NHS
Barnsley
Clinical Commissioning Group

The Primary Care Commissioning Committee will be held on Thursday, 29 November 2018 at 2.30 – 3.30pm in the Boardroom Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	2.30pm
2.	Quoracy	Note	Chris Millington	2.30pm 5mins
3.	Declarations of Interest relevant to the agenda	Note	**PCCC/18/11/03** Chris Millington	2.35pm
4.	Minutes of the meeting held on 28 June 2018	Approve	**PCCC/18/11/04** Chris Millington	2.35pm 5mins
5.	Matters Arising Report	Note	**PCCC/18/11/05** Chris Millington	2.40pm
	Strategy, Planning, Needs Assessment and Co-ordination of Primary Care			
6.	GP IT Update	Note	**PCCC/18/11/06** Jackie Holdich	2.40pm 10mins
	Quality and Finance			
7.	Finance Update	Note	**Verbal** Roxanna Naylor	2.50pm 5mins
	Contract Management			
8.	Contractual Issues Highlight Report	Approval	**PCCC/18/11/08** Jackie Holdich	2.55pm 15mins
	Governance, Risk and Assurance			
9.	Risk and Governance Report	Assurance	**PCCC/18/11/09** Richard Walker	3.10pm 5mins
	Reflection on conduct of the meeting			
10.	• Conduct of meetings • Any areas for additional assurance • Any training needs identified	Note	**Verbal** Chris Millington	3.15pm
	Other			
11.	Questions from the public relevant to the agenda	Note	**Verbal** Chris Millington	3.15pm 5mins
12.	Any other business	Note	**Verbal** All	3.20pm 5mins
13.	Items for escalating to the Governing Body	Note	**Verbal** Lesley Smith	3.25pm 5mins

Item	Session	Committee Requested to	Enclosure Lead	Time
14.	**Date and time of the next scheduled meeting:** Thursday, 31 January 2019 at 2:30 – 3:30pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY.	Note	**Verbal** Chris Millington	3.30pm **Close**

Exclusion of the Public:

The CCG Primary Care Commissioning Committee should consider the following resolution:

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

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

29 November 2018

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*	X	*Information*	

2. REPORT OF

	Name	*Designation*
Executive Lead	Richard Walker	Head of Governance and Assurance
Author	Alison Edwards	Governance, Risk & Assurance Facilitator

3. EXECUTIVE SUMMARY

Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.

The table below details what interests must be declared:

Type	**Description**
Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;
Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;
Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;
Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.

	Appendix 1 to this report details all Committee Members' current declared interests to update and to enable the Chair and members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict. **Additions** Sarah Tyler has updated her declared interests with the following addition:- • Quality For Health developed by Voluntary Action Calderdale (VAC) in partnership with the Calderdale Clinical Commissioning Group Members should also declare if they have received any Gifts, Hospitality or Sponsorship.
4.	**THE COMMITTEE IS ASKED TO:**
	• Note the contents of this report and declare if members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.
5.	**APPENDICES**
	• Appendix 1 – Primary Care Commissioning Committee Members' Declaration of Interest Report

Agenda time allocation for report:	*5 minutes.*

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 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

NHS Barnsley Clinical Commissioning Group Register of Interests

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

Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	• Partner at St Georges Medical Practice (PMS) • Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member 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 for Governance	• Ad hoc provision of Business Advice through Gordons LLP

Name	Current position (s) held in the CCG	Declared Interest
Dr Sudhagar Krishnasamy	Associate Medical Director	• GP Partner at Royston Group Practice, Barnsley • Member of the Royal College of General Practitioners • GP Appraiser for NHS England • Member of Barnsley LMC • Member of the Medical Defence Union • 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
Chris Millington	Lay Member	• Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 2018)
Mike Simms	Secondary Care Clinician	• Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Lesley Smith	Governing Body Member	• 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. • Member of the Regional Leadership Council (RLC), Yorkshire and Humber Leadership Academy, Health Education England • Chair, South Yorkshire Cancer Strategy Group • Deputy System Lead SYB, Integrated Care System

Name	Current position (s) held in the CCG	Declared Interest
		• Chief Executive Lead for Strategy, Planning & Transformation SYB, Integrated Care System
Sarah Tyler	Lay Member for Accountable Care	• Volunteer Governor / Board Member, Northern College • Volunteer Trustee / Board Member for Steps (community care provider for early years / nursery) • Interim Health Improvement Specialist for Wakefield Council (ceased July 2018) • Quality For Health developed by Voluntary Action Calderdale (VAC) in partnership with the Calderdale Clinical Commissioning Group

Name	Current position (s) held in the CCG	Declared Interest
Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)	• Nil
Richard Walker	Head of Governance & Assurance	• NIL
Jamie Wike	Head of Planning, Delivery and Performance	• NIL
Julie Frampton	Senior Primary Care Commissioning Manager	• NIL

NHS
Barnsley
Clinical Commissioning Group

Minutes of the PUBLIC Primary Care Commissioning Committee meeting on Thursday, 27 September 2018 at 2.30pm in the Meeting Room 1 Hillder House, 49–51 Gawber Road S75 2PY

MEMBERS PRESENT:

Chris Millington (*Chair*)	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Nigel Bell	Lay Member for Governance
Sarah Tyler	Lay Member for Accountable Care
Mike Simms	Secondary Care Clinician
Richard Walker	Head of Assurance & Governance

GP CLINICAL ADVISORS

Dr Sudhagar Krishnasamy	Associate Medical Director
Dr Nick Balac	CCG Chairman

IN ATTENDANCE:

Jackie Holdich	Head of Delivery
Lynne Richards	Primary Care Manger
Angela Musgrave	Executive Personal Assistant
Lee Eddell	Commissioning Manager, NHSE
Roxanna Naylor	Chief Finance Officer
Ruth Simms	Assistant Finance Manager
Dr Mark Smith	Governing Body member
Julia Burrows	Director of Public Health, BMBC

APOLOGIES:

Lesley Smith	Chief Officer
Victoria Lindon	Senior Primary Care Manager, NHSE
Julie Frampton	Senior Primary Care Commissioning Manager
Sue Womack	Healthwatch Manager, VAB

MEMBERS OF THE PUBLIC:

Agenda Item	Note	Action	Deadline
PCCC 18/09/01	**APOLOGIES**		
	The Chair of the meeting welcomed Lee Eddell, Primary Care Commissioning Manager, NHSE, Julia Burrows, Director of Public Health, BMBC and Dr Mark Smith, Governing Body member to the meeting. Apologies were noted as above.		

PCCC 18/09/02	**QUORACY**		
	The meeting was declared quorate.		
PCCC 18/09/03	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	The Chairman of the CCG declared that two of his GP Partners were also the new GP Partners at the Kingswell Practice which related to agenda item 8.		
PCCC 18/09/04	**MINUTES OF THE LAST MEETING**		
	The minutes of the meeting held on 28 June 2018 were verified as a correct record of proceedings with the following amendment:- Page 6, paragraph 5 should read: The Chief Finance Officer advised that £584k was always included in the CCG financial plan and formed part of the £11.5m QIPP that we require as a CCG.		
PCCC 18/09/05	**MATTERS ARISING REPORT**		
	The Committee noted the Matters Arising report. All actions were now complete.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 18/09/06	The Committee noted that there were no items on the agenda to discuss under this heading.		
QUALITY AND FINANCE			
PCCC 18/09/07	**FINANCE UPDATE** The Assistant Finance Manager presented the Finance Update on the financial position for delegated Primary Care Commissioning budgets as at 31 July 2018 (Month 4). **The Committee noted the contents of the report.**		
CONTRACT MANAGEMENT			
PCCC 18/09/08	**PUBLIC CONTRACTUAL ISSUES REPORT**		
	The Head of Delivery presented the Contractual Issues Report.		

	Apollo Court Breach Notice Following the announced CQC inspection at Dodworth Medical Practice on 28 November 2017 a further unannounced comprehensive inspection took place on 10th and 13th July 2018 which had been prompted by further information of concerns raised with the Commission. The CQC have rated the practice overall as inadequate and placed the practice in special measures. A further practice inspection will take place within six months. Three warning notices have been issued to the provider following breach of the Health & Social Care Act as follows: • Safe care and treatment • Good Governance • Fit and proper persons employed Following consideration of the information contained within the CQC report, the CCG felt the practice was in breach of a number of elements within their PMS contract and the Committee were asked to approve the issue of a Breach Notice to the providers of Dodworth Medical Practice. **The Committee approved the issue of a draft Breach Notice for Apollo Court Medical Centre.** **Ashville Medical Centre PMS Contract Changes** Barnsley CCG had received an application to vary an additional partner onto the Ashville Medical Centre PMS contract with effect from 1 October 2018. The addition of a new partner would take the contract to an 8 GP Partnership; the new GP meets the eligibility criteria for holding a PMS agreement. The Committee were asked to endorse the consent to the contract variation. **The Committee approved the PMS contract changes for Ashville Medical Centre.** **Penistone Group Practice Variation** Barnsley CCG had received an application to vary Penistone Group's PMS contract in relation of a 24 hour retirement for Wynford Morgan.	**LR**	

	As the 24 hour retirement required an amendment to the PMS contract, approval from PCCC members was required. As there would still be signatories to the PMS contract during this time, the Committee were asked to approve the amendment of the PMS contract to support the 24 hour retirement by a vary off and vary on contract amendment. **The Committee approved the PMS contract changes for Penistone Group Practice.** **<u>Kingswell Surgery</u>** The Committee were reminded that Dr Alvarez and Dr Farham were added onto the Kingswell Surgery contract with effect from 1 April 2018 and as part of this agreement Dr Davies would vary off the contract and lease the premises to the 2 new GP Partners. The new lease had now been reviewed by NHSE and the CCG and no issues or concerns had been identified. As part of the CCG's delegated responsibility, the Committee were asked to approve the new lease agreements. **The Committee approved the new lease agreement for Kingswell Surgery.**		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 18/09/09	**RISK AND GOVERNANCE REPORT**		
	The Head of Governance and Assurance introduced the Risk and Governance Report which provided the Committee with the risks allocated to the Committee for monitoring and updating. **<u>Assurance Framework 2018/19</u>** There was one risk on the Governing Body Assurance Framework which the Committee was the assurance provider. The risk was scored as 'Amber' High Risk and related to the delivery of Primary Care priorities if the following threat(s) were 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 **The Committee reviewed the risk on the Assurance Framework for which the Primary Care Commissioning Committee was responsible.** **<u>Risk Register</u>** There were currently six risks on the Corporate Risk Register for which the Committee were responsible for managing. Of the six, one was red (extreme), one amber (high), three yellow (moderate) and one green (low) risk. **The Committee reviewed the Risk Register and agreed that:-** • **All risks identified were appropriately described and scored** • **There were no other risks which needed to be included on the Risk Register** **<u>Update on delegated commissioning arrangements</u>** CCGs with delegated commissioning arrangements were recently requested by NHSE to review and agree a set of technical changes to their Delegation Agreements with NHSE in order to comply with GDPR. In order to meet the response deadline, the Head of Governance & Assurance asked members of the Committee to provide virtual agreement to the changes. Virtual agreement was received following which a response was signed by the Accountable Officer and returned to NHSE on 10 September 2018. **The Committee:-** **Noted the technical changes to the Delegation Agreement with NHS England and ratified the change.**		

OTHER			
PCCC 18/09/10	**REFLECTION OF CONDUCT OF THE MEETING** It was noted that Committee members agreed the conduct of the meeting had gone well.		
PCCC 18/09/11	**QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA** There were no members of the public present.		
PCCC 18/09/12	**ANY OTHER BUSINESS**		
	Workforce Following a query from the Director of Public Health regarding the recent South Yorkshire & Bassetlaw Integrated Care System NHS Workforce Consultation event, the Head of Delivery (IP&OOC) confirmed that the CCG had responded to this consultation via the SY&B Primary Workforce Stream. **Congratulations** The Director of Public Health congratulated Barnsley CCG on its excellent performance at the recent Workplace Health Awards. Barnsley CCG was the only organisation in Barnsley who was awarded finalist status in all three categories.		
PCCC 18/09/13	**ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT**		
	Committee members agreed that Apollo Court Breach Notice should be escalated to the Governing Body Assurance Report.		
PCCC 18/09/14	**DATE AND TIME OF THE NEXT SCHEDULED MEETING**		
	Thursday, 29 November 2018 at 2.30pm to 3.30pm in the Boardroom, Hillder House, Barnsley		

Barnsley
Clinical Commissioning Group

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

29 November 2018

PUBLIC

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **27 September 2018**

Minute ref	Issue	Action	Action/Outcome
18/09/08	**CONTRACTUAL ISSUES REPORT** Apollo Court Breach Notice Committee approval was given for the issuing of a draft Breach Notice.	**LR**	**Complete**

2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Table 2

Minute ref	Issue	Action	Action/Outcome

PCCC/18/11/06

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

29 November 2018

GP WIFI Updates

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*		*Information* ✓
2.	**REPORT OF**						

	Name	*Designation*
Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital)
Clinical Lead	John Harban	CCG IT Clinical Lead
Author	Julie Frampton	Senior Primary Care Commissioning Manager

3. EXECUTIVE SUMMARY

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.

GP WiFi has been extremely slow in rolling out across SYB. There has been some implementation issues in Sheffield and Barnsley we look to the learning from this to aid smooth delivery.

The installation in Barnsley is imminent and completion is by end December 2018.

4. PCCC IS ASKED TO:

- Note the contents of this paper

5. APPENDICES

- None

Agenda time allocation for report:	*5 minutes.*

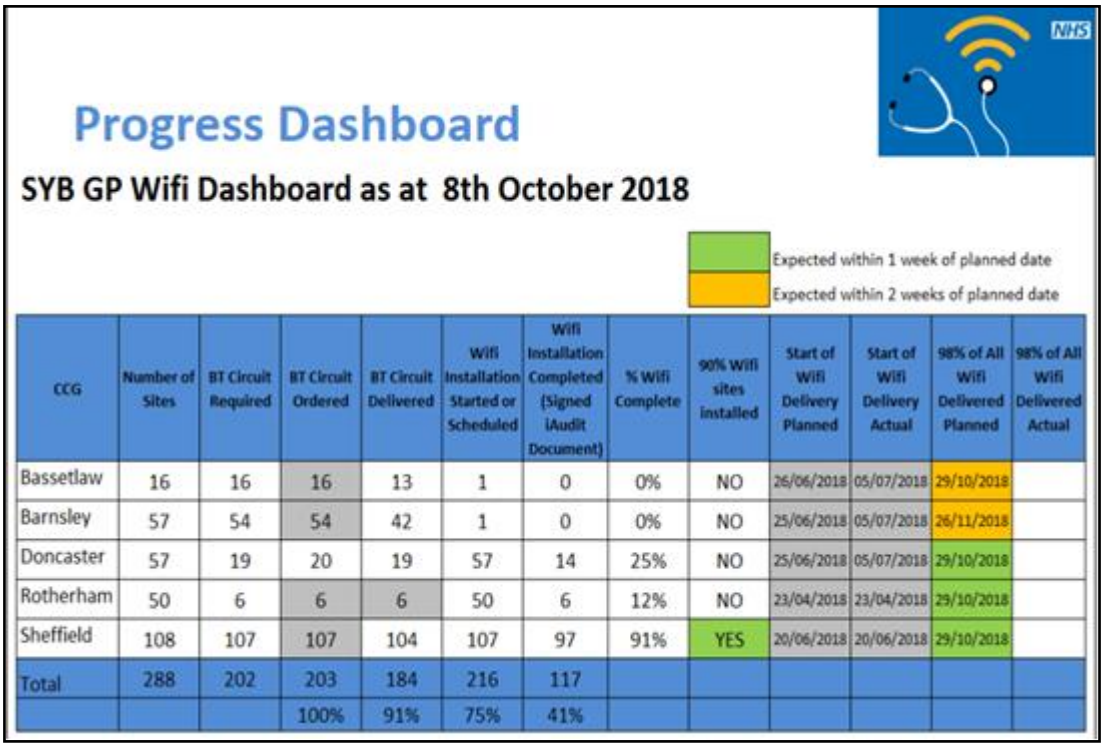
PCCC/18/11/06

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 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	
	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*

PCCC/18/11/06
PART 2 – DETAILED REPORT

1.	**INTRODUCTION/ BACKGROUND INFORMATION**
	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. 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.
2.	**DISCUSSION/ISSUES**
	There have been some technical difficulties with the roll out of GP WiFi in Barnsley however the project team is now starting roll out which is due for completion in Dec 2018. The roll out includes both GP WiFi and Corporate to enable wider public access. The detailed implementation plan is still to be confirmed regarding sites and timescales. There is a number of IT initiatives due to be rolled out in primary care over the coming months and all potential work needs to be carefully aligned to prevent overburdening practices. The Primary Care team is working to collate all of these projects and timeframes. The GP WiFi project delivery across SYB to date is as follows:



CCG	Number of Sites	BT Circuit Required	BT Circuit Ordered	BT Circuit Delivered	Wifi Installation Started or Scheduled	Wifi Installation Completed (Signed iAudit Document)	% Wifi Complete	90% Wifi sites installed	Start of Wifi Delivery Planned	Start of Wifi Delivery Actual	98% of All Wifi Delivered Planned	98% of All Wifi Delivered Actual
Bassetlaw	16	16	16	13	1	0	0%	NO	26/06/2018	05/07/2018	29/10/2018	
Barnsley	57	54	54	42	1	0	0%	NO	25/06/2018	05/07/2018	26/11/2018	
Doncaster	57	19	20	19	57	14	25%	NO	25/06/2018	05/07/2018	29/10/2018	
Rotherham	50	6	6	6	50	6	12%	NO	23/04/2018	23/04/2018	29/10/2018	
Sheffield	108	107	107	104	107	97	91%	YES	20/06/2018	20/06/2018	29/10/2018	
Total	288	202	203	184	216	117						
			100%	91%	75%	41%						

Barnsley has not had any GP WiFi installed and as a result my benefit from the learning of issues from implementation to date. The GP WiFi programme

	manager's latest update includes: • Daisy has completed installations at 76% of sites where they are able [excluding Bassetlaw (16),Barnsley (57) and On Domain Rotherham (45)] • There is concern about current Daisy delivery rate, Sheffield faults and prompt delivery of project • This has been formally escalated to Daisy to allow for remedial action and a firm commitment on delivery RATE which is the key to prompt completion of the project
3.	**CONCLUSION**
	GP WiFi has been extremely slow in rolling out across SYB. There have been some implementation issues in Sheffield and in Barnsley we will look to the learning from this to aid smooth delivery. The installation in Barnsley is imminent and completion is by end December 2018.

PCCC/18/11/06.1

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

29 November 2018

HSCN Updates

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*		*Information* ✓
2.	**REPORT OF**						

	Name	*Designation*
Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital)
Clinical Lead	John Harban	CCGIT Clinical Lead
Author	Julie Frampton	Senior Primary Care Commissioning Manager

3. EXECUTIVE SUMMARY

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.

Roll out across Barnsley of the chosen configuration needs to be completed by July 2019.

4. PCCC IS ASKED TO:

- Note the contents of this paper

5. APPENDICES

- None

Agenda time allocation for report:	*5 minutes.*

PCCC/18/11/06.1

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 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	
	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*

PCCC/18/11/06.1
PART 2 – DETAILED REPORT

1.	**INTRODUCTION/ BACKGROUND INFORMATION**
	The Health and Social Care Network (HSCN) is a new data network for health and care organisations succeeding N3. It provides the underlying network arrangements to help integrate and transform health and social care services by enabling health and social care organisations to access and share information more reliably, flexibly and efficiently. HSCN is designed to meet the requirements of an integrated and evolving health and social care sector. It's a standards-based network that enables multiple suppliers to provide connectivity services. HSCN enables health and social care organisations to create shared networks, which help deliver shared and integrated ICT services. HSCN features comprehensive security monitoring and analysis functionality, providing a central capability to detect irregular traffic volumes or flows, in near real time. HSCN consumers benefit from this capability as potential problems can be detected and resolved promptly. Current N3 arrangements ended on 31 March 2017 and migration to HSCN must be completed by July 2019.
2.	**DISCUSSION/ISSUES**
	Redcentric Solutions Limited has been confirmed as the preferred supplier for HSCN and Public Services Network (PSN) services for the Yorkshire and Humber region under the YHPSN procurement framework. The arrangement connects public sector organisations across Yorkshire and the Humber region, reducing costs and enabling more efficient and integrated delivery of services. The framework agreement covers local authorities, emergency services, transport and health sectors and will include connectivity to the new Health and Social Care Network and Public Services Network. Under the framework Redcentric are providing connectivity services on an initial 4-year term. Discussions have started for the Barnsley HSCN/PSN network with local stakeholders to assess a number of possible configurations to deliver the network. These are in the early stages of development and will require further and wider input to review the most suitable configuration for Barnsley, benefit and risk assessment, cost and sustainability. Barnsley has 1 GP practice with HSCN enabled which has provided a “proof of concept”.
3.	**CONCLUSION**
	HSCN is in the early stages of planning for a network solution across Barnsley. 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.

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

29 November 2018

Windows 10 Upgrade

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*		*Information* ✓
2.	**REPORT OF**						

	Name	*Designation*
Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital)
Clinical Lead	John Harban	CCGIT Clinical Lead
Author	Julie Frampton	Senior Primary Care Commissioning Manager

3. EXECUTIVE SUMMARY

Windows 10 Upgrade

Microsoft Support for Windows 7 ends on 14th January 2020, after which:

- There will be no technical or security updates for Windows 7
- This means that devices remaining on Windows 7 will be vulnerable to new viruses and cyber attacks
- These attacks have the potential to affect patient care in your practice AND across the wider NHS

NHS England have published the "2018/19 Addendum to the GP IT Operating Model", the result of which being:

- All machines to be upgraded to Windows 10 from Windows 7
- **All software must be of a supported version and have a valid support contract in place** (i.e. Sage, Dictation Software)
    - 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

4.	**PCCC IS ASKED TO:**
	• Note the contents of this paper
5.	**APPENDICES**
	• None

Agenda time allocation for report:	*5 minutes.*

PCCC/18/11/06.2

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 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	
	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*

PCCC/18/11/06.2
PART 2 – DETAILED REPORT

1.	**INTRODUCTION/ BACKGROUND INFORMATION**

NHS England have published the "2018/19 Addendum to the GP IT Operating Model", the results of which are that:

- All machines must be upgraded to Windows 10 from Windows 7 before the Microsoft support period ends
- 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)
    - 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. This means that that some applications, peripherals and clinical equipment will be unsupported on Windows 10
- In order to meet this mandate the roll out needs to start now so that, should any significant issues arise, we will have time to tackle them

Microsoft Support for Windows 7 ends on 14th January 2020. This means that after January 2020:

- There will be no technical or security updates for Windows 7
- This means that any devices remaining on Windows 7 will be vulnerable to new viruses and cyber attacks
- These attacks have the potential to affect patient care in all practices AND across the wider NHS as in the episode involving WannaCry

How will this upgrade be managed?

The Annual IT Refresh Project and Windows 10 Upgrade will be run by our IT Provider (eMBED Health Consortium) as one project, delivering to all practices across the CCG

- Engineers will go to all GP practice sites and replace any machines which are due to go out of support (approx. 25% across the estate). The new machines will come with Windows 10 already installed
- 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.
- Our 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.

2.	DISCUSSION/ISSUES
	Implications for GP practices: Practices will need to support the project teams in delivering these changes as quickly as possible, whilst minimising disruption to patient services. This means: • Take note of booking requests and scheduling requests from the project team • Ensure that machines and rooms are available for work at the agreed times • Ensure that affected staff are available at the agreed times. They will need to be present as part of the process will entail them logging on for the first time • Ensure that they have access to installation media, licences and, where applicable, support agreements for any local software and peripherals that you use (including clinical equipment that connects to your PCs) Engineers will not reinstall unsupported software and will not be able to spend additional unplanned time looking for software There will be periods of time when the IT service is unavailable and discussion with practices will outline this and ensure working in a way to minimise disruption. It is planned to use an Early Adopter site to trial the Windows 10 roll out and to do full or partial roll out/upgrade of Windows 10. It will provide an opportunity to trial the processes as we will likely hit some challenges around scheduling and technical issues. This will provide essential learning to enable a quicker roll out to the remaining practices across Barnsley. **Roll Out** Detailed planning is still underway, however the timeline is approximately: • Practice Manager Engagement – Early Nov - Early December • The eMBED Project Manager will be attending Practice Managers Meeting • Deployments Start – Dec 18 • New Hardware Refresh complete – Early April 19 • Windows 10 Upgrade – Late July 19
3.	**CONCLUSION**
	The roll out of Windows 10 is nationally mandated and must happen within the timeframes as detailed. In order to minimise disruption to GP practices it is planned to include the annual IT refresh of equipment at the same time. Early and detailed planning has started to happen with eMBED and will involve Practice Managers and early adopter sites to ensure any issues and learning is gained and used to inform the roll out.

PCCC/18/11/08

Barnsley Healthcare Federation
NHS
Better Health, Better Care, for a Better Barnsley

EVALUATION OF I-HEART BARNSLEY TRIAGE CHANGES

29 November 2018

In September this year Barnsley Healthcare Federation revised the triage process for i-HEART Barnsley's extended hour's service.

I would like to take the opportunity to confirm that the Federation routinely monitors i-HEART patient feedback. Working in conjunction with Barnsley CCG, we also analyse local health needs, which are used to shape and influence the way in which our services are delivered.

The decision to change the triage element of the service was made following a clinical audit and CQC's findings from their inspection in February 2018. Based on these review findings we did not feel the telephone triage service delivered by i-HEART met the necessary requirements.

We have and will continue to deliver of safe and effective care. Our new process is as follows:

- **4.00pm – 6.00pm Monday to Friday and 8.00am – 9.30am during weekends and on Bank Holidays**. This is now be staffed by admin personnel who are only booking patients into the i-HEART clinics, just like it happens at most GP surgeries, and will NOT be providing a clinical triage service over the phone.

- The i-HEART evening clinic times have changed during week days to **6.30pm - 10.30pm** however will remain the same time over a weekend and bank holiday where we will be offering clinics between **10.00am - 1.00pm** at the same clinic locations.

When the telephone is answered the Administrator follows a three step process. Firstly patients are screened for 'Red Flag' symptoms e.g. chest pains. If a Red Flag is triggered patients are directed to A&E. Secondly we provide navigation in line with the First Port of Call + guidance. This involves identifying whether an alternative service is more appropriate for the patient e.g. Pharmacy. Finally ,where appropriate, patients are offered an appointment at a Hub of their choice.

Following our most recent CQC inspection, 16th-17th November, we have received positive verbal feedback on the quality and safety of our new patient booking process.

We worked hard to make certain the changes were effectively communicated to both patients and Practices.

Throughout September we updated our telephone message to inform patients of the change and make certain patients were aware before the change was enacted.
In addition we provide information on our website and via Facebook that set out the changes and the rationale for the change. These were clearly headed as 'Service Changes'.

All of this information was available to patients from 1st September 2018.

Our website allows patients to, through a direct submission, to provide us with feedback, during September we received no feedback on these changes from patients via the website.

Following the changes Barnsley CCG asked the Federation to conduct a retrospective exercise to understand the impact the changes have had on patients.
In addition to our usual methods of obtaining patient feedback, via the website and monthly patient feedback, we conducted a Survey Monkey questionnaire. The survey questions are appended to this document.

Survey Results
The survey was promoted through our website from 1st to 16th November 2018. We received 2 responses to the survey. The responses are as follows:

- **Question 1 – Were you aware of the changes?**
  - Extremely aware – 0
  - Very aware – 50%
  - Somewhat aware – 0
  - Not so aware – 0
  - Not at all aware – 50%
  -
- **Question 2 – Do you have any concerns regarding these changes?**
  - Yes – 50%
  - No – 50%

- Comments – Limiting the phone times will make it hard to get through like when I ring my Dr's and will put people off trying

- **Question 3 – Do you have any other comments?**
  - No I am happy

Additional measures of impact
We have reviewed other access and performance measure to determine the impact on patients.

We have continued to monitor our regular monthly feedback from patients. The results for October highlighted our call handing have been rated as good or excellent by 91% of respondents. There is no significant change from the months previous to October. We have always received consistent results from patients on their experience of using and accessing our services (over 90% rated as good or excellent). Further to this our overall service ratings and recommendations have not fallen below 95% (good or excellent) for October.

We have also monitored patient complaints related to i-HEART Barnsley. We have received no complaints regarding service access since these changes we implemented.

We have not received any negative feedback from or via Practices regarding these changes.

Furthermore there has been no feedback via the NHS Choices website.
In addition we have monitored access across Practices; there has been no discernible change from previous month's access and patient volume.

The utilisation rate for appointments has no dramatically adjusted from September where utilisation was 62.8% and in October and the first two weeks of November it was 62.8%. It should be noted that i-HEART appointments after 9pm have often been underutilised.

Following the time change we have noted a considerable reduction in the number of patients who Do Not Attend (DNA). In August we had 55 DNAs and in September this figure was 41. In October this fell to 36 and in the first two weeks of November this fell again to 9. Furthermore anecdotal feedback from patients via our Admin team suggests patient prefer being able to make an appointment and then travel straight to the clinic.

Summary

From all the evidence available to Barnsley Healthcare Federation we have not seen a detrimental impact to patient access to i-HEART Barnsley extended hours. This is evidenced by the ongoing high levels of patient satisfaction we receive, the decrease in patients not attending and the absence of complaints following the change.

We are committed to continually reviewing our delivery and making certain we are offering a safe, effective and well led service.

As an example of this in November we have enable direct booking of extended hours appointments by NHS111. This enables patients who contact NHS111 to be directly offered an extended hours appointment. This step has been taken to maximise the utilisation of appointments after 9pm.

NHS Barnsley Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

29 November 2018

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*	X	*Assurance*	X	*Information*	X
2.	**REPORT OF**			
		Name	*Designation*
	Executive Lead	Richard Walker	Head of Governance & Assurance
	Author	Alison Edwards	Governance, Risk and Assurance Facilitator
3.	**EXECUTIVE SUMMARY**		

Introduction

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

Assurance Framework 2018/19

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

Appendix 1 of this report provides the Committee with an extract from the GBAF 2018/19 of the one risk for which the Primary Care commissioning Committee is the assurance provider. The risk is scored as 'Amber' High Risk.

- Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
    - Engagement with primary care 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.

	Risk Register The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk. The full risk register is submitted to the Committee on a six monthly basis, (March and September), the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, members' attention is drawn to Appendix 2 of this report which provides the Committee with an extract of red and amber risks associated with the Primary Care Commissioning Committee. There are currently six risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the six risks, there is one red (extreme) rated risk, one amber risk (high), three yellow risks (moderate) and one green (low) risk. Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored. *Additions / Removals* There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee. **Mandated NHSE audit of primary medical services** Although NHS England (NHSE) has delegated primary care commissioning functions to CCGs, it retains overall accountability and is, therefore, responsible for obtaining assurances that its functions are being discharged effectively. NHSE has therefore introduced a mandatory Internal Audit Framework, designed to provide independent assurance to NHSE that delegated functions are being appropriately discharged. The Framework requires the independent completion of assessments across four domains, on a cyclical basis, over the next three to four years. The areas to be covered are Commissioning and procurement of services; Contract oversight and management functions; Primary Care finance; and Governance. It is proposed that the internal audit focus for 2018/19 focuses on governance, as this underpins all aspects of primary medical care commissioning. 360 Assurance has prepared and agreed Terms of Reference for this review which are attached for Committee's information. The work is expected to be completed in quarter 4 of 2018/19.'
4.	**THE COMMITTEE IS ASKED TO:**

	• Review the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible
	• Review the Risk Register extract attached and:
	  ○ Consider whether all risks identified are appropriately described and scored
	  ○ Consider whether there are other risks which need to be included on the Risk Register.
	• Note 360 Assurance Terms of Reference

5.	APPENDICES
	• Appendix 1 – GBAF 2018/19 Extract risk 2.1 • Appendix 2 – Risk Register extract of red and amber risks associated with the PCCC • BCCG Mandated Primary Med Care Comm and Contracting TOR

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:	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?	*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

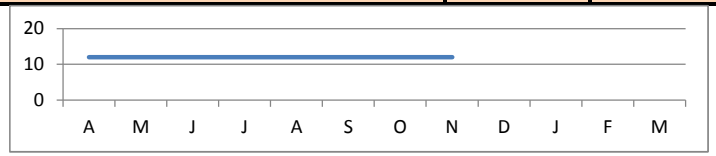
Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

20/11/2018 **NHS Barnsley CCG Governing Body Assurance Framework 2018-19**

PRIORITY AREA 2: PRIMARY CARE	*Delivery supports these CCG objectives:*		PRINCIPAL THREATS TO DELIVERY
Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to: a) deliver investment into Primary Care b) improve Infrastructure c) ensure recruitment/retention/development of workforce d) Address workload issues using 10 high impact actions e) Improve access particularly during the working week, more bookable appointments at evening and weekends. f) Every practice implements at least 2 of the high impact 'time to care' actions g) Deliver delegated Primary Care functions	Highest quality governance		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.
	High quality health care	✓	
	Care closer to home	✓	
	Safe & sustainable local services	✓	
	Strong partnerships, effective use of £	✓	
	Links to SYB STP MOU		
	8.3. General Practice and primary care		

Committee Providing Assurance	**PCCC**	*Executive Lead*	**JH**	*Clinical Lead*	**NB**

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



Date reviewed	**Nov-18**

Rationale: Likelihood has been scored at 3 (possible) but will be kept under review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered.

Key controls to mitigate threat:	**Sources of assurance**	**Rec'd?**
1. Incentivise practices to complete HEE Workforce Analysis tool	All practices have now completed the HEE tool to allow the CCG to create a workforce baseline. The workforce data was been presented to September 17 BEST meeting supported by Mark Purvis from HEE. This continues to be incentivised through the 2018/19 PDA.	Ongoing
2. Additional investment above core contracts through PDA delivers £4.2 to Barnsley practices to improve sustainability and attract workforce to the Barnsley area	Ongoing monitoring of PDA (contractual / QIPP aspects via FPC, outcomes via PCCC) - as at May 2018 all Practices bar one are signed up to the 2018-19 PDA.	Ongoing
3. Optimum use of BEST sessions	BEST programme and Programme co-ordination	Ongoing
4. Development of locality working	6 localities established. A GP Clinical Lead and PM lead allocated to each locality. A series of locality meetings held August, October and December 2017. Large locality event on 14 February 2018 to develop locality based plans and identify areas for development. Further locality event in Dec 2018 to further develop locality working and plans for 2019-2020.	Ongoing
5. BHF - Existence of strong federation supports Primary Care at Scale	BHF contract monitoring, oversight by PCCC	Ongoing
6. Practices increasingly engaging with voluntary and social care providers (e.g. My Best Life)	Monitored through PDA Contract monitoring of the My Best Life Service	Ongoing
7. Programme Management Approach of GPFV & Forward View Next steps	Reported to GB in November 2017. GPFV assurance returns submitted bi-monthly to NHSE. Further update to PCCC in June 2018 to report on GPFV progress from 2017/18. GPFV update submitted to PCCC in June 2018 as planned..	Ongoing
8. Care Navigation roll out - First Port of Call Plus	BHF contract monitoring, oversight by PCCC, also included in GPFV assurance returns	Ongoing

9. Engagement and consultation with Primary Care (Membership Council, Practice Managers etc.)	NHS England 360 Stakeholder Survey results reported to Governing Body. 16/17 results reported to Membership Council Spring 2017.	Ongoing
SY Workforce Group in place; STP has a workforce chapter developed in collaboration with CCG's, HEE, providers and Universities.	BCCG is represented on the group.	Ongoing

Gaps in assurance	**Positive assurances received**
None identified	*Report on implementation of the GP Forward View being presented at PCCC June 2018. Await any further recommendations.* *Report accepted at PCCC with recognition of work undertaken and progress.*
Gaps in control	**Actions being taken to address gaps in control / assurance**
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: (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 services (d) Patients services could be further away from their home.	BCCG has a baseline of the Primary Care workforce following the 30 June 2017 submission for baseline data via the HEE Tool. Data presented at BEST event in September. The CCG and BHF will then work with member practices to address any gaps/ variance and to develop a workforce plan going forward. Actively exploring option of international recruitment with 16 practices expressing an interest. BHF looking to host a number of these GPs if the initiative goes forward. Practices encouraged to look at skill mix with innovative recruitment.
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: (a) poor quality or unsafe services for the people of Barnsley; (b) reputational /brand damage; (c) Strategic implications for the CCG in terms of delivery of the out of hospital strategy and primary care at scale. (d) Continuity of service (e) Risk of patients and practices not accessing services provided by BHF	Barnsley Healthcare Federation have appointed a new Clinical Director/ Chair and have had a Senior Management restructure. A detailed action plan to address all areas of concern highlighted within the CQC report has been produced and is being monitored through both PC contracting and Quality Surveillance at the CCG. Regular updates and evidence on progress is being provided by the Chief Executive which is offering assurance on progress. Resilience funding through NHSE has been sourced and provided and the Federation GP practices are signed up to the releasing time for care programme. CQC re-inspection of BHF and iHeart services has been performed (Nov18) and awaiting the outcome report.

RISK REGISTER – November 2018

Domains
1. Adverse publicity/ reputation
2. Business Objectives/ Projects
3. Finance including claims
4. Human Resources/ Organisational Development/ Staffing/ Competence
5. Impact on the safety of patients, staff or public (phys/psych)
6. Quality/ Complaints/ Audit
7. Service/Business Interruption/ Environmental Impact
8. Statutory Duties/ Inspections

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	7	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	15	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	4	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1					
				Total = Likelihood x Consequence				

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

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
CCG 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 services (d) Patient services	**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 their workforce. The successful PMCF (now known	Senior Primary Care Commissioning Manager. (Primary Care Commissioning Committee)	Governing Body	**4**	**4**	**16**	1118	**November 2018** No changes to report **October 2018** There are no changes to report **September 2018** Practices continue to report their workforce figures and these are presented and monitored through each practices quality dashboard. In 2018/19 15 lots of resilience funding have been	12/18

			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**
		could be further away from their home.				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 physician associates roles. The CCG has funded 15 Clinical Pharmacists to provide support to all Practices in Barnsley. The CCG has also funded 14 Apprentices to provide additional capacity in Primary Care. 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. GP Forward View includes a section on workforce, with additional funding being made available to support Primary Care sustainability.							approved for Barnsley practices which will support recruitment and future resilience. **August 2018** No change to report **June 2018** Update to be provided at 26 July PCCC meeting **May 2018** No change to report **April 2018** No change to report **March 2018** No change to report **9 February 2018** No update to report	

			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**
													January 2018 The PCCC agreed the new wording at the meeting on 24 January 2018 **December 2017** The risk has been amended slightly to recognize the importance of considering primary care capacity in its broader sense. The Primary Care Quality improvement Tool will facilitate a robust baseline assessment and the risk score will be revisited in the light of this before the end of 2017/18.	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance	**3**	**4**	**12**	The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.	Senior Primary Care Commissioning Manager	Risk Assessment	2	4	**8**	11/18	**November 2018** Successful recruitment to the CCG's Primary care team to	02/19

			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**
		management there is a risk that the CCG's reputation and relationship with its membership could be damaged.				The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach. The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities. The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).	(Primary Care Commissioning Committee)						support the delegated responsibilities **September 2018** The CCG continues to effectively managing its delegated responsibility. Strong links have been made with the NHSE Area Team and the contracting team to ensure that this function is effective. **August 2018** No updates to report **June 2018** No updates to report **March 2018** The CCG is effectively managing its delegated	

			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**
													responsibility. This is primarily delivered through the PCCC and the CCGs Primary Care Team, supported by NHSE. **January 2018** The CCG is effectively managing its delegated responsibility. This is primarily delivered through the PCCC and the CCGs Primary Care Team, supported by NHSE. **September 2017** The CCG is currently managing its delegated responsibility for contract performance effectively. This is supported by	

			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's Primary Care Team and the NHS England Area Team **May 2017** The CCG is currently managing its delegated responsibility for contract performance effectively. This is supported by the CCG's Primary Care Team and the NHS England Area Team**.**	

Internal Audit

NHS Barnsley CCG

Primary Medical Care Commissioning and Contracting

Terms of Reference (Draft)

November 2018

Introduction and Background

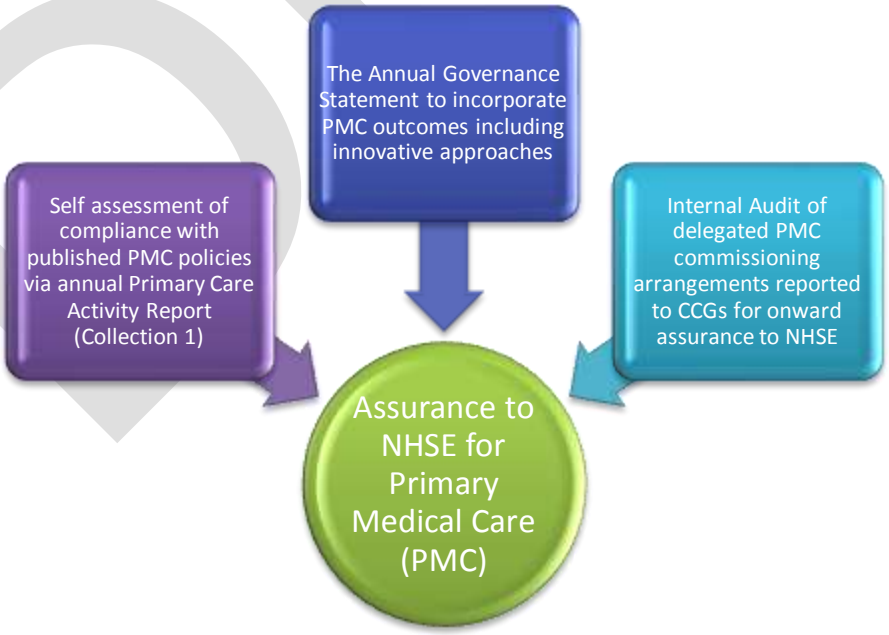
NHS England became responsible for the direct commissioning of primary medical care services on 1 April 2013. Since then, following changes set out in the NHS Five Year Forward View, primary care co-commissioning has seen CCGs invited to take on greater responsibility for general practice commissioning, including full responsibility under delegated commissioning arrangements. In 2018/19, 96% of the 178 CCGs have full delegated responsibility for the primary care budget.

NHS Barnsley CCG assumed full delegated responsibility under these arrangements as of 1st April 2015.

Although NHS England (NHSE) has delegated functions to CCGs, it retains overall accountability and is, therefore, responsible for obtaining assurances that its functions are being discharged effectively.

In order to facilitate the provision of these assurances, correspondence was sent to CCG Chairs, by NHSE, on 27th February 2018, which included a detailed, and now mandatory, Internal Audit Framework, designed to provide independent assurance to NHSE that delegated functions are being appropriately discharged. The Framework requires the independent completion of assessments across four domains, on a cyclical basis, over the next three to four years.

While NHS England's CCG Improvement and Assessment Framework reports CCG performance in key areas, including primary care, it does not provide specific assurance on the management of delegated primary medical care commissioning arrangements. In agreement with NHS England's Audit and Risk Assurance Committee, NHS England requires the following from 2018/19:



The Delegation Agreement entered into between NHS England and CCGs sets out the terms and conditions for how delegated primary medical care functions are to be exercised. The scope of the Internal Audit Framework is designed around this by mirroring these functions through the natural commissioning cycle:

- Commissioning and procurement of services;
- Contract oversight and management functions;
- Primary Care finance;
- Governance (common to each of the above areas).

The Internal Audit Framework is to be delivered as a 3-4 year programme of work to ensure this scope is subject to annual audit in a managed way and within existing internal audit budgets. Follow up audits for areas of no assurance, should there be any, also need to be incorporated into internal audit plans.

Our 2018/19 Internal Audit Plan includes an allocation of time to undertake a review of primary medical care commissioning and contracting. Our work will be undertaken in accordance with the Public Sector Internal Audit Standards.

CCGs are required to tailor their approach to take account of the findings from any previous or related audit work, and make use of local assessment of risk to determine appropriate focus within the scope of work detailed. Where there has been an independent audit of primary medical care commissioning arrangements in 2017/18 this may count towards the implementation of this framework providing the audit and its objectives are clearly in the scope of this framework and the outcome is [retrospectively] reported in line with this framework. Earlier audits may be considered if they can reasonable be assessed as timely and appropriate in ensuring that our audit work under this framework is effectively targeted.

In terms of NHS Barnsley CCG, no relevant audits were undertaken in 2017/18 but we will review the results of the Primary Care Quality Monitoring work conducted in 2016/17 and the review of Contract Management in 2018/19.

NHS England expects that the Framework will provide a comprehensive baseline for assurance of delegated CCGs' primary medical care commissioning and provide the basis for moving to a more risk-based approach in future years.

The Framework requires that the outcome of each annual internal audit is reported to the CCGs' Audit Committees using the opinion levels documented within the Framework, as follows:

Assurance level[1]	Evaluation and testing conclusion
Full	The controls in place adequately address the risks to the successful achievement of objectives, and the controls tested operate effectively.
Substantial	The controls in place do not adequately address one or more risks to the successful achievement of objectives, and/ or one or more of the controls tested are not operating effectively, resulting in unnecessary exposure to risk**.**
Limited	The controls in place do not adequately address multiple significant risks to

[1] It should be noted that these are the opinion levels set out in NHSE's Internal Audit Framework, which are different from those defined and used by 360 Assurance.

Assurance level[1]	Evaluation and testing conclusion
	the successful achievement of objectives, and /or a number of controls are not operating effectively, resulting in exposure to a high level of risk.
No Assurance	The controls in place do not adequately address several significant risks leaving the system open to significant error or abuse, and/or the controls tested are wholly ineffective, resulting in an unacceptably high level of risk to the successful achievement of objectives.

The CCGs' Primary Care Commissioning Committees (PCCC) should have a lead role in discussing and agreeing the report, with the outcome of the Internal Audit being reported in the CCGs' annual reports and annual governance statements. Reports and management actions agreed will also need to be discussed with NHS England's local team, as appropriate.

It is proposed that the internal audit focus for 2018/19 focuses on governance, as this underpins all aspects of primary medical care commissioning.

Audit Objective and Scope

The objective of our audit will be to determine whether a robust, efficient and effective control environment is in place in relation to governance arrangements, around the provision of primary medical care commissioning and contracting.

Audit Methodology and Approach

In respect of **governance** arrangements, we will:

- Document and assess the arrangements in place for the operation and oversight of the PCCC, including, but not limited to:
  - Membership of the Committees, attendance and recording of decision making;
  - Terms of reference;
  - Scope of responsibilities and how these are discharged; and
  - Reporting arrangements between other committees and teams within the CCGs and NHSE.
- Assess the arrangements in place within the PCCC which ensure that:
  - The planning of Primary Care Medical Services provision has been undertaken in accordance with the Delegation Agreements (i.e. assessment of need, risks, appropriate consultation and communication);
  - Oversight of contract management functions is appropriately detailed as a responsibility of the Committees; and
  - Responsibilities include the receipt and review of financial monitoring information/ reports.

Limitations of scope: The scope of our work will be limited to the systems and controls identified in these Terms of Reference.

Excluded from scope is the management of conflicts of interest which is subject to a separate mandated internal audit framework.

Key Contacts

The review will be undertaken by Tiffany Hey and supervised by Kay Meats.

Name	Post	Contact Details
360 Assurance		
Tim Thomas	Director	tim.thomas1@nhs.net 0116 225 6114
Leanne Hawkes	Deputy Director	leanne.hawkes@nhs.net 01709 428713
Kay Meats	Client Manager	Kay.Meats@nhs.net 01709 428704
Tiffany Hey	Assistant Client Manager	T.hey@nhs.net 07919 542523
Client		
Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)	jackie.holdich@nhs.net
Roxana Naylor	Chief Finance Officer	roxanna.naylor@nhs.net
Richard Walker	Head of Governance and Assurance	richard.walker15@nhs.net
Chris Millington	Lay Member for Primary Care	chris.millington@nhs.net

Responsibilities of nominated Client lead:*

The Organisations' contracts with 360 Assurance include the requirement for Terms of Reference to be approved within ten working days of receipt. In approving these Terms of Reference, you are confirming:

- *the appropriateness of the scope and any limitations;*
- *that officers to be involved in this review have been named in this document;*
- *all relevant documentation will be made available promptly on request;*
- *staff and management will make reasonable time available for interviews and will respond promptly to follow-up questions or requests for documentation;*
- *agreement with the timetable of reporting within these Terms of Reference.*

**Client lead may be the Executive Director or nominated other (as determined by the client).*

Joint Working

To enable us to work most effectively with client officers, we have detailed below joint responsibilities for both parties.

Task	Responsibility	Anticipated Timescales

Produce Terms of Reference	360 Assurance	22nd October 2018
Agree Terms of Reference	CCGs	5th November 2018
Provide requested information	CCGs	30th November 2018
Complete audit work	360 Assurance	10th February 2019
Produce draft summary report	360 Assurance	13th February 2019
Exit meeting to be held	360 Assurance	20th February 2019
Provide prompt management response(s)	CCGs	1st March 2019
Issue final report for Audit Committees	360 Assurance	21st March 2019

Please note: Agreed timescales are subject to the nominated client responsibilities, as detailed in the previous section, being adhered to.

Evidence

Please find below a list of initial evidence that we will require as part of our review. Some evidence requested will also enable us to complete benchmarking work which will be shared with the CCGs. Please ensure that this information is made available to the relevant auditor as soon as possible.

- CCG Constitutions setting out the responsibilities of the Primary Care Commissioning Committee and Scheme of Reservation and Delegation (SoRD); already received
- Organisation Governance Chart; already received but has this been updated per rec 1 in the Contract Mgr report issued July 2018
- Terms of Reference for the Primary Care Commissioning Committee; already seen as part of contract mgt review
- Agendas, minutes and papers for the Primary Care Commissioning Committee for the last six months including those for confidential meetings; have these up to July – need to see these after July 18
- Details of the CCGs' primary care intensions/plans for the next 5 years; is there a recent strategy that can be provided for this
- Primary Care Strategy (if available); as above – I will see what I can find on website unless you provide to me
- Number of GP practices and associated practice sizes (including numbers of single handed practices where there is just one GP); I know from my previous work that there were 33 practices but not sure how many are single handed
- Number of practices which are due to be recommissioned at the end of their contract period; I do not have access to this information – can this be provided
- Number of practices (providers) which have been terminated in the last 5 years; I do not have this info
- GP contracts and sub-contracts; I do not have the latest position of this as I reviewed 17/18 and not 18/19 in the contract mgt review
- Details of patient list sizes, list closures, targeted list maintenance, out of area registration and special allocation schemes; again I do not have this info for 2018/19 can this be provided
- Details of who supports contracts with practices (i.e. is it in-house or use of Commissioning Support Unit (CSU)); I think that this is the Primary Care Team at

the CCG – the latest team chart I have is for December 2017 as I think there have been recent changes so I need to see latest version

- Details of practices subject to "caretaker" arrangements (and details of who is "caretaking"); I do not have this information
- Details of providers which are at risk and any succession planning arrangements; I do not have this information
- Number of complaints for GP providers between 1st September 2017 and 30th September 2018 (in relation to access to make appointments, OOH provision and decisions made by the PCCC on closures and mergers of practices). This will not be complaints relating to individual GPS which are the responsibility of NHSE and have not been delegated to CCGs. I do not have this information
- Details of CCG teams who manage the primary care functions incorporating WTEs and team chart; I think that I have an old version of this so need the latest version please now that Catherine has left
- Contact details for the Primary Care Team; I assume that this will be Jackie Holdich and I have her email address
- The programme of practice visits, including frequency of visits – I did not check this as part of my review – is there one for 2018/19.
- Composition of the teams undertaking practice visits and details of the team's remit. Again can this be provided as this was not checked by me as part of the contract mgt review for the PDA

Information Governance

We take our Information Governance responsibilities seriously. Where we ask for information during the course of the audit that is personally identifiable, confidential or sensitive, we have set out in Appendix 1 how we will request and use this data. We will provide this information to your officers whenever we request information.

Co-operative relationships with client management enhance the ability of 360 Assurance to achieve its objectives effectively, and enable us to provide clear assurances to the organisation in relation to its Assurance Framework. Please do not hesitate, therefore, to raise any queries or concerns in relation to this review with Leanne Hawkes, Deputy Director.

Terms of Reference prepared by 360 Assurance and addressed to NHS Barnsley CCG directors or officers are prepared for the sole use of NHS Barnsley CCG, and no responsibility is taken by 360 Assurance or the auditors to any director or officer in their individual capacity. No responsibility to any third party is accepted as the terms of reference have not been prepared for, and are not intended for, any other purpose and a person who is not a party to the agreement for the provision of Internal Audit between NHS Barnsley CCG and 360 Assurance dated 1st April 2018 shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.

The appointment of 360 Assurance does not replace or limit NHS Barnsley CCGs own responsibility for putting in place proper arrangements to ensure that its operations are conducted in accordance with the law, guidance, good governance and any applicable standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

DATA HANDLING GUIDE

Our Commitment

- Err on the side of caution and minimise the transfer of data.
- Only include essential fields, avoid linking data items
- Transfer and store data securely
- If in any doubt, please check first.

Please Do:

- Only send the data fields requested. Delete any other data rather than hide rows or columns. Where data needs to be linked back to a person, please pseudonymise prior to sending.
- Password protect any confidential, identifiable or sensitive data, even where this has been pseudonymised. We will phone you to confirm receipt of data and ask you for the password over the phone.

We Will:

- Ensure that we only keep confidential, identifiable or sensitive data for the life of the audit, this will be stored securely and be password protected.
- Only use the data or information for the purposes of the audit for which the request has been made. We will not use it in any other way or pass this on.
- Notify you immediately if any information is received that has not been requested.. We will delete and not store any superfluous information

360 Assurance Data Handling Guide updated April 2018

DATA HANDLING GUIDE

Our Commitment

We take our information governance responsibilities seriously; We have translated this commitment into our governance arrangements.

Our Processes:
We only ask for data we need and we only use it for the intended audit purpose. We have a number of secure transfer options. Our NHSMail account allows for the secure transfer of confidential, sensitive or patient identifiable data within the NHS. Alternatively if you don't use NHSmail we recommend the NHS Secure File Transfer Service.
We follow NHS IG requirements and we have a host Trust policy and tailored 360 Assurance guidance. Compliance with requirements and training is monitored at our Workforce Group.

Storage
Audit files are held securely and deleted according to Public Sector Internal Audit Standards and client requirements. All confidential or sensitive data is password protected on our shared drive.

IT Security:
We have Cyber Security accreditation and our IT Services are provided by NHIS, an accredited body which uses approved IT technical security measures.

Training:
Our staff fully comply with annual mandatory IG training requirements and our IG Data Champions undertake additional training modules each year. Our champions are on hand to provide advice and assistance to our staff and our clients.

360 Assurance Data Handling Guide updated April 2018