

**NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 28 January 2016 at 3.00pm in Meeting Room 1, Hilder House 49/51 Gawber Road, Barnsley, S75 2PY**

**AGENDA**  
**(Public Session)**

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	3.00pm
2.	Quorum			
3.	Questions from the public relevant to the agenda		Chris Millington	3.05pm 5 mins
4.	Declarations of Interest	Note	<b>PCCC 16/01/04</b> Chris Millington	3.10pm 5 mins
5.	Minutes of the meeting held on 17 December 2015	Approve	<b>PCCC 16/01/05</b> Chris Millington	3.15pm 5 mins
6.	Matters Arising Report	Approve	<b>PCCC 16/01/06</b> Chris Millington	3.20pm 5 mins
<b>Strategy &amp; Planning</b>				
7.	Nil Reports			
<b>Quality and Patient Safety in Primary Medical Services</b>				
8.	a) GP Survey Summary Report b) CQC Update		<b>PCCC 16/01/08a</b> Karen Martin <b>Verbal</b> Karen Martin	3.25 10 mins 3.35 5 mins
<b>Contracting, investment, and procurement</b>				
9.	Nil Reports			
<b>Finance, Governance and Performance</b>				
10.	Quarterly Finance Report		PCCC 16/01/10 Neil Lester	3.40 10 mins
11.	Risk Register and Assurance Framework		<b>PCCC 16/01/11</b> Vicky Peverelle	3.50 5 mins
<b>Committee Reports and Minutes</b>				
13.	No items			
<b>Other</b>				
14.	Questions from the public relevant to the agenda		Chris Millington	3.55 5 mins
	<b>Date and Time of the Next Meeting:</b> The next meeting of the Primary Care Commissioning Committee will be held at 3.00pm on Thursday 25 February 2016 in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	Information		

## PRIMARY CARE COMMISSIONING COMMITTEE

28 January 2016

### Declarations of Interests Report

<b>1.</b>	<b>PURPOSE OF THE REPORT</b>
	To provide the Primary Care Commissioning Committee with the Committee members declarations of interest.
<b>2.</b>	<b>EXECUTIVE SUMMARY</b>
	This report details all Committee members declared interests for members to update and to enable the Chair and members to foresee any potential conflicts of interests.
<b>3.</b>	<b>THE COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Review that their individual declared interests are up to date</li> <li>• Receive and note the Committee members declarations of interest</li> </ul>

**Agenda time allocation for report:**

5 minutes

**Report of:**

Vicky Peverelle

**Designation:**

Chief of Corporate Affairs

**Report Prepared by:**

Lynne Richards

**Designation:**

Governance, Assurance and  
Engagement Facilitator.

<b>1.</b>	<b>SUPPORTING INFORMATION</b>	
<b>1.1</b>	<b>Links to the Assurance Framework</b>	
	The report is especially relevant to the following risks on the Gb Assurance Framework: 2.1 and 5.2.	
<b>1.2</b>	<b>Links to Objectives</b>	
	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 £.	
<b>1.3</b>	<b>Governance Arrangements Checklist</b>	<b>Has the area been considered (yes / no / not relevant)?</b>
	<b>Financial Implications</b>	Not relevant
	<b>Contracting Implications</b>	Not relevant
	<b>Quality</b>	Not relevant
	<b>Consultation / Engagement</b>	Not relevant
	<b>Equality and Diversity</b>	Not relevant
	<b>Information Governance</b>	Not relevant
	<b>Environmental Sustainability</b>	Not relevant
	<b>Human Resources</b>	Not relevant

## REGISTER OF INTERESTS

### NHS Barnsley Clinical Commissioning Group

This register of interests includes all interests declared by members and employees of Barnsley Clinical Commissioning Group. In accordance with the Clinical Commissioning Groups constitution and the Clinical Commissioning Groups 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 regularly (at no more than 3-monthly intervals)

**Register:** Primary Care Commissioning Committee

GOVERNING BODY		
Name	Position	Details of interest
Nick Balac	Chair of Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>• Partner at St Georges Medical Practice (PMS)</li> <li>• Practice holds Barnsley Clinical Commissioning Group Vasectomy contract</li> <li>• Member Royal College General Practitioners</li> <li>• Member of the British Medical Association</li> <li>• Member Medical Protection Society</li> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG</li> </ul>

GOVERNING BODY		
Name	Position	Details of interest
Mehrban Ghani	Medical Director for Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>GP Partner at White Rose Medical Practice, Cudworth, Barnsley</li> <li>Directorship at SAAG Ltd, 15 Newham Road, Rotherham</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG</li> </ul>
Madhavi Guntamukkala	GP Member Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>GP partner at The Grove Medical Practice</li> <li>Member of British Medical Association and member of Royal College of General Practitioners</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG</li> </ul>
Chris Millington	Lay Member, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>Partner Governor Barnsley Hospital NHS Foundation Trust</li> </ul>
David O'Hara	Lay Member, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>Red Cross volunteer. Red Cross provides services to the NHS however I am not involved in any discussions between Red Cross and the NHS</li> <li>Governor at Penistone Grammar School</li> </ul>
Vicky Peverelle	Chief of Corporate Affairs, Barnsley Clinical Commissioning	<ul style="list-style-type: none"> <li>No interests to declare</li> </ul>

GOVERNING BODY		
Name	Position	Details of interest
	Group	
Lesley Smith	Chief Officer, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>• Husband is Director of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients.</li> <li>• Board Member (Trustee), St Anne's Community Services, Leeds</li> <li>• Member of the Regional Leadership Council (RLC), Yorkshire and Humber Leadership Academy, Health Education England</li> <li>• Chair, South Yorkshire Cancer Strategy Group</li> <li>• Chief Officer lead, Working Together <ul style="list-style-type: none"> <li>○ Living With and Beyond Cancer Programme (in conjunction with McMillan Cancer Support)</li> <li>○ CVD Stroke</li> </ul> </li> <li>• Chair, Working Together, Programme Executive Group</li> </ul>

**Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE held on Thursday 17 December 2015  
at 1pm in the Boardroom, Hilder House, 49 – 51 Gawber Road S75 2PY.**

**MEMBERS PRESENT:**

Mr Chris Millington (in the chair)  
Mrs Lesley Smith  
Dr Mehrban Ghani  
Dr Nick Balac  
Dr M Guntamukkala  
Mrs Vicky Peverelle  
Mr David O'Hara

Lay Member  
Chief Officer  
Medical Director  
CCG Chairman  
Governing Body member  
Chief of Corporate Affairs  
Lay Member

**IN ATTENDANCE:**

Mr Dawn Ginns  
Ms Lynne Richards  
Mr James Barker  
Ms Lisa Wilkins  
Ms Julia Burrows  
Mr Neil Lester  
Ms Karen Martin

NHS England Primary Care Manager  
Governance Assurance and Engagement Facilitator  
Lead Service Development Manager  
Public Health Specialist  
Director of Public Health  
Deputy Chief Finance Officer  
Head of Quality for Primary Care Commissioning of  
General Medical Services

**APOLOGIES:**

Ms Carrienne Stones  
Ms Margaret Dennison

Healthwatch Barnsley Manager  
Healthwatch Barnsley

**MEMBERS OF THE PUBLIC:**

Ms Margaret Sheard  
Sean Bradley  
Jon Chaplin  
Julia Gledhill  
Dr David Porter  
James Logan

Member of the Public  
Member of the public  
Member of the public  
Member of the public  
Member of the Public  
Chief Officer of Barnsley Healthcare Federation

Agenda Item	Note	Action	Deadline
<b>PCCC 15/12/01</b>	<b>QUORUM</b>		
	It was advised that the Committee was quorate.		

Agenda Item	Note	Action	Deadline
<b>PCCC 15/12/02</b>	<b>QUESTIONS FROM THE PUBLIC RELEVANT TO THE AGENDA</b>		
	<p>Mr Sean Bradley, Chief Executive Officer and Trustee for Priory Campus stated that at the last meeting the Committee had made a decision on the procurement of the Lundwood APMS Contract, he queried when the successful bidder of this contract would be announced. The Chief of Corporate Affairs advised that the bidders had been informed of the outcome but the successful bidder could not be made public until the CCG had received confirmation from the contracting authority. The Chief of Corporate Affairs agreed to find out the date which the successful bidder could be made public.</p> <p>Post Meeting Note: The decision was made public on 31.12.15</p>	<b>VP</b>	<b>28.01.15</b>
<b>PCCC 15/12/03</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>The Committee noted the Declarations of Interest Report.</p> <p>No further declarations in relation to the agenda were received; however, the Chair reminded members that should they feel that they have a conflict of interest at any point in the meeting they should raise it at that time.</p>		
<b>PCCC 15/12/04</b>	<b>MINUTES OF THE MEETING HELD ON 26 NOVEMBER 2015</b>		
	The minutes of the previous meeting were approved as a true record of the proceedings.		
	The Chief Officer advised that there was an action from the last meeting to review the process for the Quality and Patient Safety Report and the role of quality in primary care and where best this process would fit within the CCG, it was advised that this action was ongoing.	<b>LS</b>	<b>28.01.15</b>
<b>PCCC 15/12/05</b>	<b>MATTERS ARISING REPORT</b>		
	<p>The Committee received the Matters Arising Report and noted that all actions had been marked as complete:</p> <ul style="list-style-type: none"> <li><b>PCCC 15/11/06 – QUALITY AND PATIENT</b></li> </ul>		



Agenda Item	Note	Action	Deadline
	<p><b>SAFETY REPORT</b>  <b>FIRST PORT OF CALL TRAINING</b>  The Chair advised that he had contacted Healthwatch and concluded that it was currently too early for Healthwatch to be involved in the First Port of Call training as it was currently only a pilot. It was advised that the Chair would work with Healthwatch when the pilot was rolled out.</p> <p><b>VACCINATIONS AUDIT</b>  The Head of Quality for Primary Care Commissioning of General Medical Services advised that this item was complete as the Vaccination Audit results had been disseminated through the Practice Managers Group and the Practice Nurse Forum.</p> <ul style="list-style-type: none"> <li>• <b>PCCC 15/11/07 –PREFERRED BIDDER REPORT, LUNDWOOD AND HIGHGATE APMS CONTRACTS</b>  It was stated that the updated preferred bidder report had been published with the public papers for the last meeting on the CCG website.</li> </ul>		
	<p><b>The Chair Committee noted the Matters Arising Report.</b></p>		
<b>QUALITY AND PATIENT SAFETY IN PRIMARY MEDICAL SERVICES</b>			
<p><b>PCCC 15/12/06</b></p>	<p><b>QUALITY AND PATIENT SAFETY REPORT</b></p>		
	<p>The Head of Quality for Primary Care Commissioning of General Medical Services gave members a verbal Quality update. It was advised that the Head of Quality for Primary Care Commissioning of General Medical Services had met with the Lead CQC Inspector for Barnsley and agreed that the Lead Inspector would be present at all Barnsley CQC visits for consistency. In addition from the CQC there would also be a Practice Manager, Specialist Advisor and if the practice was a dispensing practice there would also be a Pharmacist on the visits.</p> <p>It was stated that the CQC had recently undertaken a visit at Cope Street Surgery and re inspected the two practices in Special Measures during November 2015. One practice was now out of special measures and</p>		

Agenda Item	Note	Action	Deadline
	graded good in all 5 domains. A Report was awaited from CQC regarding the second practice.		
	<b>The Committee thanked the Head of Quality for Primary Care Commissioning of General Medical for the quality update.</b>		
<b>FINANCE, GOVERNANCE AND PERFORMANCE</b>			
<b>PCCC 15/12/07</b>	<b>RISK REGISTER AND ASSURANCE FRAMEWORK</b>		
	<p>The Chief of Corporate Affairs presented the Risk Register extract which detailed the risks that the Primary Care Commissioning Committee was responsible for.</p> <p>The Chief of Corporate Affairs advised that there were still ongoing discussion between the CCG and BMBC on how the 0 – 19 pathway would be provided.</p>		
	<b>The Committee noted the Risk Register and Assurance Framework and no amendments were made.</b>		
<b>OTHER</b>			
<b>PCCC 15/12/08</b>	<b>QUESTIONS FROM THE PUBLIC RELEVANT TO THE AGENDA</b>		
	<p>Ms Margaret Sheard queried what was the CCG's stance in relation to pecuniary and financial conflicts of interests. She referred to item 15/11/07 at the last meeting where three clinicians declared an interest in an item but did not leave the room for the decision making. The Chief of Corporate Affairs advised that the CCG had a clear policy on managing conflicts of interest and in ordinary circumstances the clinicians would have been asked to leave the room, however it was not appropriate as the item was being held in public and therefore the clinicians could have remained present as members of the public to hear decision. It was made clear that the clinicians did not participate in the discussion or decision making in relation to that item.</p>		
<b>PCCC 15/12/09</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	The next meeting of the Primary Care Commissioning Committee will be held on 28 January 2016 at 3pm in the		

Agenda Item	Note	Action	Deadline
	Boardroom Hilder House, 49/51 Gawber Road, Barnsley S75 2PY.		

UNADOPTED

**MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE**

28 January 2016

**1. MATTERS ARISING**

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on 17 December 2015

Minute ref	Issue	Action	Outcome/Action
<b>PCCC 15/12/02</b>	<b>QUESTIONS FROM THE PUBLIC – Procurement of the Lundwood APMS Contract</b>  To ascertain the date by which the successful bidder could be made public.	<b>VP</b>	COMPLETE The decision was made Public 31.12.15 – see post meeting note
<b>PCCC 15/12/04</b>	<b>MINUTES OF THE MEETING HELD ON 26 NOVEMBER 2015 - Additional Action</b>  To review the process for the Quality and Patient Safety Record and the role of quality in primary care and where best this process lies within the CCG.	<b>LS</b>	Ongoing

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

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

Table 2

Minute Ref	Issue	Action	Outcome/Actions
<b>PCCC 15/11/05</b>	<b>MATTERS ARISING REPORT</b>  <ul style="list-style-type: none"> <li><b>PCCC 15/09/08 – PRIMARY CARE DASHBOARD</b></li> </ul> <p>It was advised that the Primary Care Dashboard was still work in progress and scheduled to come back to the Committee in February 2016. It was therefore, agreed to keep this item on</p>	<b>KM</b>	Practice Managers have been contacted and some managers have come forward to be involved in the working group for the dashboard. Karen Martin,

Minute Ref	Issue	Action	Outcome/Actions
	<p>the Matters Arising Report until the dashboard had been received by the Committee.</p> <p>.</p>		<p>Mike Austin and Elen Williams will be working on the indicators to share with the working group in January 2016. Update due to the Committee in February 2016.</p>

**Primary Care Commissioning Committee**  
**28 January 2016**

<b>1.</b>	<b>PURPOSE OF THE REPORT</b>
	To provide members with an update summary on the GP Survey Published in January 2016.
<b>2.</b>	<b>EXECUTIVE SUMMARY</b>
	The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. This report provides a summary of patient experiences during the last quarter against the national target.
<b>3.</b>	<b>THE BOARD IS ASKED TO:</b>
	To note the contents of the report.

**Agenda time allocation for report:**

10 minutes.

**Report of:**

Karen Martin

**Designation:**

Head of Quality for Primary Care  
Commissioning

**Report Prepared by:**

Karen Martin

**Designation:**

Head of Quality for Primary Care  
Commissioning

<b>1.</b>	<b>SUPPORTING INFORMATION</b>	
<b>1.1</b>	<b>Links to the Assurance Framework</b>	
	This Committee provides assurance in respect of risks 1.1, 1.5, and 5.1 on the GBAF.	
<b>1.2</b>	<b>Links to Objectives</b>	
	To have the highest quality of governance and processes to support its business	X
	To commission high quality health care that meets the needs of individuals and groups	x
	Wherever it makes safe clinical sense to bring care closer to home	x
	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	N/A
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	x
<b>1.3</b>	<b>Governance Arrangements Checklist</b>	<b>yes</b>
	<b>Financial Implications</b>	N/A
	<b>Contracting Implications</b>	N/A
	<b>Quality</b>	Yes
	<b>Consultation / Engagement</b>	N/A
	<b>Equality and Diversity</b>	N/A
	<b>Information Governance</b>	N/A
	<b>Environmental Sustainability</b>	N/A
	<b>Human Resources</b>	N/A

<b>2.</b>	<b>BACKGROUND INFORMATION</b>
	<p>The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England. This combines two waves of fieldwork, from January to March 2015 and July to September 2015.</p> <p>In Barnsley CCG, <b>10,871</b> questionnaires were sent out, and <b>3,961</b> were returned completed. This represents a response rate of <b>36%</b>.</p>
	<b>INTRODUCTION</b>
	<p>The GP Patient Survey measures patients' experiences across a range of topics, including:</p> <ul style="list-style-type: none"> <li>• Making appointments</li> <li>• Waiting times</li> <li>• Perceptions of care at appointments</li> <li>• Practice opening hours</li> <li>• Out-of-hours services</li> </ul> <p>The survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time.</p> <p>The survey does have limitations:</p> <ul style="list-style-type: none"> <li>• Sample sizes at practice level are relatively small.</li> <li>• The survey does not include qualitative data which limits the detail provided by the results.</li> <li>• The data are provided twice a year rather than in real time.</li> </ul> <p>However, given the consistency of the survey across organisations and over time, GPPS can be used as one element of evidence. It can be triangulated with other sources of feedback, such as feedback from Patient Participation Groups, local surveys and the Friends and Family Test, to develop a fuller picture of patient journey</p>
<b>3</b>	<b>Results of the survey</b>
	<p>Overall Patient's experience of their GP surgery was positive with 83% scoring good. This is a slight drop from last year which was 85%. (National Result 85%) Only 5% rated the experience as poor. (National Result 5%)</p> <p>A summary of the results can be seen in the table overleaf.</p>



INDICATOR	CCG % of patient responses	NATIONAL RESULTS
<b>Access to GP surgery on the phone</b>	62% of patients found it easy to get through on the phone.  35% of patients found it difficult to access the surgery.	70% Easy to access  26% difficult to access
<b>Receptionist helpful at the GP surgery</b>	86% of patients found the receptionist helpful.  11% of patients found the receptionist unhelpful	87% helpful  11 % not helpful
<b>Getting an appointment to see or speak to a nurse or GP</b>	83% of patients were able to get an appointment however 15% had to call back closer to or on the day.  13% were unable to make an appointment	85% yes able to make appointment  11% not able to make appointment
<b>Convenient appointment</b>	92% were able to get a convenient appointment  8% were not able to get a convenient appointment	92% able to get a convenient appointment  8% Not able to get a convenient appointment
<b>Waiting times to be seen at the GP Surgery</b>	58% of patients stated that they did not have to wait too long  33% of patients stated that they had to wait too long	58% of patients don't have to wait too long.  34% stated that they had to wait too long
<b>Satisfaction with opening hours of the practice</b>	76% of patients were satisfied with the opening hours of the practice  10% were dissatisfied	75% of patients satisfied  10% of patients dissatisfied
<b>Overall experience of out of hours service</b>	64% of patients had a good experience  16% of patients had a poor experience	Good experience 67%  Poor experience 15%

<b>4</b>	<b>RISKS TO THE CLINICAL COMMISSIONING GROUP</b>
	<b>Risks to the CCG-</b> <ul style="list-style-type: none"> <li>• Poor patient satisfaction</li> <li>• Patient safety risks associated with poor care</li> <li>• Media attention</li> </ul>
<b>5</b>	<b>CONCLUSION</b>
	The results to the GPPS survey are only one indicator of patient satisfaction and should not be seen isolation. Practices are working hard to ensure patients get access to GP services.

**PRIMARY CARE COMMISSIONING COMMITTEE**
**28 January 2016**
**Quarterly Finance Report**

<b>1.</b>	<b>PURPOSE OF THE REPORT</b>
	To provide the Committee with the financial position of delegated primary care budgets for the period ending 31 December 2015.
<b>2.</b>	<b>EXECUTIVE SUMMARY</b>
	<p>This report is based upon information received from NHS England (NHS E) in relation to expenditure and forecasts for delegated Primary Care budgets.</p> <p>The forecast for Primary Medical Services (Co-commissioning) is an underspend of £534k. Significant underspends are currently being reported against PMS Contracts, APMS Contracts, APMS QOF and contingencies. These are in part off-set by overspends in respect of Minor Surgery DES, Professional Dispensing Fees and requirement to deliver QIPP. In the attached report, the reported year end underspend is reported against contingency and other GP services.</p> <p>In addition, review of the forecast has identified a further potential £342k underspend, which is currently subject to review with NHS E.</p> <p>The implications of this projected underspend position are considered in the Integrated Performance Report considered by Governing Body.</p>
<b>3.</b>	<b>THE COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note the contents of the report</li> </ul>

**Agenda time allocation for report:** 10 minutes.

**Report of:** Neil Lester

**Designation:** Deputy Chief Finance Officer

**Report Prepared by:** Neil Lester

**Designation:** Deputy Chief Finance Officer

<b>1.</b>	<b>SUPPORTING INFORMATION</b>	
<b>1.1</b>	<b>Links to the Assurance Framework</b>	
	This report links to risks 1.3, 2.1 and 5.2 on the CCG's Assurance Framework	
<b>1.2</b>	<b>Links to Objectives</b>	
	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 £.	✓
<b>1.3</b>	<b>Governance Arrangements Checklist</b>	
	<b>Financial Implications</b>	Yes
	<b>Contracting Implications</b>	Yes
	<b>Quality</b>	Yes
	<b>Consultation / Engagement</b>	Not relevant
	<b>Equality and Diversity</b>	EIA not undertaken
	<b>Information Governance</b>	Yes
	<b>Environmental Sustainability</b>	No
	<b>Human Resources</b>	Not relevant

NHS BARNSELY CLINICAL COMMISSIONING GROUP
QUARTERLY FINANCE MONITORING STATEMENT - PRIMARY MEDICAL SERVICES (DELEGATED BUDGETS)
FOR THE PERIOD ENDING 31 DECEMBER 2015

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			YEAR TO DATE (£)			FORECAST OUTTURN (£)			
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	BUDGET	ACTUAL	VARIANCE OVER / (UNDER)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	MOVEMENT FROM PREVIOUS MONTH
GENERAL PRACTICE - PMS	11,572,467	0	11,572,467	8,679,348	8,415,338	(264,010)	11,572,467	0	0.00%	0
GENERAL PRACTICE - GMS	8,594,892	0	8,594,892	6,446,169	6,451,956	5,787	8,594,892	0	0.00%	0
GENERAL PRACTICE - APMS	1,465,197	0	1,465,197	1,098,892	1,217,609	118,717	1,465,197	0	0.00%	0
PREMISES COST REIMBURSEMENT	5,082,145	0	5,082,145	3,811,608	3,748,660	(62,948)	5,082,145	0	0.00%	0
QOF	3,526,577	0	3,526,577	2,644,929	2,453,947	(190,982)	3,526,577	0	0.00%	0
ENHANCED SERVICES	1,523,982	0	1,523,982	1,142,983	1,127,137	(15,846)	1,523,982	0	0.00%	0
OTHER GP SERVICES (EXCLUDING CONTINGENCY)	887,257	0	887,257	894,428	425,705	(468,723)	659,871	(227,386)	-25.63%	(227,386)
GP SERVICES - CONTINGENCY	306,650	0	306,650	0	0	0	0	(306,650)	-100.00%	(306,650)
OTHER PREMISES COSTS	251,643	0	251,643	188,730	97,590	(91,140)	251,643	0	0.00%	0
DISPENSING AND PRESCRIBING DOCTORS	198,192	0	198,192	148,644	320,868	172,224	198,192	0	0.00%	0
<b>TOTAL PRIMARY MEDICAL SERVICES</b>	<b>33,409,002</b>	<b>0</b>	<b>33,409,002</b>	<b>25,055,731</b>	<b>24,258,809</b>	<b>(796,922)</b>	<b>32,874,966</b>	<b>(534,036)</b>	<b>-1.60%</b>	<b>(534,036)</b>

## PRIMARY CARE COMMISSIONING COMMITTEE

28 January 2016

### Assurance Framework & Risk Register

<b>1.</b>	<b>PURPOSE OF THE REPORT</b>
	To provide the Primary Care Commissioning Committee with a register of its key risks.
<b>2.</b>	<b>EXECUTIVE SUMMARY</b>
	<p>In common with all committees of the CCG the Primary Care Commissioning Committee (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. There are currently no risks on the GBAF allocated to the PCCC.</p> <p>The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk. Members' attention is drawn to Appendix 1 of this Report which provides the Committee with an extract from Barnsley CCG Risk Register of the red ('extreme') and amber ('high') risks associated with Primary Care Commissioning Committee. Risks with lower risk scores will be reported to the Committee twice a year for review.</p> <p>There is currently one red ('extreme') risk for which the Primary Care Commissioning Committee is the responsible committee:</p> <ul style="list-style-type: none"> <li>• Risk 15/14(b) (scored as 16 – extreme): "In relation to the 0-19 pathway reprourement 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."</li> </ul> <p>This risk has been escalated as a gap in control or assurance against risk 2.1 on the CCG's Governing Body Assurance Framework.</p> <p>In addition to the above there are currently eight risks on the Corporate Risk register allocated to the PCCC, of which:</p> <ul style="list-style-type: none"> <li>• Five have been scored as amber (high) – see Appendix</li> <li>• Three have been scored as moderate or low risks.</li> </ul> <p>All of these risks have been reviewed and updated by the Chief of Corporate Affairs since the last meeting of the Committee. The Chief of Corporate Affairs recommends that the Committee considers amending two risks , as follows:</p>

	<ul style="list-style-type: none"> <li>• Risk reference 15/10, relating to medical cover at Brierley and Shafton (currently scored 3x4=12, amber / high) – it is recommended that this risk is either removed altogether or reduced to 2x3=6 (yellow / moderate) on the basis that no issues have been identified since the new contract was mobilised in December 2015</li> <li>• Risk reference 15/11, relating to premises issues at Brierley and Shafton (currently scored 9, amber / high) – it is recommended that this risk is removed as the issue has been resolved.</li> </ul> <p>No new risks have been added since the last meeting of the PCCC, and none have been removed.</p>
<b>3.</b>	<p><b>THE COMMITTEE IS ASKED TO:</b></p> <p>Review the risk register attached and:</p> <ul style="list-style-type: none"> <li>• Consider whether the risks identified are appropriately described and scored</li> <li>• Consider whether there are other risks which need to be included</li> <li>• Consider whether any of the risks are sufficiently serious to warrant escalation to the GBAF as gaps in control or assurance against the CCG's strategic objectives</li> <li>• Consider whether to remove or reduce the score for risks 15/10 and 15/11 in accordance with the Chief of Corporate Affairs' recommendation.</li> </ul>

**Agenda time allocation for report:**

5 minutes

**Report of:**

Vicky Peverelle

**Designation:**

Chief of Corporate Affairs

**Report Prepared by:**

Richard Walker

**Designation:**

Head of Assurance

<b>1.</b>	<b>SUPPORTING INFORMATION</b>	
<b>1.1</b>	<b>Links to the Assurance Framework</b>	
	The report is especially relevant to the following risks on the Gb Assurance Framework: 2.1 and 5.2.	
<b>1.2</b>	<b>Links to Objectives</b>	
	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 £.	
<b>1.3</b>	<b>Governance Arrangements Checklist</b>	<b>Has the area been considered (yes / no / not relevant)?</b>
	<b>Financial Implications</b>	Not relevant
	<b>Contracting Implications</b>	Not relevant
	<b>Quality</b>	Not relevant
	<b>Consultation / Engagement</b>	Not relevant
	<b>Equality and Diversity</b>	Not relevant
	<b>Information Governance</b>	Not relevant
	<b>Environmental Sustainability</b>	Not relevant
	<b>Human Resources</b>	Not relevant



## RISK REGISTER – PCC 28 January 2016

### 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)	26	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	10	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	2	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

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

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			
15/14(b)	4	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.	4	4	16	As for risk 15/14(a)  Monitoring at practice level delivery of 0-19 KPIs in relation to practice contracts, utilizing identified escalation routes when core service KPIs are not delivered in real time.	MG  (Primary Care Commissioning Committee)	Governing Body	4	4	16	12/15	<b>December 2015/ January 2016</b> The CCG is still in discussions with the Council through our Chair, Chief Officer and Chief Nurse to establish how we can ensure that the service we have will be the best for people of Barnsley.	01/16
15/10	5, 6	The absence of medical cover at Brierley and Shafton Practice, due to the departure of a GP and the Practice	4	4	16	Sheffield Health & Social Care Trust is working with the Barnsley GP Federation to provide clinical support.	VP  (Primary Care Commissioning)	Risk Assessment	3	4	12	11/15	<b>January 2016</b> BHF mobilized this contract in December 2015, no issues identified.	02/16

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		Nurse, could result in increasing pressure on existing staff to cover patient care leading to inadequate care for patients at this practice.					Committee)						<p>Suggest either reducing score to 2x3 or removing the risk from the register.</p> <p><b>November 2015</b> The procurement process for Brierley is now complete. The contract has been awarded to the Barnsley GP Federation. As the contract commences on 1 December 2015 the mobilisation timescales are very challenging and the CCG will continue to monitor the situation closely to ensure any risks are identified and managed by the new provider.</p>	
CCG 15/01		If the CCG is unable to deliver the delegated	5	5	25	Assurances were received as to the sufficiency of the	VP	Risk Assessment	2	5	10	10/15	January 2016 The Co-co	01/16

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			
		responsibilities within the financial allocation provided for this purpose (given Barnsley is the only area in South Yorkshire to be below target in terms of primary care expenditure (5%)) there is a risk to the CCG's ability to make investments during 2015/16 and to the delivery of its statutory financial duties				<p>financial allocation during the application process.</p> <p>A designated financial representative from the CCG will support ongoing management of the budget. Regular network meetings will be held with NHSE.</p> <p>The financial position will be routinely reported to the PCCC going forward.</p>	(Primary Care Commissioning Committee)						<p>missioning function is managing within its delegated budget in 2015/16 with forecasts showing an underspend position.</p> <p><b>October 2015</b> A year end forecast position is being prepared as part of the Mid-Year Financial Review and first cut of this position appears favorable.</p> <p><b>May 2015</b> Initial budget meetings have been held with NHSE and information shared with the PCCC</p>	
15/11	1, 7	If the premises issues at Brierley and Shafton Practice	5	3	15	Patients at Shafton have been advised to use Brierley.	VP (Primary	Risk Assessment	3	3	9	10/15	<p><b>January 2016</b> The premises issues have been</p>	01/16

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			
		associated with the previous contract holder are not adequately resolved there is a risk to the reputation of the CCG and the potential for patients to move to other practices.				<p>There is also another practice in Shafton should patients not wish to use Brierley.</p> <p>A PPE exercise on future provision is currently underway.</p> <p>The CCG has written directly to all patients, as well as to the Overview and Scrutiny Committee and the local MPs advising them of the situation.</p>	Care Commissioning Committee)						<p>resolved satisfactorily – recommend removing this risk from the risk register</p> <p><b>October 2015</b> The Shafton premises have closed and it would appear that the risk at Brierley re premises has been reduced. As the new owner wished to lease the premises to the GP Provider of the contract.</p>	
CCG 15/02		If there is not an adequate response to the CQC reports in respect of those practices deemed to be inadequate, there is a risk that when they are re-inspected the practices will not meet the requirements potentially leading to poor quality or unsafe services; reputational	3	3	9	<p>The CCG has provided resources and support to the affected practices to ensure robust action plans were provided to CQC in accordance with their required timescales.</p> <p>The Head of Quality for Primary Care Commissioning will continue to work with the practices as they work to deliver the necessary</p>	KM  (Primary Care Commissioning Committee)	CQC reviews	3	3	9	01/16	<p><b>January 2016</b> The CQC re inspected the two practices in Special Measures during November 2015 - one practice is now out of special measures and graded good in all 5 domains. The report is</p>	04/16

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		damage to the CCG; and the practices involved not maintaining their registration.				<p>improvements.</p> <p>Practice visits have been undertaken to all GP practices who have not yet had a CQC inspection. This has provided an opportunity to share best practice and to help practices put systems and processes in place to meet the regulations.</p> <p>An information matrix on what contributes “good” and “outstanding” practice has been developed and shared with all practices.</p> <p>CQC is a main agenda item at the practice manager forum.</p>							<p>awaited from CQC regarding the second practice.</p> <p>The CQC met with the CCG in December 2015 and information has been shared re data packs which are collated prior to the practice being inspected . This information will be discussed at the next Membership Council in January 2016. The CQC now meets with the CCG on a quarterly basis.</p> <p><b>October 2015</b> Two practices are currently in special measures following the CQC visit last December. Work has been ongoing</p>	

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													<p>to support both practices with the Royal College of General Practitioner providing peer support to one practice.</p> <p>The CQC have recruited a lead inspector for Barnsley who will now be on all visits to ensure a standardised approach across the locality. Inspection timetable for visits will be implemented by the end of October. The Head of Quality for Primary Care has been liaising with the CQC and regular meetings will be set up as a result this should improve communication to</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			
													practices.	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture &amp; approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).</p>	VP Primary Care Commissioning Committee	Risk Assessment	2	4	8	10/15	<p><b>January 2016</b> All controls and working arrangements are being followed to manage this residual risk</p> <p><b>October 2015</b> The CCG continues to work internally and with NHSE partners to discharge the delegated functions.</p> <p><b>May 2015</b> The CCG and NHSE have already met with a number of practices to manage the equalisation agenda.</p>	01/16
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the	3	5	15	CCG considered its strategic capacity & capability as part of the successful application process.	VP Primary Care Commissioning	Risk Assessment	2	3	6	10/15	<b>January 2016</b> BCCG is managing its delegated	04/16

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.				<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. In addition the CCG is recruiting a Head of Quality for Commissioning Primary Medical Services.</p> <p>The CCG is undertaking a review of management capacity including delegated responsibilities.</p>	ng Committee						<p>functions through internal resource and links to central NHSE expertise.</p> <p><b>October 2015</b> BCCG is working closely with NHSE to deliver the required capacity and capability to fulfill delegated responsibilities.</p> <p><b>May 2015</b> BCCG working closely with NHSE to deliver the required capacity and capability to fulfill delegated responsibilities</p>	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in December 2014 there is a risk of reputational damage to	3	3	9	<p>Conflicts of Interest Policy updated.</p> <p>Register of Interests extended to incorporate GP practice staff.</p> <p>Declarations of interest to be</p>	VP  Primary Care Commissioning Committee	Risk Assessment	2	3	6	10/15	<p><b>January 2016</b> <b>Quarterly Declarations completed and audited by the CCGs internal audit function</b></p>	04/15



			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		the CCG and of legal challenge to the procurement decisions taken.				<p>tabled at start of every meeting to enable updating.</p> <p>PCCC has Lay Chair and Lay &amp; Exec majority.</p> <p>Register of Procurement decisions to be established to record how any conflicts have been managed.</p> <p>Guidance to be provided to minute takers on recording decisions re managing conflicts of interest.</p>							<p><b>October 2015</b></p> <p>Mike Austin is working with all practices to update all practices' Registers of Interest in line with enhanced COI guidance and the CCG's delegated commissioning primary medical services responsibilities</p> <p>Register of Procurement decisions has been established.</p>	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care	2	3	6	<p>The CCG has a well-established and effective PPE function currently commissioned from CSU, as well as robust governance supporting the function. Arrangements going forward are being reviewed.</p> <p>The existing primary care commissioning resource and</p>	VP Primary Care Commissioning Committee	Risk Assessment	1	3	3	10/15	<p><b>January 2016</b></p> <p>The CCG engagement with practices re estates survey was extremely problematic and damaging to the CCGs relationship with some practices. The</p>	10/16

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		(including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.				<p>expertise within the Area Team can be accessed by the CCG.</p> <p>The CCG considered its strategic capacity &amp; capability as part of the successful application process.</p>							<p>Team is working closely with practices to resolve the issues.</p> <p><b>October 2015</b> The CCG continues to deliver to the PPE Workplan.</p> <p><b>May 2015</b> PPE remains central to delivery of the CCGs plans a full Workplan of activity has been agreed with the PPE Committee; to include PRG work, An engagement Week and 30 videos of the CCGs achievements. The AGM has also been</p>	

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													established to be held in June 2015	