.1 The Equality and Engagement Committee has achieved the following.

- The Equality Delivery System (EDS2) report was developed and published on the CCG website on 13 February 2019. The overall RAG rating has changed from the previous year of green/amber to green (achieving if evidence shows that the majority of people from the nine protected groups fare well) as an assessment of how they fare against PSED requirements.
- The section relating to a representative and supported workforce was rated Purple (excelling if evidence shows that the majority of people in all nine protected groups fare well) for outcome 3.5 (Flexible working to meet the needs of staff) and 3.6, (staff reporting positive experiences of their membership) . This was based on the excellent results from the Staff Survey 2017 and deep dive into various policies and workforce indicators.
- Section 4.1 (Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations) was also considered to be excelling. The evidence was drawn on committee reports, equality impact assessments, engagement and training etc.
- Section 3.3 (training and development opportunities are taken up and positively evaluated by all staff) was considered to be excelling. Data for this was supplied from Staff Survey results, quality of non-mandatory training, L&D, staff appraisals and high levels of compliance with training.
- Only one outcome faired as developing 1.3 (transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed). It was agreed by the working group that there is not enough data available from our providers for some of the protected characteristics. This will be included in the working group Equality Objectives action plan. It should be noted that this outcome is heavily dependent on providers successes.
- An Equality Impact Assessment toolkit has been developed to ensure that all policies/procedures consider the potential or actual impact on the protected characteristic groups. The toolkit contains useful information to consider for each characteristic for the author to consider. A trial training session for the toolkit has been successful and additional training is planned for staff as part of the rollout.
- The CCG have continued to be actively engaged at Barnsley Reach and equality forums.

- The Head of Communications & Engagement, the Engagement Manager and the Equality, Diversity & Inclusion Lead took an active part in the Integrated Care System and Hospital Services Review.

5. The Workforce Race Equality Standard (WRES)

As required the CCG has discharged its responsibilities to collect and publish the Workforce Race Equality Standard (WRES) information which can be seen on our website www.barnsleyccg.nhs.uk. The overall picture from the data is that the CCG's performance is significantly better than the national average however the CCG is not complacent and continues to undertake more detailed analysis in order to develop action plans to address any areas of concern.

6. Delivery of responsibilities set out in the Terms of Reference

6.1 The table below sets the primary responsibilities of the Equality and Engagement Committee and the actions taken to deliver them:

Responsibilities with Respect to Equality	How discharged
Ensure that the CCGs Equality and Diversity and Human Rights Policy is implemented and revised as required.	This policy will be reviewed, including engagement with staff, counter fraud and staff side as per our usual process, as will be presented to the EEC on the 16th May 2019 meeting for sign off.
Develop an Equality Action Plan to incrementally improve the CCGs performance against the NHS Equality Delivery System (EDS 2).	The evidence submitted against the assigned actions was reviewed on a quarterly basis.
Co-ordinate its work with the Equality & Engagement Committee to ensure that the CCG's patient & public involvement work utilises every opportunity to involve groups across the 9 protected characteristics to maximise the input of these users experiences to inform effective commissioning of services to meet the needs of the whole population we serve.	The CCG's patient and public involvement checklist now sits alongside the EIA and both are required to be completed (either as part of CCG programme management office process) before any involvement plans are developed. In addition, work has continued with the Barnsley equality forums to support effective commissioning.
Promote and publish Barnsley CCG's core values and equality and diversity successes and ensure all staff are aware of the achievements and promote ownership of Equality and Diversity.	The core values have been revised and promoted to all staff. This continues to be reinforced through the work of the Radiators Group.

Provide quarterly briefings and update reports for the CCG Governing Body.	Provided updates as part of the patient and public involvement report which goes to Governing Body each month.
Publish Equality Objectives at least every 4 years	Draft objectives for 2019/2020 provided for discussion at 14 February 2019 EEC

Responsibilities with Respect to Patient and Public Engagement	How Discharged
Ensure that Patient and Public Engagement is central to the business of the Clinical Commissioning Group, and that is embedded in all decision making processes adopted by the Clinical Commissioning Group	This year this has been achieved through additional training and support for commissioners, strengthening of the involvement checklist which has been included with the new equality impact assessment toolkit. Our approach and systems have been subject to an independent internal audit which provided Significant Assurance and the NHS England improvement and assessment framework rating of Good (17/18) for patient and community involvement.
Secure continuous improvement in the quality of engagement and consultation.	Corporate membership of the Consultation Institute, offering guidance and advice on best practice. External training by NHS England for commissioning managers took place in 18/19. Four members of staff attended over two different sessions. An ongoing training and development plan is in place for those working on engagement as their main role. Following discussions and feedback, joint training sessions for CCG staff have been arranged to take place in April 2019 on equality and engagement.
Advise the Governing Body and as necessary the Membership Council on all matters relating to overview and scrutiny and, where needed, the process of formal consultation.	There are regular meetings with the Chief Nurse (Acting) and the Overview and Scrutiny Chair. Guidance is provided ahead of these scheduled meetings or as the need arises.
Design the specification and quality standards relating to the process and policies relating to engagement and consultation that will be used by all	Standards and principles outlined in the patient and public engagement strategy. A programme management approach outlines all involvement processes,

members of the Clinical Commissioning Group and by its staff, in particular that which will be used in the process of service transformation and or decommissioning of services.	which sits alongside the equality impact assessment process.
Develop a Patient and Public Involvement Action Plan to deliver the CCG Patient and Public Engagement Strategy.	This plan is reviewed regularly at the Committee.

7. Assurance and Risk Management

7.1 In accordance with the CCG's integrated risk management framework, the Equality and Engagement Committee is managing two risks which are recorded on the CCG Risk Register as follows:

- **Risk Ref 13/13(b)** - If the CCG fails effectively to engage with patients and the public in the commissioning or co-commissioning of services there is a risk that services may not meet the needs and wishes of the people of Barnsley, and the CCG does not achieve its statutory duty to involve and consult with patients and the public – rated as Amber
- **Risk Ref 14/16** - If a culture supportive of equality and diversity is not embedded across the CCG there is a risk that the CCG will fail to discharge its statutory duties as an employer and will not adequately consider issues of equality within the services we commission – rated as Amber

8. Conclusion

8.1 This report demonstrates to the Governing Body that during 2018/19 the Equality and Engagement Committee:

- Effectively discharged the functions and responsibilities delegated to it by the Governing Body as set out in its terms of reference.
- Managed the risks for which it is responsible in accordance with the CCG's Integrated Risk Management Framework.
- Provided assurances to the governing body in accordance with the governing body assurance framework.

8.2 The report also provides assurance to the assurance to the Accountable Officer for the purposes of the review of the effectiveness of governance, risk management and internal control within the CCG's governance statement.

Author: Chris Millington Lay Member for Patient & Public Experience

PRIMARY CARE COMMISSIONING COMMITTEE

ANNUAL ASSURANCE REPORT 2018/19

1. INTRODUCTION

- 1.1** On 1 April 2015, Barnsley CCG took on delegated responsibility for exercising certain specified primary care commissioning functions from NHS England. In accordance with the guidance issued by NHS England the CCG established the Primary Care Commissioning Committee (PCCC) to act as the corporate decision making body for the delegated functions.
- 1.2** The key functions delegated are:
- Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts;
 - Approval of practice mergers;
 - Planning primary medical care services, including carrying out needs assessments;
 - Undertaking reviews of primary medical care services;
 - Decisions in relation to the management of poorly performing GP practices; and
 - Premises Costs Directions Functions
 - Take decisions where the Governing Body is unable to do so due to Conflicts of Interest.
- 1.3** The purpose of this report is to provide assurance to the Accountable Officer and the CCG Governing Body that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.

2. CONDUCT OF THE COMMITTEE'S BUSINESS

- 2.1** In accordance with NHSE guidance the Committee is chaired by a Lay Member, has a Lay Vice Chair, and has a Lay and Executive majority. A local HealthWatch representative and a local authority representative from the local Health and Wellbeing Board (the Director of Public Health) are invited to attend public meetings as non-voting attendees. Three elected GP members of the CCG's Governing Body attend meetings in a non-voting capacity as clinical advisors, to ensure the unique benefits of clinical commissioning are retained.
- 2.2** The Terms of Reference require the Committee to meet at least quarterly. In the interest of transparency and the mitigation of conflicts of interest, meetings are held in public except where the Committee resolves to take items in private

session due to considerations of confidentiality. At present the Committee meets every other month, with provision for additional extraordinary meetings when, for example, procurement decisions have been delegated to the Committee and must be taken outside the normal Committee cycle. On these occasions any decisions made are reported back to the next available public session.

2.3 During 2018/19 the Committee met eight times for routine business (five times with a public and private session, three times in private). In addition there were two extraordinary sessions, one of which was to take a procurement decision and which was not attended by GPs to facilitate the management of conflicts of interest. All meetings were quorate.

2.4 The membership and attendance of the Primary Care Commissioning Committee during 2018/19 is set out in the table below.

Name	Role	Meetings attended
Voting Members		
Chris Millington (Chair)	Lay Member for PPE & Primary Care Commissioning	10/10
Sarah Tyler (Vice Chair)	Lay Member for Accountable Care	8/10
Nigel Bell	Lay Member for Governance	10/10
Mike Simms	Governing Body Secondary Care Clinician	10/10
Lesley Smith	Chief Officer	7/10
Richard Walker	Head of Governance and Assurance	9/10
GP Clinical Advisers (non voting)		
Dr Nick Balac	Chair of the Governing Body	6/9
Dr Mehrban Ghani (April-May 2018)	Medical Director	1/2
Dr Madhavi Guntamukkala (April-May 2018)	Elected Governing Body Member	2/2
Dr Sudhagar Krishnasamy (from June 2018)	Associate Medical Director	6/7
Dr Mark Smith (from September 2018)	Elected Governing Body Member	4/4

2.5 The Chair of the Committee presents a highlights report to the Governing Body summarising the key business and drawing attention to items requiring escalation. In addition the public minutes of the PCCC are available via the CCG's website. This Annual Assurance Report will also be taken to the Governing Body.

2.6 The Committee's Terms of Reference were initially approved in April 2015 at the inaugural meeting of the PCCC. The Terms of Reference closely follow the template within NHS England's guidance for CCG's taking on delegated responsibilities and were approved by the Governing Body, Membership Council and NHS England.

2.7 The Committee reviewed its Terms of Reference in July 2018 and agreed to add some additional clarification regarding the responsibilities of any sub groups tasked with carrying out work on behalf of the Committee. This was in response to a recommendation from an Internal Audit review of Contract Management for Primary Care.

3. REVIEW OF THE COMMITTEE'S EFFECTIVENESS

3.1 The PCCC has the skills and competencies necessary to discharge its functions. For example:

- The Chair has attended training in the management of Conflicts of Interest in relation to the delegated functions provided by NHS England, and all Governing Body members receive regular Conflicts of Interest training
- The Committee's membership includes three elected GP Members from the Governing Body to provide local clinical insight and expertise in an advisory capacity
- Meetings are attended by a range of experts who provide advice and support to the members, including primary care commissioning leads from NHS England, and staff from the CCG's Finance and Primary Care teams.

3.2 All CCG Committees include an item at the end of their agenda for reflection on the conduct of the meeting and identification of any training needs etc. Generally these reflections indicate that members of the Primary Care Commissioning Committee are satisfied with the way the business of the meetings is conducted.

3.3 The CCG's Internal Auditor, 360 Assurance, undertook an audit of Primary Care Contract Management in July 2018. The review provided a significant assurance opinion and made only three low risk recommendations. The report concluded that '...the CCG have appropriate governance arrangements in place to manage primary care contracts through the Primary Care Commissioning Committee (PCCC).'

3.4 360 Assurance has also undertaken a review of the CCG's governance arrangements for Primary care Commissioning and Contracting. This was part of NHSE's internal audit framework for primary care which mandates auditors to undertake a cyclical programme of reviews to provide assurance to NHSE that the CCG is carrying out its functions in accordance with the delegation agreement. The draft report, received in January 2019, provided a significant assurance opinion with just two low risk recommendations.

4. ACHIEVEMENTS IN THE YEAR

4.1 Highlights of the PCCC's work during 2018/19 include:

- Supporting local Practices to prepare for and respond to CQC inspections – see paragraph 4.2 below.
- Providing oversight of the financial and contractual aspects of the PDA
- Undertaking a review of national contract negotiations for 2018/19 and how these apply to GP contracts

- Taking part in the South Yorkshire and Bassetlaw procurement of Emergency APMS contract (this framework now has 4 potential providers on for emergency GP contract procurements)
- Overseeing a new premises development and practice relocation – Burliegh Medical Centre
- Overseeing the local process for providing additional capacity in primary care throughout Easter and winter
- GP Five Year Forward View - the Committee received updates on the key progress, issues and headlines relating to Primary Care and implementation of the GP Five Year Forward View.
- Supporting the CCG in managing conflicts of interest.

- 4.2** Of particular note was the support provided to Barnsley Healthcare Federation after the Out of Hours and Extended Hours services’ ‘inadequate’ ratings following a CQC inspection in February 2018. Support included:
- Secondment of CCG medical director and a clinical leader to BHF
 - Support from primary care team for the development and delivery of an action plan to address the issues raised
 - Review of complaints processes by CCG quality team.

The outcome of these measures, alongside the commitment and focus from BHF’s own leadership and staff, resulted in CQC’s ratings being upgraded to ‘good’ when these services were re-inspected in January 2019, representing a very significant degree of improvement. The CCG and BHF have been able to apply the lessons learned from the above process to provide advice and support to other Barnsley Practices in receipt of poor or inadequate ratings from CQC.

5. DELIVERY OF THE COMMITTEE’S TERMS OF REFERENCE

- 5.1** The Committee has a work plan which is kept under regular review and which ensures key areas of responsibility are addressed through the Committee’s agendas. The table below summarises how the PCCC has discharged its key responsibilities as set out in its Terms of Reference:

Responsibility	How discharged
<i>Decisions in relation to Management of GMS, PMS and APMS contracts including:</i>	
The design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)	The Committee receives a contractual issues report at every meeting which includes decisions in relation to breach notices etc where required
Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)	No decisions in relation to enhanced services have been required in 2018/19
Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)	No such local incentive scheme as an alternative to QOF has been designed in 2018/19
Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes)	The Committee received the guidance for payments of locums during maternity and sickness leave.

	This guidance was adopted which meant that the Committee would not deviate from this guidance in offering discretionary payments outside of the guidance.
<i>Planning the primary medical services provider landscape in Barnsley, including considering and taking decisions in relation to:</i>	
The establishment of new GP practices in an area or the closure of GP Practices	No new GP Practices have been established in the area in 2018/19, and no practices have closed
Approving practice mergers	Proposals for mergers are considered through the contractual issues report
Managing GP Practices providing inadequate standards of patient care	A Primary Care Quality Improvement Tool has been developed and monitored by the Quality and Patient Safety Committee with information on quality issues being shared with this Committee.
Procurement of new PMS contracts	There have been no such procurements in 2018/19
Dispersing lists of GP Practices	Would be picked up through the contractual issues report - none required in 2018/19
Variations to the boundaries of GP Practices	Requests to vary boundaries would be picked up through the contractual issues report – there have been no boundary changes approved in 2018/19
List cleansing in relation to GP Practices	No such requests have come to the Committee during 2018/19
<i>Other responsibilities</i>	
To plan, including needs assessment, primary medical care services in Barnsley; and to undertake reviews of primary medical care services in Barnsley	The CCG has a Primary Care Strategy to build capacity to deliver primary care at scale in Barnsley and the PCCC has discharged its functions in accordance with the Strategy eg through regular updates on the GP Five Year Forward View. The strategy is currently being refreshed for 2019- 2021.
To co-ordinate a common approach to the commissioning of primary care services generally	PCCC has adopted clear guidelines for issues such as premises reimbursement and closed list applications, to ensure fair and consistent approach across Barnsley. The Committee follows the NHS England Policy and Guidance Manual in all decision making.
To manage the delegated allocation for commissioning of primary medical care services in Barnsley	PCCC has a standing agenda item providing a report setting out the financial position of delegated primary care budgets

To obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley	Issues pertaining to quality in primary medical services are reported to Governing Body via the QPSC
Review relevant extracts from GBAF and corporate risk register	Standing agenda item at every meeting
Take procurement decisions delegated by Governing Body to facilitate the management of conflicts of interest	Decisions have been taken in 2018/19 for GP OOH, MSK, and Integrated Diabetes Services

6. ASSURANCE AND RISK MANAGEMENT

- 6.1** In common with all committees of the CCG the PCCC receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating.

Governing Body Assurance Framework (GBAF)

- 6.2** Following a refresh of the GBAF early in 2018/19 one GBAF risk continues to be allocated to the PCCC for oversight, as follows:
- Risk ref 2.1 - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
 - Engagement with primary care workforce
 - Workforce and capacity shortage, recruitment and retention
 - Under development of opportunities of primary care at scale, including new models of care
 - Not having quality monitoring arrangements embedded in practice
 - Inadequate investment in primary care
 - Independent contractor status of General Practice.

- 6.3** The risk was rated as 12 (amber – high) at the start of the year and has been subject to discussion and review at every meeting. To date the Committee has not made a recommendation to the Governing Body to amend the scoring of the risk.

Corporate Risk Register

- 6.4** The PCCC began the year with seven risks on its risk register, of which two were rated as red ('extreme'), and an additional red risk was added to the register in April 2018. There are currently six risks on the Committee's register, of which one is judged to be red (extreme) and which has therefore been escalated as 'gaps in control or assurance' on the GBAF.
- 6.3** During the year therefore the two following red risks have been removed from the register:
- Risk 15/14(b): "In relation to the 0-19 pathway procurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity."

- If BMBC commissioned Health Checks service experience a decline in uptake among eligible Barnsley residents there is a risk that the number of undetected or untreated long term conditions will increase with negative consequences for priority areas.

In both these cases Governing Body agreed to their removal in July 2018 in the light of the inclusion within the risk register of a consolidated risk relating to the need to develop a collaborative approach to commissioning with BMBC.

6.4 There is currently one remaining re ('extreme') risk on the PCCC risk register as follows:

Risk	Mitigation
<p>14/10: If the Barnsley area is not able to attract & retain a suitable & sufficient primary care clinical workforce there is a risk that:</p> <p>(a) Some practices may not be viable,</p> <p>(b) Take up of PDA or other initiatives could be inconsistent</p> <p>(c) The people of Barnsley will receive poorer quality healthcare services</p> <p>(d) Patients services could be further away from their home.</p>	<p>Practices continue to report their workforce figures and these are presented and monitored through each practice's quality dashboard. In 2018/19 15 lots of resilience funding have been approved for Barnsley practices which will support recruitment and future resilience.</p>

7. CONCLUSION

- 7.1** This report has demonstrated how, during 2018/19, the PCCC has continued to function as an effective Committee capable of performing the CCG's responsibilities for commissioning primary medical services.
- 7.3** As such the Committee provides assurance to the Accountable Officer and the CCG's Governing Body for the purposes of the *Review of the Effectiveness of Governance, Risk Management & Internal Control* within the CCG's Governance Statement.

Report of: Chris Millington, Governing Body Lay Member for Patient and Public Involvement

BARNSELY CCG REMUNERATION COMMITTEE ANNUAL ASSURANCE REPORT 2018/19

1. INTRODUCTION

- 1.1** All CCGs are required to have a Remuneration Committee. This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG. It is the responsibility of the Governing Body to make decisions about the pay of employees, acting on the advice of the Remuneration Committee.
- 1.2** The purpose of this report is to provide assurance to the Accountable Officer and the CCG Governing Body that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.

2 CONDUCT OF THE COMMITTEE'S BUSINESS

- 2.1** The Remuneration Committee must be chaired by a Lay Member other than the Audit Committee Chair, and only members of the Governing Body may be members of the Remuneration Committee. The Membership of the Remuneration Committee is set out in the table below:

Membership and Attendance		
Role	Name	Meetings Attended
Lay Member for Patient & Public Involvement and Primary Care Commissioning	Chris Millington	4/4
Lay Member for Governance	Nigel Bell	4/4
Secondary Care Clinician	Mike Simms	4/4
CCG Chair	Dr Nick Balac	3/4
Governing Body Elected Member	Dr John Harban	3/4
Governing Body Elected Member (from December 2018)	Dr Jamie MacInnes	1/1

- 2.2** The Committee has met 4 times during the year. All meetings were quorate. The Committee was chaired by the Lay Member for Governance until December 2018 when the Lay Member for Patient & Public Involvement and Primary Care Commissioning became chair following a change to the Terms of Reference (see para 2.5).
- 2.3** The Committee Chair brings highlights reports to the Governing Body drawing out key issues for information, consideration or decision as necessary. This Remuneration Committee Annual Assurance Report will also be taken to the

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Governing Body in May 2019.

2.4 The Committee reviewed its Terms of Reference in July 2018 in the light of Governing Body's decision reduce the frequency of meetings of both the Governing Body and its Committees to a maximum of bi-monthly. The following changes were agreed and approved by Governing Body in September 2018:

- The Governing Body Practice Manager was removed from the Committee's membership as that position is vacant
- Accordingly, the quorum was reduced from 4 members to 3 (including at least 1 Lay member)
- Included arrangements for taking decisions between scheduled meetings where necessary.

2.5 The Committee again reviewed its Terms of Reference in December 2018 following the publication by NHS England of a New Model Constitution which has provided some corrections and clarifications relevant to the functions and operation of Remuneration Committees. The Terms of Reference were amended to:

- Make clear that it is the responsibility of the Governing Body to make decisions about pay of employees, acting *on the advice* of the Remuneration Committee
- Make the Lay Member for Patient and Public Involvement and Primary Care the chair of the Committee since the guidance required that the Lay Member for Governance could not hold this role
- Strengthen arrangements that the Committee must follow when making decisions about individuals' pay, including that individuals cannot be present when their remuneration is under discussion.

The changes were approved by the Governing Body in January 2019.

3. REVIEW OF THE COMMITTEE'S EFFECTIVENESS

3.1 The Remuneration Committee has the skills and competencies necessary to discharge its functions. The head of HR attends the Committee to provide expert HR advice and support, and the Head of Governance & Assurance attends to advise the Committee on issues of governance.

4. ACHIEVEMENTS IN THE YEAR

4.1 Highlights of the Remuneration Committee's work during 2018/19 include:

Meeting	Highlights
June 2018	<ul style="list-style-type: none"> • Noted year 1 of the 3 year national pay award for staff on NHS Terms and Conditions • Agreed an uplift to the Chief Officer's Salary
October 2018	<ul style="list-style-type: none"> • Agreed a recommendation to Governing Body re the annual pay award for Governing Body members and very senior

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	managers
December 2018	<ul style="list-style-type: none"> • Approved a number of minor changes to the CCG's <i>Relocation Policy</i> • Approved a new <i>Probationary Periods Policy</i> • Approved changes to the Committee's Terms of Reference (see para 2.5 above)
February 2019	<ul style="list-style-type: none"> • Noted that the CCG is the formal hosted employer for a number of staff working for the South Yorkshire & Bassetlaw Integrated care System (ICS) • Noted year 2 of the 3 year national pay award for staff on NHS Terms and Conditions

5. DELIVERY OF THE COMMITTEE'S TERMS OF REFERENCE

5.1 The table below summarises how the Remuneration Committee has discharged its responsibilities as set out in its Terms of Reference:

Responsibility	How discharged
Advise the Governing Body on appropriate remuneration and terms of service for the contracted staff of the Clinical Commissioning Group in accordance with relevant national pay frameworks or any other guidance as appropriate.	Recommendations on pay awards determined at meetings in June 2018, October 2018 and February 2019
Advise on and oversee appropriate contractual arrangements for such staff, including the proper calculation and scrutiny of termination payments, excluding ill health and normal retirement, taking into account such national guidance as is appropriate.	No termination payments or ill health retirements in 2018/19
Approve the design of, and determine targets for, any performance related pay schemes operated by the Clinical Commissioning Group and approve the total annual payments made under such schemes.	The CCG does not operate a performance related pay scheme. Committee did approve changes to the pay progression policy in December 2018
Determine any ad-hoc arrangements relating to pension arrangements for any employed staff.	No ad-hoc pension arrangements were implemented in 2018/19
Consider and, if appropriate, approve proposals presented by the Chief Officer and/or the Chairs of the Governing Body for the setting of remuneration and conditions of service for any other employees of the Clinical Commissioning Group not already	Recommendations on pay awards determined at meetings in June 2018, October 2018 and February 2019

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determined by the Committee.	
Review plans produced by the Chairs and/or Chief Officer which set out appropriate succession planning for employed staff, taking into account the challenges and opportunities facing the Clinical Commissioning Group, and what skills and expertise are therefore needed on the Governing Body in the future.	No specific issues re succession planning in 2018/19. Further consideration will be required in 2019/20 as a number of Governing Body members are approaching the end of their 7 year terms of office.
To review the CCGs Assurance Framework and Risk Register at each meeting of the Committee in accordance with the CCG's Integrated Risk Management Framework.	This is a standing agenda item but at present no risks have been allocated to the Committee for oversight.
In accordance with the CCG's Constitution the appointment process for Lay Members, the Practice Manager, the Secondary Care Clinician, the Chief Officer, the Chief Finance Officer, the Chief Nurse, and the Medical Director will operate under best guidance. The Remuneration Committee will determine the detail of the process.	No appointments to any of these positions were made in 2018/19
The Committee shall report in writing to the Governing Body the basis of its decisions and recommendations.	Highlights reports are presented to the Governing Body (private) after each Committee meeting.

6. Assurance and Risk Management

- 6.1** During 2018/19 there have been no risks on the CCG's Governing Body Assurance Framework or Risk register allocated to Remuneration Committee for oversight.

7. CONCLUSION

- 8.1** This report has demonstrated how, during 2018/19, the Remuneration Committee has continued to effectively to discharge the functions and responsibilities delegated to it by the Governing Body and set out in its Terms of Reference.
- 8.3** As such the Committee provides assurance to the Accountable Officer and the CCG's Governing Body for the purposes of the *Review of the Effectiveness of Governance, Risk Management & Internal Control* within the CCG's Governance Statement.

Report of: Chris Millington, Lay Member for Patient & Public Involvement & Primary Care Commissioning and Chair of the Remuneration Committee (March 2019)

Barnsley CCG – Review of Standing Orders, Scheme of Reservation and Delegation, and Prime Financial Policies – March 2019

Amendment Log – Changes Proposed

Para	Section	Proposed amendment	Reason
Standing Orders			
2.3(b)(iv) 2.3(c)(iv) 2.3(d)(iv) 2.3€(iv)	Composition Of Membership, Tenure And Role Of Members	<p>Clarified terms of office for the following groups:</p> <ul style="list-style-type: none"> • Elected GPs • Lay Members • Practice Manager • Secondary Care Clinician <p>For each of these the term is now stated as ‘3 years initially, then up to 3 years following subsequent appointments up to a maximum of 7 years.’</p>	To clarify the wording and reflect established practice
Scheme of Reservation and Delegation			
	CCG as an employer and remuneration issues	Clarification to the wording to make clear that the role of Remuneration Committee is to make recommendations for Governing Body approval with respect to terms & Conditions for both GB & other CCG staff.	Reflect recent NHSE guidance
Prime Financial Policies			
2.2.1(i)	Audit Committee terms of reference	<p>Added text in italics:</p> <p>‘Reviewing schedules of debtors/creditors balances over £20,000 and which are also over six months old and explanations / action plans (<i>this function has been incorporated into Finance & Performance Committee reporting</i>)’</p>	As agreed by Committee when Terms of Ref were last reviewed
7.1.3	Commissioning Strategy, Budgets, Budgetary Control And Monitoring	<p>Added text in italics:</p> <p>‘The Chief Finance Officer shall monitor financial performance against budget and plan, regularly review them, and report to the Governing Body <i>and / or Finance & Performance Committee</i> on at least a monthly basis.’</p>	Agreed arrangements following decision to go to bi-monthly GB meetings
7.1.8(a)		<p>Added text in italics:</p> <p>‘The Chief Finance Officer will devise and maintain systems of budgetary control. These will include:</p> <p>(a) Monthly financial reports to the Governing Body <i>and / or Finance & Performance Committee...</i>’</p>	

Barnsley CCG – Review of Standing Orders, Scheme of Reservation and Delegation, and Prime Financial Policies – March 2019

Para	Section	Proposed amendment	Reason
15.1.2	Risk Management	Removed text as follows: ‘The Chief Officer shall ensure that the CCG has a programme of risk management, in accordance with prevailing NHS England and Department of Health Assurance Framework requirements, which will be monitored by the Audit Committee and the Governing Body Governance sub-committee’s and approved by the Governing Body.	CCG does not have a Governance sub committee therefore words are redundant
19, 19.1	Retention of Records	Updated reference to <i>Records Management Code of Practice for Health and Social Care 2016</i>	Update reference
	Operational Scheme of Delegation	Added text in italics: ‘The Chief Finance Officer (CFO) has the authority to move funding between budget headings. <i>Heads of Finance will authorise individual budget journals within Oracle, and the CFO will sign the monthly budget book to authorise the aggregate of movements each month.</i> However, the CFO will present the Governing Body with information each month in the finance report on movements between budgets for Governing Body approval.’	Clarify the operational arrangements

GOVERNING BODY

9 MAY 2019

INTEGRATED PERFORMANCE REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input checked="" type="checkbox"/>	<i>Information</i>
		<input checked="" type="checkbox"/>	
2.	REPORT OF		
		Name	Designation
	<i>Executive Lead</i>	Roxanna Naylor / Jamie Wike	Chief Finance Officer / Director of Strategic Planning and Performance
	<i>Author</i>	Roxanna Naylor/ Jamie Wike	Chief Finance Officer/ Director of Strategic Planning and Performance
3.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	Finance and Performance Committee	2/5/19	Noted current position and agreed reporting to Governing Body
4.	EXECUTIVE SUMMARY		
4.1	The Finance and Performance reports aim to provide an overview of the performance of NHS Barnsley Clinical Commissioning Group (BCCG) up to the end of March 2019.		
4.2	The reports provide details of the latest performance against key performance indicators and an overview of the financial performance of the CCG up to 31 March 2019.		

4.3	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 oversight of performance and finance and provide assurance to Governing Body.
4.4	The performance report attached at Appendix 1 provides a high level dashboard and an exception report which covers the NHS Constitution standards, quality indicators, key performance indicators linked to local priorities and financial performance.
4.5	<p>Performance continues to be generally strong for Barnsley patients with key standards in relation to A&E, Cancer (2 week wait and 62 day), Referral to treatment, diagnostics, mental health and CHC all being achieved for the latest performance period.</p> <p>Key performance indicator issues which are highlighted within the exception report are:</p> <ul style="list-style-type: none"> • The number of people waiting longer than 52 weeks for treatment • The number trolley waits in A&E - from decision to admit to admissions over 12 hours - BHNFT • The number of people waiting longer than 31days to be seen following referral (Cancer) • The number of people waiting longer than 31 days for subsequent treatment where this is radiotherapy
4.6	The detailed finance report, attached at Appendix 2, provides an assessment of the current financial performance of the CCG up to 31 March, together with the outturn position for 2018/19. The report contains the headline messages along with monthly financial monitoring.
4.7	<p>As at 31 March the CCG has achieved all financial duties and planning guidance requirements, with an in-year surplus of £1m as agreed within Governing Body and NHS England.</p> <p>Further information and headline messages on the CCG's financial performance targets and forecasts are set out in Appendix 2.</p> <p>Appendix 2 also includes an assessment of the CCG's efficiency programme. The position as at 31 March is that the £11.5m target will be delivered, however Month 12 data is not yet available to confirm the position and further work is required in relation to demand management schemes as data to Month 11 shows a shortfall against targets with in-year mitigations being required to ensure delivery of the £11.5m target.</p>
5.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<p>Note the contents of the report including:</p> <ul style="list-style-type: none"> • 2018/19 performance to date • delivery of all financial duties (subject to audit) • the position on the CCG's efficiency programme

6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<p>Performance Section</p> <ul style="list-style-type: none"> Appendix 1 – Barnsley CCG Monthly Performance Report to March 2019 <p>Finance Section</p> <ul style="list-style-type: none"> Appendix 2 – Finance Report 2018/19 – Month 12

Agenda time allocation for report:	<i>5 minutes.</i>
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 1.3, 1.4, 3.1 and 4.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	Y
	2 - Primary Care	Y
	3 - Cancer	Y
	4 - Mental Health	Y
	5 - Integrated Care System (ICS)	Y
	6 - Efficiency Plan	Y
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	Y
	8 - Maternity	Y
	9 - Compliance with Statutory and Regulatory Requirements	Y
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	Section 4
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

NHS Barnsley Clinical Commissioning Group Performance Report for Governing Body

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

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

Freedom of
Information
Request

Putting Barnsley people first



Exception Report 2018/19

Key Performance Indicators by Exception				
Indicator	Target	Actual Period	Actual YTD	Period Performance
Number of 52 week Referral to Treatment Pathways Incomplete (Commissioner)	0	1	5	Barnsley CCG performance for February 2019 was 1, which is over target by 1. The patient was waiting to be seen on the non-admitted pathway at Leeds Teaching Hospital for T&O. The patient was treated in March.
Trolley waits in A&E -zero waits from decision to admit to admissions over 12 hours - BHNFT (Month)	0	1	1	BHNFT performance for March 2019 was 1, which is over target by 1. The 12 hour trolley wait was for a patient requiring non-invasive ventilation NIV. Due to no available capacity in CCU and Critical Care the decision was made for patient safety to continue to treat the patient in the ED. There were no patients suitable on CCU or Critical Care to stepdown to facilitate admission for this patient. The patient was kept under review by the Consultant and once it was agreed for NIV to be discontinued and the patient identified as suitable for ward level care they were transferred to the ward within an hour.
Cancer - % Patients seen within 31 days for subsequent treatment (Radiotherapy)	94.00%	84.38%	95.62%	5 of 32 patients waited longer than 31 days for radiotherapy following diagnosis. All of the breaches were at Sheffield Teaching Hospital, with 3 being due to out-patient capacity, 1 due to patient choice and 1 other reason (not listed). The CCG continue to work with Sheffield CCG as the lead commissioner and with the Cancer Alliance to improve Cancer performance across all pathways.
Cancer - % Patients seen within 31 days from referral to treatment	96.00%	94.93%	95.79%	7 of 138 patients waited longer than 31 days to be seen following referral. Of the 7 breaches 2 were at Barnsley Hospital for Urology with 1 due to patient choice and 1 due to a delay for medical reasons. The other 5 breaches were at STH. 2 were for Urology due to elective capacity with the remaining 3 for head and neck due to 1 admin delay, 1 delay for medical reasons and 1 other delay (not listed).



Governing Body Report 2018/19

Performance						
Outcomes	Target	Actual Period	Actual YTD	Period	Trend	
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.59%	● 1.54%	● 1.51%	Mar-19		
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50.0%	● 57.1%	-	Mar-19		
Estimated diagnosis rate for people with dementia	68.1%	● 70.8%	● 69.1%	Jan-19		
CHC eligibility within 28 days	80.0%	● 42.6%	-	Q3 18/19		
Number of CHC Referrals	-	16	295	Mar-19		
Number of CHC Referrals Completed Within 28 Days	-	16	162	Mar-19		
% of CHC Referrals Completed Within 28 Days	80.0%	● 100.0%	● 54.9%	Mar-19		
Percentage of NHS Continuing Healthcare assessments taking place in an acute hospital setting	15.0%	● 0.0%	-	Q3 18/19		
Number of DSTs Completed in Acute Hospital Setting	-	0	1	Mar-19		
% DSTs Completed in Acute Hospital Setting	15.0%	● 0.0%	-	Mar-19		
% Patient experience of primary care - GP Services	-	81.0%	-	Aug-18		
% Patient experience of primary care - GP Out of Hours services	-	67.7%	-	Aug-18		
% 4 hour A&E waiting times - seen within 4 hours - CCG (Monthly)	95.0%	● 95.0%	● 93.5%	Mar-19		
% 4 hour A&E waiting times - seen within 4 hours (Type 1 BHNFT) (Monthly)	95.0%	● 96.0%	● 94.1%	Mar-19		
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.0%	● 94.4%	● 93.9%	Feb-19		
Number of 52 week Referral to Treatment Pathways Incomplete (Commissioner)	0	● 1	● 5	Feb-19		
% Patients waiting for diagnostic test waiting > than 6 wks from referral (Commissioner)	1.00%	● 0.49%	● 0.64%	Feb-19		
Cancer - % Patients seen within 2wks referred urgently by a GP	93.0%	● 95.7%	● 95.5%	Feb-19		
Cancer - % Patients referred with breast symptoms seen within 2 wks of referral	93.0%	● 95.2%	● 93.0%	Feb-19		
Cancer - % Patients seen within 31 days from referral to treatment	96.0%	● 94.9%	● 95.8%	Feb-19		
Cancer - % Patients seen within 31 days for subsequent treatment (Surgery)	94.0%	● 100.0%	● 96.0%	Feb-19		
Cancer - % Patients seen within 31 days for subsequent treatment (Drugs)	98.0%	● 100.0%	● 100.0%	Feb-19		
Cancer - % Patients seen within 31 days for subsequent treatment (Radiotherapy)	94.0%	● 84.4%	● 95.6%	Feb-19		
Cancer - % Patients seen within 62 days of referral from GP	85.0%	● 88.3%	● 83.7%	Feb-19		
Cancer - % Patients seen from referral within 62 days (Screening Service: Breast, Bowel & Cervical)	90.0%	● 87.5%	● 88.6%	Feb-19		
Cancer - % Patients being seen within 62 days (ref. Consultant)	85.0%	● 100.0%	● 85.5%	Feb-19		
Category1 - YAS Mean Response Time	07:00	● 06:44	● 07:21	Mar-19		
Category2 - YAS Mean Response Time	18:00	● 17:40	● 20:26	Mar-19		
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	100.0%	● 95.1%	● 96.0%	Q3 18/19		

Urgent operations cancelled for a second time	0	● 1	● 1	Feb-19	
Ambulance handover delays of over 30 mins	0	● 223	● 1332	Feb-19	
Ambulance handover delays of over 1 hour	0	● 36	● 99	Feb-19	
% Patient experience of primary care - GP Services	-	● 81.0%	-	Aug-18	
Trolley waits in A&E -zero waits from decision to admit to admissions over 12 hours - BHNFT (Month)	0	● 1	● 1	Mar-19	
Proportion of people waiting 18 weeks or less from referral to first IAPT treatment appointment	95.0%	● 99.5%	-	Mar-19	
Proportion of people waiting 6 weeks or less from referral to first IAPT treatment appointment	75.0%	● 97.0%	-	Mar-19	
Cancelled operations rebooked within 28 days	0	● 0	● 0	Feb-19	

Quality					
Outcomes	Target	Actual Period	Actual YTD	Period	Trend
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	● 0	● 4	Feb-19	
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - BHFT	0	● 0	● 3	Feb-19	
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	YTD Target - 56	● 4	● 34	Feb-19	
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - BHFT	YTD Target - 11	● 2	● 14	Feb-19	
Number of mixed sex accomodation breaches (Commissioner)	0	● 0	● 3	Feb-19	

NHS Barnsley Clinical Commissioning Group

Finance Report 2018/19

Month 12



1 Headline Messages and contents

Headline Messages	Contents	
<ul style="list-style-type: none"> As at 31 March, the CCG has achieved financial duties and planning guidance requirements, with a £1m surplus as agreed within Governing Body and NHS England (subject to external audit). Further information on the CCG's financial performance targets is provided in section 2. Acute contract activity data has been received for Month 11 (BHNFT Month 12 flex). Outturn positions shows an overspend of £2.8M across acute contracts with BHNFT being the largest variance with an overtrade of £6.1m. The BHNFT position has increased by £41k from last month's position. Non elective continues to be above plan with activity 12.68% above YTD plan and expenditure 11.46% above YTD plan. The overspend on non-elective admissions is estimated to be approx.£5.4m against plan for BHNFT with total non-elective (including A&E) expenditure being forecast at £70.6m (48% of the BHNFT contract). This outturn position also includes £1m of support to ensure that the Trust can achieve its control total and assumed further pressures in non-elective admissions of £367k. A full reconciliation will be undertaken in May 2019 to determine the final outturn position for BHNFT. Activity across most of the associate contracts is below planned levels across all points of delivery, with Mid Yorkshire, Sheffield Teaching & Leeds Teaching being above planned levels. Acute contract risk has been released to fund increase in acute contract pressures. Primary Care prescribing data has been received to Month 11 from NHS Business Services Authority (BSA). The outturn position includes income, and underutilised 2017/18 accruals is a (£2.67m) underspend. The outturn position has decreased by (£629k) from Month 11 which is partly due to receiving an allocation of £219k for NCSO cost & revised BSA profiles. The underspend includes (£1.5m) on practice prescribing, pressures relating to no cheaper obtainable stock of £884k, income recoverable of (1.9m), (£83k) on home oxygen, £4k on central drugs ,minor movements of (£27k) on community pharmacy contracts & (£24k) on licences/software costs. The CCG's Efficiency Programme Management Office (PMO) will monitor the final position once Month 12 data is available against the CCG's £11.5m efficiency programme target. The expected outturn position on planned schemes, as reported by project managers shows a £832k under achievement against planned schemes with in-year mitigations closing the gap to ensure delivery of the £11.5m target. Further work is required to ensure the under achievement in 2018/19 does not impact on the 2019/20 plans and targets set. Further updates will be provided once this review is complete. Cash management information was considered by the Finance and Performance Committee to ensure appropriate oversight of the cash position. Cash remains within the 1.25% threshold set by NHSE. 	1	Headline Messages and Content
	2	Financial Performance Targets
	3	Monthly Finance Monitoring Statement – Executive Summary
	3.1	Detailed Summary Resource Allocation – Detailed Summary

2 Financial Performance Targets

1) Financial Duties

NHS Act Section	Duty	2018/19 Target £'000	2018/19 Actual Performance £'000	2018/19 Actual Achievement
223H (1)	Expenditure not to exceed income	423,895	422,895	YES
223I (2)	Capital resource use does not exceed the amount specified in Directions	0	0	YES
223I (3)	Revenue resource use does not exceed the amount specified in Directions	423,650	422,650	YES
223J(1)	Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	YES
223J(2)	Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	YES
223J(3)	Revenue administration resource use does not exceed the amount specified in Directions	5,598	4,268	YES

2) Financial targets/NHS England Business Rules requirements

Target/Business Rule Requirement	2018/19 Target	2018/19 Actual Performance £'000	2018/19 Actual Achievement
Delivery of in year balanced position	0	0	YES
0.5% Contingency to manage in-year pressures	2,106	2,106	YES

Comments

The CCG has achieved all financial duties/targets and NHS England (NHSE) Business Rules (subject to external audit). Financial Performance targets show a surplus of £1m as expected and agreed with Governing body and NHS England in November 2018, with the CCG utilising £1,330k of administration resource to cover additional spending on commissioned services for the population of Barnsley.

It is important to note that whilst the in year position reflects a balanced budget the CCG has a historic surplus held by NHSE. NHSE has approved a drawdown from this resource in 2018/19 of £600k and the CCG has further increased its surplus by £1m as agreed at November Governing Body. The historic surplus balance in 2018/19 now totals £14,532k. The CCG will have access to £2m of this surplus in 2019/20 as agreed with NHS England; however access to resource above this is unlikely to be accessed without NHSE approval and consideration to the national financial position across the NHS.

3 Monthly Finance Monitoring Statement – Executive Summary

PROGRAMME AND RUNNING COST AREAS	ANNUAL BUDGET RECURRENT £000	ANNUAL BUDGET NON RECURRENT £000	TOTAL ANNUAL BUDGET £000	OUTTURN £'000	OUTTURN VARIANCE OVER / (UNDER) £
PROGRAMME EXPENDITURE					
Acute	208,450	(297)	208,153	210,985	2,831
Mental Health	32,743	209	32,953	32,976	23
Community Health	46,180	729	46,909	46,084	(825)
Primary Medical Services (Co-Commissioning)	36,193	296	36,489	35,671	(818)
Primary Care Other	57,677	1,796	59,473	56,599	(2,874)
Continuing Health Care	19,326	290	19,616	20,830	1,215
Other Programme Costs	8,073	1,575	9,648	12,427	2,779
TOTAL COMMISSIONING SERVICES (INCLUDING PRIMARY CARE RESERVES)	408,643	4,598	413,241	415,572	2,331
Corporate Costs	2,523	0	2,523	2,136	(387)
Depreciation / Property Charges	1,059	0	1,059	674	(386)
TOTAL CORPORATE COSTS	3,582	0	3,582	2,810	(772)
TOTAL PROGRAMME COSTS (INCLUDING PRIMARY CARE RESERVES)	412,225	4,598	416,823	418,382	1,559
RUNNING COSTS					
Pay	3,332	(9)	3,324	2,477	(847)
Non Pay	2,314	91	2,404	1,887	(518)
Income	(130)	0	(130)	(96)	35
TOTAL RUNNING COSTS	5,516	82	5,598	4,268	(1,330)
CCG Reserves	2,156	(927)	1,229	0	(1,229)
NHS England Planning Guidance Reserves	0	0	0	0	0
In year surplus	0	(1,000)	(1,000)	0	1,000
In Year (Over)/underspend	0	0	0	0	0
TOTAL RESERVES/CONTINGENCY (EXCL. PRIMARY CARE RESERVES)	2,156	(1,927)	229	0	(229)
TOTAL EXPENDITURE	419,897	2,753	422,650	422,650	(0)
Programme	414,753	3,299	418,052	418,052	0
Running Costs	5,481	117	5,598	5,598	0
RESOURCE ALLOCATIONS	420,234	3,416	423,650	423,650	0
SURPLUS/(DEFICIT)	337	663	1,000	1,000	0

Comments

- Acute contract activity data has been received for Month 11 (BHNFT Month 12 flex). Outturn positions shows an overspend of £2.8M across acute contracts with BHNFT being the largest variance with an overtrade of £6.1m. The BHNFT position has increased by £41k from last month's position. Non elective continues to be above plan with activity 12.68% above YTD plan and expenditure 11.46% above YTD plan. The overspend on non-elective admissions is estimated to be approx.£5.4m against plan for BHNFT with total non-elective (including A&E) expenditure being forecast at £70.6m (48% of the BHNFT contract). This outturn position also includes £1m of support to ensure that the Trust can achieve its control total and assumed further pressures in non-elective admissions of £367k. A full reconciliation will be undertaken in May 2019 to determine the final outturn position for BHNFT. Activity across most of the associate contracts is below planned levels across all points of delivery, with Mid Yorkshire, Sheffield Teaching & Leeds Teaching being above planned levels. Acute contract risk has been released to fund increase in acute contract pressures.
- Community Services spend position due to the release of £400k non recurrent budget which is not expected to be utilised, CQUIN achievement from 2017/18 and underspends against Intermediate Care Independent Sector beds costs which are lower than anticipated.
- Prescribing forecasts have an outturn position of an underspend of £2.67m. This is based on Month 11 data and includes the estimated impact of NCSO/Cat M and estimated impact of QIPP delivery.
- Primary Care Services (Co-Commissioning) – This underspend relates in the main to underutilisation of 2017/18 accruals and national resource to support GP contract uplifts which were funded from within CCG baseline budgets.
- Continuing Care outturn position includes the impact of the full review of all care packages. This work will continue into 2019/20 to ensure any further risks with data recording are identified and corrected without delay.
- Other programme costs are forecasting an overspend due to the contribution to BMBC for the Prevention section 75 agreement and contribution to resilience as agreed with Governing Body.
- Running Costs has a significant underspend due to a number of vacancies currently being held and other non-recurrent savings. A full review of running costs will be undertaken to ensure that the reduction in running cost allocations for 2020/21 is achieved and provides sustainability for the commissioning of services.
- Underspends in reserves reflect the release of the remaining 0.5% contingency to support pressures within programme and delivery of the £1m surplus required.

3.1 Resource Allocation – Detailed Summary

RESOURCE ALLOCATIONS - PROGRAMME, RESERVES & SURPLUS		RECURRENT £000	NON RECURRENT £000	TOTAL £000	RESOURCE ALLOCATIONS - RUNNING COSTS		RECURRENT £000	NON RECURRENT £000	TOTAL £000
Description	Month	£	£	£	Description	Month	£	£	£
Anticipated Allocation 1819	M1	378,863		378,863	2018/19 Allocation	M1	5,481		5,481
Surplus drawdown	M1		600	600	NR - HSCN - Running costs	M1		35	35
NR - Paramedic Rebranding	M1		64	64	Market Rents - admin	M1		47	47
NR - HSCN	M1		47	47	Pay award uplift - AfC	M5	35		35
Anticipated Allocation 1819 - Primary Care Co-Commissioning	M1	35,917		35,917	AfC pay award uplift Rec to NON - REC Admin	M10	(35)	35	
Primary Care Co-Commissioning tfr to programme - GPFV	M3		(220)	(220)					
Primary Care Co-Commissioning - suspending Dr budgets	M3	(28)		(28)					
Primary Care Co-Commissioning tfr to programme - GPFV	M3		220	220					
SCH Amber services	M3	70		70					
Diabetes Transformation Fund: TT DTCN06	M3		32	32					
Diabetes Transformation Fund: SE DTCN06	M3		40	40					
2018-19 CYP IAPT Trainee staff salary support funding	M3		12	12					
SCH Amber services - Adj to M3 transfer to correct value	M4	(1)		(1)					
AfC pay award - Programme Costs	M5	43		43					
Dental element of interpreting service	M5	(60)		(60)					
NDPP to Q2 Non Rec	M6		25	25					
Diabetes Transformation Fund: TT DTCN06	M6		40	40					
Diabetes Transformation Fund: SE DTCN06	M6		32	32					
Calderdale, Wakefield, Kirklees and Barnsley Transforming Care Partnership	M7		270	270					
NDPP Q3 1819	M7		12	12					
CYP IAPT Trainee salary support	M7		12	12					
Excess treatment costs - As agreed at Management Team/Governing Body	M7		(7)	(7)					
Suicide prevention monies	M8		78	78					
Change exempt overseas visitors CEOV	M8		(361)	(361)					
Windows 10 Upgrades	M9		26	26					
GP Uplift on contracts (1%)	M9		296	296					
Development of Primary Care networks	M9		284	284					
Quality Premium Tranche 1 Measures 2 - 6	M9		578	578					
Cancer 62 Day Performance Improvement Funding (Barnsley Hospitals)	M9		10	10					
Diabetes Transformation Fund: DTCN06 SE	M9		40	40					
Diabetes Transformation Fund: DTCN06 TT	M9		32	32					
Advanced practice manager course - part funding for ICS	M9		2	2					
LD Transforming Care additional support funding per C Swithenbank	M9		17	17					
Mental Health Winter Pressures	M9		42	42					
Green paper waiting times	M10		61	61					
ICS population health management	M10		40	40					
Maternity Transformation funding	M10		96	96					
NDPP Transformation funding	M10		13	13					
Transforming Cancer Allocation	M10		13	13					
AfC pay award uplift Rec to NON - REC programme	M10	(43)	43	0					
LD Complex Case	M10		3	3					
NDPP allocation transfer to Bassetlaw CCG for staff costs	M11		(7)	(7)					
ICS Prevention Funding	M11		400	400					
GP workload tool backfill for GPs to test	M11		3	3					
Cancer 62 Day Performance Improvement Funding (Barnsley Hospitals)	M11		10	10					
CYP Green Paper Waiting List Initiatives (SWYPFT)	M11		7	7					
Cancer Alliance MoU with Barnsley CCG	M12		68	68					
Month 12 IR changes	M12	(8)		(8)					
Diab Transf: DTCN06 SE	M12		39	39					
Diab Transf: DTCN06 TT	M12		33	33					
GP Wifi maintenance final 1819 allocations	M12		25	25					
Contribution to MHIS independent review fees	M12		10	10					
Additional concenssionary stock/NCSO funding for CCGs	M12		219	219					
TOTAL RESOURCE ALLOCATION		414,753	3,299	418,052	TOTAL RESOURCE ALLOCATION		5,481	117	5,598
SUMMARY		£'000	£'000	£'000					
Programme		414,753	3,299	418,052					
Running Costs		5,481	117	5,598					
TOTAL RESOURCE ALLOCATION		420,234	3,416	423,650					

Comments

Allocations in Month 12 relating to the following:

- Cancer Alliance pass through to Barnsley Hospital – non recurrent - £68k
- IR rule changes - (£6k) defund recurrently
- Diabetes Transformation Structured Education – non recurrent - £39k
- Diabetes Transformation – non recurrent - £33k
- GP Wifi maintenance non recurrent allocations - £25k
- Contribution to Mental Health Investment Standards audit fee – non recurrent - £10k
- No Cheaper stock obtainable national non recurrent contribution - £219k

GOVERNING BODY

9 May 2019

Planning Update/Budget Approval Report

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input checked="" type="checkbox"/>	<i>Approval</i>
		<input checked="" type="checkbox"/>	<i>Assurance</i>
		<input type="checkbox"/>	<i>Information</i>
2.	REPORT OF		
		Name	Designation
	<i>Executive Lead</i>	Roxanna Naylor	Chief Finance Officer
	<i>Author</i>	Roxanna Naylor	Chief Finance Officer
3.	SUMMARY OF PREVIOUS GOVERNANCE		
3.1	<p>The CCGs Financial plan has been subject to a number of discussions at Governing Body (GB) and the Finance and Performance Committee (FPC). Slides were presented to Finance and Performance Committee in February 2019 which set out highlights from the NHS Planning Guidance and provided details of CCG notified allocations and a high level impact of planning guidance requirements.</p> <p>Finance and Performance Committee received a more detailed report on 2 May and recommended the 2019/20 budgets to Governing Body for approval.</p>		
4.	EXECUTIVE SUMMARY		
4.1	<p><u>Financial Plan</u></p> <p>The draft financial plan was submitted to NHS England (NHSE) on 12 February 2019, with the final submission on 3 April 2019.</p> <p>The final submission reflected the outcome of contract negotiations and agreements by Governing Body and Management Team on the level of investments to be included within contracts.</p> <p>CCG Allocations are noted in Table 1.</p>		

Table 1

Details	Notified Recurrent Allocation January 2019 - 2019/20	Adjustments to allocations post notification*	Revised 2019/20 Recurrent Allocations
Programme	400,844	188	401,032
Primary Care Co-Commissioning	38,113	(1,097)	37,016
Running Costs	5,529	0	5,529
Total	444,486	(909)	443,577

* Increase in programme funding in relation to identification rule changes and defund in primary care co-commissioning in relation to indemnity adjustments to be funded nationally.

The budget for 2019/20 assumes:

- Delivery of a balanced in year budget as required by NHSE predicted on delivery of the CCG efficiency programme
- 0.5% contingency reserve to manage in year pressures (£2.2m)
- Efficiency target of £13.1m to be delivered in year as set out in Appendix 2.
- Achievement of Mental Health Investment Standards which required growth in line with CCG allocation plus 0.7% (6.5% for Barnsley CCG).
- Investment in Primary care of £1.50 per head recurrently
- Investment to support the new national GP contract
- Funding in acute hospital contracts to support changes in national tariffs and activity growth assumptions.
- Tariff uplifts for Mental Health and Community Providers as per national guidance.
- Investments agreed by Management Team and Governing Body.

This report includes in Appendix 1 budgets to be included within the CCG financial ledger and is in line with the final financial plan submitted on 3 April 2019. The Finance and Performance Committee supported the recommendation that Governing Body are asked to approve these budgets.

4.2 Operational Plan

The final CCG Operational Plan was submitted to NHSE on 4 April. The plan sets out agreed activity levels, reflecting agreed contracts with providers, and performance plans against the key performance deliverables set out in the NHS Planning Guidance for 2019/20. Performance against all of the activity and performance plans will be reported through the Integrated Performance Report and monitored throughout 2019/20 by the Finance and Performance Committee and Governing Body.

5.	THE COMMITTEE IS ASKED TO:
	<p>Note the contents of the report including:</p> <ul style="list-style-type: none"> • The requirements of NHS England national planning guidance in the financial plan. • The investments included within the plan in line with approvals at Governing Body and Management Team. • The £13.1m efficiency requirement to ensure financial duties and targets are achieved. • Approve the 2019/20 budgets. • Note the requirement for the development of 2020/21 efficiency plans. • Note the summary of the activity and performance plans against which the CCG will monitor performance and be monitored against during 2019/20.
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix 1 – Summary CCG Budgets 2019/20 • Appendix 2 – 2019/20 Efficiency Plans

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

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 1.3, 1.4, 3.1 and 4.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	Y
	2 - Primary Care	Y
	3 - Cancer	Y
	4 - Mental Health	Y
	5 - Integrated Care System (ICS)	Y
	6 - Efficiency Plan	Y
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	Y
	8 - Maternity	Y
	9 - Compliance with Statutory and Regulatory Requirements	Y
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	Section 3
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION																				
1.1	<p><u>Financial Plan</u></p> <p>The draft financial plan was submitted to NHS England (NHSE) on 12 February 2019, with the final submission on 3 April 2019.</p> <p>The final submission reflected the outcome of contract negotiations and agreements by Governing Body and Management Team on the level of investments to be included within contracts.</p> <p>CCG Allocations are noted in Table 1.</p> <p>Table 1</p> <table border="1"> <thead> <tr> <th>Details</th> <th>Notified Recurrent Allocation January 2019 - 2019/20</th> <th>Adjustments to allocations post notification*</th> <th>Revised 2019/20 Recurrent Allocations</th> </tr> </thead> <tbody> <tr> <td>Programme</td> <td>400,844</td> <td>188</td> <td>401,032</td> </tr> <tr> <td>Primary Care Co-Commissioning</td> <td>38,113</td> <td>(1,097)</td> <td>37,016</td> </tr> <tr> <td>Running Costs</td> <td>5,529</td> <td>0</td> <td>5,529</td> </tr> <tr> <td>Total</td> <td>444,486</td> <td>(909)</td> <td>443,577</td> </tr> </tbody> </table> <p>* Increase in programme funding in relation to identification rule changes and defund in primary care co-commissioning in relation to indemnity adjustments to be funded nationally.</p> <p>The budget for 2019/20 assumes:</p> <ul style="list-style-type: none"> • Delivery of a balanced in year budget as required by NHSE predicted on delivery of the CCG efficiency programme • 0.5% contingency reserve to manage in year pressures (£2.2m) • Efficiency target of £13.1m to be delivered in year as set out in Appendix 2. • Achievement of Mental Health Investment Standards which required growth in line with CCG allocation plus 0.7% (6.5% for Barnsley CCG). • Investment in Primary care of £1.50 per head recurrently • Investment to support the new national GP contract • Funding in acute hospital contracts to support changes in national tariffs and activity growth assumptions. • Tariff uplifts for Mental Health and Community Providers as per national guidance. • Investments agreed by Management Team and Governing Body. <p>This report includes in Appendix 1 details of the budgets and is in line with the final financial plan submitted on 3 April 2019. The Finance and Performance</p>	Details	Notified Recurrent Allocation January 2019 - 2019/20	Adjustments to allocations post notification*	Revised 2019/20 Recurrent Allocations	Programme	400,844	188	401,032	Primary Care Co-Commissioning	38,113	(1,097)	37,016	Running Costs	5,529	0	5,529	Total	444,486	(909)	443,577
Details	Notified Recurrent Allocation January 2019 - 2019/20	Adjustments to allocations post notification*	Revised 2019/20 Recurrent Allocations																		
Programme	400,844	188	401,032																		
Primary Care Co-Commissioning	38,113	(1,097)	37,016																		
Running Costs	5,529	0	5,529																		
Total	444,486	(909)	443,577																		

	<p>Committee endorsed the recommendation that Governing body approve these budgets.</p>
<p>1.2</p>	<p><u>Operational Plan</u></p> <p>The final CCG Operational Plan was submitted to NHSE on 4 April. The plan sets out agreed activity levels, reflecting agreed contracts with providers, and performance plans against the key performance deliverables set out in the NHS Planning Guidance for 2019/20. Performance against all of the activity and performance plans will be reported through the Integrated Performance Report and monitored throughout 2019/20 by the Finance and Performance Committee and Governing Body.</p> <p>The CCG operational plan performance trajectories are all in line with national targets and expectations.</p>
<p>2.</p>	<p>DISCUSSION/ISSUES</p>
<p>2.1</p>	<p><u>Budgets 2019/20</u></p> <p>All budgets are set based on:</p> <ul style="list-style-type: none"> • the requirements within NHSE planning guidance as noted in section 1, • outcomes of contract negotiations and • investments agreed by Management Team or Governing Body. <p>All contracts are agreed and included within the financial plan as appropriate.</p> <p>It should be noted that there is limited flexibility in the 2019/20 budget and efficiency schemes must deliver at the predicted level in order that the CCG delivers its financial duties and targets. Any in year pressures will require immediate action and mitigation. Any movement in the position will be reported to the Finance and Performance Committee and Governing Body to ensure immediate action is taken.</p> <p>Development of efficiency schemes is fundamental to the delivery of financial duties for 2020/21 and therefore the Governing Body is asked to identify opportunities to be explored as a matter of urgency in order that plans can be developed and implemented. Further updates will be provided to the Governing body and a further discussion will be held as part of the private meeting in May 2019.</p>
<p>2.2</p>	<p><u>Budgetary Control and Management</u></p> <p><u>Responsibilities and Approval Limits</u></p> <p>All responsibilities relating to decisions to commit and approve expenditure are contained within the Organisational Scheme of Delegation and Prime Financial Policies (PFPs). The responsibility for ensuring effective management of budgets identified within this paper lies with the clinical lead, executive lead and budget manager.</p>

It is important to note that PFPs state that the approval for committing to new expenditure requires approval from:

- Management Team up to £100k
- Governing Body greater than £100k.

Budget Management Meetings

The Finance and Contracting Team will arrange budget management meeting with relevant officers and staff throughout 2019/20 to ensure effective financial management of CCG resource.

2.3 Operational Planning

The operational plan activity levels, reflect activity included in contracts with all providers and have been set taking account of historic trends, demographic growth and the impact of changes to services and commissioning policies. Table 2 below provides a summary of expected activity levels (growth or reduction) along with the headline rationale.

Table 2

Activity	Planned Growth/Reduction from 2018/19 FoT.	Headline Rationale
Referrals	-0.4%	Reductions in 2018/19 as a result of clinical policies/demand management
Outpatient Appointments	-0.4%	
Outpatient procedures	-1.0%	
Elective Activity	-2.3%	
Non-elective Activity	2.9%	Increased activity in 2018/19
A&E Activity	2.4%	

Performance plans have been developed taking account of current levels of performance as well as national requirements and expectations. Table 3 provides a summary of planned performance against each of the key planning measures.

Each of these measures will be included in the Integrated Performance Report for 2019/20 along with any other performance indicators against which the CCG are monitored and held to account including those which make up the CCG Improvement and Assessment Framework.

Table 3

Headline Performance Indicator	Planned Achievement
Constitution	
Referral to treatment (18 week incomplete)	92% and maintain waiting list size (national standard 92%)
Referral to treatment (52 week)	0 (Zero tolerance to 52 week waits)
Diagnostic test waiting times (6 weeks)	Less than 1%
Cancer waiting times – 2 week wait	95% (national standard 93%)
Cancer waiting times – 2 week wait (breast symptoms)	93.3% (national standard 93%)
Cancer waiting times – 31 day first treatment	96.5% (national standard 96%)
Cancer waiting times – 31 days subsequent	95.2% (national standard 94%)

	treatment (Surgery)	
	Cancer waiting times – 31 days subsequent treatment (Drugs)	99.2% (national standard 98%)
	Cancer waiting times – 31 days subsequent treatment (Radiotherapy)	95.8% (national standard 94%)
	Cancer waiting times – 62 day GP referral	85.5% (national standard 85%)
	Cancer waiting times – 62 day screening	95.5% (national standard 90%)
	Mental Health	
	Dementia Diagnosis Rate (65+)	71% (national standard 66.7%)
	IAPT Access Rate (Q4 2019/20)	5.5% (national standard 5.5%)
	IAPT Recovery Rate	50.3% (national standard 50%)
	IAPT Waiting Times – 6 weeks	75.1% (national standard 75%)
	IAPT Waiting Times – 18 weeks	95.7% (national standard 95%)
	Early Intervention in Psychosis (treatment within 2 weeks)	87.4% (national standard 56%)
	Access Rate for Children and Young People’s MH Services	35.7% (national standard 34%)
	Waiting Times for Eating Disorder Services – Routine Referrals (4 weeks)	97.2% (national standard 95%)
	Waiting Times for Eating Disorder Services – Urgent Referrals (1 week)	97.9% (national standard 95%)
	People with severe mental illness (SMI) receiving a full annual physical health check	60.1% (national standard 60%)
	Primary Care	
	Proportion of the population with access to online consultation	Phased to 75% by March 2020 (national standard 75%)
	Extended Access Appointment Utilisation	75% (national standard 75%)
	Proportion of the population that NHS 111 can directly book appointments for in extended access	100% (national standard 100%)
	Learning Disabilities	
	Number of people in in-patient care (CCG commissioned)	Reduce from 9 to 5 by Q4 2019/20
	Number of people in in-patient care (NHSE commissioned)	Reduce from 10 to 5 by Q4 2019/20
	Annual Health Checks for People on LD Registers	876 (required number 876)
	Other Commitments	
	Personal Health Budgets	Increase to 240 by Q4 2019/20
	Children’s Waiting Times for a Wheelchair (18 weeks)	95% (national standard 92%)
	<p>In addition to the planning targets included within the CCG operational planning submission, there will also be a requirement to set improvement trajectories as part of the 2019/20 quality premium and with local partners for the Better Care Fund however final guidance has not yet been published on these areas.</p>	
3.	IMPLICATIONS	
3.1	Financial implications	
	<p>The CCG has proposed budgets which plan to deliver the CCG’s financial duties and targets, but this is predicated on the successful delivery of a significant efficiency programme.</p>	

4.	RISKS TO THE CLINICAL COMMISSIONING GROUP
	Achievement of the efficiency delivery and other potential financial risks will be reported through the Integrated Performance Report which is a standing agenda item on the Finance and Performance Committee.
5.	APPENDICES TO THE REPORT
	<ul style="list-style-type: none"> • Appendix 1 – Summary CCG budgets 2019/20 • Appendix 2 – 2019/20 Efficiency Plans
6.	THE COMMITTEE IS ASKED TO:
	<p>Note the contents of the report including:</p> <ul style="list-style-type: none"> • The requirements of NHS England national planning guidance in the financial plan. • The investments included within the plan in line with approvals at Governing Body and Management Team. • The £13.1m efficiency requirement to ensure financial duties and targets are achieved. • Approve the 2019/20 budgets. • Note the requirement for the development of 2020/21 efficiency plans. • Note the summary of the activity and performance plans against which the CCG will monitor performance and be monitored against during 2019/20.

<u>Budgets 2019/20</u>	2019/20 Recurrent	2019/20 Non- Recurrent	Total 2019/20
	£	£	£
Confirmed Allocations - Revenue Resource Limit	443,577,000	-	443,577,000
Acute Commissioning Total (Including Ambulance)	224,925,770	250,000	225,175,770
Mental Health Services Total	41,007,577	439,474	41,447,051
Community Services Total	47,809,212	359,000	48,168,212
Continuing Care Total (excluding Mental Health)	17,282,625	-	17,282,625
Prescribing	45,678,487	-	45,678,487
Community Based Enhanced Services	594,575	-	594,575
Out of Hours	1,697,413	-	1,697,413
Practice Transformation Support	2,733,673	596,000	3,329,673
PDA	4,191,665	-	4,191,665
Primary Care - Other	2,832,683	41,272	2,873,955
GP IT	986,140	-	986,140
Primary Care Co-Commissioning Total	37,789,914	-	37,789,914
Other Programme Services	8,571,398	(2,075,648)	6,495,750
Total Reserves including Contingency	2,667,885	-	2,667,885
Commissioning Services Total	438,769,018	(389,902)	438,379,116
Running Costs Total	4,847,884	350,000	5,197,884
Total Application of Funds	443,616,902	(39,902)	443,577,000
Surplus/(Deficit)	(39,902)	39,902	(0)

Efficiency Plan 2019/20

			2019/20 Financial Year			
Category	Project Title	Project Manager	Recurrent 2019/20 Plan (£'000)	Non-Recurrent 2019/20 Plan (£'000)	Total 2019/20 Plan (£'000)	Narrative
Medicines Management	Medicines Ordering Safety and Waste	Chris Lawson	610		610	includes FYE of 18/19
Medicines Management	High Cost Drugs	Chris Lawson	500		500	
Medicines Management	Medicines Optimisation 18/19	Chris Lawson	850		850	
Medicines Management	Medicines Optimisation 19/20	Chris Lawson	2,040		2,040	
Total Medicines Management			4,000	0	4,000	
Demand Management/Activity Reductions	DMGT - Get Fit First	David Lautman	864		864	FYE
Demand Management/Activity Reductions	Demand Management (Wave 1/2, Vasectomy, Spinal Lower Back, Joint Injections)	David Lautman	823		823	FYE
Demand Management/Activity Reductions	NHS Evidence Based Interventions	David Lautman	176		176	Based on reductions in Snoring Surgery and Knee Arthroscopy
Demand Management/Activity Reductions	Optometry First (MECS)	Andrew Stephenson	156		156	FYE from 2018/19
Demand Management/Activity Reductions	Optometry First (Cataracts)	Andrew Stephenson	235		235	£248k less £13k investment into Minor Eye clinic at the Trust for capacity. FYE in 19/20
Demand Management/Activity Reductions	Diabetes (Inpatient)	Siobhan Lenzionowski	66		66	
Total Demand Management			2,320	0	2,320	
Contract Change	Neuro Rehab	Roxanna Naylor	332		332	Decommissioning of beds FYE (as per email 18.10.18)
Contract Change	IAPT Service Reprourement	Patrick Otway	625		625	FYE from re procurement of service
Contract Change	Rapid Access Clinic	David Lautman	481		481	Total £581k less TIA £100k. FYE in 2019/20
Total Contract change			1,438	0	1,438	
NEW	Lower GI	Siobhan Lenzionowski	TBD			
NEW	Non-Elective Admissions	Jeremy Budd	1,043		1,043	PID currently in development
NEW	Continuing Healthcare	Martine Tune	500		500	Monitoring arrangement currently being set up
Total New ideas			1,543	0	1,543	
Total QIPP Efficiency			9,301	0	9,301	
Contract Change/Other Finance and Contracting Agreements - NEW						
Contract Change	Resilience Support - Barnsley Hospital	Roxanna Naylor	450		450	
Reduced Contributions	CCG Pay costs - Running Costs - Posts Held	Roxanna Naylor	650		650	
Reduced Contributions	Agreed reduction in contributions	Roxanna Naylor	448	2,223	2,671	
Total Contract Change/Other Finance and Contracting Agreements - NEW			1,548	2,223	3,771	
Total projects			10,849	2,223	13,072	

GOVERNING BODY

9 May 2019

Quality, Innovation, Productivity and Prevention (QIPP) Programme Reporting

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input checked="" type="checkbox"/>	<i>Information</i>
	<input type="checkbox"/>		<input type="checkbox"/>
2.	REPORT OF		
		Name	Designation
	<i>Executive Lead</i>	Jamie Wike	Director of Strategic Planning and Performance
	<i>Author</i>	Jamie Wike	Director of Strategic Planning and Performance
3.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	Finance and Performance Committee	2/5/18	Noted the current position
4.	EXECUTIVE SUMMARY		
4.1	The QIPP programme reporting dashboards aim to provide the Governing Body with an overview of progress and performance against the schemes within the CCG QIPP/Efficiency Programme. The progress of each scheme has been reviewed by the QIPP Delivery Group and the dashboard has been reviewed by the Finance and Performance Committee and is therefore presented for assurance and information.		
4.2	The Governing Body usually receive 2 dashboards designed to provide a high level overview of current delivery of the QIPP programme following review by the Finance and Performance Committee to provide assurance on the overall programme delivery. All of the programmes currently still in the delivery phase are on track at year end and therefore this month the only the dashboard which provides a summary of the performance against key performance indicators for		

	<p>those schemes which have been implemented and are expected to deliver benefits and efficiencies during the year is presented.</p> <p>Details of the current assessment of the financial position against the CCG efficiency programme are included within the Integrated Performance Report.</p> <p>The position as at 31 March is that the £11.5m target will be delivered, however Month 12 data is not yet available to confirm the position and further work is required in relation to demand management schemes as data to Month 11 shows a shortfall against targets with in-year mitigations being required to ensure delivery of the £11.5m target.</p>
5.	THE GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none"> • Note the content of the dashboard and position against key performance indicators as at month 11. • Note the current position against the £11.5m target. • Agree the content of the dashboard for presentation to Governing Body.
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix 1 QIPP Reporting and Escalation Dashboard

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

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	6
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	Y
	2 - Primary Care	Y
	3 - Cancer	Y
	4 - Mental Health	Y
	5 - Integrated Care System (ICS)	N
	6 - Efficiency Plan	Y
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	N
	8 - Maternity	N
	9 - Compliance with Statutory and Regulatory Requirements	Y
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
	Whilst no financial evaluation form has been completed and there are no direct financial implication relating to this report, the report and proposed dashboard will provide an overview of financial performance against the CCG efficiency plans. The Integrated Performance Report provides further details relating to current reported financial performance against the CCG Efficiency Plan.	
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

2018/19 QIPP Schemes

Appendix 1

DEMAND MANAGEMENT		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total YTD	Total 2018/19
Demand Management															
Get Fit First	Baseline	8,034	9,488	9,299	8,814	8,631	8,631	9,422	9,332	7,564	8,675	7,856	7,545	95,746	103,291
	2018/19	8,003	8,411	7,825	8,237	7,848	7,691	9,041	8,361	7,139	8,889	7,629		89,074	89,074
	Actual Reduction/Increase	-31	-1,077	-1,474	-577	-783	-940	-381	-971	-425	214	-227			-6,672
	Variance to Baseline	-0.4%	-11.4%	-15.9%	-6.5%	-9.1%	-10.89%	-4.04%	-10.41%	-5.62%	2.47%	-2.89%			-7%
	Actual Cost Reduction/Increase	-£197,820	-£195,460	-£307,756	-£204,729	-£106,158	-£74,061	-£126,914	-£28,023	£133,200	£141,124	£83,774			-£882,823
Demand Management															
Clinical Thresholds - Procedures	Baseline	846	934	1,067	911	1,003	913	986	1,002	751	779	897	768	10,089	10,857
	2018/19	874	974	917	901	810	755	908	933	733	776	734		9,315	9,315
	Actual Reduction/Increase	28	40	-150	-10	-193	-158	-78	-69	-18	-3	-163			-774
	Variance to Baseline	3%	4%	-14%	-1%	-19%	-17%	-8%	-7%	-2%	0%	-18%			-8%
	Actual Cost Reduction/Increase	-£11,049	£7,617	-£332,703	-£70,106	-£358,756	-£436,407	-£239,055	-£336,999	-£123,215	£68,058	-£245,086			-£2,077,701
Demand Management															
Acupuncture	Baseline	312	312	312	312	312	312	312	312	312	312	312	312	3,435	3,747
	2018/19	275	245	264	249	258	42	80	51	43	56	45		1,608	
	Expected Reduction	0	0	0	0	0	0	-309	-297	-210	-302	-292	-258		-1,668
	Actual Reduction/Increase	-37	-67	-48	-63	-54	-270	-232	-261	-269	-256	-267			-1,827
	Variance to Baseline	-12%	-22%	-15%	-20%	-17%	-87%	-74%	-84%	-86%	-82%	-86%			-53%
Actual Reduction/Increase	-£2,293	-£4,381	-£3,233	-£4,313	-£3,623	-£14,894	-£12,771	-£14,234	-£14,883	-£14,201	-£14,517			-£103,343	
Demand Management - Get Fit First															
No of referrals from GP to smoking cessation programme		26	15	19	12	23	24	17	37	20	33	16			242
Demand Management - Get Fit First															
No of referrals from GP to weight loss programme		55	65	43	39	17	51	24	18	16	27	31			386

BREATHE - RESPIRATORY		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total YTD	Total 2018/19
BREATHE - Respiratory															
Non Elective Admissions for COPD	Target	76	77	69	60	46	54	78	76	112	137	93	99	878	977
	2018/19	105	101	86	69	84	70	90	91	144	162	122		1,124	
	Actual Reduction/Increase	29	24	17	9	38	16	12	15	32	25	29		246	
	Variance to Target	38%	31%	25%	15%	83%	30%	15%	20%	29%	18%	31%		28%	
	Actual Cost Reduction/Increase	£54,139	£58,222	£51,945	£2,109	£55,682	£9,602	£22,580	£28,581	£69,693	£69,213	£58,470			£480,239
BREATHE - Respiratory															
Number of adult respiratory NEW secondary care outpatient appointments at BHNFT	Target	162	142	197	195	215	171	212	207	131	237	185	179	2,054	2,233
	2018/19	185	190	226	191	139	200	191	155	175	258	202		2,112	
	Actual Reduction/Increase	23	48	29	-4	-76	29	-21	-52	44	21	17		58	
	Variance to Baseline	14%	34%	15%	-2%	-35%	17%	-10%	-25%	34%	9%	9%		3%	
	Actual Cost Reduction/Increase	£4,851	£9,903	£5,366	-£1,443	-£17,264	£5,981	-£4,913	-£11,569	£9,044	£4,008	£3,290			£7,255
BREATHE - Respiratory															
Number of adult respiratory FUP secondary care outpatient appointments at BHNFT	Target	210	236	259	257	423	324	399	362	210	464	389	302	3,533	3,835
	2018/19	235	295	367	298	239	261	301	260	197	480	451		3,384	
	Actual Reduction/Increase	25	59	108	41	-184	-63	-98	-102	-13	16	62		-149	
	Variance to Baseline	12%	25%	42%	16%	-43%	-19%	-25%	-28%	-6%	3%	16%		-4%	
	Actual Cost Reduction/Increase	£2,187	£5,412	£10,167	£3,665	-£17,872	-£6,288	-£9,823	-£10,170	-£1,575	£2,177	£5,703			-£16,416

DIABETES

Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Total YTD Total 2018/19

Diabetes - Decrease over two years the number of hospital admissions in people aged over 18 years at Barnsley Hospital with a diagnosis of Diabetes or Specifically Related Conditions by 10% each year															
Ketoacidosis	Target	4	8	8	5	5	8	12	14	5	11	8	10	86	96
	2018/19	11	6	6	1	9	5	5	7	10	14	19		93	
	Actual Reduction/Increase	7	-2	-2	-4	5	-3	-7	-7	5	3	11		7	
	Variance to Target	206%	-26%	-26%	-78%	100%	-38%	-57%	-48%	85%	30%	135%		8%	
	Actual Cost Reduction/Increase	£8,268	-£6,506	-£8,375	-£6,533	-£10,614	-£9,005	-£14,026	-£11,050	£6,586	-£1,081	£8,668			-£43,667

Diabetes - Decrease over two years the number of hospital admissions in people aged over 18 years at Barnsley Hospital with a diagnosis of Diabetes or Specifically Related Conditions by 10% each year															
Hypoglycaemia	Target	0	2	1	0	2	0	0	0	1	0	0	1	5	6
	2018/19	0	0	0	0	0	1	0	1	0	0	0		2	
	Actual Reduction/Increase	0	-2	-1	0	-2	1	0	1	-1	0	0		-3	
	Variance to Target	0%	-100%	-100%	0%	-100%	100%	0%	100%	-100%	0%	0%		-63%	
	Actual Cost Reduction/Increase	£0	-£1,917	-£2,437	£0	-£3,396	£467	£0	£1,700	-£2,437	£0	£0			-£8,020

Diabetes - Decrease over two years the number of hospital admissions in people aged over 18 years at Barnsley Hospital with a diagnosis of Diabetes or Specifically Related Conditions by 10% each year															
Hyperglycaemia	Target	0	1	0	0	2	2	0	0	0	0	0	0	4	5
	2018/19	1	2	0	0	2	0	0	0	0	1	1		7	
	Actual Reduction/Increase	1	1	0	0	0	-2	0	0	0	1	1		2	
	Variance to Target	100%	100%	0%	0%	0%	-100%	0%	0%	0%	100%	100%		80%	
	Actual Cost Reduction/Increase	£3,167	£1,780	£0	£0	-£1,442	-£2,219	£0	£0	£0	£1,555	£1,555			£4,396

Diabetes - Decrease over two years the number of hospital admissions in people aged over 18 years at Barnsley Hospital with a diagnosis of Diabetes or Specifically Related Conditions by 10% each year															
Combined	Target	4	11	9	5	8	10	12	14	6	11	8	11	97	108
	2018/19	12	8	6	1	11	6	5	8	10	15	20		102	
	Actual Reduction/Increase	8	-3	-3	-4	3	-4	-7	-6	4	4	12		5	
	Variance to Target	233%	-27%	-33%	-78%	33%	-41%	-57%	-41%	59%	39%	147%		5%	
	Actual Cost Reduction/Increase	£11,435	-£6,643	-£10,812	-£6,533	-£15,451	-£10,758	-£14,026	-£9,350	£4,149	£474	£10,223			-£47,291

Diabetes - Transfer current outpatient activity into Primary Care / Community settings															
Reduction in Outpatient Activity 10% each year - Firsts	Target	98	86	104	86	126	102	81	105	81	79	99	98	1,047	1,145
	2018/19	113	104	104	80	74	68	73	77	79	90	94		956	
	Actual Reduction/Increase	15	19	1	-6	-52	-34	-8	-28	-2	11	-5		-91	
	Variance to Target	15%	22%	0%	-7%	-41%	-33%	-10%	-27%	-2%	14%	-5%		-9%	
	Actual Cost Reduction/Increase	£1,999	£2,845	-£935	-£1,388	-£11,282	-£4,733	£1,748	-£1,988	£1,436	£3,636	£845			-£7,817

Diabetes - Transfer current outpatient activity into Primary Care / Community settings															
Reduction in Outpatient Activity 10% each year - Follow Ups	Target	404	448	542	409	482	371	438	427	398	392	323	365	4,634	4,999
	2018/19	414	389	463	363	325	269	478	318	304	396	301		4,020	
	Actual Reduction/Increase	10	-59	-79	-46	-157	-102	40	-109	-94	4	-22		-614	
	Variance to Target	2%	-13%	-15%	-11%	-33%	-27%	9%	-25%	-24%	1%	-7%		-13%	
	Actual Cost Reduction/Increase	-£4,738	-£11,305	-£14,204	-£6,905	-£18,829	-£4,393	£5,489	-£3,982	-£4,628	£5,040	£2,264			-£56,190

PEARS

Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Total YTD Total 2018/19

Contract Change															
PEARS (c/fwd from 2017/18)	Baseline	161	161	161	161	161	161	0	0	0	0	0	0	966	966
	2018/19	2	1	0	0	1	0	N/A	N/A	N/A	N/A	N/A	N/A	4	
	Expected Reduction	-97	-97	-97	-97	-97	-97	0	0	0	0	0	0	-580	
	Actual Reduction/Increase	-159	-160	-161	-161	-160	-161	N/A	N/A	N/A	N/A	N/A	N/A	-962	
	Variance to Baseline	-99%	-99%	-100%	-100%	-99%	-100%	0%	0%	0%	0%	0%	0%	-100%	
Variance to Baseline	-£7,950	-£8,000	-£8,050	-£8,050	-£8,000	-£8,050	N/A	N/A	N/A	N/A	N/A	N/A		-£48,100	

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group
FINANCE & PERFORMANCE COMMITTEE held on Thursday 7 March 2019 at
10.30am in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley S75 2PY.**

PRESENT:

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

IN ATTENDANCE:

Leanne Whitehead	- Executive Personal Assistant
Patrick Otway	- Head of Commissioning (MH, Children, Specialised)

APOLOGIES:

Dr Adebowale Adekunle	- Elected Member Governing Body
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Agenda Item		Action & Deadline
FPC19/32	QUORACY	
	The meeting was declared quorate.	
FPC19/33	DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA	
	The Committee noted the declarations of interest report. The Chair and Dr J Harban reported that they have a conflict of interest on item 8.1 Procurement Proposals re AQP Contracts (Vasectomy and Carpal Tunnel) given on what the discussion/ask was.	
FPC19/34	MINUTES OF THE PREVIOUS MEETING HELD ON 7 FEBRUARY 2019 – Approved with a slight wording change on page4.	LW
FPC19/35	MATTERS ARISING REPORT	
	FPC19/24 Integrated Performance Report	
	Dr J Harban queried what work White Rose were carrying out for	

	<p>Dermatology at the Trust and questioned if any of it could be done in Primary Care.</p> <p>The Chief Finance Officer reported that she had discussed the use of MIG at the Trust and with the CCG Head of Governance & Assurance and was informed that there were numerous issues that were not resolvable at this time, however implementation of interoperability and one care record would resolve this in the future. It was agreed to ask the IT Strategy Group for an update on this, and also agreed that more primary care input may be needed on this group.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Check what work White Rose are carrying out for dermatology. • The coding audit report would be included in the next Contracting Update report. • Update from IT Strategy Group on development of the shared care record.. • Dr J Harban to ask at Membership Council under AOB if any members have an interest in joining the IT Strategy Group. 	<p>RN</p> <p>RN</p> <p>JH</p> <p>JH</p>
<p>FPC19/36</p>	<p>UPDATE ON RECENT PUBLISHED AND EXPECTED GUIDANCE – No update to report.</p>	
<p>FPC19/37</p>	<p>UPDATE ON CONTRACTING CYCLE</p>	
	<p>The Chief Finance Officer gave an update on the contracting cycle position. It was noted that the CCG were working through activity to ensure plans represent expected activity levels for 2019/20. Changes to the national tariff and the impact of coding changes within the Trust were creating significant affordability issues for the CCG which would need to be addressed through further QIPP identification to ensure financial balance is achieved. It was noted in the report that there were a number of outstanding issues and the Committee were asked to note these. Work was being undertaken around local prices in relation to the Children’s Assessment Unit and information had been requested from Trust. It has been agreed that a review will be undertaken of Children’s non elective pathways and the Chief Finance Officer agreed to work with the Head of Commissioning (Children’s, Mental Health, Maternity and Specialised Services).. Discussion was had around the national blended payment approach and the impact this would have if applied to the 2019/20 contract. Given the level of QIPP opportunity in non –elective activity it has been agreed to not apply the blended payment model in 2019/20 and this will continue to be reviewed in year.</p> <p>It was reported that a contract offer letter was being drafted to SWYPFT in relation to additional funding requested; this would not at this stage reference mental health investment as no funding has</p>	

	<p>been approved by the CCG Governing Body. An update will be provided to SWYPFT following Governing Body on 14 March 2019. The Chief Finance Officer reported that the contract offer from Doncaster and Bassetlaw Hospital was £600k higher than the CCG modelled plan and further discussions on this were required.</p> <p>It was also noted that a letter had been received from Wakefield CCG as lead commissioner for the Urgent and Emergency (999) contract YAS setting out 3 options which were above the value included within the CCG draft financial plan, therefore this was likely to cause further pressures and requirement for QIPP. It was agreed further updates would be provided to the Finance and Performance committee when information was received.</p> <p>It was reported that an urgent meeting was held on the 29 January re Patient Transport Service (PTS) contract relating to on day discharges and increases in weekend activity above levels included within the procurement. The outcome was that the CCG would fund £108,700 to support cost pressures within YAS until 31 August 2019. The CCG would also work with the BHNFT to ensure patient discharge processes were more effective.</p> <p>Following previous discussions at past meetings it was noted that the ICS had made funding available for Capital at Mid Yorks.</p> <p>The Committee were asked to note the report including:</p> <ul style="list-style-type: none"> • The update on 2019/20 contract negotiations and outstanding issues • The update on 2018/19 contract monitoring. 	
<p>FPC19/38</p>	<p>APPROVAL AND OR UPDATE ON PROCUREMENTS AND PROCUREMENT PROPOSALS</p>	
	<p>The Committee received and noted the update report on procurements.</p> <p>The Head of Commissioning gave an update on procurement proposals as a number of CCG contracts were due to expire on or before 2021/21. The recommendations proposed within the report were following procurement best practice and is in line with the CCG Procurement Policy. The report outlined proposals for contracts for competitive procurement to be undertaken, contracts for single tender waiver proposals, contracts for variation of contracts, proposal to extend contracts and contracts to be rolled over.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Chief Finance Officer to ask J Budd to look at diabetes clinic space as part of the estates work that is being undertaken. <p>The Committee were asked to:</p>	<p>RN</p>

	<ul style="list-style-type: none"> • Note the rationale for the recommendations within this report. • Support the recommendation to Governing Body to: • Procure the services noted within the report. • Apply a Single Tender Waiver process to contracts noted within the report. • To vary the services identified within the report into the BHNFT main contract. • To rollover the contracts noted within the report 	
FPC19/39	REVIEW OF COMMITTEE WORKPLAN	
	The Committee reviewed and noted the Committee Workplan and agreed to send any updates to the Committee Secretary.	
FPC19/40	INTEGRATED PERFORMANCE REPORT	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the report to the Committee highlighting that the CCG are forecasting to achieve all financial duties and planning guidance requirement with an in year balanced budget. It was reported that the forecast position at month 10 shows headroom of £100k which will be utilised on any further year end pressures. It was noted that month 11 data was being worked through now and the Committee were asked to note that the year end achievement of financial duties could still be achieved any further risks could destabilise the position. The Chief Finance Officer noted that she was monitoring the position with the team on a day basis to mitigate any emerging risks and to ensure delivery of financial balance.</p> <p><u>Performance</u></p> <p>The Director of Strategic Planning and Performance updated members on the performance section of the report noting that performance continues to be generally strong for Barnsley patients with key standards in relation to A&E, referral to treatment, diagnostics, mental health and CHC all being achieved for the latest performance period. This continues positive performance particularly in relation to A&E, RTT and diagnostics is set in the context of increasing demand over recent months with activity levels above plan for December.</p> <p>Achievement of key cancer waiting times standards continues to be challenging with the following not achieving the required standards in December:</p> <ul style="list-style-type: none"> • The number of people waiting longer than 31 days from diagnosis to first definitive treatment • The number of people waiting longer than 62 days from 	

	<p>referral to first definitive treatment (Cancer)</p> <ul style="list-style-type: none"> The number of people waiting longer than 62 days from referral to first definitive treatment (Cancer) <p>Agreed Actions:</p> <ul style="list-style-type: none"> Breakdown of cancer referrals to send to Dr J Harban. <p>The Committee were asked to note the contents of the report including:</p> <ul style="list-style-type: none"> 2018/19 performance to date projected delivery of all financial duties, predicated on the assumptions outlined in this paper the current forecast position on the CCG's efficiency programme the increasing pressures on non-elective admissions and the development of plans to ensure financial duties can be achieved from 2019/20 and beyond. 	<p>RN</p>
<p>FPC19/41</p>	<p>QIPP PROGRAMME REPORTING</p>	
	<p>The Director of Strategic Planning and Performance presented an update on the QIPP Programme to the Committee. It was noted that all projects were on track and the dashboard was shared with members. It was noted that COPD admissions were not delivering savings but were assured by Dr J Harban that work around this was taking place and future data should show improvements, and how diabetes looked to be delivering.</p> <p>The Committee were asked to:</p> <ul style="list-style-type: none"> Note the content of the dashboard and identify any specific actions that the committee agree in relation to the QIPP/Efficiency Programme. Note the current position against the £11.5m target. Agree the content of the dashboard and any risks for escalation for presentation to Governing Body. 	
<p>FPC19/42</p>	<p>FULL ASSURANCE FRAMEWORK</p>	
	<p>The Director of Strategic Planning and Performance presented the Assurance Framework to the Committee, noting there were 3 shared amber risks.</p> <p>The Committee were asked to:</p> <ul style="list-style-type: none"> Review the risks on the 2018/19 Assurance Framework for which the Finance and Performance Committee is responsible Note and approve the risks assigned to the Committee Review and update where appropriate the risk assessment scores for all Finance and Performance Risks 	

	<ul style="list-style-type: none"> • Identify any new risks that present a gap in control or assurance for inclusion on the Assurance Framework • Agree actions to reduce impact of high risks • Identify any sources of positive assurance to be recorded on the Assurance Framework to reassure the Governing Body that the risk is being appropriately managed. 	
<p>FPC19/43</p>	<p>FULL RISK REGISTER</p>	
	<p>The Director of Strategic Planning and Performance presented the Risk Register to the Committee. There was 1 red risk 18/04: If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission, there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG. It was noted that there was lots of work happening around non electives.</p> <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Review the Finance and Performance Committee Risk Register extract for completeness and accuracy • Note and approve the risks assigned to the Committee • Review the risk assessment scores for all Finance and Performance risks • Identify any other new risks for inclusion on the Risk Register • Agree actions to reduce impact of extreme and high risks • Identify any positive assurances relevant to these risks for inclusion on the Assurance Framework 	
<p>FPC19/44</p>	<p>FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT</p>	
	<p>The Committee's annual report was presented for approval and then for inclusion on the Audit Committee Agenda. Discussion was had and additions were agreed.</p> <p>Agreed Actions</p> <ul style="list-style-type: none"> • Director of Strategic Planning and Performance to update report before submission to Audit Committee. <p>The Committee received and noted the report.</p>	<p>JW</p>

FPC19/45	MINUTES OF THE BHNFT CONTRACT EXECUTIVE BOARD – 17 JANUARY 2019 – Meeting cancelled.	
FPC19/46	MINUTES OF THE SWYPFT CONTRACT EXECUTIVE BOARD – No minutes available.	
FPC19/47	MINUTES OF THE CHILDRENS EXECUTIVE COMMISSIONING GROUP – 19 NOVEMBER 2018 & 21 JANUARY 2019 – Received and noted.	
FPC19/48	MINUTES OF THE ADULTS JOINT COMMISSIONING GROUP – 11 DECEMBER 2018	
	<p>It was noted that the Performance Report for AJC which was an outstanding action on the matters arising report had still not been developed.</p> <p>POST MEETING NOTE:</p> <p>Circulated following the meeting to members for information as they were missing from agenda pack previously circulated.</p>	LW
FPC19/49	CAMHS CONTRACT MEETING NOTES – NOVEMBER 2018 Meeting cancelled.	
FPC19/50	MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS	
	<p>The Director of Strategic Planning and Performance presented the report to the Committee. The Finance & Performance Committee were asked to note that the following decisions to commit expenditure were taken by Management Team during February 2019:</p> <ul style="list-style-type: none"> • Agreed investment of £15k to fund an extension to capacity within the GP streaming service • Approved £11k additional funding to support RightCare Barnsley: Face to face support to Care Homes via digital technology • Additional funding for SWYPFT £84k following Continence Review <p>The Committee received and noted the report.</p>	
FPC19/51	ANY OTHER BUSINESS	
	No items were raised under this heading.	
FPC19/52	AREAS FOR ESCALATION TO GOVERNING BODY	
	<ul style="list-style-type: none"> • Procurement Proposals 	

FPC 19/05/18.1

FPC19/53	REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED	
	Members felt the meeting went well and ran to time.	
FPC19/54	DATE AND TIME OF NEXT MEETING	
	Thursday 4 April 2019 at 10.30 am in the Boardroom at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group
FINANCE & PERFORMANCE COMMITTEE held on Thursday 4 April 2019 at 10.30am
in the Boardroom, Hillder House, 49 – 51 Gawber Road, Barnsley S75 2PY.**

PRESENT:

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

IN ATTENDANCE:

Leanne Whitehead	- Executive Personal Assistant
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APOLOGIES:

Agenda Item		Action & Deadline
FPC19/55	QUORACY	
	The meeting was declared quorate.	
FPC19/56	DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA	
	The Committee noted the declarations of interest report. There were no declarations of interest raised relevant to the agenda.	
FPC19/57	MINUTES OF THE PREVIOUS MEETING HELD ON 7 MARCH 2019 – Approved.	
FPC19/58	MATTERS ARISING REPORT	
	FPC19/35 Matters Arising FPC19/24 IPR	
	Dr J Harban reported he had raised at Membership Council the IT Strategy Group and asked if any members were interested in joining this group to let him know. To date no expressions of interest had been received.	
	The Committee received and noted the report.	

FPC19/59	INTEGRATED PERFORMANCE REPORT	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the report to Committee highlighting that as of the 28 February the CCG were forecasting to achieve all financial duties and planning guidance requirements with an in year balance budget. Reflected within this position is a £1m increase to the CCGs surplus as agreed at November private Governing Body and with NHS England. The forecast position as at Month 11 shows 'headroom' of £40k and therefore any further emerging risk will need to be mitigated immediately to ensure achievement of financial duties can be achieved.</p> <p><u>Performance</u></p> <p>The Director of Strategic Planning and Performance updated members on the performance section of the report noting that performance continues to be generally strong for Barnsley patients. Key performance indicator issues which are highlighted within the exception report are:</p> <ul style="list-style-type: none"> • The number of people waiting longer than 62 days from referral to first definitive treatment (Cancer) • The number of people waiting longer than 6 weeks for diagnostic tests • The number of people entering IAPT services <p>Discussion was had around sleep study referrals, noting the increase in requests for primary care to make referrals for respiratory sleep studies, linked to increasing obesity levels in adults. Members felt that prevention and obesity awareness should run through everything and queried if we could do something such as a campaign around this with Public Health. It was agreed to pick this up via the 19/20 Joint Commissioning Forum as it links with a lot of things.</p> <p>It was noted that IAPT access was still on track for the year. Achieving the 62 day cancer waits standards continues to be challenging however improvement actions are in place. BHNFT continue to achieve this standard..</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Pick up obesity via the 19/20 Joint Commissioning Forum once set up. <p>The Committee were asked to note the contents of the report including:</p> <ul style="list-style-type: none"> • 2018/19 performance to date • projected delivery of all financial duties, predicated on 	LS/NB

	<p>the assumptions outlined in this paper</p> <ul style="list-style-type: none"> • the current forecast position on the CCG's efficiency programme • the increasing pressures on non-elective admissions and the development of plans to ensure financial duties can be achieved from 2019/20 and beyond. 	
FPC19/60	QIPP PROGRAMME REPORTING	
	<p>The Director of Strategic Planning and Performance presented an update on the QIPP Programme to the Committee with the dashboard appended to the report. It was reported that as of the 28 February 2019 schemes are expected to deliver £11.7m against the £11.5m target. It was agreed to continue to focus on Breathe into next year. Dr J Harban asked if joint injections since being done in primary care had had an effect, the Chief Finance Officer reported that reductions had been seen on this service.</p> <p>The Chair mentioned the 20/21 QIPP challenge estimated at £15m recurrently being required and how we will deliver this challenge and welcomed a discussion on how to take this forward. Discussion was had on work already taking place around non electives and what it is expected to deliver in 19/20 and how this can have an effect into 20/21. It was agreed to look at a basket of services by August 2019 that will contribute to efficiencies being delivered in 20/21 with a view to designing new models of out of hospital care, with clear service specifications that link clearly to Primary Care Networks and delivery of the new network contracts.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Discuss 20/21 QIPP at Governing Body Session. <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Note the content of the dashboard and identify any specifications that the committee agree in relation to the QIPP/Efficiency programme. • Note the current position against the £11.5 target. • Agreed the content of the dashboard and any risks for escalation for presentation to Governing Body. 	
FPC19/61	MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS	
	<p>The Director of Strategic Planning and Performance presented the report the Committee. The Committee were asked to note that the following decisions to commit expenditure were taken by Management Team during March 2019:</p> <ul style="list-style-type: none"> • Agreed additional funding of £ 57,286 to support additional capacity in the SWYPFT Tier 3 weight management service • Agreed to reimburse SWYPFT for costs of equipment supplied to patients not in receipt of SWYPFT services (Q3 	

	<p>2018/19 £18,940.48, Q4 2018/9 est £18,000) and to establish a recurrent budget of £80,000 from 2019/20</p> <ul style="list-style-type: none"> Approved £2705.76 BCCG contribution to fund phase 1 of project to develop of a single Avastin pathway across SYB <p>The Committee received and noted the report.</p>	
FPC19/62	AREAS FOR ESCALATION TO GOVERNING BODY	
	<ul style="list-style-type: none"> 20/21 QIPP 	
FPC19/63	ANY OTHER BUSINESS	
	There were no items were raised under this heading.	
FPC19/64	REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED	
	The meeting went well and ran to time.	
FPC19/65	DATE AND TIME OF NEXT MEETING	
	Thursday 2 May 2019 at 10.30 am in the Boardroom at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	

Minutes of the Meeting of the Barnsley Clinical Commissioning Group AUDIT COMMITTEE held on Thursday 21 March 2019 at 09.30 am in Meeting Room 1, Hilder House, 49/51 Gawber Road, Barnsley S75 2PY

PRESENT:

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

IN ATTENDANCE:

Adrian Bailey	Head of Finance
Claire Croft	Counter Fraud (up to and including min ref AC 19/03/06)
Kay Meats	Client Manager, 360 Assurance
Kay Morgan	Governance and Assurance Manager
Roxanna Naylor	Chief Finance Officer
Richard Walker	Head of Governance and Assurance

APOLOGIES

Leanne Hawkes	Deputy Director 360 Assurance
Rashpal Khangura	Director KPMG

Prior to commencement of the meeting, The Chief Finance Officer reported that the new KPMG External Audit Engagement Manager for the CCG was Salma Younis.

Agenda Item	are	Action	Deadline
AC 19/03/01	QUORACY - The meeting was declared quorate		
AC 19/03/02	DECLARATIONS OF INTEREST, SPONSORSHIP, GIFTS AND HOSPITALITY		
	The Committee noted the Declaration of Interests Report. No new declarations of interest were received.		
AC 19/03/03	MINUTES OF THE PREVIOUS MEETING HELD ON 24 JANUARY 2019		
	The Minutes of the meeting held on 24 January 2019 were verified as a correct record of the proceedings.		

Agenda Item	are	Action	Deadline
AC 19/03/04	MATTERS ARISING		
	<p>The Committee considered the Matters Arising Report and noted the following:</p> <p>Minute reference AC 19/01/05 Local Counter Fraud Report, NHSCFA Investigation – medicines overpayment.</p> <p>It was noted that a medicines overpayment had been recovered and controls put in place within the CCG to prevent any reoccurrence. The Committee agreed that this action was now complete.</p> <p>Minute reference 19/01/17 Audit Committee Training Requirements</p> <p>The Audit Committee agreed to receive a short presentation from the Client Manager, 360 Assurance about changes to the revised Audit Committee Handbook,. The presentation to take place after the final Annual Report & Accounts meeting and possibly before the start of a full Committee meeting.</p>		
STANDING AGENDA ITEMS			
AC 19/03/05	ASSURANCE ON COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES		
	<p>The Head of Governance and Assurance provided the Committee with assurance in respect of compliance with the CCG's Standing Orders and Prime Financial Policies.</p> <p>The Committee were informed of the decision taken not to apply competitive tendering for the provision of a bulk SMS messaging service. The contract value fell below the threshold for competitive tendering and procurement may destabilise the current service provision. The existing provider was included on a NHS 'call off framework' and the CCG did therefore not need to undertake a tendering exercise.</p>		
	The Audit Committee noted the report and the one decision not to apply competitive tendering.		
THIRD PARTY ASSURANCE			

Agenda Item	are	Action	Deadline
AC 19/03/06	INTERNAL AUDIT PROGRESS REPORT & COUNTER FRAUD PLAN		
	<p>The Counter Fraud Specialist provided Members with a verbal update on Counter Fraud issues since the last report was received by the Audit Committee in January 2019. It was noted that the review of Conflicts of Interests was now complete and the outcomes from the review reported to the Chief Finance Officer.</p> <p>It was reported that part of the review consulted Companies House records. This determined that three individuals on the CCGs Governing Body were listed as holding company directorships which were not disclosed on the CCG's Register of Interests. It was queried why the interests had not previously been declared. For two of the individuals this related to dormant companies not currently trading, and one individual was not aware they had been made a director of a company. The individuals were informed of the omissions by the Chief Finance Officer and the declarations were promptly added to the Register of Interests.</p>		
	<p>The Client Manager, 360 Assurance introduced the key messages from the Internal Audit Progress Report including reports issued, draft Head of Internal Audit Opinion, draft Internal Audit and Counter Fraud Plan 2019/20 and a summary of follow-up activity.</p>		
	<p>Follow-up Status of Previous Recommendations.</p> <p>The Committee considered the follow up status of previous recommendations. It was noted that non-completion of recommendations had the potential to reduce the Head of Internal Audit Opinion rating for the following year.</p> <p>The Chief Finance Officer highlighted recommendation reference 1819/BCCG/02R regarding review of KPIs for the Practice Delivery Agreement with a completion date of 5 April 2019. The recommendation was therefore rated as amber and the Chief Finance Officer queried why a 5 April 2019 deadline had been agreed for this action.</p> <p>The Head of Governance and Assurance commented that some recommendations had multiple components and further queried if this could be considered when agreeing</p>		

Agenda Item	are	Action	Deadline
	<p>recommendations.</p> <p>The Client Manager, 360 Assurance provided assurance that 360 Assurance and the Corporate Affairs Team worked closely together to ensure updates were provided against all recommendations. 360 Assurance will work with CCG managers to ensure that all recommendations are clear and achievable within defined timescales. There were very few outstanding recommendations and it was not foreseen as a major problem going forward.</p>		
	<p>Head of Internal Audit Opinion</p> <p>It was noted that the CCG had received significant assurance for every internal audit review undertaken in 2019/20. It was confirmed that the Draft Head of Internal Audit Opinion had been submitted to NHSE by the required deadline.</p>		
	<p>Draft: 2018/19 Internal Audit and Counter Fraud Plan</p> <p>The Client Manager, 360 Assurance introduced the Draft 2019/20 Internal Audit and Counter Fraud Plan and advised that the plan was a more integrated/joint plan with internal audit / Counter Fraud</p> <p>The Committee Chair advised that the plan should have more operational areas and this will be reviewed in October or November for next years plan. The Committee Chair noted that safeguarding was included in the plan but commented that he would like a review to concentrate on child and adolescent safeguarding in the Dearne.</p> <p>The scope for the review should be developed as a 'bottom up' approach with a steer from key operational managers rather than top down, with a focus on assuring the CCG that appropriate controls are in place. As an example 440 children in Barnsley are educated at home, where is the assurance that these children are not at risk? The Client Manager 360 Assurance informed Members that a specialist assurance team will lead on the Safeguarding review work. It was noted that planning for the Safeguarding review will commence in quarter 1.</p> <p>Members were informed that the CCG's previous Chief Nurse, Brigid Reid had taken a strong interest in child safeguarding and provided requested assurance to the</p>		

Agenda Item	are	Action	Deadline
	<p>Governing Body regarding safeguarding children in Barnsley.</p> <p>Members were referred to Appendix E 2019/20 Counter Fraud Risk Assessment and advised that the pie chart was not accurate. The software had not transposed correct data onto the pie chart. It was clarified that Barnsley CCG is not an 'outlier' in terms of cyber-crime.</p> <p>The Client Manager, 360 Assurance informed Members that 'opinion levels' were in the process of being agreed for 2019/20. The Committee Chair highlighted that the Audit Committee should be more involved with the negotiation of content for the 2020/21 draft Audit Plan.</p> <p>The Audit Committee approved the 2019/20 Internal Audit and Counter Fraud Plan subject to:</p> <ul style="list-style-type: none"> • Changes to the Safeguarding Audit as proposed above by the Committee. • Updating of the pie chart Appendix E 2019/20 Counter Fraud Risk Assessment. 	<p>KMe</p> <p>CC</p>	
	<p>Barnsley Hospital NHS Foundation Trust, Trust Clinical Coding Assurance Review Assignment Report</p> <p>The Chief Finance Officer advised that the Barnsley Hospital NHS Foundation Trust, Clinical Coding Assurance Review was complete and outcomes reported to the Finance and Performance Committee. The main themes from the review included over - under coding issues but more under coding and comorbidities not being reported correctly. Corrections to this activity coding would lead to increased cost for the CCG.</p> <p>The Chief Finance Officer reported that the Trust no longer did audits of coding practice and in terms of contingency days it was not possible for internal audit to pick up this work within the Trusts audit plan. The Committee Chair referred to the 2020/21 Internal Audit Plan and advised that going forward the clinical coding should be considered for inclusion in a rebalanced plan. The CCG had sent a clear message to the Trust regarding the need to improve clinical coding via a self-audit or deep dive into specific areas.</p> <p>The statistical significance of the sample size for the Clinical Coding review was queried. The Committee</p>		

Agenda Item	are	Action	Deadline
	Chair commented that Clinical coding was a quality issue which also potentially affected patient care.		
	<p>The Audit Committee noted the Internal Audit Progress Report</p> <p>Agreed Action</p> <p><i>To update guidance to staff re declaration of interests reminding staff that all directorships of companies including dormant companies must be declared as an interest on the CCGs Register of Interests.</i></p> <p><i>To pick up the action relating to Internal Audit recommendation reference 1819/BCCG/02R Contract Management for Primary Care, review of KPIs for the Practice Delivery Agreement (PDA).</i></p> <p><i>To advise Management Team about the ramifications of agreeing to in achievable timescales to complete internal recommendations and need to complete recommendations by the agreed completion date.</i></p> <p><i>To share the opinion levels for 2020/21 with Audit Committee as soon as formalised.</i></p> <p><i>To share the scope of the Safeguarding Children Review with Members of the Audit Committee.</i></p> <p><i>To share early development work of the 2020/21 Internal Audit and Counter and Fraud Plan with Audit Committee Members before December 2019</i></p> <p><i>To include early submission to and involvement of the Committee in the draft 2020/21 Internal Audit and Counter Fraud Plan.</i></p>	<p>RW</p> <p>RN</p> <p>RN</p> <p>KMe</p> <p>KMe</p> <p>KMe</p> <p>KMe</p>	
AC 19/03/07	UPDATE FROM EXTERNAL AUDITORS		
	The Audit Committee noted the update from the External Auditors KPMG. The Head of Governance and Assurance noted that the CCG would be undertaking a self-assessment against the recently published summary of good practice with respect to the implementation of the statutory NHSE Conflicts of Interest guidance.		
ITEMS FOR APPROVAL			

Agenda Item	are	Action	Deadline
AC 19/03/08	<p>STANDING ORDERS, SOD AND PRIME FINANCIAL POLICIES</p>		
	<p>The Audit Committee received an annual review of the CCG's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies and considered the summary of proposed changes.</p> <p>Discussion took place about the composition of membership tenure of Governing Body members. In particular the number of Governing Body members' terms of office which was due to expire within the year and succession planning. The Head of Governance and Assurance advised that contingency plans were being considered and developed in line with the changing CCG commissioner landscape.</p> <p>It was clarified that there is no statutory requirement to have GPs on the membership of the Governing Body but GP membership is specified in the CCG's Constitution. The Membership Council is the sovereign board of the CCG. The CCG was clinically led organisation but clinical leadership can be achieved in differing ways.</p>		
	<p>The Audit Committee approved the proposed changes to the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies.</p> <p><i>Agreed action: To discuss Governing Body Member succession planning with the CCG Chairman and Chief Officer in first instance.</i></p>	RW	
GOVERNANCE			
AC 19/03/09	<p>DRAFT GOVERNANCE STATEMENT 2018/19</p>		
	<p>The Head of Governance and Assurance introduced the process for producing the annual report, Draft Governance Statement and content and structure of the Annual Report to the Audit Committee and clarified that:</p> <ul style="list-style-type: none"> • NHSE provided a template for the Annual Report; the CCGs Governance Statement reflected the requirements of the template. • The ICO Committee was included in the CCG's Constitution and Committee structure but never 		

Agenda Item	are	Action	Deadline
	actually met due to the CCGs decision to put the procurement an ICO on hold.		
	<p>The Audit Committee:</p> <ul style="list-style-type: none"> • Noted the current progress in producing the Annual Report and the proposed timetable for completion. • Reviewed the draft Governance Statement. 		
AC 19/03/10	CCG COMMITTEE ANNUAL ASSURANCE REPORTS		
	The Head of Governance and Assurance provided the Audit Committee with the CCG Committee Annual Assurance Reports. The Committee were advised that the assurance reports formed part of a suite of assurances to the Governing Body that the CCG Committees provided in accordance with their Terms of Reference.		
	<p>The Committee reviewed and noted the Annual Assurance Reports of the CCG's Committees.</p> <p><i>Agreed Action</i> To produce an annual assurance report for the Remuneration Committee and circulate to Remuneration Committee members for virtual approval.</p>	RW	
AC 19/03/11	ASSURANCE FRAMEWORK AND RISK REGISTER YEAR END REVIEW		
	<p>The Head of Governance and Assurance presented the GBAF and Risk Register to the Audit Committee.</p> <p>The Audit Committee:</p> <ul style="list-style-type: none"> • Reviewed the Assurance Framework and Risk Register • Determined that all risks are being appropriately managed • Noted the risks removed from the Risk Register • Did not identify any potential new risks or risks for removal • Noted the report. 		
AC 19/03/12	REGISTERS OF INTERESTS, SPONSORSHIP, GIFTS &		

Agenda Item	are	Action	Deadline
	HOSPITALITY		
	The Audit Committee considered an update on the current position with regard to the percentage of declarations of interest received by the CCG and those outstanding and the full Register of Gifts, Hospitality and Sponsorship and Register of Procurement Decisions.		
	The Head of Governance and Assurance advised members of the procurements (AQPs Carpal Tunnel & Vasectomy) which were missing from the version of the Procurement Register provided to the Audit Committee due to a formatting issue. It was noted that the procurement of the Home Visiting Service was complete and a preferred bidder had been identified.		
	The Audit Committee noted the report.		
AC 19/03/13	UPDATE ON THE FINANCE CHC REVIEW		
	The Chief Finance Officer presented a review of Continuing Health Care (CHC) Broadcare data to the Committee. The report highlighted some areas that require additional staff training, the need for revised process notes and ongoing data quality checks with a quarterly review of all care packages being undertaken. The Committee noted the CCG's revised forecast for CHC care packages.		
	The Committee noted the report.		
ITEMS FOR DISCUSSION			
AC 19/03/14	AUDIT COMMITTEE SELF ASSESSMENT AGAINST THE AUDIT COMMITTEE HANDBOOK		
	The Head of Governance and Assurance provided the Committee with the self-assessment Checklist 1 and 2 of the Audit Committee Handbook which had been updated to reflect the HFMA NHS Audit Committee Handbook Fourth Edition. The Committee reviewed checklist 1 (Committee Performance) and provided minor amendments to checklist 2 (Committee Effectiveness).		
	The Committee reviewed and agreed checklist 1 and 2.		

Agenda Item	are	Action	Deadline
	<p>Agreed action:</p> <ul style="list-style-type: none"> <i>To provide evidence in respect of Internal Audit Public Sector Standards.</i> <i>To update Checklist 2 in line with minor amendments proposed by the Committee and removing historical references prior to 2019.</i> 	<p>KMe</p> <p>KMo</p>	
ITEMS FOR INFORMATION			
AC 19/03/15	AUDIT COMMITTEE TRAINING REQUIREMENTS		
	Audit Committee Training requirements were previously considered under minute reference AC 19/03/04 Matters Arising Report		
AC 19/03/16	ESCALATION OF ITEMS TO GOVERNING BODY		
	<p>The Committee proposed the following items for escalation to the Governing Body</p> <ul style="list-style-type: none"> Draft Head of Internal Audit Opinion Draft Internal Audit and Counter Fraud Plan 2019/20 and a refocus on the Safeguarding Children Audit. Involvement of Audit Committee in the 2020/21 Draft Internal Audit and Counter Fraud Plan Annual Assurance Report Self-Assessment against the Audit Committee handbook. 		
AC 19/03/17	REFLECTION ON HOW WELL THE MEETINGS BUSINESS HAS BEEN CONDUCTED		
	It was noted that meeting had been conducted at a good pace and all items well covered.		
AC 19/03/18	DATE AND TIME OF NEXT MEETING		
	<p>The next meeting of the Audit Committee will be held on Thursday 18 April 2019 at 1.30 am, in Room 57, Hillder House, 49/51 Gawber Road, Barnsley, S75 2PY.</p> <p>It was confirmed that the attendance of the Deputy Director 360 Assurance at the 18 April (page turner) meeting was not required.</p>		

Minutes of the Meeting of the Barnsley Clinical Commissioning Group AUDIT COMMITTEE held on Thursday 18 April 2019 at 09.30 am in Meeting Room 1, Hillder House, 49/51 Gawber Road, Barnsley S75 2PY

PRESENT:

Nigel Bell	Audit Committee Chair – Lay Member for Governance
Dr Adebowale Adekunle	Elected Member Governing Body (from minute reference AC 19/04/03)
Chris Millington	Lay Member for Patient and Public Engagement and Primary Care Commissioning

IN ATTENDANCE:

Adrian Bailey	Head of Finance
Nick Balac	CCG Chair
Kay Morgan	Governance and Assurance Manager
Roxanna Naylor	Chief Finance Officer
Richard Walker	Head of Governance and Assurance
Kirsty Waknell	Head of Communications and Engagement

APOLOGIES

Lesley Smith	Chief Officer
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It was noted that the Chief Officer had sent her apologies for the meeting. The Committee were advised that the Terms of Reference for the Audit Committee stated:

“The Chief Officer should attend and discuss, at least annually with the committee, the process for assurance that supports the Annual Governance Statement. He or she would also normally attend when the committee considers the draft internal audit plan and the annual accounts”.

The Committee Chair requested that the Chief Officer be invited to attend the next meeting of the Audit Committee on 16 May 2019 when the Committee will make recommendation to Governing Body regarding the CCGs draft Annual Report and Final Accounts 2018/19. The Internal Plan will be shared with the Chief Officer for her comments.

Agenda Item	are	Action	Deadline
AC 19/04/01	QUORACY - The meeting was declared quorate		

Agenda Item	are	Action	Deadline
AC 19/04/02	DECLARATIONS OF INTEREST, SPONSORSHIP, GIFTS AND HOSPITALITY		
	The Committee noted the Declaration of Interests Report. No new declarations of interest were received.		
AC 19/04/03	MINUTES OF THE PREVIOUS MEETING HELD ON 21 MARCH 2019		
	<p>The Minutes of the meeting held on 21 March 2019 were verified as a correct record of the proceedings subject to the following amendment:</p> <p>Minute reference AC 19/03/06. Page 4, third section - change date in heading to read 2018/19 Page 5, third paragraph – change first date to read 2019/20</p>		
AC 19/04/04	MATTERS ARISING		
	<p>The Committee considered the Matters Arising Report and noted the following:</p> <p>Minute reference AC 19/03/06 Draft 2019/20 Internal Audit and Counter Fraud Plan - Declaration of Interests.</p> <p>The Head of Governance and Assurance reported that guidance to staff re declaration of Interest including all directorships and directorships of dormant companies was being updated and will be sent to staff via Comms and Friday Roundup.</p> <p>Minute AC 19/03/08 Standing Orders, SOD and Prime Financial Policies</p> <p>It was noted that the CCG Chairman and Chief Officer were aware of the need for succession planning for the Governing Body and plans were being put into place.</p>		
ITEMS FOR DISCUSSION			
AC 19/04/05	INITIAL REVIEW OF DRAFT NHS BARNLSEY CCG ANNUAL REPORT AND ACCOUNTS 2018/19		
	The Head of Governance and Assurance introduced the		

Agenda Item	are	Action	Deadline
	<p>Draft NHS Barnsley CCG Annual Report and Accounts 2018/19.</p> <p>The Audit Committee noted that it had responsibility for governance and the meeting therefore provided an opportunity for members to review, ask questions, pick up factual issues and anything not consistent with Members views.</p> <p>An updated version of the Annual Report and Accounts 2018/19 (v2.3) was tabled. The following main points were noted and minor amendments were proposed:</p>		
5.1	Draft CCG Annual Report – Performance Report		
	<p>The Head of Communications and Engagement introduced the Performance Report to the Audit Committee.</p> <p>It was recognised that the Annual Report was a 'selling / promotional' document for the CCG and therefore should be made as clear and meaningful as possible to the general public.</p> <p>The following actions were agreed</p> <ul style="list-style-type: none"> • To provide explanations relating to CCG terminologies ('Radiators' and 'Surplus') • To give clarity regarding performance in respect of cancer waits / standards and the Barnsley Hospital NHS Foundation Trust. • To ensure links within the report for example SWYPT (pages 18 & 21) portray a consistent message 	<p>KW</p> <p>KW</p> <p>KW</p>	<p>16.05.19</p> <p>16.05.19</p> <p>16.05.19</p>
5.2	Draft CCG Annual Report – Accountability Report		
	<p>The Head of Governance and Assurance presented the Draft CCG Accountability Report to the Audit Committee.</p> <p>The Committee noted the draft Internal Audit Opinion of 'significant assurance' and the changes made to the reporting of pensions in the Remuneration and Staff Report.</p>		
5.3	Draft Final Accounts 2018-19		

Agenda Item	are	Action	Deadline
	<p>The Head of Finance; Statutory Accounts and Financial Reporting tabled and introduced a revised version of the Draft Final Accounts 2018-19 to the Audit Committee.</p> <p>Pages 1-5 No comments were made by the committee and these statements were accepted as a draft submission (subject to audit).</p> <p>Page 6-8 Notes to the Financial Statements The Head of Finance noted that updates to section 1.3 had been made to include the note and page number. It was noted by the Chief Finance Officer all other notes were as previously approved by the Audit Committee.</p> <p>Page 9 – Other Operating Income It was noted that the introduction of IFRS 15 has resulted in income relating to staff recharges being offset against the costs.</p> <p>Page 12 – Full actuarial (funding) valuation - final paragraph A sentence was highlighted referring to: ‘2018-19, employers’ contributions of £640,281 (£558,615 excluding staff recharges) (217-18: £584,268) were payable to the NHS Pensions Scheme at the rate of 14.38% of pensionable pay’ and Members were informed that this included ICS and Barnsley Healthcare Federation staff recharges.</p> <p>Page 13 – Operating Expenses A question was raised relating to costs charged against other Professional Fees which are new for 2018/19</p> <p>NB Post meeting note In response to the question raised the Chief Finance Officer provided the following explanation to Members via email on 18 April 2019.</p> <p>“As discussed Membership Council claims have increased due to increased number of backdated</p>		

Agenda Item	are	Action	Deadline
	<p>claims as members were reminded that claims need to be submitted for attendance.</p> <p>The other movements relate to costs associated with: Consultation Institute - £19k NHS Confirmation/NHSCC – These are membership fees - £8k/£6k Inclusion North – Membership fees and support for people Learning Disabilities - £5k The balance is lots of smaller invoices for one off charges less than £1k”.</p> <p>Page 14 - Better Payment Practice Code</p> <p>The Head of Finance; Statutory Accounts and Financial Reporting advised that that the CCG was able to draw down cash in line with guidance and the payment of all valid invoices by the due date or within 30 days of receipt of a valid invoice was virtually 100% across all invoices. The process for payment of invoices via the SBS service including coding and authorisation of invoices was provided to members.</p> <p>Page 15 – Operating Leases</p> <p>It was noted that the accounts reflected the current position regarding leases for photocopiers and buildings. The disclosure regarding future lease payments only reflected photocopiers as the leases for the properties either have not been signed or no lease will be created.</p> <p>On the adoption of IFRS 16 the accounting treatment for the property leases above will change with capitalisation on the balance sheet.</p> <p>Page 17 - Trade and Other Receivables</p> <p>The Audit Committee were provided with an explanation of NHS contract receivables and the changes made as a result of the introduction of both IFRS 9 and IFRS 15.</p> <p>It was noted that the CCG have appropriate recovery actions in place for outstanding debts and</p>		

Agenda Item	are	Action	Deadline
	<p>therefore the level of potential bad debt is minimised and unrecovered debts are rare.</p> <p>Page 18 – Impact of Application of IFRS 9 on Financial Liabilities</p> <p>The Head of Finance noted a further template issue and noted this had been manually corrected for the CCGs draft submission.</p> <p>Page 23 – Related Party Transactions</p> <p>Agree action: To update related party transactions to include contract holders for Apollo Court Contract during 2018-19 and amend details of related party transactions with individuals if required.</p>	RW/AB	19.05.19
	<p>In response to a question raised by the Committee chair, it was clarified that a payment of £8,500 to KPMG had been treated as supplies and services – general or other area such as training as this wasn't consultancy</p> <p>The Committee Chair commended the work of the Finance Team for the early production of the draft final accounts 2018-19.</p>		
	5.4 Service Auditor Reports		
	<p>The Head of Governance and Assurance briefed the Audit Committee on the Service Auditor Reports. It was noted that the final versions of the reports will be submitted with the final accounts to the Audit Committee on 26 May 2019.</p>		
AC 19/04/06	AUDIT COMMITTEE TRAINING REQUIREMENTS		
	<p>It was reported that a training session regarding changes to revised Audit Committee Handbook by the Client Manager 360 Assurance will be held on 31 October 2019.</p>		
AC 19/04/07	ANY OTHER BUSINESS		
	7.1 Governance Update		
	Single Tender Waiver Form		

Agenda Item	are	Action	Deadline
	<p>The Committee noted the inclusion of new section on the Single Tender Waiver Form relating to the conflicts of interests.</p> <p>The Committee approved the revised Single Tender Waiver Form.</p> <p>Agreed action:</p> <p>To advise the Chief Officer and Head of Commissioning (MH, Children & Specialised Commissioning) about the need to consider conflicts of interests before signing off single tender waivers.</p>	RW	16.05.19
7.2	<p>Health and Safety Fire Annual Report</p> <p>The Committee noted the Health and Safety, Fire Safety and Business Continuity Annual Report 2018-19</p> <p>Agreed action:</p> <p>To request the Health and Safety Lead to provide a face to face training sessions on Fire Safety, Health and Safety and Moving and Handling.</p>	RW	16.05.19
AC 19/04/08	ESCALATION OF ITEMS TO GOVERNING BODY		
	<p>The Committee proposed the following items for escalation to the Governing Body:</p> <ul style="list-style-type: none"> • Annual Report and Accounts 2018/19 • Health and Safety, Fire Safety and Business Continuity Annual Report 2018-19 <p>The Committee proposed that the revised Single Tender Waiver Form be escalated to the Senior Management Team</p>	<p>NBe</p> <p>RW</p>	<p>09.05.19</p> <p>16.05.19</p>
AC 19/04/09	REFLECTION ON HOW WELL THE MEETINGS BUSINESS HAS BEEN CONDUCTED		
	Members agreed that the meeting had been well conducted.		
AC	DATE AND TIME OF NEXT MEETING		

Agenda Item	are	Action	Deadline
19/04/10			
	The next meeting of the Audit Committee will be held on Thursday 16 May 2019 at 9.30 am, in Meeting Room 1, Hilder House, 49/51 Gawber Road, Barnsley, S75 2PY.		

UNADOPTED

Minutes of the NHS Barnsley Clinical Commissioning Group
QUALITY & PATIENT SAFETY COMMITTEE
Thursday 21 February 2019, 13:00pm-15:00pm
Boardroom, Hilder House

PRESENT:

Martine Tune	- Chief Nurse (Acting) (Acting Chair)
Chris Millington	- Lay Governing Body Member for Public and Patient Engagement
Mike Simms	- Governing Body Secondary Care Doctor
Dr Mark Smith	- SWYPFT Contracting Lead from the Governing Body
Dr Shahriar Sepehri	- Membership Council Representative

IN ATTENDANCE:

Richard Walker	- Head of Governance and Assurance
Lynne Richards	- Primary Care Transformation Manager
Terry Hague	- Primary Care Transformation Manager
Hilary Fitzgerald	- Quality Manager
Jill Auty	- Quality Administration Officer (minutes)

APOLOGIES:

Dr Sudhagar Krishnasamy	- Associate Medical Director
Chris Lawson	- Head of Medicines Optimisation
Julie Frampton	- Senior Primary Care Commissioning/Contracting Manager
	-

Agenda Item	Note	Action	Deadline
Q&PSC 21/02/01	APOLOGIES & QUORACY		
	Apologies were noted as above.		
	The meeting was declared quorate.		
	The Chief Nurse (Acting) welcomed Jill Auty, Quality Administration Officer and Terry Hague, Primary Care Transformation Manager.		

Agenda Item	Note	Action	Deadline
Q&PSC 21/02/02	PATIENT STORY		
	<p>The Chief Nurse (Acting) shared a story about the positive impact the care provided by the Continuing Health Care Team can have not only on a patient but also on a patient's immediate family members.</p> <p>The patient's journey started in CHC through the "Fast Track" pathway and this process had helped to expedite the patient's return home from hospital. Through the care package devised by the CHC Team, the patient was able to remain in his home until he died. The family had thanked the CHC Team for the care and compassion shown to them and how invaluable the role of the team played in coping not only with their relative's diagnosis but also with the daily challenges the disease placed on their loved one's quality of life.</p> <p>The Committee agreed that the story highlighted the passion and commitment that the CHC team provides to patients and their families.</p>		
Q&PSC 21/02/03	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	No declarations of interest relevant to the agenda were declared.		
Q&PSC 21/02/04	MINUTES OF THE PREVIOUS MEETING - 13/12/2018		
	<p>The minutes from the meeting on 13 December 2018 were approved as an accurate record with the committee.</p> <p>The Chief Nurse (Acting) drew attention to two post meeting notes in the minutes:</p> <p><u>Page 2</u> - regarding a briefing paper to the Committee on all the current mental health work streams. It was confirmed that the briefing paper had not been circulated to QPSC.</p> <p><u>Page 7</u> – regarding the Safeguarding People Policy</p>		
	<p>Agreed action:</p> <ul style="list-style-type: none"> • Regarding post meeting note on page 2, Quality Manager to obtain briefing paper and circulate to Committee members. 	HF	April 19

Agenda Item	Note	Action	Deadline
Q&PSC 21/02/05	MATTERS ARISING REPORT		
	<p>The Chief Nurse (Acting) confirmed that all items were complete apart from two items:</p> <p><u>11/10/15</u> – Clinical Quality Board (CQB) meetings - It was agreed for the Q&PSC Chair to liaise with Nick Balac, BCCG Chair, to discuss attendance of GP membership at the Clinical Quality Boards.</p> <p><u>13/12/18</u> – It was confirmed that the frequency of CQB meetings going forward will be quarterly subject to approval from the Governing Body. It was agreed that the Chair will take this forward with the BCCG Chair. No update had been received from the Associate Medical Director. The Chief Nurse (Acting) asked Committee members if they had any concerns about the CQB meetings being held quarterly. No concerns were raised.</p> <p><u>13/12/06</u> - Monthly Quality Metrics Report – (Standing Item) In relation to Caxton House Surgery, the provider’s membership of a CCG Committee to be raised at PCCC.</p> <p><u>21/02/19</u> The Head of Governance and Assurance advised the Committee that the provider still continues to be eligible to be a member of a CCG Committee as long as she is a member of the Membership Council. This item is now closed.</p>		
QUALITY AND GOVERNANCE			
Q&PSC 21/02/06	RISK REGISTER & ASSURANCE FRAMEWORK (STANDING ITEM)		
	<p>The Head of Governance and Assurance presented for assurance the relevant extract from the CCG’s Assurance Framework and Risk Register. The Committee approved</p> <ul style="list-style-type: none"> • The removal of the risk in relation to the Barnsley Healthcare Federation (Ref 18/03), following the positive feedback from the recent CQC report, and ratings of “good” across all domains. • The addition of a new risk to the Risk Register in relation to Dodworth Medical Practice 		

Agenda Item	Note	Action	Deadline
	<p>The Lay Governing Body Member for Public and Patient Engagement queried whether the current risk rating for risk ref:14/15 was still appropriate. The Head of Governance and Assurance reported that the CCG was still awaiting the outcome of the formal audit of D1s from BHNFT. The Committee agreed that it needed a clear and concise report on the progress of the work around D1s to assess what the current risk rating should be.</p> <p>The Primary Care Transformation Manager (LR) asked whether a risk should be added to the Risk Register for Caxton House Surgery following their recent CQC inspection rating. It was noted that a re-inspection is due to take place on 28th February 2019. The Committee agreed that until the re-inspection report is published the level of risk cannot be established.</p>		
	<p>Agreed action:</p> <ul style="list-style-type: none"> • D1 concerns to be added to agenda item for April 2019 meeting. 	JA	April 2019
Q&PSC 21/02/07	MONTHLY QUALITY METRICS REPORT – (STANDING ITEM)		
	<p>The Chief Nurse (Acting) presented the Quality Metrics report which focused on patient experience. Members were informed that there were no specific concerns in relation to the CCG's routine quality monitoring that required further scrutiny.</p> <p>The Lay Governing Body Member for Public and Patient Engagement raised that the FFT response rate for A&E is notably low at 1.7% compared to the national average response rate of 12.1%. The figure for BHNFT also shows that there has been a decline in responses since the beginning of 2018. The Committee agreed to raise this at the next BHNFT CQB meeting in March 2019. Other than this issue, the Committee was assured in relation to this section of the report.</p> <p>The Primary Care Transformation Manager then presented the Primary Care section of the Quality Metrics report. It was highlighted that:</p>		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> • In relation to Caxton House, following the Performers Advisory Group inspectors' written recommendation to the CQC the re-inspection has been deferred until 28 February 2019. A report will be provided on the findings at the next QPSC meeting. • Two other practices have also had CQC visits recently with positive outcomes, Ashville Medical Practice and Hollygreen Practice. However, the full reports and findings of these inspections have not been published. <p>The Committee agreed that a considerable amount of work had gone into turning around Barnsley Healthcare Federation's CQC inspection rating to achieve "Good". The Committee thanked everyone concerned for their efforts.</p> <p>The Committee also agreed that the CCG should publicise the positive CQC outcomes from GP practice inspections and it was agreed to liaise with the Comms Team to contact Barnsley Chronicle regarding the positive CQC inspection reports.</p> <p>The Committee was informed that the current Primary Care Transformation Manager (LR) had secured a secondment opportunity to South Yorkshire & Bassetlaw.</p> <p>YAS Update The Quality Manager reported that YAS are implementing a Service Development Improvement Plan (SDIP) across South Yorkshire for the Patient Transport Service. The aim of this SDIP is to ensure that the eligibility criteria for NHS funded patient transport is applied more consistently. The SDIP is due to commence on 1st April 2019. A number of initiatives will be taking place in the coming weeks including Comms notices and the issue of new policy guidelines to practices.</p> <p>Thames Ambulance Service The Chief Nurse (Acting) briefed the Committee on concerns relating to the quality performance of Thames Ambulance Service who are contracted by the CCG to provide "on day" discharge transport. The CCG are supporting the service to make improvements.</p>		

Agenda Item	Note	Action	Deadline
	It was agreed that the Head of Assurance should formulate a risk for this issue, and add it to the QPSC Risk Register.		
	<p>Agreed actions:</p> <ul style="list-style-type: none"> • Concerns regarding low rate of A&E Friends and Family responses to be raised at BNHFT CQB. • Ask Comms to liaise with the Barnsley Chronicle about positive CQC inspection reports for GP practices. • A risk relating to the quality performance of Thames Valley Ambulance Service to be added to the Risk Register 	<p>HF</p> <p>LR</p> <p>RW & MT</p>	<p>March 2019</p> <p>March 2019</p> <p>March 2019</p>
Q&PSC 21/02/08	DRAFT QUALITY & PATIENT SAFETY COMMITTEE ANNUAL ASSURANCE REPORT 2018-2019		
	<p>The Quality Manager presented the Quality and Patient Safety Committee Annual Report for assurance and approval in accordance with QPSC's Terms of Reference, and to support the production of the CCG's Annual Governance Statement. The Committee agreed the contents of the report subject to the addition of the following:</p> <ul style="list-style-type: none"> • A note to indicate that the Senior Primary Care Commissioning/Contracting Manager has nominated her Deputy to attend QPSC on her behalf, • The inclusion of a specific reference to QPSC's close oversight of Barnsley Healthcare Federation's CQC action plan, which has contributed to the positive outcome of the last CQC inspection; and • The inclusion in the report of sign off by the QPSC Chair. <p>The report is to be presented at the next Governing Body meeting on 14 March 2019. The Lay Governing Body Member for Public and Patient Engagement commented that the report helps publicise the success and improvements the CCG has made in the last year</p>		

Agenda Item	Note	Action	Deadline
Q&PSC 21/02/09	DRAFT ANNUAL PATIENT EXPERIENCE REPORT 2017-18		
	<p>The Quality Manager presented the draft Annual Patient Experience report 2017/18 for assurance.</p> <p>The Committee was informed that the report had been prepared to comply with National Health Service Complaints (England) Regulations 2009. The required inclusions to meet the statutory regulations are detailed in the report.</p> <p>The Quality Manager provided a brief overview of the areas covered by the report, which are:</p> <ul style="list-style-type: none"> • Numbers of complaints the CCG has received • Outcome of complaints – i.e. whether they have been upheld. • Number of complaints that have been referred to the Parliamentary Health Service Ombudsman • A summary of the subjects of the complaints, and whether this shows any themes or trends. • Learning from complaints, and actions taken to improve services as a result of the complaints received. <p>The Committee was informed that going forward the report will be produced in the first quarter of each year.</p> <p>Also, it was highlighted that improvements to the Quality Team's systems and processes for managing complaints have resulted in a significant improvement in response timescales.</p> <p>The Head of Governance and Assurance briefed the Committee that he had undertaken a review of the CCG's processes for complaints handling, and reassured members that the current processes provide the correct level of oversight and monitoring.</p> <p>There followed a detailed discussion about how the complaints the CCG receives are managed, with the Committee agreeing that:</p> <ul style="list-style-type: none"> • The existing target response timescales should be retained 		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> It is important that complainants are kept informed about the progress of their complaint. In addition to the annual report, QPSC should receive regular performance information so that members are sighted on compliance with target response times. 		
Q&PSC 21/02/10	DRAFT MANAGEMENT OF PATIENT EXPERIENCE FEEDBACK POLICY		
	<p>The Quality Manager presented the draft Management of Patient Experience Feedback Policy for approval.</p> <p>The Committee was informed that the Policy has been updated to take into account the following:</p> <ul style="list-style-type: none"> Barnsley CCG's updated processes for patient experience feedback; The Policy has been changed to include all feedback positive and negative; General Data Protection Regulations 2016; The CCG'S Policy on Policies issued in September 2017; Management of conflicts of interest; and Strengthened performance management arrangements. <p>The Head of Governance and Assurance asked that the Policy be promoted within the CCG after it has been approved so that every staff member is aware of it and readily access it if they receive a complaint. The Quality Manager confirmed that there will be a Comms plan to publicise the Policy and some training for key people within the CCG e.g. staff that cover Reception.</p> <p>QPSC approved the Policy and agreed that it should be publicised across the CCG and a link to it posted on the CCG's website.</p>		
	<p>Agreed action:</p> <ul style="list-style-type: none"> Once ratified by the CCG Governing Body, promote Management of Patient Experience Feedback Policy across the CCG. 	HF & Comms	May 2019

Agenda Item	Note	Action	Deadline
Q&PSC 21/02/11	PREVENTION OF FUTURE DEATHS - UPDATE		
	<p>The Chief Nurse (Acting) reminded members that in 2017 a patient died in Barnsley due to the ingestion of a takeaway meal that was contaminated with peanuts.</p> <p>The Chief Nurse (Acting) gave a verbal update on the new ways of working particularly in BHNFT A&E and the GP streaming services and Clinical Decision Units in relation to patients who present with severe allergy symptoms. It was highlighted that Barnsley has been seen as a “Leader” in providing “Best Practice” which is now being implemented in other Local Authority areas.</p> <p>It was reported that the Coroner is satisfied with the changes made to the pathway and the action has now been formally discharged.</p>		
Q&PSC 21/02/12	SY&B QUALITY SURVEILLANCE GROUP - UPDATE		
	<p>The Chief Nurse (Acting) gave a verbal update on discussions at the last meeting on 31 January 2019. The main areas reported on were as follows:</p> <ul style="list-style-type: none"> • Feedback from a national learning event on CAMHS; • 12 hour Trolley Breaches; • Work being undertaken by Health Education England on workforce. The Chief Nurse highlighted at this point that the Primary Care Transformation Manager (LR) had secured a secondment opportunity to South Yorkshire & Bassetlaw, supporting MDT working and new roles; • Feedback on maternity serious incidents across SY&B (not Barnsley) that is linked to work being undertaken by HSIB on maternity services; • Thematic review undertaken by NHSE on incidents that have occurred in mental health services. 		

Agenda Item	Note	Action	Deadline
	<p>Agreed action:</p> <ul style="list-style-type: none"> • Chief Nurse (Acting) to provide copy of NHSE's mental health thematic review to the SWYPFT Contracting Lead from the Governing Body. 	MT	15 April 2019
Q&PSC 21/02/13	INFORMATION GOVERNANCE & DSP TOOLKIT UPDATE		
	<p>The Head of Governance and Assurance provided an update on Information Governance highlighting the following:</p> <ul style="list-style-type: none"> • Data Security Protection Toolkit – work is underway to gather evidence to show compliance with the toolkit. The submission deadline is 31/3/19. For independent scrutiny, the CCG's Internal Auditors, 360 Assurance, are in the process of auditing a sample of the CCG's evidence. The audit report is due shortly, and no issues have been raised so far. Once completed, the CCG's Information Governance Group will be asked to authorise the submission of the toolkit. There are two areas of the toolkit that are outstanding: <ul style="list-style-type: none"> ➢ Achievement of 95% compliance rate for mandatory data security training by 31/03/19. It is expected that the target will be achieved. ➢ The return of a Data Processing Deed from one GP practice. The Head of Governance and Assurance thanked the GP members present for engaging with this process. 		
COMMITTEE REPORTS AND MINUTES GENERAL			
Q&PSC 21/02/14	MINUTES OF THE 14 NOVEMBER 2018, 12 DECEMBER 2018 AND 09 JANUARY 2019 AREA PRESCRIBING COMMITTEE (APC)		
	QPSC received the minutes for information.		
Q&PSC 21/02/15	MINUTES OF THE 04 DECEMBER 2018 AND 02 JANUARY 2019 PRIMARY CARE QUALITY & COST EFFECTIVE PRESCRIBING GROUP MEETING		
	For information.		

Agenda Item	Note	Action	Deadline
	Agreed action: <ul style="list-style-type: none"> Quality Team to facilitate a meeting between the Head of Medicines Management Optimisation and the Lay Member for Public & Patient Engagement & Chair of Primary Care Commissioning Committee to discuss how best to interpret and use medicines management reports provided to QPSC. 	JA	April 2019
Q&PSC 21/02/16	CLINICAL QUALITY BOARDS: <ul style="list-style-type: none"> Adopted SWYPFT minutes – 26 Sept 2018 Adopted BHNFT CQB – 02 Aug 2018 		
	For information		
Q&PSC 21/02/17	MINUTES OF 17 JANUARY 2019 HEALTH PROTECTION BOARD MEETING		
	For information.		
Q&PSC 21/02/18	MINUTES OF 26 SEPTEMBER 2018 SOUTH YORKSHIRE AND BASSETTLAW YAS 111/999/IUEC CLINICAL GOVERNANCE AND QUALITY STEERING GROUP AND CONTRACT MONITORING MEETING		
	For information.		
GENERAL			
Q&PSC 21/02/19	Any Other Business		
	<p>The Head of Governance and Assurance informed Committee members that a survey will be issued in the near future to all members of the CCG's committees, and asked for QPSC members' support for timely responses.</p> <p>The Chief Nurse (Acting) asked if a clinical member of the Committee would volunteer to accompany her on a Quality Assurance visit to the Neuro-Rehabilitation unit at Kendray Hospital in March 2019. The SWYPFT Contracting Lead, Governing Body offered to attend subject to availability. Also, the Chief Nurse (Acting) asked members to consider whether they require further quality information about services that the Committee may not have previously scrutinised, and to submit any requests to her.</p>		

Agenda Item	Note	Action	Deadline
Q&PSC 21/02/20	AREAS FOR ESCALATION TO THE GOVERNING BODY AND ITEMS TO BE COVERED IN HIGHLIGHT REPORT		
	<p>There were a number of items to escalate to the Governing Body.</p> <p>It was agreed the quality highlights to Governing Body should include:</p> <ul style="list-style-type: none"> • Thames Ambulance Service Patient Transport Service - Red • Outcome of D1 audit – Amber • CQC Inspections Outcomes - Green • Management of Patient Experience Feedback Policy – Green • Annual Patient Experience Report – Green 	HF	March 2019
Q&PSC 21/02/21	<p>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED:</p> <ul style="list-style-type: none"> • CONDUCT OF MEETING • ANY AREAS FOR ADDITIONAL ASSURANCE • ANY TRAINING NEEDS IDENTIFIED 		
	<p>It was agreed that:</p> <ul style="list-style-type: none"> • Additional Assurance is needed on the issue of D1s. • Assistance required to interpret and use medicines management reports. 		
Q&PSC 21/02/22	<p>DATE AND TIME OF NEXT MEETING Thursday 25 April 2019 at 1pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY</p>		

Minutes of the meeting of the Membership Council held on Tuesday 19 March 2019 at 7.00 pm at Hilder House, 49/51, Gawber Road, Barnsley, S75 2PY

PRESENT

Dr Nick Balac	Chair & Practice Representative (St Georges Medical Practice)
Dr Adebowale Adekunle	Practice Representative (Wombwell Chapelfield Medical Centre)
Dr Amjed Ali	Practice Representative (Woodland Drive Medical Centre)
Dr Chikthimmah	Burleigh Medical Centre
Dr Mehrban Ghani	Practice Representative: The Rose Tree PMS Practice BHF Brierley Medical Centre BHF Goldthorpe Surgery BHF Apollo Court BHF Highgate Surgery BHF Lundwood Practice
Dr John Harban	Practice Representative (Lundwood Medical Centre and The Kakoty Practice)
Dr Z Ibrahim	Practice Representative (Hoyland First PMS Practice)
Dr M Hussain Kadarsha	Practice Representative (Hollygreen Practice)
Dr Gareth Kay	Practice Representative (Huddersfield Road)
Dr Sudhagar Krishnasamy	Practice Representative (Royston Group Surgery)
Dr Andy Mills	Practice Representative (Ashville Medical Centre)
Dr Sepehri	Practice Representative (Hillbrow Surgery Mapplewell)
Dr Heather Smith	Practice Representative (Dr Mellor and Partners PMS Practice)
Dr Mark Smith	Practice Representative (Victoria Medical Centre PMS Practice)
Dr Stuart Vas	Practice Representative (Penistone Group Practice)

IN ATTENDANCE

Mike Austin	Primary Care Support
Kay Morgan	Governance & Assurance Manager
Lesley Smith	Chief Officer
Richard Walker	Head of Governance and Assurance

APOLOGIES

Dr Eddy Czepulkowski	Practice Representative (High Street Royston)
Dr Jamie MacInnes	Practice Representative (Dove Valley Practice)
Chris Millington	Lay Member for Patient and Public Engagement & Primary Care Commissioning

Lesley Smith
 Mike Simms

 Chief Officer
 Governing Body Secondary Care Clinician

Agenda Item	Note	Action	Deadline
MC 19/03/01	QUORACY		
	The meeting was declared quorate.		
MC 19/03/02	DECLARATION OF INTERESTS INCLUDING SPONSORSHIP & HOSPITALITY		
	<p>The Membership Council noted the Declarations of Interests Report. No new declarations were received.</p> <p>The Head of Governance and Assurance reported that the CCG was required to undertake an annual review of Declaration of Interests. As part of this review Members are requested to check their declarations and sign the register to confirm their declarations are up to date and accurate. Declarations can be added or removed from the register as appropriate.</p>	ALL	19.03.19
MC 19/03/03	MINUTES OF THE MEETING HELD ON 22 JANUARY 2018		
	The minutes of the Membership Council meeting held on 22 January 2019 were verified as a correct record of the proceedings.		
MC 19/03/04	MATTERS ARISING		
	<p>The Membership Council considered the Matters Arising Report:</p> <p>MINUTE REFERENCE MC 19/01/05 2019/20 PDA</p> <p>GP Forward View & Integrated Care Network Development. My Best Life. Indicator MBL 1</p> <p>This action was reported as complete</p> <p>Shared Care (Specialist) Drug Management Service</p> <p>It was noted that this action will be progressed by the Head of Medicines Optimisation on return annual leave.</p>	KM	
		CL	

Agenda Item	Note	Action	Deadline
	<p>PDA Payment Schedules</p> <p>Membership Council discussed the phasing of PDA payments to practices. Following discussion the consensus view was that it would assist Practices' cash flow and support delivery of the PDA requirements if 30% of the total PDA payment for each Practice be paid upfront at the start of the financial year, 30% mid-year and 40% at end of the financial year.</p> <p>Representatives recognised that clawback may be required if PDA targets are not achieved, but recognised the support the CCG made available through monitoring the demand management and Medicines Optimisation Schemes. It was noted that the Primary Care Commissioning Committee will consider the view of Membership Council when approving the phasing system of PDA payments to practices.</p> <p>PDA & Local Medical Committee</p> <p>It was noted that the final PDA had been shared with the Local Medical Committee and this action was now complete.</p> <p>MINUTE REFERENCE MC 18/09/04 & MC 17/05/05 MEMBERSHIP COUNCIL REPRESENTATION ON CCG COMMITTEES</p> <p>It was clarified that there are still vacancies for a Membership Council Representative member on the Audit Committee and Quality and Patient Safety Committee. Members were advised to contact the Head of Governance and Assurance for more information or to express and interest in being a CCG Committee member.</p>	ALL	
MC 19/03/05	FORMATION OF PRIMARY CARE NETWORK(S)		
	<p>The Chairman introduced the discussion document circulated to all practices regarding the formation of Primary Care Networks in Barnsley. He explained that the new GP Contract, 'Investment and Evolution,' includes a network Directed Enhanced Service (DES) designed to 'turbo charge' the formation of Primary Care Networks (PCNs) by July 2019.</p>		

Agenda Item	Note	Action	Deadline
	<p>The PCNs will be enabled through the DES which sets out a specific contractual agreement that Practices will need to sign up to, jointly and severally, and which also included incentives and clear deliverables for Practices within networks. The Commissioner of the network contract DES is the CCG. There was an expectation to reach a 100% national sign up of Practices to the DES by 15 May 2019 with a PCNs 'go live' date of 1 July 2019.</p>		
	<p>Barnsley GP Practices together with wider system partners across the borough had attended a workshop to consider the development of PCNs on 13 February 2019. One option which generated much interest and gathered support at the workshop was to have one supra-network across Barnsley underpinned by our 6 (or even 3) locality teams. Attendees at the workshop requested that this proposal be further explored. In response to this a discussion document 'Formation of primary Care Networks in Barnsley' has been shared with all Practices and the Membership Council. It was noted that CCG representatives will meet with Local Medical Committee at lunchtime on 27 March 2019 to discuss PCNs development.</p>		
	<p>The Chairman advised that guidance on PCNs was still emerging and provided further background information in relation to CCGs and the Long Term Plan. CCGs are required to achieve a 20% reduction in running costs and this could be seen as a lever to steer CCGs to work together more closely including sharing roles or potentially through the eventual formation of one CCG for South Yorkshire and Bassetlaw (SYB) to match the SYB ICS.</p>		
	<p>It was noted that there will be considerable asks of PCNs in relation to accountability, functionality, capacity to employ staff on behalf of Practices and appropriate distribution of this resource to deliver improved health outcomes for patients.</p> <p>Each PCN will require a dedicated Accountable Clinical Director. A Supra network PCN arrangement offers a number of benefits in that it could undertake all the necessary accountability, contract and administrative roles whilst ensuring the equitable distribution of funding into localities. As the move to potentially one single CCG for</p>		

Agenda Item	Note	Action	Deadline
	<p>South Yorkshire and Bassetlaw progresses the retention of a unified voice from the supra-network for Primary Care in Barnsley could mitigate the risk that the influence of smaller localities could be lost.</p>		
	<p>The Chairman invited views from the Membership Council about PCNs and the following main points were noted:</p> <ul style="list-style-type: none"> • One GP had sent apologies for the meeting but in an email feedback that he favoured preserving the current 6 localities and thought the last network event favoured a super network with 6 localities. He had seen no appetite for merging the current 6 localities into 3. • The Barnsley Health Care Federation (BHF) could provide the supra network functions on behalf of localities. The BHF was the biggest in South Yorkshire & Bassetlaw with good contract and employment experience and capability to provide the required overarching functions & activities, subject to approval by Practices. • One supra network will be more influential in terms of negotiating with the CCG with ability to draw in more funding and resource. The bigger the scale of the supra network the more opportunity for its success. In terms of governance a supportive and mutually agreed set of arrangements could be developed and incorporated within a Memorandum of Understanding between the localities and Supra network. Practices wishing to work more closely together within a locality could negotiate this with the other practices in the locality. This would give some degree of flexibility within a bigger locality geography . • The challenge to create capacity to enable PCNs and localities to work was recognised. • Localities required a clear picture and agenda of the work and outcomes required. It was recognised that a significant amount of this would be mandated by the revised QOF and seven National Service Specifications as well as locality priorities. • Working with the 6 established localities preserves the community focus modelled on this footprint including Community Nursing Service, BREATHE Service, Integrated Diabetes Service and Local Authority Area Councils. 		

Agenda Item	Note	Action	Deadline
	<p>The meeting concluded that there was broad support among Practice Representatives for the vision of a supra network underpinned by a locality structure, and that the details of this structure would need further development in the light of emerging national guidance and discussions between Practices in localities. .</p>		
	<p>The Membership Council noted, discussed and provided feedback on the report (as documented above) which had also been previously circulated to all Practices on 12 March 2019.</p>		
<p>MC 19/03/06</p>	<p>NEIGHBOURHOOD NURSING SERVICE – CORE OFFER</p>		
	<p>The Head of Alliance Working gave a presentation to the Membership Council regarding the Neighbourhood Nursing Service (NNS) Core Offer including service description and proposed key indicators. Membership Council provided the following feedback on the NNS core offer.</p> <ul style="list-style-type: none"> • The administration of insulin for housebound patients and chronic disease management should be included in the core offer and other interventions for housebound patients consistent with those provided by Practice Nurses for those not housebound. • The Practice Nurse Team and Neighbourhood Nursing Service should work in a fully integrated way to manage and provide a service for the patient population. It was noted that the Primary Care Networks could potentially provide the focal point and accountability for such an integrated service. Supporting integrated care and PCNs should be woven into the Core offer • A definition of what is meant by a 'housebound patient' which reflected the Practices' views of a housebound patient would be useful. • It was clarified that the SWYPT was accountable to deliver the service specification and the KPIs. Dr Krishnasamy queried if the KPIs were evidence based and translated into better outcomes for patients. In response the Head of Alliance Working advised that the KPIs had been written to demonstrate whether the service was delivering the specification. The KPIs will be monitored via the Alliance Management Team and individual contract review Boards. 		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> One representative felt nurses should be empowered to make falls referrals directly. <p>The Chair concluded by saying that Practice Nurses and the wider Practice Team should be invited to contribute their views via the Membership Council briefing.</p>		
	<p>The Membership Council noted the Neighbourhood Nursing Service (NNS) Core Offer with comments provided as above.</p>		
MC 19/03/07	<p>NEW CANCER PATHWAYS</p>		
	<p>Dr Husain Kadarsha provided a presentation to the Membership Council about New Cancer pathways including:</p> <ul style="list-style-type: none"> Lower GI 2WW Timed Pathway Lung Pathway Urology 2WW Pathway Vague Symptoms Pilot Pathway 		
	<p>In response to a question raised it was clarified that:</p> <ul style="list-style-type: none"> The point of referral to treatment was 62 days. When a patient is referred for chest x ray and the chest x ray shows any abnormalities, the lung CNS will notify the Practice, for the Practice submit a 2 week wait referral. If the chest x ray is normal i.e. no abnormalities, then a 2 week wait referral is not necessary <p>There was general consensus that the 72 hour standard period for a nurse to contact the patient should be reduced.</p>		
	<p>The Membership Council noted the New Cancer Pathways.</p> <p>Agreed Action:</p> <p>To consider a uniformity of nurse response across all cancer pathways and this to be less than 72 hours.</p>	<p>HK</p>	
MC 19/03/08	<p>ANY OTHER BUSINESS</p>		

Agenda Item	Note	Action	Deadline
	08.1 IT Group		
	Dr Harban requested volunteers with an interest in IT to join the IT Group		
	08.2 Declarations of Interest		
	The Head of Governance and Assurance reminded Practice Representatives to check, update and sign their Declarations of Interest.		
MC 19/03/09	MEMBERSHIP COUNCIL BRIEFING		
	It was agreed that the following items would be included in the Membership Council Briefing: <ul style="list-style-type: none"> • Primary Care Networks • Neighbourhood Nursing Specification • New Cancer Pathways 		
MC 19/03/10	REFLECTION OF HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED		
	The business of the meeting had been well conducted.		
MC 19/03/11	DATE AND TIME OF NEXT MEETING		
	The next meeting of the Membership Council will be held on Tuesday 21 May 2019 at 7.00 pm in the Boardroom Hilder House, 49/51 Gawber Road, Barnsley S75 2PY.		

GOVERNING BODY PUBLIC

9 May 2019

PRIMARY CARE COMMISSIONING COMMITTEE HIGHLIGHTS REPORT
PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>
	<i>Information</i>	<input type="checkbox"/>	
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Lay member Lead</i>	C Millington	Lay Member
	<i>Author</i>	J Frampton	Senior Primary Care Commissioning Manager
3.	EXECUTIVE SUMMARY		
	<p>This report provides the May Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 28 March 2019.</p> <p>It was agreed at the meeting that the following would be highlighted:</p> <ul style="list-style-type: none"> • CQC reports for the following practices <ul style="list-style-type: none"> ○ Hollygreen Practice – Good across all domains ○ Kingswell Surgery – Good across all domains <p>Letters have been sent to the practices to congratulate all staff and to thank them for the continued efforts to provide high quality services for their patients.</p> <ul style="list-style-type: none"> • The IT Update paper was requested to be presented to public Governing Body and is attached as appendix A 		
4.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:		
	<ul style="list-style-type: none"> • Note the highlights identified 		

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1
2.	Links to CCG's Corporate Objectives	Y/N
	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
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

PRIMARY CARE COMMISSIONING COMMITTEE

28th March 2019

BCCG IT Update

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input checked="" type="checkbox"/>	<i>Information</i>
		<input checked="" type="checkbox"/>	
2.	REPORT OF		
		Name	Designation
	IT Clinical Lead	Dr Harban	
	Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)
	Author	Julie Frampton	Senior Primary Care Commissioning Manager
3.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	Management Team	06.02.2019	Assurance
4.	EXECUTIVE SUMMARY		
	This paper will provide the Primary Care Commissioning Committee with an update on the work currently in progress within the various IT projects. The project plan will show all the projects and a brief update on progress each month.		
5.	THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:		
	<ul style="list-style-type: none"> Note the contents of this paper which are provided for information and assurance regarding progress in GPIT projects currently and that continued progress will be monitored on a monthly basis via the IT Operational Steering Group. 		
6.	APPENDICES / LINKS TO FURTHER INFORMATION		
	1. GPIT Project Plan		

Agenda time allocation for report:	<i>5 mins</i>
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Appendix A

PART 1B – SUPPORTING INFORMATION

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

Appendix A
PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>Barnsley CCG has a number of IT projects that require delivery either locally or as part of a Regional or SYB requirement.</p> <p>Initially, being newly appointed to post, it was unclear what the entire project portfolio was, who had responsibility for delivery, where that was reported and if these were on track to deliver. It was not possible to clearly articulate to Senior Officers within the CCG the status of any project with accuracy or to identify associated risks.</p> <p>A number of projects have clear delivery timescales, set by NHSE, requiring delivery within this financial year and risk the associated finances not being available into 2019-20 which would require the CCG to decide how it would need to identify/accrue monies to ensure that those systems can be delivered e.g. eConsultation.</p> <p>A number of changes to portfolio responsibility at Exec level have also occurred this year and it has been an opportune time to review the IT deliverables and monitoring structures.</p>
2.	DISCUSSION/ISSUES
	<p>An IT Operational Steering Group has been established with members who are responsible for the delivery of a number of the GPIT projects. Monthly meetings have been diarised for the next year and have been set to ensure maximum attendance for all members.</p> <p>Following discussion with the IT Exec Lead any issues or risks will be escalated and brought to Management Team for resolution and to PCCC for assurance.</p> <p>A project plan (Appendix 1) has been compiled which will include monthly updates from project leads to ensure progress and that any issues are highlighted to try to resolve within this meeting or for escalation where resolution is not possible.</p> <p>For completeness an update on IT work for Membership Council has been included (Appendix 2)</p>
3.	CONCLUSION
	<p>The IT Operational Steering Group is working its way through the changes to the format and remit from what was in place prior to this change. It will become a valuable reporting mechanism and method of ensuring that Barnsley CCG's Management Team and Primary Care Commissioning Committee is fully appraised of IT project progress and any issues are escalated in a timely manner.</p>

IT Programme of Work for Primary Care

There are a number of IT projects (described below) that are either underway or due to be fully delivered over the next financial year (2019-20). Some of the timescales are still to be determined with suppliers i.e. roll out of the eConsultation system following the procurement and, as you will already know, some are very overdue i.e. GP Public WiFi which has been escalated to NHS England.

Discussions are ongoing to obtain a detail timeline for the roll out of the various initiatives with our suppliers and to ascertain the impact on practices. It has been stressed to our suppliers that the disruption and impact needs to be kept to a minimum and to be discussed with the Practice Manager in advance of the work.

IT Project	Explanation/Update
<p>GPWIFI: NHS Digital is working to make sure that everyone can access free WiFi in NHS sites in England, as set out in the NHS England General Practice Forward View. NHS WiFi will provide a secure, stable, and reliable WiFi capability, consistent across all NHS settings. It will allow patients and the public to download health apps, browse the internet and access health and care information.</p>	<p>Daisy has been appointed to install GP WIFI across SYB. An eMBED infrastructure engineer will be available for the configuration of GP WiFi hardware following installation by Daisy at GP surgery sites in Barnsley.</p> <p>GP WiFi has been extremely slow in rolling out across SYB. There have been implementation issues in Bassetlaw, Doncaster and Sheffield and in Barnsley we will look to the learning from this to aid smooth delivery.</p> <p>The original design for Barnsley had to be revised to ensure that it worked correctly and this has required additional work.</p> <p>The final delivery of GPWIFI is expected to be completed by the end of March 2019.</p>
<p>The Health and Social Care Network (HSCN) is a new data network for health and care organisations succeeding N3. HSCN enables health and social care organisations to create shared networks, which help deliver shared and integrated ICT services.</p>	<p>HSCN is in the planning stage for a network solution across Barnsley.</p> <p>Initial discussions have taken place to start the work up of 3 possible configurations to inform partners of the possible solutions. This work needs to move at pace to ensure full installation by July 2019.</p>
<p>Windows 10 & GPIT Refresh: NHS England have published the "2018/19 Addendum to the GP IT Operating Model", the results of which are that:</p> <ul style="list-style-type: none"> • All machines must be upgraded to Windows 10 from Windows 7 	<p>The Windows 10 Upgrade and Annual IT Refresh Project will be run by our IT Provider (eMBED Health Consortium) as one project, delivering to all practices across the CCG:</p> <ul style="list-style-type: none"> • Engineers will go to all GP practice sites and replace any machines which are due to go out of support

IT Project	Explanation/Update
<p>before the Microsoft support period ends</p> <ul style="list-style-type: none"> • All software must be of a supported version for Windows 10 and have a valid support contract in place to ensure Windows 10 compliance (i.e. Sage, Dictation Software) <ul style="list-style-type: none"> ○ This includes software drivers for PC attached peripherals (i.e. ECGs) • Machines running older versions of Windows must not be retained to support older technology. 	<p>(approx. 25% across the estate). The new machines will come with Windows 10 already installed</p> <ul style="list-style-type: none"> • The same engineers will also 're-image' the remaining machines not subject to refresh with the new Windows 10, and reinstall any supported Windows 10 software • The Project Team will be meeting with practices in the coming weeks to better understand the challenges of scheduling this potentially disruptive work and to identify the best ways to approaches it. • The project teams will get in touch to schedule the engineer's visits with individual practices in advance, and to keep the practice informed of any changes, enabling the practice to effectively manage any changes to their schedules.
<p>Apex Tool - The system provides an overview of a practice's profile to support planning and evaluate year on year changes in trends and population health demands. It also improves understanding of patient's behaviour and use of their services as well as providing a valuable insight into primary care activity, capacity and demand by analysis and reporting on GP practice appointment data.</p>	<p>Workload analysis and modelling - looking at current and past demand for appointments against practice patient demographics and 'illness' alongside which healthcare professional saw and treated the patient. Enabling capacity planning, population demand analysis, appointment activity scheduling, and assessment of patient and clinical activity.</p> <p>Future workforce planning - enabling practices to model different roles by developing capability of existing staff (role development) or by use of different clinicians working in or with the practice e.g. Clinical Pharmacists or the attachment of Paramedics. The impact of direct access to other clinicians outside of the practice could also be modelled e.g. diversion to access hubs or patient access to physiotherapists.</p> <p>Secure technology - which enables practices to share or report practice aggregated (anonymised patient) information and supports collaborative working, streamlining reporting across practices, Federations or to CCG commissioners. This is through an Enterprise (an organisation which requires reporting capability across several GP practices e.g. CCG.) enabling practice based information to be extracted through the reporting tool, with daily extracts and data anonymised at source controlled by the practice.</p>
<p>Population Segmentation Tool: Barnsley CCG has commissioned</p>	<p>OBH will use Apollo to extract and pseudonymise the patient data which will then be sent to OBH for analysing</p>

IT Project	Explanation/Update
<p>Outcomes Based Healthcare (OBH) to undertake a population segmentation analysis that will provide important insights that help to develop the local case for greater service integration across health and care. Population segmentation will be an important step in the transformation of the health and care system, supporting the development of population health management and outcomes-based commissioning.</p>	<p>and reporting. Currently this will be a one off piece of work.</p> <p>Some practices already have the Apollo Software installed, some of which will require a refresh. Other practices require a new installation. The software will ordinarily be loaded onto the practice Gateway PC and data set requirements added.</p> <p>We are working with eMBED to plan the data extract. We will begin by testing the data extract with a small group of practices in the next couple of weeks before rolling it out to all practices. Support will be available onsite for practices as required.</p>
<p>eConsultation: As part of its Digital Transformation Strategy, NHS England is encouraging the use of technology to empower patients and make it easier for clinicians to deliver high quality care, enabling patients to seamlessly navigate services. Online consultation for patients using GP practices is a contribution to this ambition.</p>	<p>Doncaster, Bassetlaw, Sheffield and Barnsley CCGs have worked together to produce a service specification based on the National spec and on the spec Rotherham CCG used when they procured their system.</p> <p>The suppliers already on the NHSE framework were reviewed by the procurement team against the service specification and 8 were invited to a supplier's day to showcase their system. An invitation was sent out from the SYB Programme Lead for GPs and PMs to attend.</p> <p>The full procurement documents have been agreed and signed off and the ITT has gone live through the procurement portal. A supplier appointment is expected by end of February and roll out from March 2019.</p>
<p>Mobile Working – ETTF: The Barnsley Mobile Working project is intended to bring efficiencies to the operation of GPs, practice staff and other clinical staff by enabling them to work from any location, allowing GPs to make use of new Microsoft technology and to facilitate new ways of working such as use of Microsoft Office 365 (O365) cloud-based applications and storage, and Microsoft 365 Windows 10 infrastructure.</p>	<p>The project will provide high-powered portable devices which use always-on 4G data with touch screen capabilities that enable handwriting recognition and cameras enabling faster, more reliable password-free login using face recognition. The main benefit will come with using the latest cloud-based technology to complete the mobile working picture. Microsoft OneDrive is a secure cloud-based storage area personal to every user to store personal documents. SharePoint is communal document storage facility along the lines of the shared network drives such as S: and T: with much more functionality. Microsoft Teams is an instant messaging communication application with the ability to set up persistent communal bulletin boards that we think will be useful for example for recording MDT notes.</p>

IT Project	Explanation/Update
	<p>These technologies are new to the organisation so the best way to harvest benefits from them will become more apparent after use and familiarisation. The intention is therefore to conduct a Proof of Concept (PoC) for a period of weeks during which we will consult regularly with all stakeholders and users. The intention is to start the PoC as soon as possible with four users in order to identify and resolve any initial technical challenges. This will run for two weeks after which a larger PoC with a total of 23 users will be rolled out to run for six further weeks. The approach will be to supply a mixture of hardware specifications to enable comparison; and O365 version E3 which allows a local copy of Word/Excel/Outlook etc. to be download</p> <p>Each machine will be supplied with a docking station, a case with an integrated NHS Smart Card reader, a cable for attaching an external HDMI screen and a pen for writing on screen.</p>

GOVERNING BODY

9 May 2019

EQUALITY & ENGAGEMENT COMMITTEE SUMMARY REPORT**PART 1A – SUMMARY REPORT**

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input checked="" type="checkbox"/>	<i>Information</i>
		<input type="checkbox"/>	
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Executive Lead</i>	Chris Millington	Lay Member
	<i>Author</i>	Carol Williams	Project Coordinator
3.	EXECUTIVE SUMMARY		
	<p>This report is to provide the Governing Body with the unadopted minutes of 14 February 2019 Equality and Engagement Committee meeting as per Appendix 1 attached. The committee agreed to highlight the PPI Strategy which was presented to the Governing Body on 14 March as part of the Patient & Public Involvement report. The Domestic Abuse Policy was presented to the Governing Body for sign off as part of the Governance and Assurance report.</p> <p>Patient and Public Involvement (PPI) Strategy 2019 – 2021 The strategy outlines our approach to ensure the views of patients, carers and members of the wider community are fully represented in decisions about how services are planned and also to ensure that the CCG is fully compliant with its statutory duties relating to public involvement and consultation. The PPI Strategy has been refreshed, comments and feedback gained has informed the final version.</p> <p>Domestic Abuse Support Policy The Domestic Abuse Support policy was developed in response to a joint Public Health England and charity publication, Domestic abuse: a toolkit for employers. The Designated Nurse Safeguarding Adults and the Head of HR will roll-out the toolkit training to staff and managers.</p>		
4.	THE GOVERNING BODY IS ASKED TO:		
	<ul style="list-style-type: none"> Note the contents of this report 		
5.	APPENDICES		
	<ul style="list-style-type: none"> Appendix 1 – Unadopted Minutes Equality & Engagement Committee 14 February 2019 		

Agenda time allocation for report:	5 minutes
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	All
2.	Links to CCG's Corporate Objectives	Y/N
	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
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	<i>The summary actions are to improve the outcomes for all patients.</i>
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

Minutes of the Meeting of the EQUALITY AND ENGAGEMENT COMMITTEE held on Thursday 14 February 2019 at 1pm in the Meeting Room 1, Hillder House, Gawber Road, Barnsley, S75 2PY.

PRESENT:

Chris Millington (Chair)	Lay Member for Patient & Public Engagement
Kirsty Waknell	Head of Communications & Engagement
Louise Dodson	Primary Care Transformation Manger (Deputy for Senior Primary Care Commissioning Manager
Colin Brotherston-Barnett	Equality, Diversity & Inclusion Lead
Dr Adebowale Adekunle	Elected Governing Body Member

IN ATTENDANCE:

Emma Bradshaw	Engagement Manager
Carol Williams	Project Coordinator/Committee Secretary
Jayne Hellowell	Head of Commissioning - Healthier Communities
Cath Bedford	Public Health Principal
Peter Smith	Head of HR Rotherham, Barnsley & Bassetlaw CCG's

APOLOGIES

Martine Tune	Chief Nurse (Acting)
Julie Frampton	Senior Primary Care Commissioning Manager
Susan Womack	Healthwatch Manager
Dr Indra Saxena	Membership Council Representative

Agenda Item	Note	Action	Deadline
EEC 19/02/01	APOLOGIES		
	Apologies were received as above. The Primary Care Transformation Manager attended as deputy for the Senior Primary Care Commissioning Manager.		
EEC 19/02/02	QUORACY		
	The Chair of the Committee declared that the meeting was quorate.		
EEC 19/02/03	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		

Agenda Item	Note	Action	Deadline
	The Committee considered the above report. No additional declarations of interest were received.		
EEC 19/02/04	DRAFT PROPOSALS FOR ENGAGEMENT MODEL TO SUPPORT JOINT COMMISSIONING UNIT & S75 AGREEMENT		
	<p>The Head of Commissioning - Healthier Communities and the Public Health Principal from BMBC attended the meeting to outline their engagement proposals for the joint commissioning unit and S75 agreement.</p> <p>There are a number of established service user forums that meet regularly and arrangements with these will be more formal, with an SLA and an annual plan of engagement with forums able to expand their networks into the wider community, feeding back to BMBC details of meaningful engagement.</p> <p>Along with funding from the CCG there will be dedicated BMBC staff time and more functions will be added into the portfolio of the Head of Commissioning – Healthier Communities work, e.g. Armed Forces work, Equality Forums etc. This will provide a broader reach to protected characteristics groups. A chairperson will be employed who will attend the Early Help Adults Group which reports into the Stronger Communities Partnership Board which brings rigour and governance to the process and funding will be available for room hire etc.</p> <p>The Live Well website will come under the control of BMBC from August 2019 and there are plans to develop this to make it more accessible and user friendly. Anyone can access the website and professionals can use this from a social prescribing perspective to find details of local groups and organisations. For people who are not able to access the website directly the area teams and integrated care networks along with community assets e.g. local libraries will be used to promote this service.</p> <p>It was noted that most GP's are not aware of the content on the Live Well website, a suggestion was made to deliver a session at BEST later in the year.</p> <p>BMBC hope that this gives the CCG reassurance and accountability to the funding and opportunity for engagement for service users.</p> <p>The new model is still to be considered by the forums.</p>		

Agenda Item	Note	Action	Deadline
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> The Committee Secretary to add a progress update to the agenda for the August 2019 Equality & Engagement Committee. 	CW	16.05.19
	<p>The Chair thanked the Head of Commissioning – Healthier Communities and the Public Health Principal for their update and stated that the CCG are assured by the strengthened model and direction of travel being proposed and offered the assistance of the CCG to take this work forward. The Head of Commissioning – Healthier Communities and the Public Health Principal left the meeting.</p>		
EEC 19/02/05	<p>MINUTES OF THE PREVIOUS MEETING HELD ON 15 NOVEMBER 2018</p>		
	<p>The minutes of the meeting were adopted and verified as a correct record of the proceedings.</p>		
EEC 19/02/06	<p>MATTERS ARISING REPORT</p>		
	<p>The Committee noted the matters arising report and actions noted as complete. The following updates were given:</p> <p>EEC 18/11/04 Service Provision for Blind & Partially Sighted People in Barnsley The Chief Nurse (Acting) had met with a commissioning colleague re issues raised in the Healthwatch report. Even through this is not a CCG commissioned service the commissioning colleague will take the issues to an external meeting looking at vision strategy to progress this. Closed.</p> <p>The Head of Communication & Engagement and a Contract Manager from BMBC had a development session with Healthwatch to encourage working more collaboratively for future pieces of work/reports. Closed.</p> <p>The Elected Governing Body Member left the meeting.</p> <p>EEC 18/11/11 Equality impact Assessments (EIA's) Work has progressed in relation to rolling out the EIA Toolkit with a staff training session planned for April which will include instructions on recording activity for EIA's, PIA's and QIA's which will be kept on a central document; this to be shared at subsequent Equality & Engagement Committee meeting. Closed.</p>		

Agenda Item	Note	Action	Deadline
	<p>EEC 18/11/14 Develop ToR for the Patient & Public Involvement Operational Group. The draft ToR will be discussed at the meeting on 21 February 2019. In Progress.</p> <p>The Elected Governing Body Member re-joined the meeting.</p> <p>Actions from previous meetings EEC 18/05/08 and EEC 18/08/09 Closed.</p> <p>EEC 18/08/13 HR Policies The Chief Nurse (Acting) to review the Professional Registration policy and feedback directly to the Head of Governance & Assurance. In Progress – The Head of Governance & Assurance stated that the Chief Nurse (Acting) had apologised for not being able to review this policy due to their work load and gave assurances that the review will be completed as quickly as possible. The current policy remains in place until this is completed.</p>	MT	16.05.19
PATIENT AND PUBLIC INVOLVEMENT			
EEC 19/02/07	MINUTES OF THE PATIENT COUNCIL MEETING HELD ON 28 NOVEMBER 2018		
	<p>The Committee received minutes of the Patient Council meetings held on 28 November 2018. A verbal report was given from 30 January 2019 meeting.</p> <p>28 November – Health, Wealthy & Wise: The Impact of Adult Learning across the UK Patient Council member Jan Eldred had been involved with the above publication and this aligned with key areas of work the CCG has been involved in over the past 3 years.</p> <p>Healthwatch Barnsley gave a presentation about how they ensure the views of the public are used to shape services and influence change for the better.</p> <p>30 January – Equality Delivery System (EDS2) The Equality, Diversity & Inclusion Lead and Project Coordinator for the CCG provided an introduction and overview in relation to our key organisational responsibilities regarding Equality and Diversity (EDS2). Each section of the EDS2 was considered in detail by patient council members who supported the findings of</p>		

Agenda Item	Note	Action	Deadline
	the self-assessment.		
	The Committee thanked the Chair for the updates.		
EEC 19/02/08	PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT		
	<p>The Head of Communications & Engagement presented the Patient and Public Involvement Activity report.</p> <p>The following were highlighted in the report:</p> <ul style="list-style-type: none"> Plans to consult about the CCG commissioning plans for 2019/20 moved to early 2019 to ensure the new national NHS long term plan is incorporated into our proposals. Healthwatch Barnsley shared their findings on health and care services available for people who are blind or visually impaired with the CCG patient and public engagement committee. Work ongoing in the Dearne to develop a community engagement model to shape wider health and wellbeing plans for that area. The Transport panel made up of members of the public across SYB will work with the hospital services review work as that develops. 		
	The Committee thanked the Head of Communications & Engagement for their report.		
EEC 19/02/09	EQUALITY & ENGAGEMENT COMMITTEE ANNUAL ASSURANCE REPORT		
	<p>The Head of Communications and Engagement tabled the draft committee annual assurance report for members comments.</p> <p>The report summarises that we have effectively discharged our roles and responsibilities as a committee. The assurance we have this year is the 'good' assessment from NHS England on the assessment framework and the committee have undertaken a self-assessment this year.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> The Committee Secretary to make amendments as discussed re WRES and circulate to members feedback by 28 February 2019 The Head of Governance & Assurance to ensure the final report is presented to the 	<p>CW/ ALL</p> <p>RW</p>	<p>28.02.19</p> <p>16.05.19</p>

Agenda Item	Note	Action	Deadline
	Audit Committee and Governing Body for sign off.		
	The Chair thanked the Head of Communications and Engagement for sharing this draft report.		
EEC 19/02/10	PATIENT AND PUBLIC INVOLVEMENT (PPI) STRATEGY 2018 – 2020		
	<p>The Engagement Manager presented the Patient and Public Involvement Strategy to the committee. The strategy outlines our approach to ensure the views of patients, carers and members of the wider community are fully represented in decisions about how services are planned and also to ensure that the CCG is fully compliant with its statutory duties relating to public involvement and consultation.</p> <p>The PPI Strategy has been refreshed, comments and feedback gained has informed the final version.</p> <p>Once the date range of the report is changed to 2019-2021 the committee agreed to sign off the PPI Strategy.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> The Head of Communication and Engagement to present the PPI Strategy to Governing Body members as part of the Public & Patient Involvement report. 	KW	16.05.19
	The Chair thanked the Engagement Manager for sharing this information.		
EEC 19/02/11	CCG IMPROVEMENT & ASSESSMENT FRAMEWORK (IAF) PATIENT AND COMMUNITY ENGAGEMENT INDICATOR – PROGRESS UPDATE		
	The Engagement Manager updated the committee on progress being made with the CCG IAF patient and community engagement indicator work. The deadline for this work to be completed is the beginning of March and once comments from partners are incorporated following meetings w/c 18 February all the relevant information will be published on the CCG website.		
	The Chair thanked the Engagement Manager for sharing this information.		
EQUALITY			

Agenda Item	Note	Action	Deadline
	<p>The Committee thanked the Equality, Diversity & Inclusion Lead for the update from the Equality & Diversity Working Group.</p>		
<p>EEC 19/02/13</p>	<p>EQUALITY, QUALITY & PRIVACY IMPACT ASSESSMENTS</p>		
	<p>The Equality, Diversity & Inclusion Lead stated that, following successful training session for the EIA Toolkit to a small number of staff and Governing Body members, training has been planned in April 2019 for the EIA Toolkit and 14Z2 when staff will be informed of the process for recording equality, privacy and quality impact assessments on a central register.</p>		
	<p>The Chair thanked the Equality, Diversity & inclusion Lead for this update.</p>		
<p>EEC 19/02/14</p>	<p>EDS2 EQUALITY OBJECTIVES FOR 2019/20</p>		
	<p>The Equality, Diversity & Inclusion Lead presented the EDS2 Equality Objectives for 2019/20 for consideration by the committee.</p> <p>The Head of Communications & Engagement left the meeting.</p> <p>The objectives are linked to the 4 EDS2 goals and the Equality, Diversity & Inclusion Working Group will look at these in more detail.</p> <p>The Head of Communications & Engagement re-joined the meeting and Head of HR joined the meeting.</p> <p>The report is an action plan which can be monitored and will be used as a basis for reporting back to this committee. There will need to be engagement with lead officers, who are not part of this committee or the ED&I Working Group, to ensure that they understand their responsibilities to deliver against these objectives. It was agreed that the Engagement Manager will join the ED&I Working Group.</p> <p>The committee approved the CCG Equality Objectives for 2019/20.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • The Committee Secretary to forward invites to the ED&I Working Group meetings to the Engagement Manager. 	<p>CW</p>	<p>16.05.19</p>

Agenda Item	Note	Action	Deadline
	The Committee thanked the Equality, Diversity & inclusion Lead for this update.		
QUALITY GOVERNANCE			
EEC 19/02/15	CCG RISK REGISTER AND ASSURANCE FRAMEWORK		
	<p>The Committee received the Risk Register and Assurance Framework on behalf of the Head of Governance & Assurance.</p> <p>Governing Body Assurance Framework (GBAF) There are no risks on the Assurance Framework where the Equality and Engagement Committee provides assurance.</p> <p>Risk Register There are currently 2 risks rated amber on the Corporate Risk Register for which the Equality and Engagement Committee are responsible for managing :</p> <ul style="list-style-type: none"> • Risk Reference 13/13b (rated 12, amber high) – Potential failure of the CCG to engage with patients and the public in the commissioning of services. • Risk Reference CCG 14/16 (rated 12, amber high) – If a culture supportive of equality and diversity is not embedded across the CCG there is a risk that the CCG will fail to discharge its statutory duties as an employer and will not adequately consider issues of equality within the services we commission. <p>There have been no additional risks or removals since the previous meeting of the Equality & Engagement committee.</p> <p>The committee agreed that the risks are being appropriately managed and scored as at 14 February 2019.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • The Head of Communications & Engagement to provide details to the Governance, Assurance & Engagement Facilitator in relation to the refreshed PPI Strategy and the strengthened partnership working with BMBC to add to mitigation of risk 13/13b and details 	KW	16.05.19

Agenda Item	Note	Action	Deadline
	of the EIA and 14Z2 training date for staff as mitigation of risk 14/16.		
	The Chair thanked the Head of Governance & Assurance for the updates provided on the Risk Register and Assurance Framework report.		
EEC 19/02/16	HR POLICIES		
	<p>The Head of HR provided an update on 2 polices and an induction checklist.</p> <p>The IG Handbook has been added to the list of policies that staff review within their first few days which distils the main points of the suite of IG policies.</p> <p>Pay Progression Policy – following the introduction of a 3 year pay deal in April 2018 guidance has been issued to CCG’s re pay progression due to start 1 April 2019 which applies to new and promoted members of staff. Existing staff (who are not being promoted) are on a pay progression journey with special transition arrangements in place until 2021 when they will adopt the new arrangements whereby pay progression is no longer automatic. Details of this were shared with committee members.</p> <p>The Domestic Abuse Support Policy has been developed in response to a joint Public Health England and charity publication, Domestic abuse: a toolkit for employers and is currently out for consultation. Following extensive review (including a working group for the EIA) comments and amendments have been incorporated into this policy presented to this committee. The Designated Nurse Safeguarding Adults and the Head of HR will roll-out the toolkit training to staff and managers.</p> <p>The committee approved changes to the HR policies and the draft Domestic Abuse Policy which will be referred onto the Governing Body for sign off.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • The Head of Governance & Assurance to include the Domestic Abuse Policy in their governance report for sign of at Governing Body 	RW	16.05.19
	The Chair thanked the Head of HR for the updates on		

Agenda Item	Note	Action	Deadline
	the HR policies. The Head of HR left the meeting.		
GENERAL			
EEC 19/02/17	ANY OTHER BUSINESS		
	No items were raised.		
EEC 19/02/18	ITEMS TO HIGHLIGHT IN THE GOVERNING BODY ASSURANCE REPORT		
	Committee members agreed to highlight the refreshed PPI Strategy and the Domestic Abuse Policy.		
EEC 19/02/19	REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED		
	The Chair thanked members for their input, good quality and content of papers and a good meeting. All felt it was particularly useful and informative to have had the input from BMBC colleagues.		
EEC 19/02/20	DATE AND TIME OF THE NEXT MEETING		
	The next meeting of the Equality and Engagement Committee will be held on 16 May 2019 at 1pm in Boardroom, Hillder House.		

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 9 April 2019
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Councillor Sir Stephen Houghton CBE, Leader of the Council (Chair)
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson - Communities
Rachel Dickinson, Executive Director People
Wendy Lowder, Executive Director Communities
Julia Burrows, Director Public Health
Dr Nick Balac, Vice Chair, NHS Barnsley Clinical Commissioning Group
Adrian England, HealthWatch Barnsley
Salma Yasmeen, Director of Strategy, South West Yorkshire Partnership NHS Foundation Trust
James Barker, Barnsley Healthcare Federation
Bob Dyson, Chair of Barnsley Safeguarding Children Partnership

33 **Declarations of Pecuniary and Non-Pecuniary Interests**

There were no declarations of pecuniary or non-pecuniary interest.

34 **Minutes of the Board Meeting held on 4th December, 2018 (HWB.09.04.2019/2)**

The meeting considered the minutes of the previous meeting held on 4th December, 2018.

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

35 **Children and Young People's Trust held on 14th September, 2018 (HWB.09.04.2019/3)**

The meeting considered the minutes from the Children and Young People's Trust held on 14th September, 2018.

RESOLVED that the minutes be received.

36 **Safer Barnsley Partnership held on 12th November, 2018 and 11th February, 2019 (HWB.09.04.2019/4)**

The meeting considered the minutes from the Safer Barnsley Partnership held on 12th November, 2018 and 11th February, 2019.

RESOLVED that the minutes be received.

37 Provider Forum held on 12th December, 2018 and 13th March, 2019 (HWB.09.04.2019/5)

The meeting considered the minutes from the Provider Forum meetings held on 12th December, 2018 and 13th March, 2019.

RESOLVED that the minutes be received.

38 Stronger Communities Partnership held on 26th November, 2018 and 28th February, 2019 (HWB.09.04.2019/6)

The meeting considered the minutes from the Stronger Communities Partnership meetings held on 26th November, 2018 and 28th February, 2019.

RESOLVED that the minutes be received.

39 South Yorkshire and Bassetlaw Shadow ICS Collaborative Partnership Board held on 19th October, 2018 (HWB.09.04.2019/7)

The meeting considered the minutes from the South Yorkshire and Bassetlaw Shadow ICS Collaborative Partnership Board held on 19th October, 2018.

RESOLVED that the minutes be received.

40 Public Questions (HWB.09.04.2019/8)

The meeting noted that no public questions had been received for consideration at today's meeting.

41 Draft Terms of Reference (HWB.09.04.2019/9)

The meeting considered a report of the SSDG which after extensive consultation with partners and stakeholders had been revised acknowledging the Board's evolution.

It was noted that in particular the Board would continue to set the direction and strategic outcomes for a healthier future for the citizens of Barnsley. It was emphasised that the role was not one of governance or scrutiny, but more about inspiring, influencing and collaborating with and across organisations as well as with communities and residents.

To emphasise the collaborative approach a proposal had been incorporated which suggested that the Board be co-Chaired by the Executive Leader of BMBC and the Chair of the BCCG. This collaborative approach would be strengthened further through the Board continuing to provide the opportunity for public questions to be raised. In order to deliver the strategic objectives it was agreed that the impact of the Board's deliberations be evidenced at neighbourhood, Borough and regional level.

It was recommended that a review of the relationship with wider providers was undertaken, particularly from the private sector such as care homes and primary care practices. It was proposed that a review of this nature was undertaken in conjunction with a review of the terms of reference for the Provider Forum and would be brought back to the Health and Wellbeing Board for consideration. On this basis, it was

suggested that the Chair of the Provider Forum be temporarily removed from the Health and Wellbeing Board's membership or alternatively that the Board consider that greater flexibility be provided for this matter in approving these terms of reference.

Once finalised the terms of reference would be put to Cabinet for consideration.

RESOLVED that the draft terms of reference for the Health and Wellbeing Board were considered and agreed, noting the further work that was required in respect of the Provider review.

42 Integrated Care Outcome Framework (HWB.09.04.2019/10)

A report of the Director of Public Health in conjunction with the Barnsley CCG set out the degree of engagement that had taken place over the last 12 months in establishing an Outcomes Framework.

The Board welcomed the proposals and supported the principles that were used in developing the Framework. It was noted in particular the requirement to have good quality data but equally that this could be evidenced through practical examples that would assist the Board in its deliberations. Equally there was a requirement to identify related action plans and to determine where any gaps might exist. The Executive Director People, Barnsley MBC, welcomed the Framework which in part affirmed the positive outcome of the recent Ofsted inspection. She asked that reference to Early Years work be better referenced. The ICOF would be a data product contained in the Joint Strategic Needs Assessment (JSNA) and would help inform the next Health and Wellbeing Board Strategy, which was anticipated in early 2020.

RESOLVED:-

- (i) that the development of the Outcomes Framework be noted;
- (ii) that, subject to the points highlighted, the Health and Wellbeing Board agree to adopt the Outcomes Framework; and
- (iii) that the proposed next steps to further develop the Outcomes Framework and its use across the Barnsley system be noted.

43 Alcohol Plan (HWB.09.04.2019/11)

The Board considered a report of the Director of Public Health which confirmed alcohol has being one of three priorities set out in the refreshed Public Health Strategy along with food and emotional resilience.

The Plan sought to improve the health and wellbeing of Barnsley residents and address the health inequalities associated with alcohol use. The Board in particular noted the high prevalence of liver disease within the town. The Plan sought to address the impact alcohol had on the night time economy, its availability, its affordability and its general acceptance as a social pastime. It emphasised the requirement to work with the alcohol industry to put in place measures that would encourage people to drink responsibly.

The Board noted in particular the work that was required in engaging young people and educating at an early age as to the impact of alcohol.

RESOLVED that the Health and Wellbeing Board support the strategic direction of the Alcohol Plan including the vision, priorities, outcomes and targets.

44 Director of Public Health Annual Report (HWB.09.04.2019/12)

The Health and Wellbeing Board welcomed the 2018 Annual Report which highlighted in particular the work taking place to improve the health and wellbeing of Barnsley's residents and address the health inequalities associated with loneliness. The report's recommendations aligned with the Board's strategic priorities of:-

- People live happy, healthier, longer lives;
- People have improved mental health and wellbeing;
- People live in strong and resilient families and communities.

The Board noted the good work that was taking place in Barnsley and agreed that where practicable this be aligned to the TownSpirit initiative.

RESOLVED that the Health and Wellbeing Board noted the contents and recommendations set out in the Annual Report and supported their implementation during 2019.

45 Barnsley Safeguarding Children Partnership Arrangements: Working Together 2018 Implementation (HWB.09.04.2019/13)

The Chair of the Barnsley Safeguarding Children Partnership highlighted the work which had taken place in responding to the Working Together 2018 report which sought to change the arrangements that were required locally to ensure that agencies worked together in partnership to keep children and young people safe. It was noted in particular how the Barnsley Local Safeguarding Children Board would transition to become the Barnsley Safeguarding Children Partnership (BSCP) with effect from 1st April 2019.

The Board acknowledged the background to the transition and welcomed the proposals set out in the Plan. Whilst no longer a statutory duty, the Board acknowledged that national guidance remained in place.

RESOLVED that the Health and Wellbeing Board welcome the Plan and looked forward to maintaining its close working relationship with the newly created Barnsley Safeguarding Children Partnership.

46 Joint Strategic Needs Assessment update (HWB.09.04.2019/14)

The Board considered a report of the Director of Public Health which sought to provide an overview to the Barnsley Joint Strategic Needs Assessment (JSNA).

The Local Government and Public Involvement in Health Act (2007) required upper tier local authorities and PCTs to produce a JSNA of the health and wellbeing of their local community. The Health and Social Care Act 2012 gave this duty to Health and

Wellbeing Boards with additional statutory duty to prepare a Joint Health and Wellbeing Strategy to meet the needs identified in the JSNA.

The Board welcomed the work which had taken place to develop and update the JSNA and in particular the significant engagements with stakeholders which had taken place. The Board supported the development of the JSNA as a web-based reference resource so as to improve engagement with people wanting to know about health and wellbeing in their area. Close monitoring would take place to determine the extent to which the JSNA would be used and become embedded in local structures and partnerships, local commissioning strategies, in order to improve outcomes for local people.

RESOLVED that the Health and Wellbeing Board note in particular:-

- (i) the streamlined approach to developing the JSNA;
- (ii) the stocktake of intelligence, products and outputs across all partners;
- (iii) the approach in developing “one-stop” website for Barnsley information and intelligence (including the JSNA); and
- (iv) the process for the identification of topic areas for “deep-dives” using an agreed prioritisation tool.

Chair

South Yorkshire and Bassetlaw Shadow Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

9 November 2018

**The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU**

Decision Summary

Minute reference	Item	Action
105/18	Mental Health Workstream Progress Update The Board emphasised the importance of sharing good practice and promoting mental health awareness in the workplace and within the SYB ICS i.e links with staff magazines and the ICS website / details projected on screen in GP surgeries. It was agreed to discuss at the next ICS Primary Care Steering Board for discussion.	RG

South Yorkshire and Bassetlaw Shadow Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

9 November 2018

**The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU**

Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash CHAIR	South Yorkshire and Bassetlaw ICS	Chief Executive, SYB ICS	✓		
Adrian England	Healthwatch Barnsley	Chair	✓		
Ainsley Macdonnell	Nottinghamshire County Council	Service Director	✓		
Alison Knowles	Locality Director North of England,	NHS England		✓	
Alan Davis	South West Yorkshire Partnership NHS FT	Director of Human Resources	✓		
Andrew Hilton	Sheffield GP Federation	GP		✓	
Anita Linsdell	Doncaster Council	Head of Business Development	✓		Jo Miller
Anne Gibbs	Sheffield Teaching Hospitals NHS FT	Director of Strategy		✓	
Anthony May	Nottinghamshire County Council	Chief Executive		✓	
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher	✓		
Brian Hughes	NHS Sheffield Clinical Commissioning Group	Director of Commissioning	✓		Maddy Ruff & Tim Moorhead
Catherine Burn	Voluntary Action Representative	Director		✓	
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer		✓	
Chris Holt	The Rotherham NHS FT	Deputy Chief Executive and Director of Strategy and Transformation		✓	
Clare Hodgson	East Midlands Ambulance Service NHS Trust	Assistant Director of Strategy Development and Commercial Services	✓		
David Pearson	Nottingham County Council	Deputy Chief Executive		✓	
Des Breen	South Yorkshire and Bassetlaw ICS	Medical Director	✓		
Dominic Blaydon	The Rotherham NHS FT	Associate Director of Strategy and Transformation		✓	
Diana Terris	Barnsley Metropolitan Borough Council	Chief Executive		✓	
Giles Ratcliffe	Public Health England	Consultant Specialised Commissioning	✓		Frances Cunning

Greg Fell	Sheffield City Council	Director of Public Health		✓	
Frances Cunning	Yorkshire & the Humber Public Health England Centre	Deputy Director – Health and Wellbeing		✓	
Helen Stevens	South Yorkshire and Bassetlaw ICS	Associate Director of Communications and Engagement	✓		
Ian Atkinson	NHS Rotherham Clinical Commissioning Group	Deputy Chief Officer	✓		Chris Edwards
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer		✓	
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer	✓		
Janet Wheatley	Voluntary Action Rotherham	Chief Executive		✓	
Jeremy Cook	South Yorkshire and Bassetlaw ICS	Director of Finance	✓		
John Mothersole	Sheffield City Council	Chief Executive		✓	
John Somers	Sheffield Children's Hospital NHS Foundation Trust	Chief Executive	✓		
Jo Miller	Doncaster Metropolitan Borough Council	Chief Executive		✓	
Julia Burrows	Barnsley Council	Director of Public Health		✓	
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive		✓	
Kirsten Major	Sheffield Teaching Hospitals NHS FT	Interim CEO	✓		
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive		✓	
Leaf Mobb	Yorkshire Ambulance Service	Director of Business Development		✓	
Lesley Smith	NHS Barnsley Clinical Commissioning Group	SYB ICS Deputy System Lead, Chief Officer NHS Barnsley CCG	✓		
Lisa Kell	South Yorkshire and Bassetlaw ICS	Director of Commissioning Reform	✓		
Louise Barnett	The Rotherham NHS FT	Chief Executive	✓		
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer		✓	
Mags McDadd	South Yorkshire and Bassetlaw ICS	Corporate Committee Administrator, Executive PA and Business Manager	✓		
Mark Janvier	NHS England North		✓		Alison Knowles
Matthew Groom	NHS England Specialised Commissioning	Assistant Director	✓		
Matthew Sandford	Yorkshire Ambulance Service NHS Trust	Associate Director of Planning and Development		✓	
Mike Curtis	Health Education England	Local Director		✓	
Moira Dumma	NHS England	Director of Commissioning		✓	

		Operations			
Neil Priestley	Sheffield Teaching Hospitals NHS FT	Director of Finance		✓	
Neil Taylor	Bassetlaw District Council	Chief Executive		✓	
Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		✓	
Patrick Birch	Doncaster Metropolitan Borough Council	Strategic Lead for Adult Transformation		✓	
Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Executive Director	✓		
Richard Henderson	East Midlands Ambulance Service NHS Trust	Chief Executive		✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive	✓		
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS FT	Chief Executive	✓		
Richard Stubbs	The Yorkshire and Humber Academic Health Science Network	Chief Executive	✓		
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive		✓	
Rod Barnes	Yorkshire Ambulance Service NHS Trust	Chief Executive	✓		
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health		✓	
Ruth Hawkins	Nottinghamshire Healthcare NHS FT	Chief Executive		✓	
Sandra Crawford	Nottinghamshire Healthcare NHS FT	Associate Director of Transformation Local Partnerships Division		✓	
Sarah Halstead	NHS England Specialised Commissioning	Senior Service Specialist and RightCare Associate		✓	
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive		✓	
Simon Morritt	Chesterfield Royal Hospital NHS FT	Chief Executive		✓	
Steve Shore	Healthwatch Doncaster	Chair		✓	
Teresa Roche	Rotherham Metropolitan Borough Council	Director of Public Health		✓	
Tim Moorhead	NHS Sheffield Clinical Commissioning Group	Clinical Chair		✓	
Tony Campbell	Chesterfield Royal Hospital NHS FT	Chief Operating Officer	✓		Simon Morritt
Victoria McGregor-Riley	NHS Bassetlaw Clinical Commissioning Group		✓		
Will Cleary-Gray	South Yorkshire and Bassetlaw ICS	Chief Operating Officer	✓		
Yvonne Elliott	Primary Care Sheffield	Deputy Chief Executive Officer	✓		

Minute reference	Item	Action
99/18	<p>Welcome and introductions</p> <p>The Chair welcomed members to the meeting.</p>	
100/18	<p>Apologies for absence</p> <p>The Chair noted the apologies for absence.</p>	
101/18	<p>Minutes of the previous meeting held 19th October 2018</p> <p>The minutes of the previous meeting were agreed as a true record and will be posted on the website after this meeting. www.healthandcaretogethersyb.co.uk</p>	
102/18	<p>Matters arising</p> <p>Place Update – Microsystem Coaching Richard Jenkins informed the group that following discussions with Trust Chief Executives, the consensus was that there is a strong appetite for microsystem coaching. As each trust has individual requirements, a single operating system model was not recommended.</p> <p>All other matters agenda arising were actioned or noted on the agenda.</p>	
103/18	<p>National Update</p> <p>CEO ICS Report</p> <p>The Chair presented the Chief Executive Officer's report to the meeting.</p> <p>The monthly report provided an update on:</p> <ul style="list-style-type: none"> - Update on the work on the ICS CEO over the last month - Update on a number of key priorities not covered elsewhere on the agenda. <p>The report gave a concise update to the Board regarding the following items:</p> <ul style="list-style-type: none"> ▪ ICS Performance Scorecard ▪ ICS ways of working / governance review ▪ Long Term Plan listening event ▪ Launch of the South Yorkshire and Bassetlaw QUIT (Question Understand Inform Treatment) Programme <p>The Chair advised the Board that as part of the ICS governance review it is proposed to change the Collaborative Partnership Board to Health and Care Board.</p> <p>The Chair informed the Board that the ICS performance scorecard highlighted the collective position at August 2018 as compared with other regions in the North of England and the other ICSs. It was noted that there is an improvement in the 31 day cancer performance (from 95.3% in July to 96% in August) and the 62 day cancer performance remains red (again reporting 82.9%) moving to red on diagnostics within six weeks. All places across the patch are working extremely hard to align the ICS collective position with remedial action in place to secure a sustainable position and thereafter move to transformation care.</p> <p>The place-based meetings to understand the good practice happening in place and explore issues or areas where additional support would be helpful, are now underway. It was noted that Doncaster has volunteered to pilot the approach which will enable a review and iteration of the process for future discussions in the other places.</p> <p>The Chair advised the Board that the NHS Long Term Plan is for a period of 10 years and the timeframe for the SYB ICS Plan submission is July 2019. A draft SYB</p>	

	<p>ICS plan will go to all boards and governing bodies for review and comment, prior to final submission.</p> <p>The Board noted that a very successful launch of the South Yorkshire and Bassetlaw (SYB) QUIT Programme took place on 7th November. The speakers included Dr Andrew Furber, Centre Director, Public Health England, Yorkshire and Humber, Professor John Britton; Professor of Epidemiology and Honorary Consultant in Respiratory Medicine, University of Nottingham, Ms Judith Stonebridge; Northumbria Health Care NHS Trust and Dr Richard Jenkins, Chief Executive Barnsley Hospital NHS Foundation Trust.</p> <p>The aim of the event was to encourage all hospitals in South Yorkshire to become institutions of health promotion and smokefree zones, building on learning from London and Canada where similar hospital-based programmes to support patients who are tobacco dependent, had a significant benefit on not only health outcomes but also on short and medium term hospital re-admissions.</p> <p>Richard Jenkins added that the event was very well attended and received. An executive lead is now in place at each trust with ongoing progress on funding opportunities and the next steps in the programme.</p> <p>The Collaborative Partnership Board was informed that the QUIT programme will be included with the SYB ICS Long Term plan.</p> <p>The Collaborative Partnership Board noted the contents of the report.</p>	
<p>104/18</p>	<p>Integrated Care System (ICS) Highlight Report</p> <p>The Collaborative Partnership Board received the ICS Highlight Report from Lisa Kell,</p> <p>The report provided a summary of progress on the South Yorkshire and Bassetlaw (SYB) ICS workstreams identifying the key risks.</p> <p>The key risks were noted as:</p> <ul style="list-style-type: none"> • Cancer waiting time – 62 day performance • Lack of Public Health Capacity within the ICS to meet competing demands • Increasing demands for Radiology imaging • Research and Innovation – additional support to project manage the establishment of the workstream projects post December 2018 • Stroke – it may not be possible to agree new tariff arrangements for HASU Stroke - Operational risks including workforce, CT scanning capacity, delivery of the new HASU model from April 2019 and additional transport requirement. Mid Yorkshire have identified a number of risks and are reviewing the quality and efficiency of their service <p>The Board was informed that the report would be discussed in detail by the Executive Steering Group on 20 November 2018.</p> <p>The Chair thanked Lisa for her report.</p>	
<p>105/18</p>	<p>Mental Health Workstream Progress Update</p> <p>The Collaborative Partnership Board received a powerpoint presentation from Rachel Gillott, Programme Director Urgent and Emergency Care and Mental Health/Learning Disabilities, STB ICS and Jackie Pederson, Senior Responsible Officer, Mental Health Health/Learning Disabilities, SYB ICS.</p> <p>Rachel Gillott presented an overview of the programme's priorities for 2018/19 with the main focus on Employment Support; Perinatal Mental Health; Suicide Prevention. The other priorities included Out of Area Placements; CYP mental health crisis pathway; autistic spectrum conditions and ADHD.</p>	

The Board was informed that there is strong commitment and engagement from across the patch from all providers and commissioners, South Yorkshire Police and ambulance services. Organisations across the system are very keen to work collaboratively and support initiatives going forward. Volunteers are also joining various groups and organisations to contribute to the programme.

It was noted that this is a complex area and there is a need to embed mental health and disabilities into everything we do in society.

Funding bids were secured for perinatal mental health and suicide prevention with the hope to include individual placement support. An NHS England funding proposal for Individual Placement Support funding (there is a risk to service delivery and realising benefits, if unsuccessful) is currently underway.

The Board was informed of the benefits of the Mental Health Employment Offer, and the phase 2 Expression of Interest of up to £500k which the ICS is committed to recurrently fund beyond the two years.

Rachel Gillott added that the Perinatal Mental Health is a national transformation programme committed to increase investment in order to increase access to evidence based specialist provision to 30,000 women nationally, and approximately 700 women per year in South Yorkshire and Bassetlaw (SYB). Successful bids were received on allocation of an additional £881,000 for SYB resulting in a £1.5m service offer on a recurrent basis. This will improve service provision across SYB, addressing gaps in provision across Doncaster, Rotherham and Sheffield, with provision in Barnsley and Bassetlaw being addressed through phase 1 by provider location.

The ambition is to develop a single service model focussing on delivery in three localities with strong connections into wider local systems with single pathways and clinical governance. It was noted that the main risks to delivery included recruitment and the practical challenges of delivery service incorporating IT, digital clinical systems.

Rachel Gillott updated the Board on the national suicide statistics as follows:

- 75% of suicides are men and 25% women
- Two thirds of all deaths by suicides are not known to Mental Health Services
- In-Patient Suicides - slower fall in recent years:
 - 31% in 2005-10
 - 14% in 2010-15
- Twice as many suicides under crisis teams as in-patients
- After discharge there is a risk in first two weeks (day 3)
- More than 50% of children and young people who died by suicide had a history of self-harm
- 30 - 50% greater risk in 12 months after self-harm

The mental health delivery programme's ambition is: a 10% reduction in deaths by suicide by 2021; reduce suicide and self-harm in mental health services; reduce self-harm in community and acute services; suicide prevention in men and/or work with primary care.

It was noted that the change to the "Burden of proof change", (the coroner's report of *conclusion of 'suicide'*) will be difficult to benchmark future performance against previous data.

The Board was informed the five places will lead on locally determined projects from suicide prevention plans with a common theme for all training and awareness raising. The four SYB ICS priority projects were noted as real time surveillance;

	<p>bereavement support; media handling of suicides; retrospective coroners audit.</p> <p>The Board unanimously agreed that the overarching aim across the system is to reduce the number of deaths by suicide and how this can be achieved as an Integrated Care System. The Board emphasised the importance of sharing good practice and promoting mental health awareness in the workplace and within the SYB ICS i.e links with staff magazines and the ICS website / details projected on screen in GP surgeries. It was agreed to discuss at the next ICS Primary Care Steering Board for discussion.</p> <p>The Board discussed the issue of the lack of mental health expertise in secondary schools to support children and young people suffering from anxiety, low self-esteem and more serious mental health concerns. It was noted that a £2.5m national NHS England trailblazer will support Child and Adolescent Mental Health Services (CAMHS) in school. Jackie Pederson added that as a starting point a rollout out across the systems is underway to instate a specialised trained counsellor in each secondary school.</p> <p>The Board noted that mental health and disabilities will remain a high priority within SYB ICS Long Term plan.</p> <p>The Chair thanked Jackie Pederson and Rachel Gillott for their comprehensive and informative report.</p>	
<p>106/18</p>	<p>Hospital Services Programme Update</p> <p>The Collaborative Partnership Board received the Hospital Services Programme update from Alexandra Norrish, Hospital Services Programme Director.</p> <p>It was noted that no decisions were required from the Board at this point in the process and the update was provided for information and noting purposes.</p> <p>The Board was informed that the two executive-level workshops on the Hosted Network were held and have discussed the networks with the Clinical Working Groups and with existing ICS leads. Based on the findings a straw man was developed of what a Hosted Network would look like, which we be discussed with the Executive Steering Group the 9th November 2018.</p> <p>The proposed next steps are as follows:</p> <ul style="list-style-type: none"> • Workshop with existing networks on 28th November 2018 • Third Executive Workshop to agree straw man on 30th November 2018 • Hosts to express interest by the end of December 2018 • Meeting to assign hosts in early January 2019 <p>The Board noted that the transformation strand is looking at how to make better use of existing / alternate workforce, considering casemix and the main patient pathways; skills required; using workforce more effectively. Engagement with Health Education England and the Faculty of Advanced Clinical Practice and existing networks is ongoing as part of this development.</p> <p>It was noted the following feedback on Maternity, Paediatric and Neonatology services, a reconfiguration approach is looking at a range of clinical models.</p> <p>Evidence is currently being collated from a number of different clinical models from around the country for paediatrics and maternity, in order to understand the specific changes that each new model results in and how interdependencies are addressed. An update and recommendations will be presented to the Executive Steering Group on 9th November, thereafter to the Collaborative Partnership Board in January 2019.</p> <p>The time frame for Hosted Networks, Transformation and Reconfiguration processes was noted by the Board.</p>	

	<p>The Chair thanked Alexandra for her presentation.</p>	
<p>107/18</p>	<p>Communication and Engagement</p> <p>The Collaborative Partnership Board received an update from Helen Stevens, Director of Communications and Engagement, South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS).</p> <p>Engagement work is ongoing across the ICS including support for the work of Working Together on Hospital Services, the Citizen’s Panel, clinical and public engagement development projects and the lay members meetings. Communication work includes a narrative and content refresh, ongoing PR work following the work of the ICS launch, relaunching bulletins for various stakeholder groups and a review of the Social Media strategy.</p> <p>The Board noted that SYB ICS was selected to be one of six national NHS England Public Engagement Projects, a self-assessment process followed by a half day deep dive to explore the findings. The event takes place on 20th November and the findings will lead to a national model for achieving effective public engagement in ICSs in 2019 and beyond. Efforts are continuing to seek representation from Rotherham and additional representation from Barnsley on the Citizen’s Panel. In the interim, information sessions with people from the areas are being set up.</p> <p>Helen added that the Communication and Engagement team are working with the ICS leads to showcase the work across the ICS workstreams promoting the excellent work happening in places.</p> <p>The Chair thanked Helen Stevens for her report.</p>	
<p>108/18</p>	<p>ICS Governance Progress Review</p> <p>The Collaborative Board received this report from Will Cleary-Gray, Chief Operating Officer SYB ICS.</p> <p>The Board was asked to note the progress being made to review the ICS governance and ways of working across South Yorkshire and Bassetlaw to support partnership working as an Integrated Care System.</p> <p>The report highlighted the progress made since the last update, as follows:</p> <ul style="list-style-type: none"> • A review of existing governance and ways of working • Engagement with partners and stakeholders and wider governance forums • Progress with the straw man governance framework and progress following input from partners • Drafting the SYB Manual Framework in readiness to share as a draft with system partners <p>It was noted that the key themes from the first phase of work include the importance of having an agreed set of principles which underpin shared working; interdependencies between the work at system and place level; health and care partners to work together on a SYB footprint; existing collaborative forums for effective shared working and decision making. There is broad support from key partners on the proposed straw man governance framework with recognition that further detail will enable robust input and challenge to the framework.</p> <p>The Board noted that it was agreed earlier in the review process to extend the review timetable to enable time to engage more fully with partners and stakeholders. A draft System Manual and Framework will be available for first review by Boards and Governing Bodies in January 2019 with the aim to have a refreshed framework in place for 1 April 2019.</p> <p>The next steps in the process are to further engage with partners throughout November 2018 on the development of the straw man governance framework, further sharing of the proposed framework at and SYB Chief Executive Time Out in</p>	

	<p>January 2019 (date to be confirmed) and first draft of the SYB Manual Framework, available to the Collaborative Partnership Board in mid-January 2019 (following the Time Out) for review and feedback.</p> <p>The Board discussed the complexities of the review process, paying particular attention to the timeframe to present the draft reviewed framework to Board and Governing Bodies following the review by Chief Executives at the Time Out and subsequently the Collaborative Partnership Board in January 2019.</p> <p>The Chair thanked Will Cleary-Gray for his report.</p>	
109/18	<p>Finance Update</p> <p>The Collaborative Partnership Board received the report from Jeremy Cook, Finance Director SYB ICS.</p> <p>The Board noted that the planning guidance for 2019/20 is now due in December 2018 and an announcement of the Wave 4 capital bids is due in November. The SYB ICS submitted 3 bids which were prioritised as:</p> <ol style="list-style-type: none"> 1. System sustainability including primary and community, digital, mental health, acute schemes and the strategic elements of the hospital services review (gross cost £305.1m over the 5 elements) 2. Acute and elective reconfiguration of Doncaster and Bassetlaw Hospitals (gross cost £75.5m) 3. System wide reconfiguration of cancer services (gross cost £64.6m) <p>Preparation is underway for the second System Efficiency Board workshop which is arranged for 16th November to agree the priorities for 2018/19 and 2019/20.</p> <p>It was noted that the financial position is a favourable variance against plan of £3.4m, excluding Provider Sustainable Funding (PSF), and all organisations are forecasting achievement of plan or better excluding PSF. This is despite efficiency savings showing an adverse variance against plan at Month 6 of £0.9m and forecast adverse variance of £2.8m.</p> <p>Jeremy added that as efficiency savings are back end loaded in a number of organisations, this is a key financial risk in the second half of the year as the run rate needs to improve to deliver the plan. It was noted that further discussions are being held with places and organisations at the higher risk to understand risks and mitigations which will be reported to the November Executive Steering Group.</p> <p>The Chair thanked Jeremy for his report.</p>	
110/18	<p>Any Other Business</p> <p>There was no other business to consider.</p>	
111/18	<p>Date and Time of Next Meeting</p> <p>The next meeting will take place at 9.30am to 11.30am on 11 January 2019 in the Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU.</p>	

GOVERNING BODY

9 May 2019

Governing Body Work Plan/Agenda Timetable 2019/20

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><i>Decision</i></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;"><i>Approval</i></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;"><i>Assurance</i></td> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;"><i>Information</i></td> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>		
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>				
2.	REPORT OF										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;"><i>Name</i></th> <th style="width: 35%; text-align: center;"><i>Designation</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>Executive Lead</i></td> <td style="text-align: center;">Richard Walker</td> <td style="text-align: center;">Head of Governance and Assurance</td> </tr> <tr> <td style="text-align: center;"><i>Author</i></td> <td style="text-align: center;">Kay Morgan</td> <td style="text-align: center;">Governance and Assurance Manager</td> </tr> </tbody> </table>			<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Richard Walker	Head of Governance and Assurance	<i>Author</i>	Kay Morgan	Governance and Assurance Manager
	<i>Name</i>	<i>Designation</i>									
<i>Executive Lead</i>	Richard Walker	Head of Governance and Assurance									
<i>Author</i>	Kay Morgan	Governance and Assurance Manager									
3.	EXECUTIVE SUMMARY										
	<p>This report is to provide the Governing Body with the Governing Body Work Plan/Agenda timetable for 2019/20</p> <p>As part of governance and assurance processes the Governing Body is required to have a timetable of agenda items and plan of its work. It was agreed that the work plan would be submitted to the Governing Body on a quarterly basis for review and update as appropriate.</p>										
4.	THE GOVERNING BODY IS ASKED TO:										
	<ul style="list-style-type: none"> • Note the Governing Body Work Plan/Agenda timetable and make any amendments as necessary. 										
5.	APPENDICES										
	<ul style="list-style-type: none"> • Appendix A – <i>GB Work Plan/ Agenda Timetable 2019/20</i> 										

Agenda time allocation for report:	<i>5 minutes.</i>
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	9.1
2.	Links to CCG's Corporate Objectives	Y/N
	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	
	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
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

**GOVERNING BODY – PUBLIC SESSION
ASSURANCE WORK PLAN/AGENDA TIMETABLE 2019/2020**

AGENDA ITEMS	Exec Lead	May-19	Jul-19	Sept-19	Nov-19	Jan-20	Mar-20	May-20
OPENING BUSINESS								
Quoracy	NB	✓	✓	✓	✓	✓	✓	✓
Patient Story	MT	✓	✓	✓	✓	✓	✓	✓
Declarations of Interest Report	RW	✓	✓	✓	✓	✓	✓	✓
Patient & Public Involvement Activity Report	KW	✓	✓	✓	✓	✓	✓	✓
Minutes of previous GB/Pu meeting	NB	Mar-19	May-19	Jul-19	Sep-19	Nov-19	Jan-20	Mar-20
Matters Arising Report	NB	✓	✓	✓	✓	✓	✓	✓
STRATEGY								
Report of the Chief Officer, inc as required: <ul style="list-style-type: none"> • SY&B ICS Updates • SYB Hospital Services Review • Assurance Letters from NHSE • NHSE IAF outcomes 	LS	✓	✓	✓	✓	✓	✓	✓
Barnsley Integrated Care Update	JB	✓	✓	✓	✓	✓	✓	✓
Commissioning Intentions	JW					✓		
Urgent & Emergency Care Update	JW		✓			✓		
Primary Care Update, to include as necessary: <ul style="list-style-type: none"> • GP 5 Year Forward View • PDA 	JH		✓			✓		
Cancer Update	LS	✓			✓			✓
Mental Health Update	PO			✓			✓	
Transforming Care Update	MT			✓			✓	
Maternity Update	PO		✓			✓		
QUALITY AND GOVERNANCE								
Quality Highlights Report	MT	✓	✓	✓	✓	✓	✓	✓

AGENDA ITEMS	Exec Lead	May-19	Jul-19	Sept-19	Nov-19	Jan-20	Mar-20	May-20
Commissioning of Children's Services quarterly monitoring reports including child sexual exploitation	PO		✓		✓		✓	
Risk and Governance Exception Reports, to include: <ul style="list-style-type: none"> Governing Body Assurance Framework Corporate Risk Register Register of Interests & Register of Gifts Hospitality IG / GDPR / Cyber Update Policies – as required Constitution changes - as required EPRR & Business Continuity 	RW JW	✓ Ex Ex ✓	✓ Full Ex	✓ Ex Full ✓	✓ Full Ex ✓	✓ Ex Ex	✓ Full Full	✓ Ex Ex
Updating of Governing Body Assurance Work Plan/Agenda Timetable	RW	✓		✓		✓		✓
Terms of Reference (AC, FPC, QPSC, EEC, RC, PCCC, ICOPC)	RW			✓				
Committee Annual Assurance Reports for AC, F&P, Q&PSC, E&EC and PCCC	RW	✓						
Annual Report & Accounts To EO meeting 23 May 2019 and May 2020	RN							
FINANCE AND PERFORMANCE								
Integrated Performance Report	RN/JW	✓	✓	✓	✓	✓	✓	✓
QIPP Delivery Update	JW	✓	✓	✓	✓	✓	✓	✓
2019/20 Budgets	RN	✓				✓		
Operational and Financial Plan 2019-2020 inc 2019/20 Budgets	RN/JW	✓						
2020/21 Budgets (subject to guidance).	RN				✓			
MISCELLANEOUS ITEMS								

AGENDA ITEMS	Exec Lead	May-19	Jul-19	Sept-19	Nov-19	Jan-20	Mar-20	May-20
Developing SYB System Commissioning and CCG Joint Commissioning Arrangements for 2019/20	LS	✓						
Management of Patient Experience Policy	MT	✓						
<i>To be added to agendas as required</i>								
COMMITTEE MINUTES & HIGHLIGHTS REPORT								
Minutes of Audit Committee	NBe	21/03 18/04	20/05				Jan-20	Mar-20
Minutes of Finance and Performance Committee	NB	7/3/19 4/4/19	2/5/19 6/6/19		9/19 10/19	11/19 12/19	Jan-20 Feb-20	Mar-20
Minutes of Quality & Patient Safety Committee	SK	21/2/19	25/4/19	20/6/19	15/8/19	10/10/19	12/12/19	Feb-20
Assurance Report / Minutes of Equality and Engagement Committee	MT	14/2/19		16/5/19	18/7/19	21/11/19		Feb-20
Primary Care Commissioning Committee Assurance Report / Minutes	CM	✓ 31/1/19	✓ 28/3/19	✓ 30/5/19	✓ 25/7/19	✓ 26/09/19	✓ 28/11/19	✓ Jan-20
Minutes of Membership Council	NB	19/3/19	21/5/19	23/7/19	09/19	11/19	Jan-20	Mar-20
Minutes of Health and Well Being Board (Refer Peter Mirfin at the BMBC)	NB	9/4/19	✓	✓	✓	✓	✓	✓
CLOSING BUSINESS								
Questions from the Public	NB	✓	✓	✓	✓	✓	✓	✓
Reflection on how well the meeting's business has been conducted	NB	✓	✓	✓	✓	✓	✓	✓
Close meeting and move into Private Session	NB	✓	✓	✓	✓	✓	✓	✓