NHS
Barnsley
Clinical Commissioning Group

The Primary Care Commissioning Committee will be held on Thursday, 28 March 2019 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	Chair	2.30pm
2.	Quoracy	Note	Chair	
3.	Declarations of Interest relevant to the agenda	Note	**PCCC/19/03/03** Chair	2.30pm 5mins
4.	Minutes of the meeting held on 31 January 2019	Approve	**PCCC/19/03/04** Chair	2.35pm 5mins
5.	Matters Arising Report	Note	**PCCC/19/03/05** Chair	2.40pm 5mins
	Strategy, Planning, Needs Assessment and Co-ordination of Primary Care			
6.	Primary Care Networks Update • Long Term Plan	Assurance/ Note	**Verbal** Lesley Smith	2.45pm 10mins
7.	IT Update • Windows 10 Update	Assurance/ Note	**PCCC/19/03/07** Julie Frampton	2.55pm 5mins
	Quality and Finance			
8.	Finance Update	Note	**PCCC/19/03/08** Ruth Simms	3.00pm 5mins
9.	CQC Updates • Hollygreen Practice • Rose Tree Practice • Ashville Practice • Kingswell Practice • Victoria Medical Centre	Note	**PCCC/19/03/09** Julie Frampton	3.05pm 10mins
	Contract Management			
10.	Contractual issues Report • e-Declaration Update • Procurement Updates • GMS/PMS/APMS Contact Variations • BHF Contract Variations	Assurance/ Note	**PCCC/19/03/10** Julie Frampton	3.15pm 15mins

Item	Session	Committee Requested to	Enclosure Lead	Time
	Governance, Risk and Assurance			
11.	Risk and Governance Report • Primary Medical Care Commissioning and Contracting - Review of Governance Arrangements	Assurance	**PCCC/19/03/11** Richard Walker	3.30pm 10mins
12.	PCCC Annual Assurance Report 2018/19	Assurance/ Note	**PCCC/19/03/12** Richard Walker	3.40pm 5mins
13.	Work Plan Update	Information	**PCCC/19/03/13** Richard Walker	3.45pm 5mins
	Reflection on conduct of the meeting			
14.	• Conduct of meetings • Any areas for additional assurance • Any training needs identified	Note	**Verbal** Chair	3.50pm
	Other			
15.	Questions from the public relevant to the agenda	Note	**Verbal** Chair	3.50pm 5mins
16.	Any other business	Note	**Verbal** All	3.55pm 5mins
17.	Items for escalating to the Governing Body	Note	**Verbal** Chair	4.00pm
18.	**Date and time of the next scheduled meeting:** Thursday, 30 May 2019 at 2:30 – 3:30pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY.	Note	All	4.00pm **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

28 March 2019

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	Paige Dawson	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** Chris Millington has updated his declared interests with the following addition:- • Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19) 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:	N/A
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
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

Name	Current position (s) held in the CCG	Declared Interest
		• 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 18) • Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19)
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 • Chief Executive Lead for Strategy, Planning & Transformation SYB, Integrated Care System

Name	Current position (s) held in the CCG	Declared Interest
Mark Smith	GP Governing Body Member	• Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles. • Director of Janark Medical Ltd
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 Manager 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, 31 January 2019 at 2.30pm in the Boardroom 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
Lesley Smith	Chief Officer
Richard Walker	Head of Assurance & Governance

GP CLINICAL ADVISORS

Dr Nick Balac	CCG Chairman
Dr Sudhagar Krishnasamy	Associate Medical Director
Dr Mark Smith	Governing Body Member

IN ATTENDANCE:

Julie Frampton	Senior Primary Care Commissioning Manager
Jackie Holdich	Head of Delivery, Integrated Primary & Out of Hospital Care
Victoria Lindon	Assistant Head of Primary Care Co-Commissioning, NHSE
Carrie Abbott	Service Director, Public Health, BMBC
Angela Musgrave	Executive Personal Assistant
Roxanna Naylor	Chief Finance Officer
Ruth Simms	Assistant Finance Manager

APOLOGIES:

Julia Burrows	Director of Public Health, BMBC
Lee Eddell	Commissioning Manager, NHSE

MEMBERS OF THE PUBLIC:

Philip Watson	Patient Council Member

Agenda Item	Note	Action	Deadline
PCCC 19/01/01	**APOLOGIES**		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 19/01/02	**QUORACY**		
	The meeting was declared quorate.		

PCCC 19/01/03	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	There were no declarations of interest relevant to the agenda. The Declarations of Interest Form had now been received in respect of Lee Eddell, Commissioning Manager, NHSE. The register would be updated accordingly. **Action:** Richard Walker to amend the CCG's Register of Interest report to reflect the above.	**RW**	**Complete**
PCCC 19/01/04	**MINUTES OF THE LAST MEETING**		
	The minutes of the meeting held on 29 November 2018 were verified as a correct record of proceedings. One minor amendment was made to minute item 18/11/12 at the top of page 7 to read "The Director of Public Health" rather than "The Head of Public Health".	**AM**	**Complete**
PCCC 19/01/05	**MATTERS ARISING REPORT**		
	The Committee noted the matters arising report. All actions were complete.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 19/01/06	**PRIMARY CARE UPDATE PAPER** The Head of Delivery (IP&OOC) introduced the Primary Care Update report. The Primary Care Commissioning Committee were responsible for providing the CCGs Governing Body with assurance for the 2018/19 amber risk relating to the delivery of Primary Care priorities if certain 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 • Inadequate investment in primary care The Primary Care Update report gave assurance and provided an update on progress with implementation against key areas of the GP Forward View (GPFV).		

	The report also provided an outline of the 3 priority areas for Primary Care and gave a short description of the work plan for each area as the CCG progresses towards the further development of Integrated Care Networks. The 3 priority areas were:- • Sustainability and Coordinated Recruitment • Home Visiting Service • Developing Integrated Care Networks It was acknowledged that a considerable amount of progressive work had been carried out by the Primary Care team to implement key areas of the GPFV, the 10 high impact areas and the successes from the 18/19 PDA to support and relieve some of the pressures faced by general practice. It was also recognised that as a result of the initiatives already being implemented within Primary Care, Integrated Care Networks (ICNs) would be well placed to act as vehicles for change to ensure delivery of service to meet the future needs of the Barnsley population. The Chief Officer commented that in light of the new 5 Year Framework for GP Contract reform to Implement the NHS Long Term Plan which had been issued on 31 March 2019, it would be necessary to revisit the CCGs plan and cross reference it with the information contained in the new GP contract. The Chief Officer also noted that the 5 Year GP Contract appeared to include everything the CCG had already achieved within primary care in terms of workforce, clinical pharmacists, fellowships, social prescribing etc. and also some elements of the PDA. The Chairman of the CCG informed the meeting that the CCG had organised a workshop on Wednesday, 13 February 2019 involving GP Members and wider stakeholder colleagues to discuss the development of Integrated Care Networks for Barnsley, the new 5 Year GP contract and how the funding for primary care would flow.		

PCCC 19/01/07	**INTEGRATED CARE NETWORKS DEVELOPMENT & MATRIX UPDATE** The Head of Delivery (IP&OOC) introduced the Integrated Care Networks Development report which provided members with a progress update regarding development of Integrated Care Networks against the NHS England Maturity Matrix. The Maturity Matrix gave an example of the journey of development for Primary Care Networks (PCNs) from foundations for transformation through three further steps:- Step 1: Practices identify PCN partners and develop shared plan for realisation. Step 2: PCNs have defined future business model and have early components in place. Step 3: PCN business model fully operational (as reflected in the NHS Long Term Plan) A submission had been made to NHSE in September 2018 in respect of progress against the maturity matrix. It was anticipated that a further progress return would be submitted in March 2019. In September 2018 it was declared that the CCG had 6 networks which were used as a forum for general practices to work collaboratively and share ideas. Practices were supported through the PDA to engage with other service providers to create a system which arranged services around the individual which had proven successful. Since that time the CCG together with Partner organisations had spent a considerable amount of time working through a process to determine what configuration of networks would be pragmatic to service and what would be the capacity and scale where meaningful collaborative work could be achieved. Following an event held involving GPs and wider stakeholders on 12 December 2018 many colleagues felt that 6 Networks may be too many for Barnsley's geographic area.		

	After further consideration it was now felt that 3 Networks with 3 sets of leadership may be more effective. The 3 Networks would mirror the footprints of the Local Authority, Community Nursing and other healthcare teams. Following a query regarding terminology, the Committee were informed that the Primary Care Networks in Barnsley would be called 'Integrated Care Networks' which would reinforce the route of the integrated agenda by integrating with wider multi-disciplinary teams in the community at place level. The Chief Officer commented that the 5 Year Framework for GP Contract indicated that Networks would be expected to be up and running by July 2019. It was therefore likely that rather than moving from step to step through the maturity matrix there would be a quick movement to the end of step 3 which the CCG needed to be sighted on. The Committee acknowledged the challenges being faced and also the issue of pace to develop Integrated Care Networks within the timescales expected. **Action:** Integrated Care Networks Update to remain a standing item on the Public Primary Care Commissioning Committee agenda until further notice.	**AM**	**Complete**
PCCC 18/01/08	**PRIMARY CARE STRATEGY UPDATE** The Head of Delivery (IP&OOC) provided a verbal update on the Primary Care Strategy. The Committee were informed that it was important to ensure the CCGs Primary Care Strategy reflected the direction of travel as indicated within the recently published NHS Long Term Plan. Some of the principles included in the Strategy would be related to the key principles of how the CCG would work with a number of providers and healthcare colleagues within an Independent Care Network. General Practice could be seen as a Primary Care Management Centre delivering population health management, routing a multi professional, multi service delivery to different population groups,		

	ensuring patients received the right care by the right professional at the right time. The ambition was to achieve shorter waiting times for appointments, appointment times which work around patient lives, greater involvement from patients on how they make decisions about their care, an increased focus on prevention, personalised care and helping people to take charge of their own health. There would also be elements within the Strategy such as how technology could support and enhance new initiatives and how better to use NHS Estate. The Lay Member for Accountable Care commented that it was important to engage with members of the public and service users to ensure they were informed about the vision and process going forward with clear and consistent messages of a Partnership approach to eliminate any confusion. It was noted in discussion that the expectation in the primary Care Network contract also envisaged providers of community services would reconfigure their teams to integrate with the networks. This was consistent with our long standing ambition to achieve fully integrated provision of out of hospital services. **Action: Primary Care Strategy Update to be considered by the Patient Council.**	**JH**	
QUALITY AND FINANCE			
PCCC 19/01/09	**<u>Finance Update</u>** The Assistant Finance Manager presented the Finance Update on the financial position for delegated Primary Care Commissioning budgets as at 30 November 2018 (Month 8). The report indicated no significant movements from Month 8 which showed a forecast position of £471k underspend. It was noted that in Month 9 an additional allocation was received for £296,000 to support the GP Uplift. The Chief Finance Officer reported that the CCGs allocation for Primary Care Co-Commissioning for 2019/20 was £38,113m with an overspend of around		

	£400k expected. Additionally, if expectations from the new 5 Year GP Contract were not already built in to Primary Care contracts, additional pressure would be created which would have to be funded within the CCGs programme budget. **The Committee noted the contents of the report and the update from the Chief Finance Officer.**		
CONTRACT MANAGEMENT			
PCCC 19/01/10	**PUBLIC CONTRACTUAL ISSUES REPORT**		
	The Senior Primary Care Commissioning Manager presented the Contractual Issues Report. **Barnsley Healthcare Federation** The Senior Primary Care Commissioning Manager reported that following inadequate CQC ratings Barnsley Healthcare Federation's Extended Hours, GP Streaming and Out of Hours services were re-inspected on 16/17 February 2018. Members were pleased to note that services had now been rated as good which vindicated the terrific amount of work which had taken place to ensure the Federation were in the positon they were. **Dodworth Medical Centre** Following the request on 17 December 2018 to remove Dr Kadarsha and Professor Kumar from the Dodworth Medical Centre PMS contract with effect from 1 January 2019, voting members confirmed the approval via email in line with the urgent decision making process as detailed within the Terms of Reference. The Committee were informed that the contract variation had now been actioned and members were asked to ratify the urgent decision taken. The Committee were pleased to note that the new contract holders were already improving services with positive feedback being received from patients. Following a query the Senior Primary Care Commissioning Manager confirmed that no complaints had been received from patients since the new contract holders had taken over.		

	Action: The Committee ratified the urgent decision in relation to the contract variation for Dodworth Medical Centre. **<u>GP Contract – e-Declaration</u>** The Committee were advised that all GP Practices had submitted their annual e-Declaration on compliance with their core contract. The Primary Care team were undertaking a process to identify areas of non-compliance which would be discussed with the practice. Any areas for escalation would be reported to the Committee at the March meeting. **The Committee noted the contractual issues update.**	**JF**	
GOVERNANCE, RISK AND ASSURANCE			
PCCC 19/01/11	**RISK AND GOVERNANCE REPORT**		
	The Head of Governance and Assurance provided an overview of the Risk and Governance Report, confirming that no new risks had been identified since the previous meeting which needed to be brought to the attention of the Committee from either the Assurance Framework or the Risk Register. **<u>Assurance Framework 2018/19</u>** Appendix 1 of the report provided the Committee with an extract from the GBAF 2018/19 of the one risk for which the Committee were the assurance provider. The risk had been scored as 'Amber' High Risk and related to Risk Ref 2.1 - the delivery of Primary Care priorities if identified threat(s) were not successfully managed and mitigated. **<u>Risk Register</u>** There were currently six risks on the Corporate Risk Register for which the Committee were responsible for managing. **The Committee:** • Reviewed the risk on the Assurance Framework for which the Primary Care Commissioning Committee was responsible.		

	• Reviewed the risks on the Corporate Risk Register and **agreed:-** • all risks identified were appropriately described and scored. • there were no other risks which needed to be included on the Risk Register at this moment in time. It was however noted that due to the impending Primary Care Integrated Network contract it would be necessary to review the risk register before the next meeting. It was noted in discussion that the risks on the Governing Body Assurance Framework and Risk Register relating to primary care would need to be reviewed in the light of the new Primary Care Network contract and the revised Primary Care Strategy.	**RW**	
OTHER			
PCCC 19/01/12	**REFLECTION OF CONDUCT OF THE MEETING** The Committee agreed that the meeting had been conducted appropriately.		
PCCC 19/01/13	**QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA** The Chair requested questions from members of the public. The following comments were noted: A member of the public informed the Committee that they had attended seminars in Sheffield on behalf of the Barnsley Patient Council regarding sustainability and transformation plans where it had been suggested six CCGs merge. The public member commented that if CCGs were asked to merge they should look at how Barnsley had adapted to being a CCG and adopt the Barnsley model of how a CCG should be run. The Chair thanked the public member for his comments. A member of the public shared with the Committee a device which claimed to help improve visual impairment. 'ORCAM my eye' is a wearable vision device which reads printed and digital text aloud,		

	recognises faces, products and money. The Committee were asked to consider the use of this device to improve the lives of the visually impaired. The following link gave more information on 'ORCAM my eye'. https://www.orcam.com/gb/myeye/		
PCCC 19/01/14	**ANY OTHER BUSINESS** Following a query regarding flu vaccinations, the Service Director, Public Health informed the Committee that due to the issues experienced with accessing flu vaccines this year the figures were lower than at the same time last year. It was stated that this was a standing item on the Barnsley Health Protection Board where it had been reported that NHSE colleagues had made particular reference about how supportive the CCGs Medicines Management team had been and that Barnsley GPs and Pharmacy colleagues had worked together to try and improve the position.		
PCCC 19/01/15	**ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT**		
	The Chairman of the CCG informed the Committee that implications of the NHS Long Term Plan for Primary Care and integration would be discussed at the Governing Body meeting.		
PCCC 19/01/16	**DATE AND TIME OF THE NEXT SCHEDULED MEETING**		
	Thursday, 28 March 2019 at 2.30pm to 3.30pm in the Boardroom, Hillder House, Barnsley		

NHS
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MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

28 March 2019

PUBLIC

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **31 January 2019**

Minute ref	Issue	Action	Action/Outcome
	There were no Matters Arising from the meeting held on 31 January 2019.		

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	**STRATEGY, PLANNING, NEEDS ASSESSMENT & COORDINATION OF PRIMARY CARE** **<u>Windows 10</u>** Commissioning Manager, NHSE to obtain and share the deployment process, including successes and challenges from other CCGs across the Borough. The information would be shared with the group via the Senior Primary Care Commissioning Manager.	**LE/JF**	IT Update to be provided for March meeting

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

28th March 2019

BCCG IT Update

PART 1A – SUMMARY REPORT

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

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

3. SUMMARY OF PREVIOUS GOVERNANCE

The matters raised in this paper have been subject to prior consideration in the following forums:

Group / Committee	Date	Outcome
Management Team	06.02.2019	Assurance

4. EXECUTIVE SUMMARY

This paper will provide the Primary Care Commissioning Committee with an update on the work currently in progress within the various IT projects. The project plan will show all the projects and a brief update on progress each month.

5. THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:

- Note the contents of this paper which are provided for information and assurance regarding progress in GPIT projects currently and that continued progress will be monitored on a monthly basis via the IT Operational Steering Group.

6. APPENDICES / LINKS TO FURTHER INFORMATION

1. GPIT Project Plan

Agenda time allocation for report:	*Insert time required e.g. 10 minutes.*

PCCC 19/03/07

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

PCCC 19/03/07
PART 2 – DETAILED REPORT

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

IT Project Plan -
High Level Project Plan (V1.3)
Please review and add updates

NOTE:
SNOMED - enabled in S1
eDSM - completed
Clinical System Migration - Brierley to S1 Feb 2019 Completed

Version control last updated on 22nd February 2019 by Julie Frampton

REF	UPDATE	RAG	START	END	RAG REASONING & MITIGATION	MEETING COMMENTS
GP – Public WIFI **Patients Have access to the internet via WIFI in General Practice Buildings.** **Project lead: Neil J Walker**						
Nov-18	The planned roll out of GPWIFI is still experiencing a number of significant delays. This has been escalated to NHSE and to Daisy who are the provider. A Proof of Concept (POC) is scheduled for 6th Dec to establish the best method to ensure functionality is maximised in Barnsley.			**End Jan. 19**	Original solution design would not enable GPWiFi. An alternative solution has been designed and work is in progress to progress.	
Dec-18	The POC has established that a bespoke solution is required for Barnsley and work is in progress to ensure all sites are assessed. LIFT buildings need specific consents to do work and these are underway. No confirmed date for work commencing has been given and a roll out plan has been requested by the Project Manager. Significant exceptions with the delivery have been reported to NHSE and urgent remedial work is in place to resolve these.			**End Feb. 19**	Significant delays across SYB which have been escalated to Daisy and have been escalated to the D2 Digital workstream and NHSE	
Jan-19	Desktop surveys of all LIT/CHP buildings have occurred and a revised plan to ensure coverage is in place.			**End Mar. 19**	Weekly escalation meeting are taking place by NHSE with Daisy to complete the installations.	
Feb-19	6 practices now have GP WIFI installed and working and Daisy is now planning to increase the number of engineers working across Barnsley to complete the roll out by end of March 2019.			**End Mar. 19**		
Mar-19						
E-Consultations **Using an app stored on their smartphone patients will be able to send questions to a GP to be answered without attending an appointment. GPs can use this information as a triage process to decide further interaction.** **Project lead: Neil J Walker**						
Nov-18	Procurement of an eConsultation system needs to be completed and the system of choice be in place by end of March 2019. There is an SYB Project Manager to support the work and to ensure the process is completed to time. Each CCG has the option to join budgets or to procure as a lot, there is a nominated CCG lead, Clinical Lead and IT Tech lead for each CCG.			**End Mar. 19**		

Dec-18	A service spec has been agreed and selection process for suitable systems have been undertaken to allow a small number of systems to be demonstrated at a Supplier day which is in January 2019. A wide selection of stakeholders have been invited and each nominated lead is expected to attend where possible			**End Mar. 19**		
Jan-19	Nominated Procurement Teams for all CCGs are in place. The service spec has been finalised and is now ready for the ITT. The procurement finances have been confirmed and the remaining ITT paperwork has been completed. The procurement will be in February with evaluation and moderation completed by the end of the month. The preferred bidder should be known by early March and conclusion to the procurement by Mid March. The contract should be agreed and signed of by the end of March which ensures all finances will be secured.			**End Mar. 19**		
Feb-19	eConsultation procurement has been undertaken with both the evaluation and moderation completed. The process is in standstill prior to award to the preferred bidder.					
Mar-19						
Windows 10 and GPIT Refresh **Windows 7 will not be supported beyond 14th Jan 2020 which will leave devices vulnerable to cyber and virus attack if not updated to a supported system.** **Project lead: Matt Townley**						
Nov-18	A wide comms exercise has been undertaken to try to ensure all information is shared with stakeholders. Ashville Medical practice has helped to build the Windows 10 image and a scoping exercise has taken place into what needs to be included in the image. Windows 10 licences have been secured for Barnsley and work is underway to shape the roll out plans.			**Jan. 2020**		
Dec-18	A paper has been shared at MC and GB describing he work required and timeframes. The project manager has attended PM meeting. 1 Practice has volunteered to be an early adopter so the roll out can be tested and any issues worked through before the wider roll out across all practices. To minimise the disruption within practices it has been decided to incorporate the 2018-19 and 2019-20 IT equipment refresh in parallel.					
Jan-19	Meetings have taken place with the PM Chair and representative to discuss the plan for roll out. Huddersfield Road Practice volunteered to be an early adopter of Windows10 to help identify any issues so that they can be resolved prior to the wider roll out. There have been a number of early adaptors across Y&H to test and learn. Equipment for the GPIT refresh is on order to start roll out once all testing is complete.				It is essential that all apps and software is Windows10 compliant and has service agreements in place to secure updates going forward.	
Feb-19	Ongoing					
Mar-19						

Cyber-security Surveys **A survey across Barnsley which measures the understanding of best practice in order to keep the NHS safe from computer hacking and viruses.** **Project lead: Alick Drinkall**						
Nov-18	The cyber security work will need to be done once the Windows 10 licences are finalised					
Dec-18	Windows 10 licences received and the ATP is going to be rolled out. Access to portal for remote working has been facilitated to enable the work to progress.					ATP is enabled on all existing windows7 PCs where they are connected to the system
Jan-19	Work ongoing					
Feb-19	Barnsley is one of the first areas to have completed >85% coverage of ATP. Work is ongoing to understand the areas where the ATP is not showing on some desktops and laptops.					
Mar-19						
YHPSN - HSCN **The replacement for the N3 connection.** **Project lead: Tom Davidson, Alick Drinkall (eMBED) and Redcentric**						
Nov-18	A scoping exercise has been held with Barnsley stakeholders with Tom Davidson facilitating the session. A number of possible solutions were configured and Redcentric have gone to work up the plans and associated costs. eMBED has worked with Tom to collate pertinent information to inform the rollout and technical elements. It has been suggested that Barnsley would ne to closely mirror Sheffield due to the existing linkages.			**TBC**		
Dec-18	Redcentric have completed the work up and the next steps need to be planned following the Christmas period			**TBC**	Redcentric have supplied the costs based on the plan design from TD. No further engagement to agree next steps. TD contacted.	
Jan-19	Paper to MT to agree option for HSCN and costs associated. POST MEETING NOTE: Notification received from NHS digital that 8 practices require moving from their existing N3 connection to HSCN. 4 need to transfer by 22/07/2019 and the remaining 4 by 22/08/2019. There is a "charge" of £235 per month for each month that these practices remain on N3 after to notified dates. Urgent decision required for the HSCN design and equipment needed to enable this very tight deadline to be achieved			**22.07.2019** **22.08.2019**	Timeframes are very tight and there is an extremely urgent need to establish a delivery configuration to move the work on to meet the compelling deadlines	JF to meet with Redcentric and establish actual equipment required and to obtain clarity regarding costs.
Feb-19	Discussions with the Programme Manager for the YHPSN has supported the movement to get work underway with Redcentric to establish the solution for HSCN. Key people are meeting on the 8th March to work through all matters required to ensure Barnsley is on track to deliver the HSCN solution prior to the July and August deadlines for the identified areas to move immediately.					
Mar-19						

Mobile Working - ETTF

The Barnsley Mobile Working project is intended to bring efficiencies to GPs, practice staff and other clinical staff by enabling them to work from any location and making use of new Microsoft technology. This will facilitate new ways of working supported by the use of Microsoft Office 365 (O365) cloud-based applications and storage, and Microsoft 365 Windows 10 infrastructure.
Project lead: Andy Taylor

Nov-18	Work has taken place to identify and then meet with pilot areas. The eMBED team have built and tested the Windows10 mirror image and work has taken place to establish what needs to be available on the Surface Pros.					
Dec-18	PID completed and signed off by CFO to enable purchase of test laptops. The intention is therefore to conduct a Proof of Concept (PoC) for a period during which we will consult regularly with all stakeholders and users. The intention is to start the PoC as soon as possible with four users in order to identify and resolve any initial technical challenges. This will run for two weeks after which a larger PoC with a total of 23 users will be rolled out to run for six further weeks.					
Jan-19	All background work is underway to get all machines in place. Initially 4 machines with 2 different specs will be imaged to ascertain which build is most suitable for differing staff groups. 2 laptops will be made available for the CHC team to use.				Delay due to Windows10 compliant kit	
Feb-19	Solutions for VPNs and 4G SIM cards is underway that will need to be Windows10 compliant. The build for the laptop image is underway for the 4 test machines and once the VPNs and SIMs are available the initial trial can get underway. Software VPNs have been located that are Windows10 compliant and a provider or the 4G SIMs has also been identified. eMBED now as a matter of urgency need to secure a Technical Engineer to complete the machine builds so the pilot can commence				The possible delay to secure time for the technical build has been escalated to eMBED	
Mar-19						

For information - NOT GPIT

Care Homes

Project lead: Jayne Sivakumar / Tom Davidson

Nov-18	Set up tablet with Skype					
Dec-18	There needs to be some clarity as to how this will be supported beyond the pilot and what connections or overlap there may be with the Mobile Working project.					
Jan-18	Work ongoing with TD/JS to roll out a pilot within Care Homes. The Trust has secured Samsung Galaxy tablets and SKYPE licences for use with RightCare aiming to reduce admission to hospital.					
Feb-19						
Mar-18						

Apex Tool - NHSE commissioned

Project lead: Lynne Richards

Feb-19	Updates will be shared as required				All APEX software is to be installed by May 2019 and to be fully functional by Dec 2019.	

Population Segmentation Tool **Project lead: Joe Minton**						
	Updates will be shared as required					
Feb-19	Data sharing deed signed by 32 practices to enable the tool to extract data from practices as a baseline for the segmentation work.				Requesting for the data searches to be run overnight to lessenany potential impact on the clinical systems.	
MIG **The MIG allows clinicians in user organisations to view real-time patient information directly from the core GP record. The view can be either integrated into the user organisation's clinical system or accessed via a web based Shared Record Viewer (SRV). It can be accessed through the N3 Network and allows users to search for patients and view their medical records without an existing clinical system.** **Project lead: Richard Walker**						
Nov-18	**Data Sharing with BMBC** was discussed at the Membership Council 20/11/18. Practices using EMIS Web need to activate the Sharing Agreement in the "Data Sharing Manager". TPP - Consent - "not asked", "not recorded" - Mike is following up practices that have not made the changes to the patients as per the letter from Chief Nurse and Medical Director 17/4/18. This blocks access to the patient record via the MIG. EMBED report @ 7/9/18 showed all TPP practices required action to be taken and this affects 35,749 patients. Several Practices have made written requests for MA to make their changes.					BMBC Mike visited BMBC and demonstrated the MIG via SRV. 6 out of 18 practices have activated their data sharing agreement with BMBC - Mike to chase the others.
Dec-18	**No meeting**					
Jan-19	BMBC 14 of 18 practices have now switched on the agreement. Mike has spoken to the remaining 4 practices who have not switched on at this time. Grimethorpe Surgery C85018 , Womwell Medical Centre C85030, Dove Valley C85007, (all of these have refused,) Apollo Court C85026 - to discuss further. TPP - Consent - "not asked", "not recorded". EMBED report as at 5/12/18 - 3 practices still have outstanding changes to be made - 6617 patients remain.					
ETTF - Shared Care Records **Project lead: Tom Davidson**						
Nov-18	Shared Records Business Case					
Dec-18						
Jan-18	TD to forward an update on progress to date. Meeting invites for this to be sent to the group by TD				No updates received from TD	
Feb-18					No updates received from TD	
Mar-18						

GDPR **Project lead: Richard Walker**						
Jan-19	Updates will be shared as required					
Feb-19	All practices reminded that they are required to sign up and complete the Data Sharing and Protection Toolkit (DSPT) by 31st March.					
Patient Online (POL & EPS) **Patient Online is designed to support GP practices to offer and promote online services to patients. These include: booking and cancelling of appointments, ordering of repeat prescriptions, viewing their GP record.** **Project lead:**						
					JF to work to understand where this work is in terms of delivery and progress. The NHSE lead for this has moved to a new role and contact names will follow from the last lead.	
Clinical Correspondence **Sending all clinical correspondence from Barnsley Hospital Straight into GP Practice Systems.** **Project lead: Tom Davidson**						
Jan-19	TD confirmed that no further work was required for this area of work. TD to provide a final update/project closure prior to removing this area				No updates received from TD	
Feb-19	No update/project closure report received.				No updates received from TD	
E-referrals **Electronic referrals for all GP to consultant first appointments.** **Project lead:**						
Jan-19	TD confirmed that no further work was required for this area of work. TD to provide a final update/project closure prior to removing this area				No updates received from TD	
Feb-19	No update/project closure report received.				No updates received from TD	
Local Digital Roadmap **Sharing information electronically and instantly across the whole Barnsley Health and social care community, to support patients care and treatment decisions.** **Project lead: Tom Davidson**						

PCCC 19/03/07
Appendix 2

NHS
Barnsley
Clinical Commissioning Group

IT Programme of Work for Primary Care

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

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

IT Project	Explanation/Update
GPWIFI: NHS Digital is working to make sure that everyone can access free WiFi in NHS sites in England, as set out in the NHS England General Practice Forward View. NHS WiFi will provide a secure, stable, and reliable WiFi capability, consistent across all NHS settings. It will allow patients and the public to download health apps, browse the internet and access health and care information.	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. GP WiFi has been extremely slow in rolling out across SYB. There have been implementation issues in Bassetlaw, Doncaster and Sheffield and in Barnsley we will look to the learning from this to aid smooth delivery. The original design for Barnsley had to be revised to ensure that it worked correctly and this has required additional work. The final delivery of GPWIFI is expected to be completed by the end of March 2019.
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.	HSCN is in the planning stage 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.
Windows 10 & GPIT Refresh: 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	The Windows 10 Upgrade and Annual IT Refresh Project will be run by our IT Provider (eMBED Health Consortium) as one project, delivering to all practices across the CCG: • Engineers will go to all GP practice sites and replace any machines which are due to go out of support

IT Project	Explanation/Update
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.	(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. • The project teams will get in touch to schedule the engineer's visits with individual practices in advance, and to keep the practice informed of any changes, enabling the practice to effectively manage any changes to their schedules.
Apex Tool - The system provides an overview of a practice's profile to support planning and evaluate year on year changes in trends and population health demands. It also improves understanding of patient's behaviour and use of their services as well as providing a valuable insight into primary care activity, capacity and demand by analysis and reporting on GP practice appointment data.	**Workload analysis and modelling** - looking at current and past demand for appointments against practice patient demographics and 'illness' alongside which healthcare professional saw and treated the patient. Enabling capacity planning, population demand analysis, appointment activity scheduling, and assessment of patient and clinical activity. **Future workforce planning** - enabling practices to model different roles by developing capability of existing staff (role development) or by use of different clinicians working in or with the practice e.g. Clinical Pharmacists or the attachment of Paramedics. The impact of direct access to other clinicians outside of the practice could also be modelled e.g. diversion to access hubs or patient access to physiotherapists. **Secure technology** - which enables practices to share or report practice aggregated (anonymised patient) information and supports collaborative working, streamlining reporting across practices, Federations or to CCG commissioners. This is through an Enterprise (an organisation which requires reporting capability across several GP practices e.g. CCG.) enabling practice based information to be extracted through the reporting tool, with daily extracts and data anonymised at source controlled by the practice.
Population Segmentation Tool: Barnsley CCG has commissioned	OBH will use Apollo to extract and pseudonymise the patient data which will then be sent to OBH for analysing

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

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

NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 March 2019

FINANCE UPDATE

PART 1A – SUMMARY REPORT

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

	Name	*Designation*
Executive Lead	Roxanna Naylor	Chief Finance Officer
Author	Ruth Simms	Assistant Finance Manager

3. EXECUTIVE SUMMARY

This report provides an update on the financial position for delegated Primary Care Commissioning budgets as at 31st January 2019 (Month 10).

The Forecast position as at Month 10 is (£831k) underspend, Appendix A sets out the movements from budget with a detailed narrative, however the majority of this underspend relates to the underutilisation of accruals.

The main movement is an increased underspend from Month 10 to Month 8 of £135k which relates to indemnity payments; it has now been confirmed this will be funded centrally by NHS England for 2018/19.

The 2018/19 Core Contract uplift, of 2%, has now been applied to GP Payments as the contract changes have now been agreed and this is reflected in the Month 10 position. The forecast variance includes an allocation received in Month 9 to support the additional 1% uplift on contracts and this is included in the financial position in Appendix A.

Updates on the financial position are reported on a monthly basis through the Integrated Performance Report which is a standing agenda item at the Finance and Performance Committee and Governing Body.

4. THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:

- Note the contents of the report

5. APPENDICES

- Appendix A – Finance Monitoring Statement

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:	*N/A*
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	✓
	To commission high quality health care that meets the needs of individuals and groups	✓
	Wherever it makes safe clinical sense to bring care closer to home	✓
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	✓
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	✓
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*N/A*
	Are any financial implications detailed in the report?	*N/A*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*N/A*
	Is actual or proposed engagement activity set out in the report?	*N/A*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*N/A*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*N/A*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*N/A*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*N/A*

3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*N/A*

APPENDIX A

Barnsley Clinical Commissioning Group

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 10

FOR THE PERIOD ENDING 31st January 2019

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			FORECAST OUTTURN (£)			
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	Forecast Outturn Variance Explanation
ENHANCED SERVICES	774,308	-	774,308	885,700	111,392	14.39%	Overspend due to Increase in Violent Patient numbers which has resulted in the increase in the payment for the violent patients scheme, forecast £3k overspend. Claims for 18/19 Learning Disabilities higher than expected current forecast £30k overspend. Quarter 1 & 2 Minor Surgery claims higher than expected and due to rise further with more Doctors receiving Minor Surgery training, forecast £38k overspend. Overspend for 18/19 extended hours £12k, due to change in practices who are providing this service. Overspend from 17/18 of £20k on Enhanced Service due to claims higher than expected. Other minor movements of £8k.
GENERAL PRACTICE - APMS	1,209,583	-	1,209,583	1,219,020	9,437	0.78%	Primary Care Co Commissioning forecast for GMS, APMS and PMS contracts are based on up to date list sizes (January 2019). List sizes are adjusted quarterly and payments are updated in line with this, there is a percentage increase in list sizes built into the forecast. These figures are up to date with relevant contract changes and include the nationally agreed additional 2%.
GENERAL PRACTICE - GMS	11,394,343	-	11,394,343	11,552,046	157,703	1.38%	
GENERAL PRACTICE - PMS	12,074,070	296,000	12,370,070	12,127,369	(242,701)	-1.96%	
OTHER GP SERVICES	1,484,906	-	1,484,906	1,296,913	(187,993)	-12.66%	Overspend includes a number of movements - Underspend due to underutilised accruals from 17/18 for Locum and Sickness Claims for (£163k). Underspend on Professional Fees Prescribing and Dispensing of (£24k); forecast is based on 17/18 outturn. Overspend of £11k for Burleigh Street IT built into forecast which we have no budget in place for. Other minor movements of £14k across a number of areas. Forecast based on most up to date invoices. Underspend of (£11k) of GP Fellowship as not funding in 18/19. Other minor movements of (£15k).
OTHER PREMISES	269,011	-	269,011	(119,768)	(388,779)	-144.52%	Underspend due to underutilisation of 2017/18 accruals of (£253k). 18/19 Forecast of (£135k) released as voids and subsidies not been as expected.
PREMISES COST REIMBURSEMENT	5,180,317	-	5,180,317	5,184,634	4,317	0.08%	Underspend due to underutilisation of 2017/18 accruals of (£68k) due to Non Domestic Rates, Clinical Waste and Water rates been lower than expected and CHP management fee not been reimbursed to practices. Underspend of (£77k) for rents due to for Burleigh Street rent due to practice opening mid year and therefore full year budget is not required and other rent reviews that are due but not yet taken place. Overspend of £22k on rates due to increase in Non Domestic Rates for 18/19. Forecast includes £119k for 17/18 & 18/19 Management Fee on CHP buildings as there is still a disagreement with CHP with regards to who should fund these.
QOF	3,805,971	-	3,805,971	3,512,070	(293,901)	-7.72%	The underspend on QOF relates to underutilised accruals from 2017/18 of (£241k). QOF Achievement forecast currently (£17k) underspend and QOF Aspiration forecast currently (£30k) underspend, these are based on the expected outturn for 18/19 as per M1-M8 Payments for Aspiration with 5% increase built into the forecast for increase in QOF value. Other minor movements of (£6k) with regards to QOF Aspiration payment changes in M10.
TOTAL PRIMARY MEDICAL SERVICES	**36,192,509**	**296,000**	**36,488,509**	**35,657,984**	**(830,525)**	**-2.28%**	

PCCC 19/03/09

NHS Barnsley Clinical Commissioning Group

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

28 March 2019

CQC REPORT

PART 1 SUMMARY REPORT

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

	Name	Designation
Lead	Jackie Holdich	Head of Delivery
Authors	Terry Hague	Primary Care Transformation Manager

3. EXECUTIVE SUMMARY

The purpose of this report is to provide members with an update on the current CQC position in relation to our primary care contracts.

Hollygreen Practice

A CQC inspection took place on the 17 October 2018. In the report published on the 11 December 2018, the practice received a rating of 'Good' across all domains.

There were many positive aspects highlighted in the practice's published CQC report and even areas of outstanding practice around practice staff training care home staff to take and record care home resident's vital signs. Not only does this assist the visiting GP but the practice is upskilling wider health and care staff and most importantly is improving services for some of our most vulnerable patients.

The CCG has written to the practice to congratulate all staff on receiving the 'Good' rating and commendable CQC report and thanking the practice for their continued efforts to provide high quality services for the people of Barnsley.

Kingswell Surgery

A CQC inspection took place on the 5 February 2019. In the report published on the 6 March 2019, the practice received a rating of 'Good' across all domains.

There are many positive aspects highlighted in the practice's published CQC report particularly the way that the practice was led and managed which promoted the delivery of high-quality, person-centred care.

The CCG has written to the practice to congratulate all staff on receiving the 'Good' rating and commendable CQC report and thanking the practice for their continued efforts to provide high quality services for the people of Barnsley.

	CQC Inspections completed The CQC have also completed inspections of the practices listed below. Details of the outcome of these and their repost will be shared when published. • Ashville Medical Practice was inspected on the 24 January 2019 • Caxton House was inspected on the 28th February • The Rose Tree Practice (White Rose Medical Centre) was inspected on the 5 December 2018 • Victoria Medical centre (Dr Smith) was inspected on the 15 January 2019 Assurance regarding these will be brought to the next committee meeting.
	Changes to how the CQC Regulate Primary Care Medical Services From April 2019 the CQC will introduce a new system of Provider Information Collections and annual regulatory review for good and outstanding services. Inspectors will formally review the information they hold on each practice and consider whether there are any indications of substantial change (positive or negative) in the quality of care since the last inspection. This process will assist the decision as to whether to inspect, what to focus on and when the next inspection should be timetabled. If the CQC decide not to take any action, the practice will be informed and the practices page updated on the CQC website. The annual regulatory review cannot change a practice rating. This can only happen following an inspection. Frequency of inspections: • Practices rated inadequate would be re-inspected after six months. • Requires improvement would be re-inspected within 12 months • Good or outstanding would move to inspection intervals of a maximum of five years, although every year a proportion will be inspected. Scope of the inspection: • Comprehensive inspections for providers rated Inadequate, Requires Improvement or those not inspected before • Providers rate Good and Outstanding, most inspections will be focused – based on the intelligence held. These will always look at effective and well-led as a minimum. • The emphasis of inspections will focus more on the quality of care provided including population groups and conditions; less on policies and risk assessments
4.	**PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:**
	• Note the Good rating from the CQC inspections of Hollygreen Practice and Kingswell Surgery. • Note the awaited CQC reports for Ashville Medical Practice, The Rose Tree Practice and Victoria Medical Centre. • Note the change to how the CQC Regulate Primary Care Medical Services.

5.	APPENDICES
	None

Agenda time allocation for report:	10 minutes

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	N
	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/19/03/10

NHS Barnsley Clinical Commissioning Group

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

28 March 2019

CONTRACTUAL ISSUES REPORT

PART 1 SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*	✓	*Assurance*	✓	*Information*	✓
2.	**REPORT OF**		
		Name	Designation
	Lead	Julie Frampton	Senior Primary Care Commissioning Manager
	Author	Terry Hague	Primary Care Transformation Manager
3.	**EXECUTIVE SUMMARY**		

The purpose of this report is to provide members with an update on the current contractual issues in relation to our primary care contracts.

1. E-Declaration Update

General Practices are required to complete an electronic Annual Practice Declaration (eDEC) which forms an integral part of the NHS England Policy and Guidance Manual book of primary medical services. Submissions are made in December each year.

All 33 practices within Barnsley have submitted their responses as required which includes information regarding practice staff, premises and equipment, opening hours, practice services, practice procedures, governance, catchment area, CQC and general practice IT.

Analysis of responses is currently being undertaken and a report will be provided to the 30th May 2019 committee. Initial assurance can be provided in relation to engagement of practices within the process and high proportion of positive responses. Queries are currently being followed up for clarification and action as necessary.

2. Procurement Updates

Home Visiting

At the extraordinary meeting of the committee on the 14 February the Primary Care

	Home Visiting Service Procurement Award Report was received and unanimously agreed. The outcome of the procurement process and the decision to award the contract to Barnsley Healthcare Federation was approved. Mobilisation discussions are taking place with a view to the service going live from 1 May 2019 **Any Qualified Provider Contracts** A procurement process is currently underway for the Any Qualified Provider Contracts for Community Carpal Tunnel Services including Nerve Conduction and Vasectomy Service Non Scalpel Service as the contracts are due to cease 31 March 2019. The committee is asked to note that this work being completed and will be brought to a future meeting for approval of contracts to be awarded.
	3. In Year APMS, GMS and PMS Contract Variations **Lakeside Surgery APMS Contract Variation** Barnsley CCG have received an application to add the Alliance Primary Care Limited company as a new partner onto the Lakeside Surgery APMS contract from 1 April 2019. The proposed addition of the Alliance Primary Care Limited Company has been signed by: 1. Dr N Ishaque 2. Dr M H Kadardsha 3. Dr M Kadarsha The practice is an APMS contract with 2407 patients. If this is approved we have been advised that the current contract holders Dr M Guntamukkala and Dr Vemula intend to apply to be removed from the contract. The regulation detailed below is applied. *"The Commissioner should consider the wording of the relevant APMS contract to determine whether there are any specific provisions relating to changes to the composition of the contractor. Where there are no such provisions, a similar process to PMS agreements could be followed."* As the APMS contract does not include any specific provisions relating to the composition of the contractor, other than the standard provisions, the process for PMS agreements can be followed, as below: *'Where the contractor consists of two or more individuals practising in partnership and the composition of the partnership changes, either by a partner leaving (but without the partnership terminating) or a new partner joining, the contract will need to be amended to recognise the new partnership composition. For the variation to have effect, it must be in writing and signed by all parties to the contract. (Policy & Guidance Manual, 2017)*

As the PMS Contract Variations require an amendment to the PMS contracts, this requires PCCC member's approval. NHS England are currently completing the required due diligence checks. It is recommended that this request be approved, subject to satisfactory outcome of due diligence, and the Primary Care Team will amend the PMS contract accordingly.

PMS Contract Changes

- **The Dove Valley Practice PMS Contract Variation**

  Barnsley CCG have received an application to remove one GP partner, from The Dove Valley Practice contract as Dr Catherine Liley is resigning on 1 April 2019.

  Additionally Dr Matthew Dowling will be joining the partnership.

  The practice is a PMS practice with 10,440 patients. As there are currently 8 contract holders the regulation detailed below is applied.

- **Hill Brow Surgery PMS Contract Variation**

  Barnsley CCG have received an application to remove Dr Monica Duggal from the Hill Brow Surgery Contract due to retirement on the 31 March 2019.

  The practice is a PMS practice with 17,346 patients. As there are currently 7 contract holders the regulation detailed below is applied.

'Where the contractor consists of two or more individuals practising in partnership and the composition of the partnership changes, either by a partner leaving (but without the partnership terminating) or a new partner joining, the contract will need to be amended to recognise the new partnership composition. For the variation to have effect, it must be in writing and signed by all parties to the contract. (Policy & Guidance Manual, 2017)

As the above PMS Contract Variations require an amendment to the PMS contracts, this requires PCCC member's approval. As there would still be sufficient signatories to the PMS contract it is recommended that these items be approved and the Primary Care Team will amend the PMS contracts to vary off and vary on the contract amendment accordingly.

Royston High Street Practice - GMS Contract

Barnsley CCG has received an application to vary Royston High Street's GMS contract in relation to a 24 hour retirement for Dr Edwards Czepulkowski.

A 24-hour retirement is a process by which members of the NHS pension scheme seek to qualify their retirement benefits whilst continuing to work (albeit with a break). 24-hour retirement benefits usually involves resigning from all involvement in an NHS contract, not returning to the NHS in any capacity for at least 24 hours and not working for more than 16 hours per week in the first month of retirement.

	This 24 hour retirement does not require an amendment to the contract due to it being a GMS contract so this item is note for information only.
4.	**PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:**
	1. Note the process being undertaken in respect of the General Practices e-Declaration for assurance 2. Procurement Updates i) Note the information regarding the Home Visiting service procurement ii) Note the information regarding the AQP procurement 3. In year APMS, GMS and PMS Contract Variations i) Approve the Lakeside Surgery APMS Contract Variation ii) Approve the Dove Valley PMS Contract Variation iii) Approve the Hill Brow Surgery Contract Variation iv) Note the information regarding Royston High Street GMS Contract for assurance
5.	**APPENDICES**
	None

Agenda time allocation for report:	10 minutes

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	N
	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*

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

28 MARCH 2019

RISK AND GOVERNANCE 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 & Assurance
Author	Paige Dawson	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

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

Appendix 1 of this report provides the Committee with an extract from the GBAF of the 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 all the 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.
Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored.

There have been no risks removed from the Risk Register 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.

The internal audit focus for 2018/19 has been on governance, as this underpins all aspects of primary medical care commissioning. 360 Assurance has completed its audit work in this area and provided the final report to the CCG – see Appendix 3. The report gives 'significant assurance' over the CCG's arrangements and includes just two low risk recommendations.

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 attached and: Consider whether all risks identified are appropriately described and scored o Consider whether there are other risks which need to be included on the Risk Register. • Note 360 Assurance's *Primary Medical Care Commissioning and Contracting - Review of Governance Arrangements*
5.	**APPENDICES**
	• Appendix 1 – GBAF Extract risk 2.1 • Appendix 2 – Risk Register (full extract) • Appendix 3 - Primary Medical Care Commissioning and Contracting - Review of Governance Arrangements

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

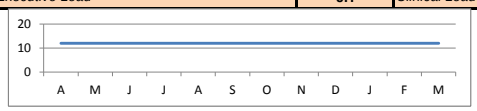
Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

18/03/2019 **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	**Feb-19**
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).	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 – March 2019

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)	6	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	17	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) Patients	**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**	03/19	**March 2019 –** no changes to report **February 2019 –** No changes to report **December 2018** No updates to report **November 2018** No changes to report **October 2018** There are no changes to report **September 2018** Practices continue to report	04/19

			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**
		services 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 physicians 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.							their workforce figures and these are presented and monitored through each practices quality dashboard. In 2018/19 15 lots of resilience funding have been approved for Barnsley practices which will support recruitment and future resilience.	

			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 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**	The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. 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).	Senior Primary Care Commissioning Manager (Primary Care Commissioning Committee)	Risk Assessment	2	4	**8**	02/19	**February 2019 –** Recruited staff now in post will support the CCG to meet its delegated responsibilities. **November 2018** Successful recruitment to the CCG's Primary care team to 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.	05/19

			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**
													August 2018 No updates to report **June 2018** No updates to report responsibility for contract performance effectively. This is supported by the CCG's Primary Care Team and the NHS England Area Team	
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.	**3**	**5**	**15**	CCG considered its strategic capacity & capability as part of the successful application process. The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. In addition the CCG is recruiting a Head of Quality for Commissioning Primary Medical Services.	Head of Delivery (Integrated Primary and Out of Hospital Care) (Primary Care Commissioning Committee)	Risk Assessment	**2**	**3**	**6**	02/19	**February 2019:** The 2 new staff members are now in post to support the CCG in managing its delegated responsibilities. **September 2018** The Primary Care Team have appointed to 2 news posts which	08/19

			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**
						The CCG is undertaking a review of management capacity including delegated responsibilities.							will support the CCG in managing its delegated responsibilities for Primary Care. The posts will lead on contract management and transformation. **March 2018** Primary Care team in place and working effectively **January 2018** Primary Care team in place and working effectively **June 2017** The CCG has a Primary Care Team to support management of delegated commissioning; this includes individuals with the responsibility for Primary Care	

			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**
													Contracting and Quality. **May 2017** The CCG has a Primary Care Team to support management of delegated commissioning; this includes individuals with the responsibility for Primary Care Contracting and Quality.	
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 June 2016 there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.	**3**	**3**	**9**	Standards of Business Conduct Policy and Procurement Policy updated. Registers of Interests extended to incorporate relevant GP practice staff. Declarations of interest tabled at start of every meeting to enable updating. Minutes clearly record how any declared conflicts have been managed. PCCC has Lay Chair and Lay & Exec majority, and GP	Head of Governance & Assurance (Primary Care Commissioning Committee)	Risk Assessment	**2**	**3**	**6**	03/19	**March 2019** No change. IA review Jan 19 provided significant assurance opinion. Annual refresh of declarations currently underway. **September 2018** **Issues raised by** Internal Audit have been addressed. No further update at	09/19

			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**
						members are non-voting. Register of Procurement decisions established to record how any conflicts have been managed. Guidance provided to minute takers on recording decisions re managing conflicts of interest.							this stage. **March 2018** Annual internal audit review of conflicts of interest provided significant assurance and raised just 3 low risk actions which are currently being addressed. **January 2018** Unchanged since the last update **December 2017** CCG continues to comply. So FBC Policy has been updated again to reflect minor changes to the statutory guidance. Arrangements for managing conflicts in procurement clarified and strengthened	

			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**
													through GB agreeing a 'decision tree' in November 2017. PCCC ToR now specify that the Committee will be the decision making body where GB cannot take decisions due to conflicts. **June 2017** Third lay member now in post and attending meetings of PCCC. **March 2017** Third Lay now recruited and will commence on 1.4.17. Internal Audit has found CCG fully or partially compliant across all areas.	
CCG 16/02		If GP Practices opt to cease provision under	2	4	**8**	Impact could be mitigated by local provision e.g. BHF	Head of Delivery		1	4	**4**	02/19	**February 2019:** The 2 new staff	08/19

			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**
		their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision of services in all localities in Barnsley.				APMS Contracts allow increased diversity of provision.	(Integrated Primary and Out of Hospital Care) (Primary Care Commissioning Committee)						members are now in post to support the CCG in managing its delegated responsibilities. **September 2018** Barnsley CCG approved the emergency provider framework in May 2018 which would support the CCG in appointing a provider should any practice opt to stop provision under the PMS contract. **March 2018 –** position remains as below **January 2018** The risk remains in place. CCG would follow NHSE Policy and Guidance Manual to secure	

			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**
													emergency provision	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.	**2**	**3**	**6**	The CCG has a well-established and effective PPE function, as well as robust governance supporting the function. The existing primary care commissioning resource and expertise within the Area Team can be accessed by the CCG. The CCG considered its strategic capacity & capability as part of the successful application process. The CCG is a member of the Consultation Institute and as such uses learning, best practice and advice service to support any consultation activity.	Head of Communications & Engagement (Primary Care Commissioning Committee)	Risk Assessment	1	3	**3**	02/19	**February 2019** No changes to report **March 2018** No changes to report **February 2018** NHS England has assessed the CCG as Good against the new patient and community engagement indicator	02/20

Internal Audit

NHS Barnsley Clinical Commissioning Group

Primary Medical Care Commissioning and Contracting - Review of Governance Arrangements

Final Report

Date: January 2019
Reference: 1819/BCCG/08R

Table of Contents

Distribution

Name	For Action	For Information
Lesley Smith, Chief Officer	✗	✓
Roxana Naylor, Chief Finance Officer	✗	✓
Jackie Holdich, Head of Delivery (Integrated Primary and Out of Hospital Care)	✓	✗
Richard Walker, Head of Governance and Assurance	✓	✗
Chris Millington, Independent Lay Member for Primary Care	✗	✓

Key Dates

Report Stage	Date
Discussion Draft Issued:	22nd January 2019
Post Audit Meeting (By phone):	24th January 2019
Final Draft Issued:	24th January 2019
Client Approval Received:	28th January 2019
Final Report Issued:	29th January 2019

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Introduction and Background

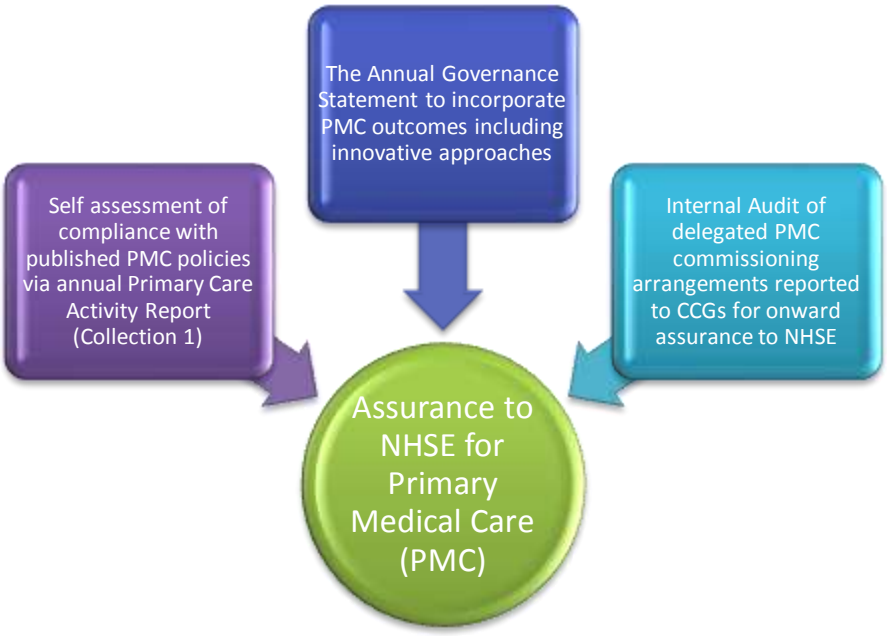
NHS England became responsible for the direct commissioning of primary medical care services on 1 April 2013. Since then, following changes set out in the NHS Five Year Forward View, primary care co-commissioning has seen CCGs invited to take on greater responsibility for general practice commissioning, 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; and
- 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 included an allocation of time to undertake a review of primary medical care commissioning and contracting. Our work has been 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 have reviewed the results of the Primary Care Quality Monitoring work conducted in 2016/17 and the Contract Management review 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 CCGs' Primary Care Commissioning Committee (PCCC) has 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.

The internal audit focus for 2018/19 was on governance, as this underpins all aspects of primary medical care commissioning.

Audit Objectives and Scope

The objective of our audit was 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.

:

- We documented and assessed 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.
- We assessed 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.

- We confirmed that appropriate policies and procedures and guidance have been authorised and have been communicated to relevant personnel and any local processes established by the CCG are aligned to the NHSE Primary Medical Care Services Policy and Guidance Manual issued in November 2017.

- We reviewed cover sheets for papers to the PCCC to establish that there is evidence to show that decisions are exercised in accordance with NHSE statutory duties documented in the Internal Audit Framework on page 9 at paragraph 24.

- We will undertake separate benchmarking work from the information provided by CCGs as part of the terms of reference.

Limitations of scope: The scope of our work has been limited to the systems and controls identified in the agreed Terms of Reference.

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

Audit Opinion

Substantial Assurance. 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.

Summary Findings

The CCG Constitution and Governance chart both refer to the Primary Care Commissioning Committee (PCCC) and its delegated responsibilities which reflect the Delegation Agreement with NHSE signed in March 2015. For the period we reviewed covering April to November 2018, we could confirm that Lay and Executive members

had voting rights and that Elected Governing Body GPs could contribute to discussions but were excluded from voting/decision making. We confirmed that there were standard agenda items for all meetings of the PCCC and that this covered strategy, planning, needs assessment and primary care co-ordination, finance and quality and contract management.

The CCG have adopted the NHSE Primary Medical Care Services Policy and Governance manual which was issued in November 2017 and reference to this is made within the contractual issues report. New staff in the Primary Care Team are informed of the Policy and Guidance as part of their induction training.

We have made two low risk recommendations to enable the CCG to further enhance controls with regards to reporting to NHSE and also transparency that all decisions made by the PCCC are made in accordance with the statutory duties of NHSE, as delegated to the CCG.

Summary of Recommendations

	High	Medium	Low	Advisory	Total
Agreed Actions	-	-	2	-	2

Follow-Up

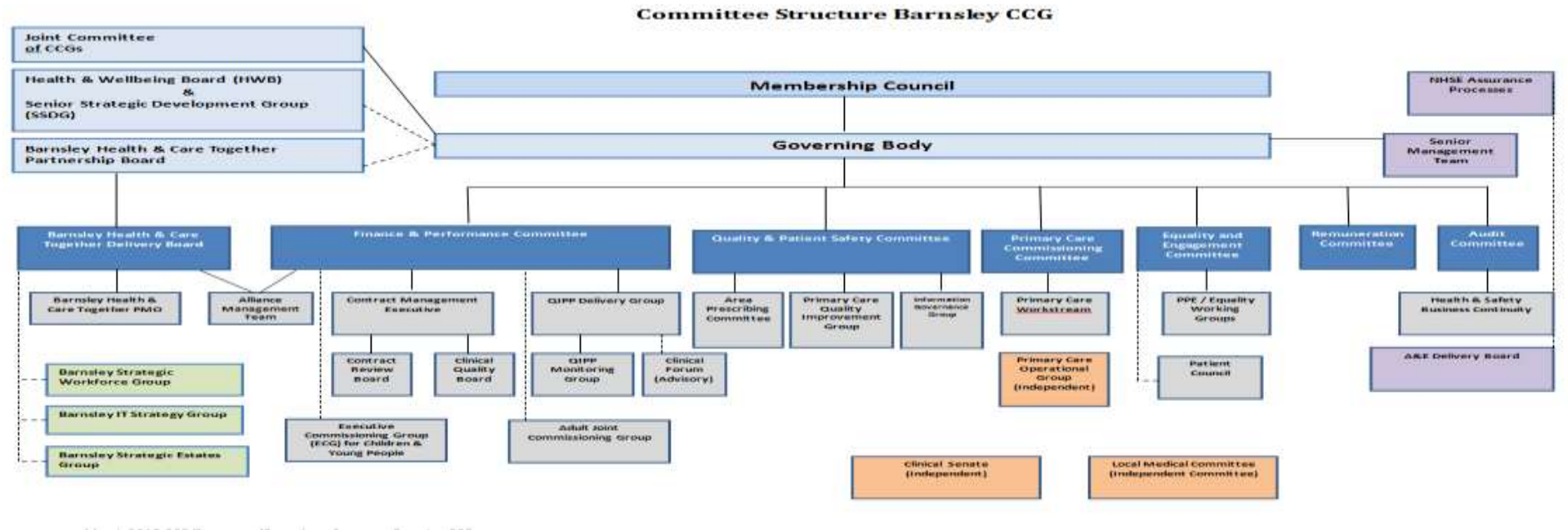
The follow-up of all actions identified within this review will be undertaken via the CCG's "live follow-up" of recommendations, as each individual implementation date is due, we will work with the CCG to evaluate progress made in respect of the issues raised.

The following sections of the report summarise the findings of our review. Each section highlights areas of good practice identified. Where relevant, any control weaknesses identified are outlined, including actions that have been agreed in order to address the associated risks. The matrix used for scoring risks is compliant with the ISO 31000 principles and generic guidelines on risk management. This risk matrix, along with definitions of different opinion levels, is provided at **Appendix A.** These opinion levels have been set by NHSE within the mandated framework on page 14.

1. Arrangements for the operation and oversight of the Primary Care Commissioning Committee

CCG Constitution and Governance Structure

The CCG Constitution was refreshed in 2018 and was approved by the Membership Council and by NHSE in October 2018. Section 6.14(f) of the Constitution depicts responsibilities delegated to the Primary Care Commissioning Committee and membership of the committee. The governance structure in place is provided below:



Terms of reference for the Primary Care Commissioning Committee

The Terms of Reference for the Primary Care Commissioning Committee (PCCC) were updated in July 2018 and were approved by the Governing Body in September 2018. The Committee has delegated authority to review, plan and procure primary care services in Barnsley. This is specified within the PCCC Terms of Reference and also within the Scheme of Reservation and Delegation (SORD) on page 103 of the CCG Constitution. This responsibility is consistent with the Delegation Agreement between the CCG and NHSE at Section 6 and Schedule 2 which was signed on 26th March 2015 and became effective on 1st April 2015.

The PCCC is responsible for the following areas within its Terms of Reference. Each one has been agreed back to the Delegation Agreement.

- Commissioning, procurement and management of GMS, PMS and APMS Contracts including taking contractual action such as issuing breach or remedial notices and removing contracts
- Newly designed enhanced services (Local and Direct)
- Local Incentive Schemes including design of such schemes
- Discretionary payments
- Commissioning Urgent Care for Out of Area registered patients
- Planning PMCS including new practices, closure of practices, approving mergers, procuring new PMCS contracts, agreeing variations to Practice boundaries and co-ordinating and carrying out list cleansing
- Managing practices providing inadequae standards of patient care including liaison with CQC
- Decisions on Premise Cost Directions
- Planning the Commissioning of PMCS through carrying out needs assessment and review of needs and services
- Manage the delegated allocation for commissioning of Primary Medical Care Services (PMCS)
- Provision of assurance to the GB on the quality and safety of PMCS (through the QPSC)

Paragraph 19 and 20 of the PCCC Terms of reference refer to sub-groups and reporting arrangements and we confirmed that this paragraph records that recommendations will be made to PCCC from the sub-Group and that minutes will not be provided.

Paragraph 22 of the Terms of Reference refers to membership for the committee and decision making is recorded in paragraph 28 as follows:

Accountability of PCCC to ensure appropriate public engagement and reporting arrangements is recorded in paragraph 43 and 39.

Specifically:

Accountability or public engagement /consultation	Reporting to the Governing Body	Reporting to NHSE
•HealthWatch is invited to attend •Meetings held in public and minutes uploaded to CCG website •Committee chaired by Lay Member for PPE	•An assurance report to the GB after each meeting •Committee will present an executive summary report at least quarterly for information	•Minutes presented to NHSE area team after each meeting including mins of sub-committees •Committee will present an executive summary report at least quarterly for information •Report on how CCG has exercised the delegated functions during the previous year as soon as practical after the year end

We could confirm attendance by a representative from the Public Health department at Barnsley Metropolitan Borough Council as a representative of the HWBB.in some cases. We have confirmed through our review of minutes of the PCCC that the representative from HealthWatch did not attend any meetings in the period reviewed. As the CCG is limited in terms of its ability to address this low attendance we have not made any recommendation.

We have confirmed as part of our Governance and Risk Management review (1819/BCCG/07R) that an assurance report is provided to the Governing Body following each meeting of the PCCC in accordance with the PCCC Terms of Reference and also the Governing Body work plan.

We have confirmed from our interview with the Primary Care Team that a quarterly report (which was required in the original ToR for PCCC) is not provided to NHSE or the Governing Body but an annual report is provided to NHSE and a copy was provided to us as evidence for both 2016/17 and 2017/18. .

No.	Findings	Risk and Score (Consequence x Likelihood)	Agreed Action
1.1	**Reporting to the Governing Body and NHSE** The PCCC Terms of Reference indicate that there will be a quarterly report to the Governing Body and to NHSE. We confirmed through our discussions with the Primary Care Team and our review of Governing Body papers that this has not been taking place. We could not confirm that minutes of the sub-group of PCCC are provided to NHSE in accordance with the ToR.	Under reporting to NHSE due to non-compliance with the PCCC Terms of Reference. **Low 2 x 3**	The CCG should liaise with the Governing Body and NHSE to establish if the quarterly reports are required and also minutes form sub-group of PCCC. The Terms of Reference for the PCCC should be refreshed to reflect agreed reporting between the CCG and NHSE. **Responsible Officer:** Jackie Holdich, Head of Delivery (Integrated Primary and out of Hospital Care) **Implementation Date:** September 2019
		Management Response: The reference to a quarterly report was in the original template TOR for the PCCC provided by NHSE. In the early days of delegation the CCG was required to submit a quarterly return confirming compliance with the terms of the delegation but this has not been required by NHSE in the past 2 years. Agreed we will update the TOR for PCCC at the next scheduled review of the ToR for September 2019.	

With regards to decision making we have reviewed a sample of agendas for the PCCC between April to November 2018 and traced all items for decision or approval on the agendas back to minutes of the PCCC meetings. We could confirm that all decisions made – whether approval or

decline were clearly recorded in the minutes for the PCCC meetings.

2. Arrangements within the Primary Care Commissioning Committee for Planning Primary Medical Care Services , Oversight of Contract Management Functions and Financial Monitoring

We confirmed from a review of the agendas for the Primary Care Commissioning Committee that there is a standing agenda item for Strategy, Planning, Needs Assessment and Co-ordination of Primary Care; Quality and Finance and Contract Management both at the public and confidential PCCC meetings. We have summarised this within the diagram below from our review of PCCC meetings from April to November 2018:

Strategy, Planning, Needs Assessment and Co-ordination of primary care	•May - Investment in primary care at scale •June - GP Forward View 2017/18 Update •September - Apex Tool Roll Out •November - GP IT update
Quality and Finance	•PDA Finance Schedule 2018/19 •Finance update November, September and June •Review of Practice Delivery Agreement - Mid year update, Home Visiting procurement and Park Grove Lease •Quality issues for specific practices
Contract Management	•Contractual issues report to each meeting including any breach notices, contract changes practice variations, Lease changes, GP opening Hours and Locum payments •SYB Emergency APMS Procurement Process for June 2018 meeting

No areas for improvement were identified.

3. Appropriate Policies and procedures and guidance have been authorised and communicated to relevant personnel and any local processes are aligned to NHSE Primary Medical Care Services Policy and Guidance Manual

We have confirmed through our discussions with the Transformation Manager within the Primary Care Team that the CCG have adopted the NHSE Primary Medical Care Services Policy and Guidance Manual which was issued by NHSE in November 2017. The Policy and Guidance runs to 379 pages and in summary:

We could confirm that reference was made to the NHSE Policy and Guidance Manual within the Contractual Issues report presented to the PCCC. We could also confirm through our discussions with the Primary Care Transformation Manager that all new staff are made aware of the significance of the NHSE Policy and Guidance manual through the training provided at induction and a copy of the powerpoint slide was provided as evidence to audit.

No areas for improvement were identified.

4. NHSE statutory duties have been applied by the Primary Care Commissioning Committee

The CCG have introduced a standard cover sheet to support all papers to the Governing Body and its sub-committees including the PCCC.

We reviewed sample cover sheets for a selection of papers presented to the PCCC from April to November 2018. We have identified that the following key themes are recorded on cover sheets:

No.	Findings	Risk and Score (Consequence x Likelihood)	Agreed Action
4.1	**Ensuring all NHSE Statutory Duties have been addressed in decisions taken by the PCCC** Statutory duties of NHSE which are recorded within the PCCC Terms of Reference at paragraph 7 and also those recorded within the Internal	Where statutory duties are not recorded on papers to the PCCC, or on the cover sheets that support papers, then it is possible that	The CCG should consider whether there is sufficient evidence that all statutory duties have been considered in making decisions. Where

No.	Findings	Risk and Score (Consequence x Likelihood)	Agreed Action
	Audit Framework at paragraph 24 have been delegated to the CCG. We identified that the cover sheet used by the CCG was comprehensive and incorporated communication and engagement and whether a checklist had been completed. We could not confirm that all statutory requirements assigned to NHSE (and hence delegated to the CCG) have been applied when the PCCC have made decisions based on our review of the cover sheets because each statutory duty is not recorded on the cover sheet or within the detailed paper presented to PCCC. We also noted from our review of minutes that consultation and engagement was identified as a gap by NHSE for a recent paper on the BHF I -Heart Triage reported to the PCCC in September 2018.	decisions could be made without complying with the statutory duties delegated to the CCG from NHSE. Potential reputational damage. **Low 2 x 3**	necessary the CCG should consider updating the cover sheet for the Governing Body and its sub-committees or ensuring that authors make it clear in the executive summary and the detail of the paper that the statutory duties have been applied where relevant. **Responsible Officer:** Jackie Holdich, Head of Delivery (Integrated Primary and out of Hospital Care) and Richard Walker, Head of Governance and Assurance **Implementation Date:** September 2019
		Management Response: The CCG is confident that it does have regard to all its statutory duties across the entirety of its decision making. The arrangements to ensure this are summarised in the GBAF and detailed in the Annual Governance Statement each year. The CCG is however happy to review the cover sheet and consider whether greater clarity could be provided in the respect to some statutory duties.	

Appendix A – Risk Matrix & Opinion Levels

Risks contained within this report have been assessed using the standard 5x5 risk matrix below. The score has been determined by consideration of the impact the risk may have, and its likelihood of occurrence, in relation to the system's objectives. The two scores have then been multiplied in order to identify the risk classification of low, medium, high or extreme.

Score	Impact	Likelihood
1	Negligible	Rare
2	Low	Unlikely
3	Medium	Possible
4	High	Likely
5	Extreme	Almost Certain

		Impact				
		1	2	3	4	5
Likelihood	1	L	L	L	L	L
	2	L	L	L	M	M
	3	L	L	M	M	H
	4	L	M	M	H	H
	5	L	M	H	H	E

The audit opinion has been determined in relation to the objectives of the system being reviewed. It takes into consideration the volume and classification of the risks identified during the review.

Assurance level	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 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.

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 March 2019

COMMITTEE ANNUAL ASSURANCE REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*	X	*Information*	X
2.	**REPORT OF**			
		Name	*Designation*
	Executive Lead	Richard Walker	Head of Governance & Assurance
	Author		
3.	**EXECUTIVE SUMMARY**		
	All of the CCG's Committees are required to produce an Annual Assurance Report for submission to the Audit Committee and subsequently the Governing Body. The purpose of the reports are to provide the Accountable Officer, and the Governing Body, with assurance that the Committees have discharged the responsibilities delegated to them in their Terms of Reference and have managed the key risks within their remit. In addition, an annual report from the committee is required as part of the Delegation Agreement and it is intended that this report will meet that requirement and will be provided to NHS England. The Primary Care Commissioning Committee Annual Assurance Report 2018-19 is attached for the Committee's consideration and approval.		
4.	**THE COMMITTEE IS ASKED TO:**		
	• Note and approve the contents of the Annual Primary Care Commissioning Committee Assurance Report 2018-19		
5.	**APPENDICES**		
	• N/A		

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:	2.1, 9.1
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

ANNUAL ASSURANCE REPORT 2018/19

1. INTRODUCTION

1.1 On 1 April 2015, Barnsley CCG took on delegated responsibility for exercising certain specified primary care commissioning functions from NHS England. In accordance with the guidance issued by NHS England the CCG established the Primary Care Commissioning Committee (PCCC) to act as the corporate decision making body for the delegated functions.

1.2 The key functions delegated are:

- Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts;
- Approval of practice mergers;
- Planning primary medical care services, including carrying out needs assessments;
- Undertaking reviews of primary medical care services;
- Decisions in relation to the management of poorly performing GP practices; and
- Premises Costs Directions Functions
- Take decisions where the Governing Body is unable to do so due to Conflicts of Interest.

1.3 The purpose of this report is to provide assurance to the Accountable Officer and the CCG Governing Body that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.

2. CONDUCT OF THE COMMITTEE'S BUSINESS

2.1 In accordance with NHSE guidance the Committee is chaired by a Lay Member, has a Lay Vice Chair, and has a Lay and Executive majority. A local HealthWatch representative and a local authority representative from the local Health and Wellbeing Board (the Director of Public Health) are invited to attend public meetings as non-voting attendees. Three elected GP members of the CCG's Governing Body attend meetings in a non-voting capacity as clinical advisors, to ensure the unique benefits of clinical commissioning are retained.

2.2 The Terms of Reference require the Committee to meet at least quarterly. In the interest of transparency and the mitigation of conflicts of interest, meetings are held in public except where the Committee resolves to take items in private

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

2.3 From April 2018 to January 2019 the Committee met seven times for routine business (four times with a public and private session, three times in private). In addition there were two extraordinary sessions, one of which was to take a procurement decision and which was not attended by GPs to facilitate the management of conflicts of interest. All meetings were quorate.

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

Name	Role	Meetings attended
Voting Members		
Chris Millington (Chair)	Lay Member for PPE & Primary Care Commissioning	9/9
Sarah Tyler (Vice Chair)	Lay Member for Accountable Care	8/9
Nigel Bell	Lay Member for Governance	9/9
Mike Simms	Governing Body Secondary Care Clinician	9/9
Lesley Smith	Chief Officer	6/9
Richard Walker	Head of Governance and Assurance	8/9
GP Clinical Advisers (non voting)		
Dr Nick Balac	Chair of the Governing Body	6/8
Dr Mehrban Ghani (April-May 2018)	Medical Director	1/2
Dr Madhavi Guntamukkala (April-May 2018)	Elected Governing Body Member	2/2
Dr Sudhagar Krishnasamy (from June 2018)	Associate Medical Director	5/6
Dr Mark Smith (from September 2018)	Elected Governing Body Member	3/3

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

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

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

3. REVIEW OF THE COMMITTEE'S EFFECTIVENESS

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

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

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

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

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

4. ACHIEVEMENTS IN THE YEAR

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

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

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

4.2 Of particular note was the support provided to Barnsley Healthcare Federation after the Out of Hours and Extended Hours services' 'inadequate' ratings following a CQC inspection in February 2018. Support included:

- Secondment of CCG medical director and a clinical leader to BHF
- Support from primary care team for the development and delivery of an action plan to address the issues raised
- Review of complaints processes by CCG quality team.

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

5. DELIVERY OF THE COMMITTEE'S TERMS OF REFERENCE

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

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

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

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

6. ASSURANCE AND RISK MANAGEMENT

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

Governing Body Assurance Framework (GBAF)

6.2 Following a refresh of the GBAF early in 2018/19 one GBAF risk continues to be allocated to the PCCC for oversight, as follows:

- Risk ref 2.1 - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
    - Engagement with primary care workforce
    - Workforce and capacity shortage, recruitment and retention
    - Under development of opportunities of primary care at scale, including new models of care
    - Not having quality monitoring arrangements embedded in practice• Inadequate investment in primary care
    - Independent contractor status of General Practice.

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

Corporate Risk Register

6.4 The PCCC began the year with seven risks on its risk register, of which two were rated as red ('extreme'), and an additional red risk was added to the register in April 2018. There are currently six risks on the Committee's register, of which one is judged to be red (extreme) and which has therefore been escalated as 'gaps in control or assurance' on the GBAF.

6.3 During the year therefore the two following red risks have been removed from the register:

- Risk 15/14(b): "In relation to the 0-19 pathway reprocurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity."

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

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

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

Risk	Mitigation
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.	Practices continue to report their workforce figures and these are presented and monitored through each practice's quality dashboard. In 2018/19 15 lots of resilience funding have been approved for Barnsley practices which will support recruitment and future resilience.

7. CONCLUSION

7.1 This report has demonstrated how, during 2018/19, the PCCC has continued to function as an effective Committee capable of performing the CCG's responsibilities for commissioning primary medical services.

7.3 As such the Committee provides assurance to the Accountable Officer and the CCG's Governing Body for the purposes of the *Review of the Effectiveness of Governance, Risk Management & Internal Control* within the CCG's Governance Statement.

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

NHS
Barnsley
Clinical Commissioning Group

28 March 2019

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE
WORK PLAN/AGENDA TIMETABLE 2019/20

PART 1A – SUMMARY REPORT

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

	Name	*Designation*
Executive Lead	Richard Walker	Head of Governance & Assurance
Author		

3.	**EXECUTIVE SUMMARY**
	Every CCG Committee maintains its own work plan/agenda timetable in order to ensure that business is carried out in a planned, structured way and to provide assurance that its functions within its terms of reference are being discharged. A Public Primary Care Commissioning Committee work plan/agenda timetable has been produced and is attached for member's consideration. The timetable will be reviewed and updated on a regular basis.
4.	**THE COMMITTEE IS ASKED TO:**
	• Review & approve the updated Public Primary Care Commissioning Committee Work Plan/Agenda Timetable for 2019/20
5.	**APPENDICES**
	• Appendix A – Public Primary Care Commissioning Committee Work Plan/Agenda Timetable 2019/20.

Agenda time allocation for report:	*5 Mins*

PCCC 19/03/13

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	9.1
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	√
	To commission high quality health care that meets the needs of individuals and groups	
	Wherever it makes safe clinical sense to bring care closer to home	
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	√
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

PCCC/19/03/13.1

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

WORK PLAN/AGENDA TIMETABLE 2019/20

AGENDA ITEMS	MARCH 19	MAY 19	JULY 19	SEPTEMBER 19	NOVEMBER 19
Apologies	✓	✓	✓	✓	✓
Quoracy	✓	✓	✓	✓	✓
Declaration of Interest	✓	✓	✓	✓	✓
Minutes of previous Public PCCC meeting	✓	✓	✓	✓	✓
Matters Arising Report	✓	✓	✓	✓	✓
STRATEGY, PLANNING, NEEDS ASSESSMENT & COORDINATION OF PRIMARY CARE					
Integrated Care Networks Update	✓	✓	✓	✓	✓
Primary Care Briefings	✓				✓
Primary Care Strategy	✓				✓
Practice Delivery Agreement Outcomes					
Estates & Technology Transformation Fund (ETTF) Update					
Procurement Updates	✓	✓	✓	✓	✓

AGENDA ITEMS	MARCH 19	MAY 19	JULY 19	SEPTEMBER 19	NOVEMBER 19
Primary Care Estate					
Review of Primary Care business cases and investments	✓	✓	✓	✓	✓
QUALITY & FINANCE					
CQC Updates	✓	✓	✓	✓	✓
Finance Update	✓	✓	✓	✓	✓
CONTRACT MANAGEMENT					
GP Patient Survey Results					✓
e-Declarations	✓				
PDA End of Year Report 18/19		✓			
PDA 19/20 Mid Year Review				✓	
PDA 19/20 End of Year Report		May 2020			
PDA 20/21 Mid Year Review				September 2020	
Contractual Issues	✓	✓	✓	✓	✓
GP IT		✓		✓	January 2020
LES, DES, Local Incentive Schemes	✓	✓	✓	✓	✓
GOVERNANCE, RISK & ASSURANCE					
Terms of Reference				✓	

AGENDA ITEMS	MARCH 19	MAY 19	JULY 19	SEPTEMBER 19	NOVEMBER 19
Risk & Governance Report	✓	✓	✓	✓	✓
Assurance Framework & Risk Register	✓	✓	✓	✓	✓
Internal Audit Report	✓	✓	✓	✓	✓
Annual Risk & Governance Report	✓				
Work Plan Update	✓		✓		✓
Self-assessment of Committee's effectiveness					
OTHER					
Questions from the public	✓	✓	✓	✓	✓
Items for escalating to the Governing Body	✓	✓	✓	✓	✓