

Public Primary Care Commissioning Committee
Thursday, 24 September 2020 at 2.30pm to 3.45pm
Via MS Teams

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
Housekeeping			Chair	2.30pm 5mins
1	Apologies	Note	Chair	
2	Quoracy	Note	Chair	
3	Declarations of Interest relevant to the agenda	Assurance	PCCC 20/09/03 Chair	
4	Minutes of the meeting held on 30 July 2020	Approve	PCCC 20/09/04 Chair	2.35pm 5mins
5	Matters Arising Report	Note	PCCC 20/09/05 Chair	2.40pm 5mins
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
6	Primary Care Networks Presentation	Assurance	PCCC 20/09/06 James Barker	2.45pm 15mins
Quality and Finance				
7	Finance Update	Assurance	PCCC 20/09/07 Roxanna Naylor	3.00pm 10mins
8	CQC Update	Assurance	PCCC 20/09/08 Julie Frampton	3.10pm 5mins
Contract Management				
9	Contractual Issues Report	Assurance	PCCC 20/09/09 Julie Frampton	3.15pm 10mins
Governance, Risk and Assurance				
10	Risk and Governance Report • Assurance Framework & Risk Register	Assurance	PCCC 20/09/10 Richard Walker	3.25pm 10mins
Reflection on conduct of the meeting				
11	• Conduct of meetings • Any areas for additional assurance • Any training needs identified	Note	Verbal Chair	3.30pm 5mins
Other				

Item	Session	Committee Requested to	Enclosure Lead	Time
12	Questions from the public relevant to the agenda	Note	Verbal Chair	3.35pm 5mins
13	Items for escalating to the Governing Body	Note	Verbal Chair	3.40pm 5mins
14	Date and time of the next scheduled meeting: Thursday, 26 November 2020 at 2:30pm to 3:30pm	Note	Verbal Chris Millington	3.45pm 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

PRIMARY CARE COMMISSIONING COMMITTEE

24 September 2020

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input type="checkbox"/></td> </tr> </table>			<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>					
2.	PURPOSE											
	To foresee any potential conflicts of interests relevant to the agenda.											
3.	REPORT OF											
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Richard Walker</td> <td>Head of Governance & Assurance</td> </tr> <tr> <td>Author</td> <td>Paige Dawson</td> <td>Governance, Risk & Assurance Facilitator</td> </tr> </tbody> </table>				Name	Designation	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance	Author	Paige Dawson	Governance, Risk & Assurance Facilitator
	Name	Designation										
Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance										
Author	Paige Dawson	Governance, Risk & Assurance Facilitator										
4.	SUMMARY OF PREVIOUS GOVERNANCE											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	N/A					
Group / Committee	Date	Outcome										
N/A												
5.	EXECUTIVE SUMMARY											
	<p>Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.</p> <p>The table below details what interests must be declared:</p>											

	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.
	<p>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.</p> <p>Additions:</p> <ul style="list-style-type: none"> Chris Edwards has been added to the register to include – family member employed by Chesterfield Royal and family member employed by Attain. Dr Madhavi Guntamukkala will be added to the register once her form has been completed. <p>Removals:</p> <ul style="list-style-type: none"> Both Lesley Smith and Dr Sudhagar Krishnasamy have been removed from the register due to recently leaving the CCG. <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>	
6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:	
	<ul style="list-style-type: none"> Note the contents of this report and declare if Members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship. 	
7.	APPENDICES / LINKS TO FURTHER INFORMATION	
	<ul style="list-style-type: none"> Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report 	

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
2.	Links to statutory duties			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act			
	Management of conflicts of interest (s14O)	✓	Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
3.	Governance Considerations Checklist <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
3.2	Management of Conflicts of Interest (s14O)			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			Y
3.3	Discharging functions effectively, efficiently, & economically (s14Q)			
	Have any financial implications been considered & discussed with the Finance Team?			NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA
3.4	Improving quality (s14R, s14S)			
	Has a Quality Impact Assessment (QIA) been completed if relevant?			NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?			NA

3.5	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	NA
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
3.10	Environmental Sustainability	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA

NHS Barnsley Clinical Commissioning Group Register of Interests

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

Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	<ul style="list-style-type: none"> • Partner at St Georges Medical Practice (PMS) • 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). • Clinical Lead Primary Care SYB ICS (commissioning)
Nigel Bell	Lay Member for Governance	<ul style="list-style-type: none"> • Ad hoc provision of Business Advice through Gordons LLP • Lay Member representing South Yorkshire & Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire & Bassetlaw Integrated Care System

Name	Current position (s) held in the CCG	Declared Interest
Chris Millington	Lay Member	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Chris Edwards	Governing Body Member	<ul style="list-style-type: none"> Family member employed by Chesterfield Royal. Family member employed by Attain.
Mark Smith	GP Governing Body Member	<ul style="list-style-type: none"> Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles. Director of Janark Medical Ltd The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG

Name	Current position (s) held in the CCG	Declared Interest
Richard Walker	Head of Governance & Assurance	<ul style="list-style-type: none"> NIL
Julie Frampton	Head of Primary Care	<ul style="list-style-type: none"> NIL
Victoria Lindon	Assistant Head of Primary Care Commissioning (NHSE and NHSEI)	<ul style="list-style-type: none"> NIL

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting
held on Thursday, 30 July 2020 at 2.30pm via MS Teams**

PRESENT: (VOTING MEMBERS)

Chris Millington (<i>Chair</i>)	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Nigel Bell	Lay Member for Governance
Mike Simms	Secondary Care Clinician (joined the meeting at 2.50pm)
Lesley Smith	Chief Officer

GP CLINICAL ADVISORS: (NON-VOTING)

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

IN ATTENDANCE:

Julie Frampton	Head of Primary Care
Angela Musgrave	Executive Personal Assistant
Victoria Lindon	Assistant Head of Primary Care Co-Commissioning, NHSE
Nick Germain	Primary Care Manager, NHSEI
Julie Burrows	Director of Public Health, BMBC
Ruth Simms	Assistant Finance Manager

APOLOGIES:

Roxanna Naylor	Chief Finance Officer
Richard Walker	Head of Governance & Assurance
Sue Womack	Manager, Healthwatch Barnsley

MEMBERS OF THE PUBLIC:

There were no members of the public present at the meeting.

Agenda Item	Note	Action	Deadline
PCCC 20/07/01	APOLOGIES		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 20/07/02	QUORACY		
	The meeting was declared quorate.		
PCCC 20/07/03	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	There were no declarations of interest relevant to the agenda.		

PCCC 20/07/04	MINUTES OF THE LAST MEETING		
	The minutes of the meeting held on 28 May 2020 were verified as a true and correct record of proceedings.		
PCCC 20/07/05	MATTERS ARISING REPORT		
	The Chair extended his thanks as the Committee noted all actions were complete on the Matters Arising Report.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 20/07/06	There were no updates for the Strategy, Planning, needs Assessment and Co-ordination of Primary Care.		
QUALITY AND FINANCE			
PCCC 20/07/07	<p>CQC UPDATE <u>CQC Inspections and Emergency Support Framework</u> The Head of Primary Care provided members with an update report on CQC Inspections and Emergency Support Framework.</p> <p>It was reported that due to the Covid-19 situation the CQC had paused their routine inspections and had developed an Emergency Support Framework (ESF) to replace normal procedure which would be followed until further notice.</p> <p>It was noted that the ESF did not require the CQC to contact all practices; however the CCG had been notified that there were three practices in Barnsley currently identified as a risk within the monitoring completed by the CQC for the ESF. These were Caxton House, the Rose Tree Practice and Dodworth Medical Practice.</p> <p>The outcome of the monitoring was:</p> <ul style="list-style-type: none"> • The assessment for Caxton House Surgery had been deferred as Dr Saxena had submitted an application to cancel her CQC registration with effect from 31 August 2020. • The assessment for the Rose Tree Practice determined that they were managing during the Covid-19 pandemic. • The assessment for Dodworth Medical Practice had not been completed as concerns raised had been on the previous providers' performance. 		

	<p><u>GP Patient Survey 2020</u></p> <p>The GP Patient Survey was an annual survey that provided an important indicator of patients' impression about general practice.</p> <p>It was reported that the pandemic had radically changed the way Barnsley patients had responded to the survey with 33% of patients responding to this years' survey. It was however positive to note that 77% of those patients had a good experience of their GP practice.</p> <p>The Lay Member for Governance and the Chair raised their concerns regarding the 33% of patients who indicated they did not have a good experience of their GP practice and asked what the CCG were doing to improve the position to get a higher positive percentage.</p> <p>Members were informed that once all the results had been analysed a full report including an action plan to address patient concerns would be brought back to a future meeting of the Committee.</p> <p>Action: The Head of Primary Care and the Assistant Head of Primary Care Co-Commissioning, NHSE to look at the regional results of the GP Patient Survey to consider any learning opportunities.</p> <p>The Committee:</p> <ul style="list-style-type: none"> Noted the CQC's implementation of the Emergency Support Framework and the assessment completed with the Rose Tree Practice. Noted the publication of the GP Patient Survey 2020 	JF/VL	
CONTRACT MANAGEMENT			
PCCC 20/07/08	CONTRACTUAL ISSUES REPORT		
	<p>The Head of Primary Care introduced the Contractual Issues Report which provided members with an update on the current contractual issues in relation to Primary Care contracts.</p> <p><u>In Year Contract Variation – St George's Medical Practice</u></p> <p>An application had been received to vary St George's Medical Practice PMS contract in relation to a 24 hour retirement for Dr Balac on 5 October 2020.</p> <p>It was noted that the 24 hour retirement did not require an amendment to the contract and therefore the item was for</p>		

	<p>information only.</p> <p><u>Caxton House Surgery Closure</u> Members were informed that Barnsley CCG had received a submission from Dr Saxena of her intention to resign as the sole signatory on the GMS contract for Caxton House Medical Practice at the end of August 2020.</p> <p>The practice currently provides Primary Medical Services to 988 registered patients over two sites at Grimethorpe and The Cudworth Centre, Barnsley.</p> <p>To ensure the smooth transition of patients registered at Caxton House Medical Practice, the CCG had been liaising with the Clinical Directors of all the Neighbourhood Networks and other GP practices in the area to inform them of the closure.</p> <p>Practice Managers within the North East Neighbourhood had raised concern regarding the number of patients registering putting additional pressure on practices. It was reported that Barnsley had been chosen by two GPs, returning to practice for six months under the Covid-19 regime. The CCG had asked Barnsley Healthcare Federation to support these GPs to work at practices in the North East Neighbourhood.</p> <p>Letters had been sent to all patients with the locations and contact details of all practices that were close to their homes to enable them to register with a practice of their choice.</p> <p>The Primary Care Team had developed a robust action plan specifying all the activities required to safely close the practice which was also being managed closely by NHSE. The team were working with the CCG's Communication and Engagement team, IT support team and practice staff to ensure everything was in place to meet the target close date for Caxton House Medical Practice.</p> <p>The Chair observed that Dr Saxena had been very passionate and keen to ensure her patients were cared for and that she had provided an excellent service to all her patients over many years.</p> <p><u>Rent Reimbursement for GP Practices</u> The report informed members that the CCG had responsibility to approve rent reimbursements in line with the National Health Services (General Medical Services –</p>		
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	<p>Premises Costs Directions) 2013.</p> <p>The following reviews had been approved and actioned:-</p> <ul style="list-style-type: none"> • Ashville Medical Practice • Royston Group Practice, following a successful appeal. The rent reimbursement calculation would be backdated to 1 April 2019. <p><u>Quality Outcomes Framework</u></p> <p>The Committee were reminded that a report had been received at the last Committee meeting informing members that the CCG had agreed a slight change to how QOF payments would be determined for the 2019/20 payments.</p> <p>Following a discussion at that meeting the Committee agreed that the Primary Care Team should determine individual practice 'top up' payments following an assessment of the last quarter, based on the achievement during 2018/19 to agree the final payments for 2019/20.</p> <p>Since the last meeting an analysis of QOF achievement had been carried out however due to the very short time frame it became clear it would be impossible to evaluate what achievement could have been attained at year end based on the data available.</p> <p>To ensure there was no financial loss to practices where achievement was lower than would have been expected a 'top up' payment had been made, in line with NHSE recommendations.</p> <p>The Committee also noted that the Primary Care Team were waiting details of the QOF for 2020/21 which had not yet been released before work could be undertaken.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Noted the 24 hour retirement of Dr Balac (St George's Practice) on 5 October 2020 • Noted the close of Caxton House Surgery and the action taken. • Noted the rent reimbursement for Ashville Medical Practice and Royston Group practice • Noted the QOF payments for 2019/20 and information for 2020/21 		
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GOVERNANCE, RISK AND ASSURANCE			
PCCC 20/07/09	ASSURANCE FRAMEWORK AND RISK REGISTER		
	<p>In the absence of the Head of Governance and Assurance, the Chair presented 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.</p> <p><u>Assurance Framework 2018/19</u> Appendix 1 of the report provided the Committee with an extract from the GBAF of the one risk for which the Committee were the assurance provider.</p> <p>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.</p> <p><u>Risk Register</u> There were currently five risks on the Corporate Risk Register for which the Committee were responsible for managing. Of the five risks, there was one red risk (extreme), one amber risk (high), two yellow risks (moderate) and one green (low) risk.</p> <p>The Committee:</p> <ul style="list-style-type: none"> Noted the information contained in the report and agreed the risks were being appropriately managed and scored. 		
OTHER			
PCCC 20/07/10	REFLECTION OF CONDUCT OF THE MEETING The Committee agreed that the meeting had been conducted appropriately.		
PCCC 20/07/11	QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA No questions were received from members of the Public relating to the agenda		
PCCC 20/07/12	ITEMS FOR ESCALATING TO THE GOVERNING BODY It was agreed to escalate the following items to the Governing Body:- <ul style="list-style-type: none"> Note the CQC assessments for Caxton House 		

	<p>Surgery, the Rose Tree Practice and Dodworth Medical Practice.</p> <ul style="list-style-type: none"> Assurance that a robust action plan had been developed and was being closely managed in relation to the safe closure of Caxton House Medical Practice. 		
PCCC 20/07/13	<p>ANY OTHER BUSINESS</p> <p>The Chief Officer acknowledged and thanked the Head of Primary Care and the Primary Care Team on behalf of the Committee and in particular the CCG's Covid-19 local commander, Jamie Wike, for the excellent support received throughout the pandemic. The rapid change of focus from normal business to a pandemic approach had put significant pressure on primary care causing the Team to work quite differently in challenging circumstances.</p>		
PCCC 20/07/14	<p>DATE & TIME OF NEXT MEETING</p> <p>Thursday, 24 September 2020 at 2.30pm to 3.30pm via MS Teams.</p>		

MATTERS ARISING REPORT TO THE PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

24 SEPTEMBER 2020

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **30 July 2020**

Minute ref	Issue	Action	Action/Outcome
PCCC 20/07/07	<u>GP Patient Survey 2020</u> A thorough analysis of all the results would be carried out and a full report including an action plan would be presented at a future meeting of the Committee.	JF/VL	This work to analyse the survey results is underway.
	The Head of Primary Care and the Assistant Head of Primary Care Co-Commissioning, NHSE were asked to look at the regional results of the GP Patient Survey to consider any learning opportunities.	JF/VL	Note below.

Following the PCCC meeting Victoria has supplied the following information to compare the South Yorkshire and Bassetlaw CCGs and National attainment regarding some of the key question's asked in the GP Survey.

Question	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield	National
Ease of getting to speak to someone on the phone	52% Easy 48% Not Easy	61% Easy 39% Not Easy	57% Easy 43% Not Easy	66% Easy 34% Not Easy	63% Easy 37% Not Easy	65% Easy 35% Not Easy
Ease of use of online services	74% Easy 26% Not Easy	79% Easy 21% Not Easy	72% Easy 28% Not Easy	77% Easy 23% Not Easy	75% Easy 25% Not Easy	76% Easy 24% Not Easy
Overall experience of making an appointment	56% Good 25% Poor	68% Good 16% Poor	62% Good 21% Poor	62% Good 19% Poor	64% Good 18% Poor	65% Good 17% Poor
Overall experience of General Practice	77% Good 10% Poor	84% Good 8% Poor	78% Good 10% Poor	81% Good 7% Poor	81% Good 7% Poor	82% Good 7% Poor

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
	None		



Barnsley Healthcare Federation

Better Health, Better Care, for a Better Barnsley

Primary Care Committee

September 2020

BHF's Response to COVID19

- BHF, in collaboration with Barnsley CCG have supported all Practices across Barnsley
- We have ensured that all Practices have remained open
- We are part of the CCG's Silver Command call which focussed on Primary Care
- Our CEO held daily calls with the CCG's Business Delivery Managers to understand any pressures on either an individual Practice or Neighbourhoods. This was fed into the CCG Silver Call
- The pressures primarily on staff shortages and PPE provision

BHF's Response to COVID19

- BHF set up and ran the COVID19 'Blue' Clinic. This was vital in keep all Practices as cold sites and preventing the mixing of suspected COVID cases and those without symptoms
- The Blue Clinic was set up in just a few days, based centrally in Barnsley the facility was provided by SWYPFT
- Due to the suspension of the GP Streaming service we were able to move staff across to the Blue Clinic.
- Two additional local GPs, Dr Mills and Dr Battley volunteered to do sessions in the clinic alongside BHF's Dr Hackner and Dr Malik

The Blue Clinic



Barnsley
Healthcare
Federation

Better Health, Better Care, for a Better Barnsley

- The service is managed by Thomas Croker
- The Clinic operated 12 hours a day 7 days a week until August , when due to the demand for the service, the operational hours reduced to 8 hours between 1400 – 2200. This allowed us to support GP Practices and the OOH service by offering a safe location for patients with symptoms of COVID 19 to be seen.
- Between April and end of August we supported one thousand patients with COVID 19 or symptoms indicative of COVID 19
- Since the schools have re-opened the demand for the service has increased significantly
- Over the first two weeks of September we have supported 250 patients

The Blue Clinic



Barnsley
Healthcare
Federation

Better Health, Better Care, for a Better Barnsley

- The service has been supported by the Home Visiting service
- We have therefore been able to support people who can not attend clinics well as those who can.
- Due to the capacity within the Home Visiting service we have continued to provide cold home visits as well with hundreds of visits completed each month
- In addition we have continued to provide extended hours appointments and our Out of Hours service, without interruption

Moving into winter

- We expect there to be continued pressure on both Practices and the i-HEART services
- Based on the increases of attendances at the Blue Clinic, we need to decided upon how and when we begin to scale up the COVID clinic capacity
- We expect i-HEART and OOH appointments and attendance to increase across winter, mostly higher than the normal sessional average
- BHF will continue to work as hard and effectively as possible to ensure these services continue to offer high quality patient care

GP Practices



Barnsley
Healthcare
Federation

Better Health, Better Care, for a Better Barnsley

- Practices have managed the last few months in a positive and wherever possible, a consistent approach
- Practices are following all the NHS England guidelines around making sure patients can continue to access Primary Care services
- We will continue to offer triage, video, telephone and face to face appointments
- Key factors in opening up services include:
 - PPE
 - Availability of other healthcare services
 - Continuation of the COVID Clinic

What have we learnt



Barnsley
Healthcare
Federation

Better Health, Better Care, for a Better Barnsley

- The Barnsley healthcare system works well together
- People and Practices are keen to support each other and make sure services continue
- We can achieve anything if we put our minds to it
 - Turning on video consultations
 - Setting up new services
 - Upending the way in which services are delivered
- We have some amazing people working across Barnsley, who have pulled out all the stops to support the people of Barnsley

Primary Care Network Progress



Barnsley
Healthcare
Federation

Better Health, Better Care, for a Better Barnsley

- With all the work created as a result of COVID19, we have also been progressing
- We continue to have one Network, underpinned by six neighbourhoods
- Central to this is the delivery of the new service specifications and appointment of additional roles
 - Structured Medication Reviews
 - Early Cancer Diagnosis
 - Enhanced Health in Care Homes
 - Social Prescribing

Primary Care Network Progress



Barnsley
Healthcare
Federation

Better Health, Better Care, for a Better Barnsley

- We are working with Clinical Directors and Practices to ensure all aspects of the specifications are delivered
- The biggest specification is the Care Homes, from 1st October
 - This will provide each Care Home with a Home Round and each new resident personalised care plan
- Social Prescribing is open for referrals and will operate on a Neighbourhood basis
- Target young people and their families who struggle to cope with the pressures of school, physical inactivity, social isolation, toxic stress and poor mental wellbeing



Barnsley
Healthcare
Federation

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Additional Roles

- During this financial year we plan to increase the Primary Care workforce by 69 whole time equivalents across number of roles:
 - 24 WTE Care Co-Ordinators
 - 12 WTE Health and Wellbeing Coaches
 - 7 Clinical Pharmacists and 2 Pharmacy Technicians
 - 15 WTE Physician Associates
 - 2 First Contact Physiotherapists
 - 7 Social Prescribers

Additional Roles

- Increase capacity within Practices
- Ability to meet the requirements of the new service specification
- Key points of contacts for health and social care partners
- Extending the Primary Care Team with brand new roles
- Opportunity for Practice staff to develop and upskill
- Enhanced patient care
- Consistency across Barnsley, Practices and staff working together



Barnsley
Healthcare
Federation

Better Health, Better Care, for a Better Barnsley

Questions



Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

24 September 2020

FINANCE UPDATE

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR								
	Decision	<input type="checkbox"/>	Approval						
		<input type="checkbox"/>	Assurance						
		<input type="checkbox"/>	Information						
		<input checked="" type="checkbox"/>	X						
2.	REPORT OF								
		Name	Designation						
	Executive Lead	Roxanna Naylor	Chief Finance Officer						
	Author	Ruth Simms	Assistant Finance Manager						
3.	EXECUTIVE SUMMARY								
	<p><u>2020/21 Finance Update</u></p> <p>The CCG remains in a top up arrangement for the Months 1-6 of 2020/21 due to the impact of the Covid-19 pandemic. National guidance on allocations and financial framework for Months 7-12 are expected imminently. The Finance and Contracting Team are working through the financial position and developing a full budget and forecast position. This detailed information will be provided to the Committee during November 2020 following budgets being approved by the Governing Body.</p> <p>Early indications suggest there are likely to be significant pressures across all budgets including delegated primary care budgets and it is likely that there will continue to be a requirement for the CCG to fund a shortfall against delegated budgets from within CCG programme costs.</p> <p>Details of the allocation received for delegated primary care budgets are noted in the table below for the period of Month 1-6 only. This includes a forecast assessment based on the known guidance to Month 5 and will be refreshed once national planning guidance is received. The current overspend of £583,071 will be included as part of the CCGs top up allocation expected to be received to Month 6.</p> <table border="1"> <tr> <td>Allocation – Month 1-6</td> <td>Forecast Month 5</td> <td>Variance</td> </tr> <tr> <td>£19,888,612</td> <td>£20,471,683</td> <td>£583,071</td> </tr> </table>			Allocation – Month 1-6	Forecast Month 5	Variance	£19,888,612	£20,471,683	£583,071
Allocation – Month 1-6	Forecast Month 5	Variance							
£19,888,612	£20,471,683	£583,071							

	This variance does not include 100% of the additional roles reimbursement. Included in the forecast above is 6 months costs at 60% (£635,857) as national guidance remains outstanding in order to clarify funding streams.
4.	THE COMMITTEE IS ASKED TO NOTE:
	<ul style="list-style-type: none"> Note the update on the financial framework for 2020/21 and financial position including forecast to Month 6.
5.	APPENDICES
	N/A

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

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	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

PRIMARY CARE COMMISSIONING COMMITTEE

24 September 2020

CQC REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>
	<i>Information</i>	<input type="checkbox"/>	
2.	PURPOSE		
	The purpose of this report is to provide members with an update on the current CQC position in relation to our GP Practices and for Barnsley Healthcare Federation Primary Care contracts.		
3.	REPORT OF		
		Name	Designation
	Exec Lead	Chris Edwards	Chief Officer
	Management Lead	Julie Frampton	Head of Primary Care
	Author	Terry Haigh	Primary Care Transformation Manager
4.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
5.	EXECUTIVE SUMMARY		
	There have not been any inspections or desk top evaluations performed by the CQC for any of the Barnsley GP practices. The CQC have confirmed that there are no concerns and no issues to report with regard to those practices that highlighted for the Emergency Support Framework during the C-19 pandemic.		
6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:		
	<ul style="list-style-type: none"> Note the above which is provided for information and assurance. 		
7.	APPENDICES / LINKS TO FURTHER INFORMATION		
	<ul style="list-style-type: none"> None 		

Agenda time allocation for report:	5 mins.
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PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (<i>place ✓ beside all that apply</i>):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
2.	Links to statutory duties			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (<i>place ✓ beside all that are relevant</i>):			
	Management of conflicts of interest (s14O)	See 3.1	Duties as to reducing inequalities (s14T)	See 3.4
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.2	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.3	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.3	Public involvement and consultation (s14Z2)	See 3.5
2A.	PCCC ONLY			
	Links to delegated primary care commissioning functions			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG (<i>place ✓ beside all that are relevant</i>):			
	Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)	✓	Decisions in relation to the management of poorly performing GP Practices	✓
	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley	✓		

3.	Governance Considerations Checklist <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>	
3.1	Clinical Leadership	
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.2	Management of Conflicts of Interest (s14O)	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.3	Discharging functions effectively, efficiently, & economically (s14Q)	
	Have any financial implications been considered & discussed with the Finance Team?	Y
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.4	Improving quality (s14R, s14S)	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.5	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	/NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	

3.9	Human Resources <table><tr><td data-bbox="280 168 1265 232">Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?</td><td data-bbox="1265 168 1414 232">NA</td></tr><tr><td colspan="2" data-bbox="280 232 1414 293"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td></tr></table>	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA				
<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					
3.10	Environmental Sustainability <table><tr><td data-bbox="280 374 1265 439">Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td><td data-bbox="1265 374 1414 439">NA</td></tr><tr><td colspan="2" data-bbox="280 439 1414 495"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td></tr></table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA				
<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					

PRIMARY CARE COMMISSIONING COMMITTEE

24 September 2020

CONTRACTUAL ISSUES REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR												
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><i>Decision</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Approval</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>				
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>						
2.	PURPOSE												
	The purpose of this report is to provide members with an update on the current contractual issues in relation to our primary care contracts.												
3.	REPORT OF												
	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr style="background-color: #d9e1f2;"> <th style="width: 30%;"></th> <th style="width: 30%;">Name</th> <th style="width: 40%;">Designation</th> </tr> <tr> <td>Exec Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td>Management Lead</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> <tr> <td>Author</td> <td>Terry Haigh</td> <td>Primary Care Transformation Manager</td> </tr> </table>		Name	Designation	Exec Lead	Chris Edwards	Chief Officer	Management Lead	Julie Frampton	Head of Primary Care	Author	Terry Haigh	Primary Care Transformation Manager
	Name	Designation											
Exec Lead	Chris Edwards	Chief Officer											
Management Lead	Julie Frampton	Head of Primary Care											
Author	Terry Haigh	Primary Care Transformation Manager											
4.	SUMMARY OF PREVIOUS GOVERNANCE												
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr style="background-color: #d9e1f2;"> <th style="width: 45%;">Group / Committee</th> <th style="width: 15%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Group / Committee	Date	Outcome									
Group / Committee	Date	Outcome											
5.	EXECUTIVE SUMMARY												
	<p>In Year Contract Variation – Royston Group Practice</p> <p>Barnsley CCG has received an application to vary Royston Group Practice GMS contract in relation to the resignation of Dr Krishnasamy on 1 September 2020.</p> <p>The practice is a GMS practice with 7,895 patients and currently has 4 contract holders. This removal does not require an amendment to the contract due to it being a GMS contract, so this item is note for information only.</p>												

	<p>Rent Reimbursement for GP Practices</p> <p>The CCG has responsibility to approve rent reimbursements in line with the National Health Services (General Medical Services – Premises Costs Directions) 2013 specifically Part 5 Recurring Premises Costs. The following review has been approved and actioned:</p> <ul style="list-style-type: none">• C85004 Penistone Group Practice <p>The CCG continues to fund this increased expenditure through CCG programme budgets.</p>
6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none">• Note the above which is provided for information and assurance.
7.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none">• None

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

1.	Links to Corporate Priorities, GBAF and Risk Register			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (<i>place ✓ beside all that apply</i>):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
2.	Links to statutory duties			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (<i>place ✓ beside all that are relevant</i>):			
	Management of conflicts of interest (s14O)	See 3.1	Duties as to reducing inequalities (s14T)	See 3.4
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.2	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.3	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.3	Public involvement and consultation (s14Z2)	See 3.5
2A.	PCCC ONLY			
	Links to delegated primary care commissioning functions			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG (<i>place ✓ beside all that are relevant</i>):			
	Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)	✓	Decisions in relation to the management of poorly performing GP Practices	
	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley	✓		
3.	Governance Considerations Checklist (<i>these will be especially relevant where a proposal or policy is brought for decision or approval</i>)			

3.1	Clinical Leadership	
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.2	Management of Conflicts of Interest (s14O)	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.3	Discharging functions effectively, efficiently, & economically (s14Q)	
	Have any financial implications been considered & discussed with the Finance Team?	Y
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.4	Improving quality (s14R, s14S)	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.5	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	/NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	

3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.10	Environmental Sustainability	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	

PRIMARY CARE COMMISSIONING COMMITTEE

24 September 2020

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	Decision <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/>
2.	PURPOSE		
	<ul style="list-style-type: none"> To assure the Primary Care Commissioning Committee members re the delivery of the CCG's annual strategic objectives. To assure the Primary Care Commissioning Committee of current risks to the organisation are being effectively managed and monitored appropriately. 		
3.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance
	Author	Paige Dawson	Governance, Risk & Assurance Facilitator
4.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	N/A		
5.	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.		

	<p>Assurance Framework</p> <p>The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. There is no GBAF update for the Committee at this stage as updating the GBAF was suspended at the peak of covid-19. A new, updated GBAF is currently being developed and will be available from October 2020¹ which will reflect 2020/21 planning guidance and the key priorities & key deliverables for the stabilization and recovery phase.</p> <p>Risk Register</p> <p>The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk.</p> <p>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 1 of this report which provides the Committee with the full risk register of risks associated with the Primary Care Commissioning Committee.</p> <p>There are currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the five risks, there is one red (extreme) rated risk, one amber risk (high), one yellow risk (moderate) and two green (low) risks. Members are asked to review the risks detailed on Appendix 1 to ensure that the risks are being appropriately managed and scored.</p> <p>Members are asked to review the risk detailed on Appendix 1 to ensure that the risk is being appropriately managed and scored.</p>	
6.	THE COMMITTEE IS ASKED TO:	
	<ul style="list-style-type: none"> Review and agree that the risks are being appropriately managed and scored. 	
7.	APPENDICES / LINKS TO FURTHER INFORMATION	
	<ul style="list-style-type: none"> Appendix 1 – Risk Register FULL 	
Agenda time allocation for report:		5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register	
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework	
	1.1 Urgent & Emergency Care	✓
	2.1 Primary Care	✓
	3.1 Cancer	✓
	4.1 Mental Health	✓
	5.1 Integrated Care @ System	✓
	5.2 Integrated Care @ Place	✓
	6.1 Efficiency Plans	✓
	7.1 Transforming Care for people with LD	✓
	8.1 Maternity	✓
	9.1 Digital and Technology	✓
	10.1 Compliance with statutory duties	✓
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	
	ALL	
2.	Links to statutory duties	
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act	
	Management of conflicts of interest (s14O)	
	Duty to promote the NHS Constitution (s14P)	✓
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	
	Duty as to improvement in quality of services (s14R)	
	Duty in relation to quality of primary medical services (s14S)	
	Duties as to reducing inequalities (s14T)	
	Duty to promote the involvement of each patient (s14U)	
	Duty as to patient choice (s14V)	
	Duty as to promoting integration (s14Z1)	
	Public involvement and consultation (s14Z2)	
3.	Governance Considerations Checklist <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>	
3.1	Clinical Leadership	
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	NA
3.2	Management of Conflicts of Interest (s14O)	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	NA
3.3	Discharging functions effectively, efficiently, & economically (s14Q)	
	Have any financial implications been considered & discussed with the Finance Team?	NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	NA
3.4	Improving quality (s14R, s14S)	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	NA

3.5	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	NA
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
3.10	Environmental Sustainability	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA

RISK REGISTER – September 2020

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)	14	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	4	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 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	The Long Term Plan includes a section on workforce planning and Network Contract DES includes provision for a number of Primary Care specific roles. The Network Contract DES has a number of deliverables that will support staff and work to supporting sustainable services in Barnsley. NHS England has published an Interim People Plan to support the workforce challenge. The CCG's Primary Care Development Workstream	Head of Primary Care. (Primary Care Commissioning Committee)	Governing Body	4	4	16	08/20	August 2020 No further updates. July 2020 The PCN is required to develop a workforce plan by the end of August to reflect use of the Additional Roles and other requirements to support delivery of the Network Contract DES and NHS Long Term Plan. Work is underway in practices to	09/20

			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.				<p>has a workforce element and the Barnsley Workforce Plan is under development which will include Primary Care.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p> <p>The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The CCG has funded Clinical Pharmacists to provide support to all Practices in Barnsley. Approval was given to the recruitment of a second cohort of clinical pharmacists & 2 technicians in March 2019.</p> <p>The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points.</p>							support BAME staff groups as a result of the C-19 pandemic. The CCG has asked BHF to deploy 2 returning GPs under the C-19 scheme to support the NE Neighbourhood practices for a 6-month period.	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).</p>	<p>Head of Primary Care</p> <p>(Primary Care Commissioning Committee)</p>	Risk Assessment	2	4	8	07/20	<p>July 2020 360 Audit of Primary Care Contracts and Procurement was completed, and 2 minor changes were recommended.</p> <p>March 2020 Risk score to be reviewed in 26 March 2020 PCCC meeting in respect of 15/04 reasoning to downgrade.</p> <p>November 2019 The CCG continues to effectively manage its delegated responsibility.</p>	10/20

CCG 16/02		If GP Practices opt to cease provision under their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision of services in all localities in Barnsley.	2	4	8	<p>SY&B have completed the procurement of a number of providers under the Emergency Framework that could support the continuing provision of Primary Medical Services. The BHF is a provider on this framework.</p> <p>APMS Contracts allow increased diversity of provision.</p>	Head of Primary Care (Primary Care Commissioning Committee)		1	4	4	07/20	<p>July 2020 The commencement of the Dynamic Purchasing System to support a more simplified approach to procurement has increased the options available to support service provision. The Emergency Framework remains in place.</p> <p>October 2019 The Primary Care Network DES offers further opportunities around the resilience of primary care. Primary Care Networks and the Emergency Procurement Framework gives further assurance to ensure that primary care provision in Barnsley is not at risk.</p> <p>March 2019 Reprocurement of the emergency framework has secured 2 new</p>	01/21
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													providers enables wider access to utilise. Existing providers were also successful in the procurement. February 2019: The 2 new staff members are now in post to support the CCG in managing its delegated responsibilities.	
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	<p>The CCG has a well-established and effective patient and community engagement function, as well as robust governance supporting the function.</p> <p>The CCG considered its strategic capacity & capability as part of the successful application process.</p> <p>The CCG is a member of the Consultation Institute and as such uses learning, best practice and advice service to support any consultation activity.</p>	Head of Communications & Engagement (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	02/20	<p>Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.</p> <p>February 2020 NHS England has assessed the CCG as Green Star against the patient and community engagement indicator.</p> <p>February 2019 No changes to report</p> <p>March 2018 No changes to report</p>	02/21

													February 2018 NHS England has assessed the CCG as Good against the new patient and community engagement indicator.	
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	<p>CCG considered its strategic capacity & capability as part of the successful application process.</p> <p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG is undertaking a review of management capacity including delegated responsibilities.</p>	Head of Primary Care (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	07/20	<p>July 2020 This risk was reviewed earlier in the year and remains low risk</p> <p>Feb 2020 Risk reviewed at January PCCC meeting where it was agreed to reduce the likelihood score to 1 and therefore the overall score to 3 (low risk).</p> <p>August 2019 The CCG is recruiting 3 posts to support the work towards integration via a revised community service specification and with the PCN</p> <p>February 2019:</p>	07/21

												The 2 new staff members are now in post to support the CCG in managing its delegated responsibilities.	
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