

**Public Primary Care Commissioning Committee**  
**Thursday, 28 January 2021 at 2.30pm to 3.30pm**  
**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	<b>PCCC 21/01/03</b>	
4	Minutes of the meeting held on 26 November 2020	Approve	<b>PCCC 21/01/04</b> Chair	2.35pm 5mins
5	Matters Arising Report	Note	<b>PCCC 21/01/05</b> Chair	2.40pm 5mins
<b>Strategy, Planning, Needs Assessment and Co-ordination of Primary Care</b>				
6	Primary Care Estate	Approve	<b>PCCC 21/01/06</b> Julie Frampton	2.45pm 5mins
<b>Quality and Finance</b>				
7	Finance Update	Assurance	<b>PCCC 21/01/07</b> Ruth Simms	2.50pm 10mins
8	CQC Updates	Assurance	<b>PCCC 21/01/08</b> Julie Frampton	3.00pm 10mins
<b>Contract Management</b>				
9	Contractual Issues Report	Assurance	<b>PCCC 21/01/09</b> Julie Frampton	3.10pm 15mins
10	Risk and Governance Report <ul style="list-style-type: none"><li>Assurance Framework</li><li>Risk Register</li><li>Terms of Reference Update</li><li>Workforce Risk Review</li></ul>	Assurance	<b>PCCC 21/01/10</b> Richard Walker	3.25pm 10mins
		Decision	<b>PCCC 21/01/10.4</b> Julie Frampton	3.35pm 10mins
<b>Reflection on conduct of the meeting</b>				
11	<ul style="list-style-type: none"><li>Conduct of meetings</li><li>Any areas for additional assurance</li><li>Any training needs identified</li></ul>	Note	<b>Verbal</b> Chair	3.45pm 5mins

Item	Session	Committee Requested to	Enclosure Lead	Time
	<b>Other</b>			
12	Questions from the public relevant to the agenda	Note	<b>Verbal</b> Chair	3.50pm 5mins
13	Items for escalating to the Governing Body	Note	<b>Verbal</b> Chair	3.55pm 5mins
14	<b>Date and time of the next scheduled meeting:</b> Thursday, 25 March 2021 at 2:30pm to 3:30pm	Note	<b>Verbal</b> Chris Millington	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

## PRIMARY CARE COMMISSIONING COMMITTEE

28 January 2021

### Declaration of Interests, Gifts, Hospitality and Sponsorship Report

#### PART 1A – SUMMARY REPORT

1.	<b>THIS PAPER IS FOR</b>											
	<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.	<b>PURPOSE</b>											
	To foresee any potential conflicts of interests relevant to the agenda.											
3.	<b>REPORT OF</b>											
	<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 &amp; Assurance</td> </tr> <tr> <td>Author</td> <td>Paige Dawson</td> <td>Governance, Risk &amp; 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.	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	<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.	<b>EXECUTIVE SUMMARY</b>											
	<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>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>		
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>	
	<ul style="list-style-type: none"> <li>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.</li> </ul>	
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>	
	<ul style="list-style-type: none"> <li>Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report</li> </ul>	

<b>Agenda time allocation for report:</b>
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5 minutes
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	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
<b>2.</b>	<b>Links to statutory duties</b>			
	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)	
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	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
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	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
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>			
	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	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

### 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"> <li>• Partner at St Georges Medical Practice (PMS)</li> <li>• Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract</li> <li>• Member Royal College General Practitioners</li> <li>• Member of the British Medical Association</li> <li>• Member Medical Protection Society</li> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> <li>• Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).</li> <li>• Clinical Lead Primary Care SYB ICS (commissioning)</li> </ul>
Nigel Bell	Lay Member for Governance	<ul style="list-style-type: none"> <li>• Ad hoc provision of Business Advice through Gordons LLP</li> <li>• Lay Member representing South Yorkshire &amp; Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire &amp; Bassetlaw Integrated Care System</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
Chris Millington	Lay Member	<ul style="list-style-type: none"> <li>Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18)</li> <li>Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19)</li> </ul>
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> <li>Provider of Corporate and Private healthcare and delivering some NHS Contracts.</li> </ul>
Chris Edwards	Governing Body Member	<ul style="list-style-type: none"> <li>Family member employed by Chesterfield Royal.</li> <li>Family member employed by Attain.</li> </ul>
Mark Smith	GP Governing Body Member	<ul style="list-style-type: none"> <li>Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles.</li> <li>Director of Janark Medical Ltd</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>
Madhavi Guntamukkala	Medical Director	<ul style="list-style-type: none"> <li>Senior GP in a Barnsley Practice (Apollo Court Medical Practice &amp; The grove Medical Practice) Practices provide services under contract to the CCG</li> <li>Spouse – Dr M Vemula is also partner GP at both practices</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
Richard Walker	Head of Governance & Assurance	<ul style="list-style-type: none"> <li>Daughter working for Health Education England.</li> </ul>
Julie Frampton	Head of Primary Care	<ul style="list-style-type: none"> <li>NIL</li> </ul>



Name	Current position (s) held in the CCG	Declared Interest
Victoria Lindon	Assistant Head of Primary Care Commissioning (NHSE and NHSEI)	<ul style="list-style-type: none"><li>• NIL</li></ul>
Nick Germain	NHS England & Improvement, Primary Care Manager	<ul style="list-style-type: none"><li>• NIL</li></ul>

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting  
held on Thursday, 26 November 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
Richard Walker	Head of Governance & Assurance
Chris Edwards	Chief Officer

**GP CLINICAL ADVISORS: (NON-VOTING)**

Dr Madhavi Guntamukkala	Governing Body Member
Dr Mark Smith	Governing Body Member

**IN ATTENDANCE:**

Julie Frampton	Head of Primary Care
Angela Musgrave	Executive Personal Assistant
Nick Germain	Primary Care Manager, NHSEI
Carrie Abbott	Public Health, BMBC
Roxanna Naylor	Chief Finance Officer
Ruth Simms	Assistant Finance Manager

**APOLOGIES:**

Dr Nick Balac	CCG Chairman
Julia Burrows	Director of Public Health, BMBC
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
<b>PCCC 20/11/01</b>	<b>WELCOME AND APOLOGIES</b>		
	<p>The Chair welcomed members to the meeting and apologies were noted as above.</p> <p>Members welcomed Nick Germain, Primary Care Manager, to the meeting. It was noted that going forward Nick would be attending the meeting on behalf of NHSEI.</p>		
<b>PCCC 20/11/02</b>	<b>QUORACY</b>		

	The meeting was declared quorate.		
<b>PCCC 20/11/03</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	<p>The Chair reported that Nick Germain had submitted a nil declarations of interest return which would be added to the register.</p> <p>The Chair also reported that as part of the Contractual Issues report two items were requesting Committee approval one of which was to consider and approve a 12 month contract extension to the APMS contract for Barnsley Healthcare Federation (BHF) Brierley Medical Centre.</p> <p>It was acknowledged that the General Practitioners on the Committee had already declared a non-financial professional interest in BHF.</p> <p>The Chair agreed to allow the GP members to remain present for this item to allow them to hear the clinical aspects of the proposal and, if required by the voting members, to ask for their clinical advice. However the Chair noted that, as non voting members of the Committee, they would not participate in the decision making with respect to this item.</p>		
<b>PCCC 20/11/04</b>	<b>MINUTES OF THE LAST MEETING</b>		
	<p>The minutes of the meeting held on the 24 September 2020 were verified as a true and correct record of proceedings. The Lay Member for Governance made the following comments that were noted and agreed.</p> <ul style="list-style-type: none"> <li>Minute item 20/09/10 – include on the Matters Arising report an action for an update to the primary care staffing risk on the corporate risk register to be brought to the PCCC meeting in January 2021, reflecting a future update from James Barker in relation to the recruitment process for the PCN additional roles.</li> </ul>	<b>JF/RW /AM</b>	
<b>PCCC 20/11/05</b>	<b>MATTERS ARISING REPORT</b> <u>PCCC 20/09/06 - Primary Care Network Update</u> <p>The Chair reported that the PCN update had been presented at a recent Patient Council meeting. Members of the Patient Council had expressed their appreciation for the update.</p>		

	<p><u>PCCC 20/07/07 – GP Patient Survey 2020</u></p> <p>The Lay Member for Governance recommended the action be amended to reflect that the GP Patient Survey analysis had been reported at the November meeting; however a full analysis would be presented at a future meeting once the Primary Care Team had an opportunity to engage with practices in more detail post Covid.</p> <p><b>Action: Matters Arising Report to be amended to reflect the above.</b></p>	AM	Complete
<b>STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE</b>			
<b>PCCC 20/11/06</b>	There was nothing to report relating to the strategy, planning, needs assessment and co-ordination of Primary Care.		
<b>QUALITY AND FINANCE</b>			
<b>PCCC 20/11/07</b>	<b>FINANCE UPDATE</b>		
	<p>The Assistant Finance Manager presented an update to members in relation to Finance.</p> <p><u>2020/21 Budget Update</u> It was reported that although the 2020/21 national allocation for Barnsley CCG's Primary Care Co-Commissioning annual budget was £38,629,000, the final annual budget requirement was £41,691.363, creating a deficit of £3,062,363 which would be funded from CCG programme costs, and that this had been approved at the Governing Body meeting in November 2020.</p> <p><u>Primary Care Network – Direct Enhanced Services (DES)</u> Additional core PCN funding of £1.50 per registered patient totalling £395,478 had been allocated to the PCN DES which would also be funded from CCG programme allocations.</p> <p><u>General Practice Forward View Funding (GPFV)</u> It was reported that discussions were taking place relating to the 2020/21 GPFV allocations for SYB CCGs.</p> <p><u>Supporting General Practice</u> It was reported that NHS England had established a new General Practice Covid capacity expansion fund. Funding of £150m would be allocated through the ICS system to SYB CCGs to support the expanding GP capacity, pulse oximetry and post Covid assessment clinic etc. until the end of March 2021.</p>		

	<p>Discussions were currently ongoing with the SYB ICS on the GPFV and Supporting General Practice funding. Further information would be provided to the Committee once this was available.</p> <p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the update on the financial framework for 2020/21.</b></li> </ul>		
<b>CONTRACT MANAGEMENT</b>			
<b>PCCC 20/11/08</b>	<b>CONTRACTUAL ISSUES REPORT</b>		
	<p>The Head of Primary Care presented the Contractual Issues Report that provided members with an update on the current contractual issues in relation to primary care contracts.</p> <p><b>In Year Contract Variation</b>  <u>BHF Brierley Medical Centre</u>          It was reported that the APMS contract for BHF Brierley Medical Centre was due to expire on 30 November 2020 however; the contract included a clause to provide for an extension of the contract for further 12 months.</p> <p>In response to a question from the Head of Governance &amp; Assurance the Committee was informed that the CCG were pleased with the delivery of services being provided by the Practice and were happy to initiate an extension to the contract.</p> <p>It was noted that given the current climate due to the C-19 pandemic and the impact this would have on the procurement process and any interested parties at this time, members were asked to consider and approve the option to extend the APMS contract until 30 November 2021.</p> <p><u>Huddersfield Road Surgery</u>          Following the recruitment of a new GP Partner at Huddersfield Road Surgery the CCG had received an application to vary the PMS contract to add Dr Chilukuri as a new partner from 1 August 2020. Appropriate checks to the request had been reviewed by the CCG and NHSE.</p> <p>The Committee noted that as this was a PMS Practice the Contract Variation required an amendment to the PMS Contract which required Committee approval.</p>		

	<p><u>Royston Group Practice</u> Following the recruitment of a new GP Partner at Royston Group Practice the CCG had received an application to vary the GMS contract to add Dr Krugar as a new partner from 1 September 2020.</p> <p>The Committee noted that as this was a GMS Practice the Contract did not require amending and the item was for information only.</p> <p><u>Rent Reimbursement for GP Practices</u> The Committee noted that following a rent reimbursement review at Huddersfield Road Surgery, Cawthorne Road, the CCG had approved and actioned the rent reimbursement in line with the National Health Services (GMS Premises Costs Directions) 2013.</p> <p><u>GP Practice Service Delivery</u> In order to obtain assurance regarding services delivered and that robust action plans were in place, Practices had been requested to complete a short survey in June and October 2020 following the third phase of the national guidance.</p> <p>Although 27 out of the 32 Practices had responded to the survey, providing confirmation that practices were delivering many of the services required, some services were not currently being delivered by all practices due to the Covid pandemic.</p> <p>Members noted that due to Covid pressures and current restrictions, liaison with individual GP practices to discuss in more detail had been temporarily suspended.</p> <p>The Primary Care Team would continue to monitor and support all GP Practices in the delivery of services and performance.</p> <p><u>GP Service Analysis</u> The Committee was informed that the GP Patient Survey published in August 2019 was currently being analysed. Responses had been received from 3619 of the 11032 invited patients.</p> <p>An average of 77% of Barnsley CCG patients rated the overall experience of their GP practice as good, compared to 82% nationally.</p>		
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	<p>Following a brief discussion the Committee agreed that overall 77% was pleasing, however it was important for the CCG to understand how they could support practices to improve their rating.</p> <p>The Committee was informed that the CCG was developing an action plan to work with and support practices going forward and that the Primary Care Team continued to monitor and support all GP practices in the delivery of services and performance.</p> <p><u>E-Declaration Update (eDEC)</u> All 33 practices in Barnsley had completed their electronic Annual Practice Declaration (eDEC) in December 2019 which was part of the NHS England Policy and Guidance Manual for Primary Medical Services.</p> <p>The information submitted covered 8 categories including practice details, practice staff, premises and equipment, opening hours, practice services, practice procedures, governance, compliance with CQC and GP IT.</p> <p>The eDEC update provided additional information concerning each of the 8 categories giving further details and assurance in relation to the content of the 2019 eDEC.</p> <p>An analysis of responses had been carried out however follow up on queries for clarification and development of action plans had not taken place with individual practices due to the onset of Covid-19. The Primary Care Team was planning to complete a correlation between the 2019 eDEC and review responses for the eDEC due to be completed by practices in December 2020.</p> <p><u>2020/21 Practice Development Agreement</u> Due to the significant pressure Covid-19 had had on GP Practices the CCG had received a request from NHSE that practices should not be financially impacted due to their inability to deliver major PDA schemes.</p> <p>The CCG had therefore agreed to support practices through payment of the PDA for quarters 1 and 2 without an extensive ask to deliver specific schemes.</p> <p>It was reported that discussions were ongoing regarding the PDA for the rest of 2020 and development of the PDA for 2021.</p>		
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	<p><b><u>Caxton House Surgery Closure</u></b></p> <p>The Committee noted that Caxton House Surgery closed as planned on 31 August 2020. The Primary Care Team had ensured all patients were self-registered or allocated a new practice and the CCG was working through the financial due diligence process which would be completed by 30 November 2020.</p> <p>The Chair thanked the Head of Primary Care and the Primary Care Team for all the hard work, time and effort it had taken to manage the closure of Caxton House Surgery and for ensuring the safeguarding of patients and GPs.</p> <p>The Primary Care Manager, NHSEI also thanked the Primary Care Team for providing assurance that the closure had been done reflectively and that all due diligence had been completed.</p> <p>Following a brief discussion regarding the Contractual Issues report, the Lay Member for Governance requested that, given the number of areas still being worked on, it would be helpful to receive an update report before the end of March 2021.</p> <p><b>Action: The Contractual Issues update report to include an update on areas still being worked on before the end of March 2021.</b></p> <p><b>The Committee approved the:-</b></p> <ul style="list-style-type: none"> <li>• APMS contract variation for BHF Brierley Medical Centre</li> <li>• Addition of Dr Chilukuri as a new partner at Huddersfield Road Surgery from 1 August 2020</li> </ul> <p><b>The Committee noted the:</b></p> <ul style="list-style-type: none"> <li>• Addition of Dr Krugr as a new partner at Royston Group Practice on 1 September 2020.</li> <li>• Rent Reimbursement for Huddersfield Road Surgery, Cawthorne Road</li> <li>• Work completed in respect of GP Practice Service Delivery</li> <li>• GP Survey Analysis results</li> <li>• Process completed in respect of the General Practice e-Declaration for assurance</li> <li>• Update regarding the 2020-21 PDA</li> <li>• Closure of Caxton House Surgery</li> </ul>	JF	
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GOVERNANCE, RISK AND ASSURANCE			
<b>PCCC</b> <b>20/11/09</b>	<p>The Head of Governance &amp; Assurance presented the risk and Governance report that provided the Committee with assurance regarding the delivery of the CCG's annual strategic objectives and that current risks to the organisation were being effectively managed and monitored appropriately.</p> <p><u>Governing Body Assurance Framework (GBAF)</u></p> <p>The Committee was reminded that a planned update of the GBAF in March 2020 had been suspended due to the need to respond to the Covid-19 emergency.</p> <p>Following a stabilisation and recovery phase in August and September and the receipt of planning guidance for the remainder of 2020/21, work had progressed and the revised GBAF was signed off by the Governing Body in November 2020.</p> <p>The Committee noted that sections of the Assurance Framework relating to Primary Care and Digital IT would be regularly received by the PCCC.</p> <p><u>Risk Register</u></p> <p>There were currently five risks on the corporate risk register allocated to the PCCC. Of the five risks there was one red (extreme), one amber (high) one yellow (moderate) and two green (low).</p> <p>The Committee was informed that no changes or additions had been made to the risk register since the last meeting held in September 2020.</p> <p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Reviewed and agreed that the risks were being appropriately managed and scored.</b></li> </ul> <p><u>Terms of Reference</u></p> <p>Each of the CCGs Committees reviewed their terms of reference on an annual basis.</p> <p>The Committee noted that as changes had already been made to the PCCC Terms of Reference earlier in 2020, these continued to be fit for purpose.</p> <p>The Head of Primary Care commented however, that it could be necessary to review membership of some sub groups of the PCCC due to recent changes and that the terms of reference should also include the remit of some</p>		

	<p>members of the Primary Care Patient Representative Group and the Primary Care Forum which had replaced the Primary Care Delivery Work stream.</p> <p><b>Action: RW to work with JF to review the ToR in light of the above comments and bring back to the January meeting if there were any amendments.</b></p> <p><u>PCCC Work Plan 2021/22</u> The Committee noted the information provided in the Work Plan for 2021/22.</p>	RW/JF	
<b>OTHER</b>			
<b>PCCC 20/11/10</b>	<p><b>REFLECTION OF CONDUCT OF THE MEETING</b> The Committee agreed that the meeting had been conducted appropriately.</p>		
<b>PCCC 20/11/11</b>	<p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA</b></p>		
	There were no questions received from the members of the public.		
<b>PCCC 20/11/12</b>	<p><b>ITEMS FOR ESCALATING TO THE GOVERNING BODY</b> It was agreed to escalate the following items to the Governing Body for information:-</p> <ul style="list-style-type: none"> <li>The approval of the request to extend the BHF contract to deliver primary medical services at Brierley Medical Practice for a period of 12 months.</li> </ul>		
<b>PCCC 20/11/13</b>	<p><b>DATE &amp; TIME OF NEXT MEETING</b> Thursday, 28 January 2021 at 2:30 – 3:30pm via MS Teams.</p>		

## MATTERS ARISING REPORT TO THE PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

28 JANUARY 2021

### 1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **26 November 2020**

Minute ref	Issue	Action	Action/Outcome
20/11/08	<u>Contractual Issues Report</u> A Contractual Issues update report to include an update on areas still being worked on to be presented at a PCCC meeting before the end of March 2021.	JF	To be included in Contractual Issues update for March 2021 meeting.
20/11/09	<u>PCCC Terms of Reference</u> RW to work with JF to review the ToR and bring back to the January meeting if there were any amendments.	RW/JF	<b>COMPLETE</b> Picked up under agenda item 9

### 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
<b>PCCC</b> 20/09/10	<u>Governance Risk &amp; Assurance Report</u> An update to the primary care staffing risk on the corporate risk register to be brought to the PCCC meeting in January 2021, reflecting a future update from James Barker in relation to the recruitment process for the PCN additional roles	JF	

<p><b>PCCC</b> <b>20/07/07</b></p>	<p><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.</p>	<p><b>JF</b></p>	<p><u>26.11.20 Update</u> Analysis reported at November meeting. A full analysis to be presented at a future meeting once the Primary Care Team had an opportunity to engage with practices in more detail post Covid.</p>
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## PRIMARY CARE COMMISSIONING COMMITTEE

28 January 2021

### South Yorkshire & Bassetlaw Integrated Care System - Primary Care Capital Programme – Programme Business Case

#### PART 1A – SUMMARY REPORT

1.	<b>THIS PAPER IS FOR</b>		
	<input type="checkbox"/> <i>Decision</i>	<input type="checkbox"/> <i>Approval</i>	<input type="checkbox"/> <i>Assurance</i>
	<input type="checkbox"/> <i>Information</i>	<input checked="" type="checkbox"/> <i>X</i>	
2.	<b>PURPOSE</b>		
	The purpose of this report is to provide members with an update on the South Yorkshire and Bassetlaw Primary Care Capital Programme's Business Case.		
3.	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
			SYB ICS Estates Group
4.	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
5.	<b>EXECUTIVE SUMMARY</b>		
	<p>The Programme Business Case outlines SYBs requirements for the development of our regional Primary Care Capital Programme. It builds on the successful outcome of the initial SYB STP capital bid submitted in 2018 which outlined detailed plans to support SYB ICS to achieve its ambition of ensuring that all services are delivered in a more joined up way.</p> <p>The Capital bid resulted in £57.5m being awarded to SYB to support the transformation of estate in Primary Care. Although the level of funding did not support all system-wide sustainability schemes, a Programme Business Case (PBC) has been developed to realise SYB ICS' Primary Care estate ambitions.</p> <p>The Programme Business Case explains how the continued development of the Primary Care estate will act as a key enabler to SYB ICS's strategic vision - achieving the best possible outcomes for local communities across our five places.</p>		

<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"><li>• Note the contents of the report</li></ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"><li>• Appendix A – SYB ICS Primary Care Capital Programme - Programme Business Case Executive Summary</li></ul>

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	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
<b>2.</b>	<b>Links to statutory duties</b>			
	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
<b>2A.</b>	<b>PCCC ONLY</b>			
	<b>Links to delegated primary care commissioning functions</b>			
	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			
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			

3.1	<b>Clinical Leadership</b>	
	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	<b>Management of Conflicts of Interest (s14O)</b>	
	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	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	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	<b>Improving quality (s14R, s14S)</b>	
	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	<b>Reducing inequalities (s14T)</b>	
	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	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	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	<b>Data Protection and Data Security</b>	
	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	<b>Procurement considerations</b>	
	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	<b>Human Resources</b> <table border="1" data-bbox="279 210 1412 331"> <tr> <td data-bbox="279 210 1264 271">Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?</td><td data-bbox="1264 210 1412 271"><b>NA</b></td></tr> <tr> <td colspan="2" data-bbox="279 271 1412 331"><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?	<b>NA</b>	<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?	<b>NA</b>				
<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					
3.10	<b>Environmental Sustainability</b> <table border="1" data-bbox="279 409 1412 530"> <tr> <td data-bbox="279 409 1264 470">Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td><td data-bbox="1264 409 1412 470"><b>NA</b></td></tr> <tr> <td colspan="2" data-bbox="279 470 1412 530"><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?	<b>NA</b>	<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?	<b>NA</b>				
<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					



## South Yorkshire & Bassetlaw ICS

### Primary Care Capital Programme – Programme Business Case

#### Executive Summary

The Programme Business Case outlines SYB's requirements for the development of our regional Primary Care Capital Programme.

It builds on the successful outcome of the initial SYB STP capital bid submitted in 2018 which outlined detailed plans to support SYB ICS to achieve its ambition of ensuring that all services are delivered in a more joined up way.

Specifically, this focused on ensuring that these services are delivered from fit for purpose facilities in order to enhance the effectiveness, efficiency and sustainability of the care delivered.

The initial bid focused on a range of priority care settings - or enabling functions - which included Acute Care, Community and Primary Care, Mental Health and Digital.

In addition, a significant part of **the initial investment focused on the creation of additional capacity for delivering Primary and Community Care** services, including the training and development of staff.

The Capital bid resulted in £57.5m being awarded to SYB to support the transformation of estate in Primary Care.

Although the level of funding did not support all system-wide sustainability schemes, a Programme Business Case (PBC) has been developed to realise SYB ICS' Primary Care estate ambitions.

The Programme Business Case explains how the continued development of the Primary Care estate will act as a key enabler to SYB ICS's strategic vision - achieving the best possible outcomes for local communities across our five places.

The PBC targets capital funding with a specific focus on improving the Primary Care estate. There are a number of closely associated benefits with the estate improvement which will directly support integrated service models, sharing of assets and resources, surplus land disposal, the reduction of backlog maintenance and improving on the estate's running costs.

Transformation and remedial works to the Primary Care estate directly support the key priorities across the ICS strategy for the challenges that lie ahead.

Having completed a thorough assessment and audit of the SYB ICS estate portfolio, SYB ICS recognises that a vast amount of services are being delivered from a sub-optimal estate.

The organisations listed in this PBC have clinical areas that are not effectively configured to deliver the optimum service possible. Furthermore, these physical obstacles prevent

services from being able to meet expected and forecasted increases in demand. It has become evidently clear that the properties listed in this document require significant refurbishment to ensure they remain able to fulfil increasing capacity needs, remain fit for purpose and flexible enough venues to accommodate different types of healthcare appointments. Fundamental to addressing these issues is recognition that targeted investment is required.

Looking ahead, in order to increase capacity and enhance the capability of the estate as it currently exists, we present a number of recommendations that will also provide significant Primary care enabling support for more patient care to be delivered safely in out of hospital settings. Alongside noted improvements in physical access and the improved integration of a range of other community, health and social care services, the PBC is supporting the ICS's strategic vision to provide wrap-around support, care and services for people as individuals and improve lives.

As part of our detailed assessment within the PBC, we have outlined our delivery schedule based upon the Primary Care premises that need it most across the ICS footprint.

The Programme is focused on supporting our Primary Care estate to deliver the predicted and forecasted demand, but also by ensuring that the recommendations provide an enhanced patient experience; modern, accessible community-based assets that support Primary Care and the workforce within, at scale.

This sustainable approach to patient focused care will also enable an important and necessary shift in our healthcare delivery. This would enable us to facilitate, with the caveat of where it is safe and appropriate to do so, care in out of hospital settings.

As a result, this ensures that remaining hospital services, together and alongside our wider remit of health and care services, are delivered across all of our places in a more integrated and patient-centred way.

The SYB ICS Phase 3 delivery plan sets out how partners will address the impact of the Covid-19 pandemic on services. It recognises the priority associated with re-establishing services to pre-pandemic levels, whilst also building upon significant acceleration of transformational work in the areas of digital enablement and an increasingly flexible workforce.

The PBC comprises of 21 schemes to address the identified Primary Care estates issues, whilst also creating environments to meet the current health needs of the SYB population - including proposed new models of care. A summary of each scheme is provided below.

No.	Scheme Name	Detail
PC10	<b>SAPA (Southey &amp; Parson Cross Association)</b>	Creation of 1/2 new Transformational Hubs and reprovision of up to 9 existing GP surgeries, plus an expansion of an existing GP practice
PC12	<b>City Centre Hub</b>	Reprovision of 3 existing Practices plus a branch surgery from 3 current locations into one City Centre Transformational Hub location.
PC11a	<b>Foundry Hub + Lift re-utilisation</b>	Creation of 2/3 new Transformational Hubs and reprovision of up to 8 existing GP surgeries, plus reconfiguration of 2 existing LIFT buildings to maximise utilisation and capacity.
PC11b	<b>Foundry Hub</b>	
PC11c	<b>Foundry Hub</b>	
PC11d	<b>Foundry Hub</b>	
PC4a	<b>Void space</b>	Reconfiguration of void and under-utilised space in 5x LIFT and 2x NHSPS buildings to maximise delivery of primary healthcare services and deliver efficiency and capacity gains.
PC9	<b>Developing Capacity (Dovercourt Surgery)</b>	Development of an unoccupied area of the current premises to provide up to 6 additional Consulting Rooms and a Group Room.
PC9	<b>Developing Capacity (Manor and Park Surgery)</b>	Extension to form 2 new additional Consulting Rooms and provide additional GP workforce training capacity
PC9	<b>Developing Capacity (Porter Brook Surgery)</b>	Expansion within existing premises to create additional Consulting Rooms and facilities.
PC9	<b>Developing Capacity (Heeley Green Surgery)</b>	Extension of existing surgery to form 2 new Consulting Rooms, adding training capacity for GP workforce.
PC9	<b>Developing Capacity (Gleadless Medical Centre)</b>	Extension to form 2 new additional Consulting Rooms, adding training capacity for GP workforce.
PC9	<b>Developing Capacity (The Hollies Medical Centre)</b>	Redevelopment of c100m2 of unused 2 <sup>nd</sup> floor space to create a MDT base, training hub and reconfigured admin base, freeing up lower floor space for patient facilities.
PC9	<b>Developing Capacity (Upperthorpe Eccleshall Medical Centre)</b>	Extend existing building by 75m2 to provide additional consulting rooms and reconfigure existing layout to provide improved operational flows and capacity.
PC9	<b>Developing Capacity (Upperthorpe Medical Centre)</b>	Expand into current void to provide additional 82m2 of clinical areas and reconfiguration of existing layout to improve access, clinical capacity, support functions and operational flows.
<b>NHS Rotherham CCG</b>		
PC15	<b>Broom Lane Medical Centre</b>	Relocation of all services from Broom Valley practice into an extended Broom Lane practice, with closure of the Broom Valley site.
PC14	<b>Waverley Medical Centre</b>	Design and build of a new medical centre which will meet the S106 requirements for a medical centre due to housing development.
<b>NHS Bassetlaw CCG</b>		
PC7	<b>Newgate St</b>	Internal reconfiguration and extension to GP practice (redevelopment of the existing site and a new build) and integration with community-based services.
<b>NHS Doncaster CCG</b>		
PC8	<b>Bentley</b>	Improvement to/replacement of Bentley Health Centre to incorporate LA requirements.
PC22	<b>PCN Estates Transformation (4 Doncaster PCN)</b>	Upgrade and minor refurbishment of the existing GP premises.



PC22	<b>PCN Estates Transformation (Petersgate Practice)</b>	Extension of practice premises into roof void.
PC22	<b>PCN Estates Transformation (Scott Practice)</b>	Expansion of the current footprint over part of the existing car park.
TBC	<b>Rossington</b>	Design and build of a new medical centre which will meet the S106 requirements for a medical centre due to housing development created by the same developer at Waverley in Rotherham

## PRIMARY CARE COMMISSIONING COMMITTEE

28 January 2021

### FINANCE UPDATE

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>																
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>									
<b>2.</b>	<b>PURPOSE</b>																
	<p>This report provides an update of the financial position and details of funding allocations for delegated Primary Care Co Commissioning budgets as at 30<sup>th</sup> November 2020 (Month 8).</p>																
<b>3.</b>	<b>REPORT OF</b>																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 35%;"></th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Roxanna Naylor</td> <td>Chief Finance Officer</td> </tr> <tr> <td>Author</td> <td>Ruth Simms</td> <td>Assistant Finance Manager</td> </tr> </tbody> </table>									Name	Designation	Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer	Author	Ruth Simms	Assistant Finance Manager
	Name	Designation															
Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer															
Author	Ruth Simms	Assistant Finance Manager															
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>																
	<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;"> <thead> <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> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>								Group / Committee	Date	Outcome						
Group / Committee	Date	Outcome															
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>																
<b>5.1</b>	<b><u>Forecast Position 2020/21</u></b>																
	<p>The forecast position as at Month 8 is (£62k) underspend, Appendix A sets out the movements from budget.</p> <p>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.</p>																

<p><b>5.2</b></p>	<p><b><u>General Practice Forward View (GPFV) Funding</u></b></p> <p>We have now received funding from South Yorkshire and Bassetlaw (SYB) ICS to support the delivery of the General Practice Forward View (GPFV) and development of Primary Care Networks (PCNs), total available resource across the footprint is £2,050k will be deployed to SYB CCGs and the ICS will retain £100k for Organisational Development Programmes.</p> <p>Barnsley CCG have received £361k. This funding will support the following schemes:</p> <ul style="list-style-type: none"> <li>• GP Retention £51k,</li> <li>• Practice Resilience £35k,</li> <li>• Reception &amp; Clerical Training £44k,</li> <li>• Online Consultation £65k,</li> <li>• Primary Care Networks £166k.</li> </ul>
<p><b>5.3</b></p>	<p><b><u>Supporting General Practice – Additional £150m million of funding from NHS England</u></b></p> <p>NHS England has established a new General Practice COVID capacity expansion fund. £150m of revenue has been allocated through ICS system allocations to CCGs to support the expanding General Practice capacity, pulse oximetry and post COVID assessment clinic etc, until the end of March 2021. NHS Barnsley CCG have received £716k of which £591k, £2 per head of weighted population, will be paid directly to general practice with the remaining £125k being retained to cover other costs associated with meeting the requirements in relation to COVID Oximetry and Long COVID.</p> <p>The CCG has received additional allocations of £10k for Clinical Lead Oximetry at Home and £2k for Enhanced Health in Care Homes Multi-Disciplinary Team training and development, for which plans are currently been developed.</p> <p>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.</p>
<p><b>6.</b></p>	<p><b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b></p>
	<ul style="list-style-type: none"> <li>• Note the contents of the report</li> </ul>
<p><b>7.</b></p>	<p><b>APPENDICES / LINKS TO FURTHER INFORMATION</b></p>
	<ul style="list-style-type: none"> <li>• Appendix A – Finance Monitoring Statement for 2020/21</li> </ul>

<b>Agenda time allocation for report:</b>	10 minutes.
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	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
<b>2.</b>	<b>Links to statutory duties</b>			
	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 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	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 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>2A.</b>	<b>Links to delegated primary care commissioning functions</b>			
	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	✓		
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			N/A



3.2	<b>Management of Conflicts of Interest (s14O)</b>	
	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?	N/A
3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	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)?	Y
3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	N/A
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	N/A
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	N/A
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	N/A
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	N/A
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	N/A
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	N/A
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	N/A
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	N/A
	Has a Single Tender Waiver form been completed if appropriate?	N/A
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	N/A
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	N/A
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	N/A

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**NHS BARNSELEY CLINICAL COMMISSIONING GROUP**  
**Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 6**  
**FOR THE PERIOD ENDING 30th September 2019**

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			FORECAST OUTTURN (£)			Forecast Outturn Variance Explanation
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	
ENHANCED SERVICES	458,541	-	458,541	527,061	68,520	14.94%	Overspend relates to £11k for 18/19 actuals on Minor Surgery and Learning Disability higher than expected. Minor Surgery 19/20 £42k overspend due to increase in GPs trained to provide this service. Specialist Allocation Scheme £15k overspend, the number of patients eligible for the scheme have increased. Other minor movements of £1k.
GENERAL PRACTICE - APMS	1,222,245	-	1,222,245	1,238,864	16,619	1.36%	Primary Care Co Commissioning outturn for GMS, APMS and PMS contracts are based on up to date list sizes (July 2019). List sizes are adjusted quarterly and payments are updated in line with this, there is a percentage increase in list sizes included in the position resulting in a £21k overspend on GMS and £17k overspend in APMS. The impact of the GMS/PMS review can also be seen within the FOT resulting in a £34k overspend on PMS contracts.
GENERAL PRACTICE - GMS	11,754,245	-	11,754,245	11,774,980	20,735	0.18%	
GENERAL PRACTICE - PMS	12,351,060		12,351,060	12,384,999	33,939	0.27%	
OTHER GP SERVICES	1,503,536	-	1,503,536	1,440,993	(62,543)	-4.16%	Underspend includes a number of areas - <b>Prescribing &amp; Dispensing</b> - underutilisation of 18/19 accruals of (£15k). FOT £57k over for 19/20 YTD actuals higher than expected. <b>Telephone and Transport</b> - underutilisation of 18/19 accruals of (£4k). FOT for 19/20 includes £10k for DPO as per National GP Guidance. <b>Locum &amp; Sickness</b> - underutilisation of 18/19 accruals of (£98k) actuals lower than expected. <b>Seniority</b> - FOT (£41k) quarter 1 actuals lower than expected. Forecast includes £15k for GP Retention scheme as approved at Primary Care Co Commissioning Committee. Additional costs for sterile products for £7k included in the Forecast. Other minor movements of £6k.
OTHER PREMISES	133,642	-	133,642	(91,121)	(224,763)	-168.18%	Underspend due to underutilisation of 18/19 accruals of (£124k) due to actuals been lower than expected. FOT (£101k) actuals lower than expected.
PREMISES COST REIMBURSEMENT	5,385,120	(22,291)	5,362,829	5,465,933	103,104	1.92%	Overspend relates to £59k from 18/19 relating two backdated rent reviews. Overspend of £44k for 19/20 due to review of current rent reimbursements taking place compared to previous and a percentage increase included in the forecast.
QOF	3,785,941	-	3,785,941	3,628,924	(157,017)	-4.15%	Underspend due to 18/19 QOF Achievement lower than expected (£187k). 19/20 QOF Achievement FOT £9k over and QOF Aspiration FOT £21k overspend YTD higher than expected.
Primary Care Network DES	1,195,584		1,195,584	1,194,764	(820)	-0.07%	Underspend due to underutilisation of 18/19 Extended Hours accruals of (£4k) actuals lower than expected. Quarter 1 Extended Hours £3k overspent actuals higher than expected.
<b>TOTAL PRIMARY MEDICAL SERVICES</b>	<b>37,789,914</b>	<b>(22,291)</b>	<b>37,767,623</b>	<b>37,565,397</b>	<b>(202,226)</b>	<b>-157.88%</b>	

## PRIMARY CARE COMMISSIONING COMMITTEE

28 January 2021

### CQC REPORT

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	Decision <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>								
<b>2.</b>	<b>PURPOSE</b>											
	<p>The purpose of the report is to provide members with an update on the current CQC position in relation our GP Practices and for Barnsley Healthcare Federation i-Heart contracts.</p>											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th></th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Designation</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Executive Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td style="text-align: left;">Authors</td> <td>Terry Hague Julie Frampton</td> <td>Primary Care Transformation Manager Head of Primary Care</td> </tr> </tbody> </table>				Name	Designation	Executive Lead	Chris Edwards	Chief Officer	Authors	Terry Hague Julie Frampton	Primary Care Transformation Manager Head of Primary Care
	Name	Designation										
Executive Lead	Chris Edwards	Chief Officer										
Authors	Terry Hague Julie Frampton	Primary Care Transformation Manager Head of Primary Care										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	<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;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="text-align: left;">Group / Committee</th> <th style="text-align: left;">Date</th> <th style="text-align: left;">Outcome</th> </tr> </thead> <tbody> <tr> <td>Quality and Patient Safety Committee</td> <td>02/07/2020</td> <td>Noted</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Quality and Patient Safety Committee	02/07/2020	Noted			
Group / Committee	Date	Outcome										
Quality and Patient Safety Committee	02/07/2020	Noted										
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p><b><u>CQC Inspections and Emergency Support Framework</u></b></p> <p>The Care Quality Commission (CQC) has adopted a Transitional Regulatory Approach. A ‘living’ dashboard is maintained which will give an up to date snapshot of practices current achievement on a wide range of indicators.</p> <p>From this information, practices may be flagged as a possible risk and will be timetabled for a short telephone call to explore a reduced set of Key Lines of Enquiry (KLOE). This is not a form of inspection, but a supportive call to understand the challenges the practice is facing and whether there are any risks to quality or safety. Evidence is not required, and the service is not rated. An inspection or further evidence would only be requested if there was then a concern from the discussion.</p>											

	<p>Calls have been held with The Rose Tree Practice; Dodworth Medical Practice and The Grove Medical Practice. The outcome was that there was no need for any regulatory action.</p> <p>Other practices timetabled for a call include the BHF practices (Brierley Medical Centre, Goldthorpe Medical Centre, Highgate Surgery and Lundwood Practice), Hill Brow Surgery and Hollygreen Practice. An update will be provided to the next committee.</p> <p>Further information regarding the Transitional Regulatory Approach is available via the link below: <a href="https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/transitional-monitoring-approach-what-expect">https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/transitional-monitoring-approach-what-expect</a></p>
<b>6.</b>	<b>THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note the CQC's implementation of the Transitional Regulatory Approach and the assessments completed.</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	N/A

<b>Agenda time allocation for report:</b>	10 mins
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	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:		Provide ref(s) or state N/A	
<b>2.</b>	<b>Links to statutory duties</b>			
	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
<b>2A.</b>	<b>Links to delegated primary care commissioning functions</b>			
	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			
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			

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

3.10	<b>Environmental Sustainability</b> <table> <tr> <td>Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td><td><b>NA</b></td></tr> <tr> <td colspan="2"><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?	<b>NA</b>	<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?	<b>NA</b>				
<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					



## PRIMARY CARE COMMISSIONING COMMITTEE

28 January 2021

### CONTRACTUAL ISSUES REPORT

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;">Approval</td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 25%;">Assurance</td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 20%;">Information</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	Decision	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>	
Decision	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
	The purpose of the report is to provide members with an update on the current contractual issues in relation to our primary care contracts.									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Name</th> <th style="width: 35%;">Designation</th> </tr> <tr> <td>Executive Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td>Authors</td> <td>Terry Hague Julie Frampton</td> <td>Primary Care Transformation Manager Head of Primary Care</td> </tr> </table>		Name	Designation	Executive Lead	Chris Edwards	Chief Officer	Authors	Terry Hague Julie Frampton	Primary Care Transformation Manager Head of Primary Care
	Name	Designation								
Executive Lead	Chris Edwards	Chief Officer								
Authors	Terry Hague Julie Frampton	Primary Care Transformation Manager Head of Primary Care								
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
	<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;"> <tr> <th style="width: 45%;">Group / Committee</th> <th style="width: 15%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> <tr> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Group / Committee	Date	Outcome	N/A					
Group / Committee	Date	Outcome								
N/A										
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>									
	<p><b>1. <u>In Year Contract Variation</u></b></p> <p>Barnsley CCG has received an application to vary the contract of Huddersfield Road Surgery in relation to the addition of Drs Leary and Wawrosz as new partners from 1 November 2020.</p> <p>The practice is a GMS practice with 13,611 patients and currently has 6 contract holders. Appropriate due diligence checks have been undertaken both by NHS England colleagues and the CCG</p> <p>This addition does not require an amendment to the contract due to it being a GMS contract, so this item is noted for information only.</p>									

	<p><b>2. <u>Rent Reimbursement for GP Practices</u></b></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"> <li>i) The Dove Valley Practice, 1A Gold Street, Barnsley (C85007)</li> <li>ii) Hoyland Medical Practice, 1 Jeffcock Road, High Green (C85022)</li> <li>iii) Huddersfield Road Practice, 44 Cawthorne Road, High Green (C85020)</li> </ul> <p>The CCG continues to fund this increased expenditure through CCG programme budgets.</p>
	<p><b>3. <u>GP Practice Premises Sale and Return</u></b></p> <p><b>Huddersfield Road Surgery</b></p> <p>Barnsley CCG has received an application for Sale and Leaseback of Huddersfield Road Surgery, 6 Huddersfield Road, Barnsley.</p> <p>The practice have provided a copy of the drafted lease agreement and their application confirmed the following points pertinent in consideration of approval of the application:</p> <ul style="list-style-type: none"> <li>• The amount of the lease is the same as the current notional rent at £83,500 per annum. The rent payable will be no more than the amount which is reimbursed to the practice.</li> <li>• The lease period is 15 years and contains a break clause allowing the tenant to terminate the lease in the event it ceases to be entitled to NHS funding, securing the property for at least 15 years to support the continuation of the premises for General Medical purposes to provide assurance of continuity of service and contractual requirements.</li> <li>• The premises meet minimum standards (for example as outlined in schedule 1 of the attached Premises cost directions).</li> </ul> <p>The process for a contractor applying for a sale and leaseback of their GP premises requires PCCC approval. It is recommended that the committee approve the application given the assurance provided and the inclusion of the break clause in the lease if this were to be necessary to comply with future estates strategies.</p>
	<p><b>4. <u>GP Retainer Scheme Application</u></b></p> <p>Barnsley CCG has received a National GP Retention Scheme application in respect of Dr Mann to be supported by The Grove Medical Practice (C85019) working 2 sessions per week.</p> <p>In terms of approval of Retained General Practitioner (RGP) applications and payment, NHS England Director of Commissioning (DCO), or nominated deputy either within NHS England or delegated CCG, makes the final decision whether the doctor can join the scheme. This is based on the eligibility criteria to join the scheme and is in line with the regulations and that there are no concerns with the doctor or the practice. The initial process in respect of unsuccessful</p>

	<p>applications would be for the NHS England Medical Director to review the application and facilitate an appropriate outcome before potential final rejection.</p> <p>Dr Mann meets the required criteria of the scheme as he left general practice for personal reasons. Due diligence checks have been completed with regard to their good standing (the scheme is not intended for remediation support).</p> <p>The committee considered and approved an application in September 2019 to support one GP through the National GP Retention Scheme. The CCG are not currently providing any support through this scheme as the applicant at that time did not take up the post.</p> <p>The practice employing a RGP will be able to claim an allowance relating to the number of sessions for which their retained doctor is engaged. The practice will qualify for a payment of £76.92 per clinical session (up to a maximum of four) that the doctor is employed for. This support is to be used by the practice as an incentive to provide flexibility for the RGP and should be used towards the RGP's salary, to cover HR admin costs and to provide funding to cover any educational support required from the practice, including course fees where relevant.</p> <p>The approved application in 2019 was for a GP working 3 session per week which would have attracted funding of £11,999.52 per annum for a maximum of 5 years, in addition to a professional expenses supplement of £3000 per annum for a maximum of 5 years. Dr Mann's application to work 2 sessions per week would attract funding of £7,999.68 in addition to professional expenses' supplement of £2000 per annum for a maximum of 5 years.</p> <p>This item is included for information regarding the new application received to be supported through the scheme following PCCC approval to support one GP on this scheme previously.</p>
<b>6.</b>	<b>THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:</b>
	<ol style="list-style-type: none"> <li>Note the addition of Drs Leary and Wawrosz as new partners at Huddersfield Road Surgery from 1 November 2020</li> <li>Note the Rent Reimbursement for: <ol style="list-style-type: none"> <li>The Dove Valley Practice, 1A Gold Street, Barnsley (C85007)</li> <li>Hoyland Medical Practice, 1 Jeffcock Road, High Green (C85022)</li> <li>Huddersfield Road Practice, 44 Cawthorne Road, High Green (C85020)</li> </ol> </li> <li>Consider for approval the Sale and Lease back application for Huddersfield Road Surgery.</li> <li>Note the application from Dr Mann for support through the National GP Retention Scheme</li> </ol>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	N/A

<b>Agenda time allocation for report:</b>	15 mins
---	---------

## PART 1B – SUPPORTING INFORMATION &amp; ASSURANCE

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	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:		Provide ref(s) or state N/A	
<b>2.</b>	<b>Links to statutory duties</b>			
	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
<b>2A.</b>	<b>Links to delegated primary care commissioning functions</b>			
	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	✓		
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>NA</b>

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

	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	

## PRIMARY CARE COMMISSIONING COMMITTEE

28 January 2021

### RISK AND GOVERNANCE REPORT

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	Decision <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/>
<b>2.</b>	<b>PURPOSE</b>		
	<ul style="list-style-type: none"> <li>To assure the Primary Care Commissioning Committee members re the delivery of the CCG's annual strategic objectives.</li> <li>To assure the Primary Care Commissioning Committee of current risks to the organisation are being effectively managed and monitored appropriately.</li> <li>To recommend a small number of changes to the Committee Terms of Reference.</li> </ul>		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance
	Author	Paige Dawson	Governance, Risk & Assurance Facilitator
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	N/A		
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	<b>Introduction</b>  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 providers and workforce
  - Workforce and capacity shortage, recruitment and retention
  - Under development of opportunities of primary care at scale, including new models of care
  - Primary Care Networks do not embed and support delivery of Primary Care at place
  - 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 1 of this report which provides the Committee with the extract risk register of risks associated with the Primary Care Commissioning Committee.

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.

Members are asked to review the risk detailed on Appendix 1 to ensure that the risk is being appropriately managed and scored.

## **Committee Terms of Reference**

In accordance with CCG routine practice Committee reviewed its Terms of reference at its meeting in November 2020.



	Committee was of the view that the Terms of Reference remained fit for purpose, except that it was noted that the section at paragraph 18, 'Sub Groups of the Committee' would need to be reviewed and updated in relation to the establishment of the Primary Care Forum in succession to the Primary Care Work Stream. A revised draft Terms of Reference incorporating the necessary changes (highlighted in track changes) is appended to this report for Committee's consideration and approval.	
<b>6.</b>	<b>THE COMMITTEE IS ASKED TO:</b>	
	<ul style="list-style-type: none"> <li>• Review and agree that the risks are being appropriately managed and scored</li> <li>• Approve the proposed amendments to the Committee Terms of Reference.</li> </ul>	
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>	
	<ul style="list-style-type: none"> <li>• Appendix 1 - GBAF</li> <li>• Appendix 2 – Risk Register</li> <li>• Appendix 3 – Draft Terms of Reference</li> </ul>	
<b>Agenda time allocation for report:</b>		5 minutes

**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>	
	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	
<b>2.</b>	<b>Links to statutory duties</b>	
	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)	
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>	
<b>3.1</b>	<b>Clinical Leadership</b>	
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	NA
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>	
	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
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	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
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>	
	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	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

The CCG and BHF work with member practices to address any gaps/ variance and to develop a workforce plan going forward supported by the Additional Role Recruitment via the Network Contract DES. The rolling recruitment and inclusion of new roles each year supports the PCN service delivery.

Practices encouraged to look at skill mix with innovative recruitment.

The Primary Care Network and underpinning 6 Neighbourhood Networks are established and working on all elements of the Network Contract DES and Long Term Plan. The CCG Primary Care team work closely with the PCN to ensure delivery is on track

NHS England 360 Assurance audit in progress to provide NHS England with assurance of robust Primary Care processes. New topics are identified each year and the Head of Primary Care works

## RISK REGISTER – January 2021

### 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)	9	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	18	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	6	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	12/20	<b>Dec 2020</b> No further updates.  <b>Oct/Nov 2020</b> 2020-21 PCN workforce plan submitted to NHSE for the Additional Role recruitment by the PCN. The remaining 3 years plan is to be submitted for review by the CCG prior to NHSE by end November 2020.	01/20

			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 &amp; 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>								

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	11/20	<p><b>Oct/Nov 2020</b> The PC action from the 360 audit has been completed. The CCG continues to manage its delegated responsibilities.</p> <p><b>July 2020</b> 360 Audit of Primary Care Contracts and Procurement was completed, and 2 minor changes were recommended.</p> <p><b>March 2020</b> Risk score to be reviewed in 26 March 2020 PCCC meeting in respect of 15/04 reasoning to</p>	02/21





# **Primary Care Commissioning Committee Terms of Reference**

**January 2021~~March 2020~~**

## Terms of Reference – NHS Barnsley CCG Primary Care Commissioning Committee

### Introduction

1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Barnsley CCG. The delegation is set out in Schedule1.
2. The CCG has established the NHS Barnsley CCG Primary Care Commissioning Committee (“Committee”). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
3. It is a committee comprising representatives of the following organisations:
  - NHS Barnsley CCG;
  - Healthwatch Barnsley (non-voting attendee);
  - Barnsley Metropolitan Borough Council (non-voting attendee)
  - NHS England (NHSE) (non-voting attendee)

### Statutory Framework

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
  - a) Management of conflicts of interest (section 14O);
  - b) Duty to promote the NHS Constitution (section 14P);

- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
  - d) Duty as to improvement in quality of services (section 14R);
  - e) Duty in relation to quality of primary medical services (section 14S);
  - f) Duties as to reducing inequalities (section 14T);
  - g) Duty to promote the involvement of each patient (section 14U);
  - h) Duty as to patient choice (section 14V);
  - i) Duty as to promoting integration (section 14Z1);
  - j) Public involvement and consultation (section 14Z2).
7. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
- Duty to have regard to impact on services in certain areas (section 13O);
  - Duty as respects variation in provision of health services (section 13P).
8. The Committee is established as a committee of the Governing Body of NHS Barnsley CCG in accordance with Schedule 1A of the “NHS Act”.
9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

### **Role of the Committee**

10. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Barnsley, under delegated authority from NHS England.
11. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Barnsley CCG, which will sit alongside the delegation and terms of reference.
12. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

13. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
14. The specific obligations of the CCG with respect to the delegated functions are set out in section 6 and schedule 2 of the Delegation Agreement and include:
  - a) Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contract including:
    - the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices, and removing a contract);
    - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
    - Local incentive schemes as an alternative to the national Quality Outcomes Framework (QOF) (including the design of such schemes);
    - ‘Discretionary’ payments (e.g., returner/retainer schemes);
    - Commissioning urgent care for out of area registered patients.
  - b) Planning the primary medical services provider landscape in Barnsley, including considering and taking decisions in relation to:
    - The establishment of new GP practices (including branch surgeries) in the area, and the closure of GP Practices;
    - Approving practice mergers;
    - Managing GP practices providing inadequate standards of patient care;
    - The procurement of new Primary Medical Services Contracts;
    - Dispersing the lists of GP practices;
    - Agreeing variations to the boundaries of GP practices; and
    - Co-ordinating and carrying out the process of list cleansing in relation to GP practices.
  - c) Decisions in relation to the management of poorly performing GP Practices including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).
  - d) Decisions in relation to the Premises Costs Directions Functions.
15. The CCG will also carry out the following activities:
  - a) Planning the Commissioning of Primary Medical Services, including:
    - carrying out needs assessments for primary medical care services in Barnsley;

- recommending and implementing changes to meet any unmet primary medical services needs; and
  - undertaking regular reviews of primary medical care needs and services in Barnsley.
- b) Co-ordinate a common approach to the commissioning of primary care services generally;
- c) Manage the delegated allocation for commissioning of primary medical care services in Barnsley
- d) Obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley (this function to be exercised through the Quality and Patient Safety Committee).
16. The Primary Care Commissioning Committee will review a relevant extract of the CCG's Assurance Framework and Risk Register at each meeting of the Committee in accordance with the CCG's risk management framework.
17. Where the Governing Body is unable to take a decision due to conflicts of interest the matter can be delegated to the Primary Care Commissioning Committee for approval or consideration.

### Sub-groups of the Committee

- ~~17.~~18. The Primary Care Forum Development Workstream (PCDWS) has been established to discuss the development of primary care at place in the context of the ICS primary care strategy, and to build a resilient primary care model in Barnsley. reviews and The forum will makes recommendations to the Primary Care Commissioning Committee where decisions are required to implement the model, and on operational contractual issues impacting on primary care delivery; however decision making remains the responsibility of the Primary Care Commissioning Committee. Where necessary the Committee would seek clarifications and make suggestions to ~~PCDWS~~ the Primary Care Forum about specific pieces of work which could then be refined and re submitted as appropriate. The Primary Care Forum has ~~As a working group with flexible membership and responsibilities there are currently no~~ formal Terms of Reference which are presented to Primary Care Commissioning Committee for approval ~~for PCDWS.~~

~~18.~~19. From time to time the Primary Care Commissioning Committee will create ad hoc panels to deliberate and make recommendations on matters within the Committee's remit (eg scrutiny panels to review achievement of PDA requirements). Terms of Reference for any such panels will be approved by the Committee.

### **Geographical Coverage**

~~19.~~20. The Committee will comprise the NHS Barnsley CCG.

### **Membership**

~~20.~~21. The Committee shall consist of:

#### **Lay / Executive Members:**

- Lay Member for Patient and Public Engagement and Primary Care Commissioning (Chair)
- Lay Member for Governance (Vice Chair)
- Governing Body Secondary Care Clinician
- Chief Officer
- Head of Governance and Assurance

#### **Elected Practice Representatives (Non-Voting Clinical Advisors):**

- Chair of the Governing Body
- Medical Director
- One other elected member of the Governing Body

(The list of members is included as Schedule 3).

~~21.~~22. In addition to the people stated above the Head of Primary Care, a representative of Healthwatch Barnsley, a Local Authority representative of the Health and Wellbeing Board, a NHSE Representative and other attendees (as necessary) will be invited to attend meetings and participate in the decision making discussions of the Primary Care Commissioning Committee in a non-voting capacity.

~~22.~~23. The Chair of the Committee shall be the Lay Member for Patient and Public Engagement and Primary Care Commissioning. The holder of this post is appointed for a period of 3 years under a process overseen by the Remuneration Committee in accordance with best guidance.

~~23-24.~~ The Vice Chair of the Committee shall be the Lay Member for Governance.

To preserve the integrity of his role as Conflicts of Interest Guardian, when chairing the PCCC in the absence of the Chair, the Lay Member for Governance will relinquish the chair to the Secondary Care Clinician for any items which come up for discussion or decision and in relation to which material interests have been declared in order that he can form an objective view as to the appropriateness of the management of those declared conflicts.

~~24-25.~~ The holder of this post is appointed for a period of 3 years under a process overseen by the Remuneration Committee in accordance with best guidance.

~~25-26.~~ There will be a standing invitation to a HealthWatch Barnsley representative and a Local Authority representative of the Health and Wellbeing Board to attend the Committee as non-voting attendees.

### **Meetings and Voting**

~~26-27.~~ The Committee will operate in accordance with the CCG's Standing Orders.

The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

~~27-28.~~ Each voting member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of voting members present, but with the Chair or Vice Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

### **Quorum**

~~28-29.~~ No meeting of the Committee shall be held without a minimum of three members present (excluding non-voting Clinical Advisors and attendees), including either the Chair or Vice Chair. The Committee may call on additional lay members or CCG members when required, for example where the Committee would not be quorate because of conflicts of interest.

~~29-30.~~ An Officer in attendance but without formal acting up status may not count towards the quorum.

## **Urgent decisions**

~~30.~~31. Where urgent decisions are required to be made outside Committee meetings, including where decisions must be taken in accordance with externally-driven timescales, these can be made by a minimum of two voting members of the Committee, including at least one of the Primary Care Commissioning Committee Chair and the Chief Officer. Decisions taken under these provisions will be reported back to the next meeting of the Committee for ratification.

## **Administration**

~~31.~~32. Secretarial support for the Committee will be provided by the CCG's administration function, overseen by the Head of Governance and Assurance.

## **Frequency and conduct of meetings**

~~32.~~33. The Committee will meet at least quarterly with more frequent meetings if required, either by circumstances, the Governing Body or the Committee.

~~33.~~34. Meetings of the Committee shall:

- a) be held in public, subject to the application of 34(b);
- b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

~~34.~~35. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

~~35.~~36. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.



~~36.~~37. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

~~37.~~38. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Confidentiality Code of Conduct.

~~38.~~39. The Committee will present its minutes to NHS England (North) area team of NHS England after each meeting for information, by sharing them with NHSE's nominated representative on the committee. An assurance report will be presented to the Governing Body of the CCG after each meeting along with adopted minutes of the business transacted in public. The committee will also provide an Annual Assurance Report to the Governing Body at the end of each financial year.

~~39.~~40. The CCG will also comply with any reporting requirements set out in its constitution.

~~40.~~41. These Terms of Reference will be reviewed annually, reflecting the experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

### **Accountability of the Committee**

~~41.~~42. The Committee will make collective decisions on the review, planning and procurement of primary care services in Barnsley, including functions under delegated authority from NHS England. The Committee will manage the delegated allocation for commissioning of primary care services in Barnsley.

~~42.~~43. The Committee will operate in such a way as to ensure appropriate consultation and engagement takes place with members of the public. For example:

- The Committee will be Chaired by the Lay Member for Patient and Public Engagement
- It will be attended by a representative of Healthwatch Barnsley
- Meetings will be held in public (subject to the application of paragraph 34(b) above)

- The minutes of every meeting will be made publicly available on the website of NHS Barnsley CCG except where those minutes record Committee business conducted in private.

### **Procurement of Agreed Services**

~~43.44.~~ The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement set out in the delegation agreement. In doing so the CCG will comply with public procurement regulations and with statutory guidance on conflicts of interest.

### **Decisions**

~~44.45.~~ The Committee will make decisions within the bounds of its remit.

~~45.46.~~ The decisions of the Committee shall be binding on NHS England and NHS Barnsley CCG.

~~46.47.~~ As soon as practicable after the end of each Financial Year the CCG must provide to NHS England a report on how the CCG has exercised the Delegated Functions during the previous Financial Year.

## **Schedule 1 – Delegation**

The CCG and NHS England signed the Delegation Agreement on 26 March 2015. The Agreement became effective on 1 April 2015. The Agreement sets out the arrangements that apply in relation to the exercise of the Delegated Functions by the CCG.

## **Schedule 2 – Delegated functions**

NHS England has delegated to NHS Barnsley CCG the following functions relating to the commissioning of primary medical services under section 83 of the NHS Act:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payments (e.g., returner/retainer schemes).

Delegated commissioning arrangements will exclude individual GP performance management (medical performers’ list for GPs, appraisal and revalidation). NHS England will also be responsible for the administration of payments and list management.

## **Schedule 3 - List of Members Lay / executive members:**

- Lay Member for Patient and Public Engagement and Primary Care Commissioning (Chair)
- Lay Member for Governance (Vice Chair)
- Governing Body Secondary Care Clinician
- Chief Officer
- Head of Governance and Assurance

**Elected Governing Body members (Non-voting Clinical Advisors):**

- Chair of the Governing Body
- Medical Director
- One other elected member of the Governing Body

In addition to the people stated above, the Head of Primary Care, a representative of Healthwatch Barnsley, a Local Authority representative of the Health and Wellbeing Board, a NHSE Representative and other attendees (as necessary) will be invited to attend meetings and participate in the decision making discussions of the Primary Care Commissioning Committee in a non-voting capacity.

## PRIMARY CARE COMMISSIONING COMMITTEE

28 January 2021

### Workforce Risk Review

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	Decision	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>				
<b>2.</b>	<b>PURPOSE</b>											
	The purpose of the report is to provide an update on the risk held on the Risk Register regarding the primary care clinical workforce.											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 30%;"></th> <th style="width: 30%;">Name</th> <th style="width: 40%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td>Authors</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </tbody> </table>				Name	Designation	Executive Lead	Chris Edwards	Chief Officer	Authors	Julie Frampton	Head of Primary Care
	Name	Designation										
Executive Lead	Chris Edwards	Chief Officer										
Authors	Julie Frampton	Head of Primary Care										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	<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;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 45%;">Group / Committee</th> <th style="width: 20%;">Date</th> <th style="width: 35%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	N/A					
Group / Committee	Date	Outcome										
N/A												
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p>The CCG Risk Register holds the following risk:</p> <p style="padding-left: 20px;">“If the Barnsley area is not able to attract &amp; retain a suitable &amp; 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.</p> <p>The committee will recall that James Barker from Barnsley Healthcare Federation(BHF) provided an update on recruitment via the Additional Roles Recruitment Scheme (ARRS) that is part of the Network Contract DES. BHF support the “administration” of the DES on behalf of the Barnsley Practices within the Primary Care Network (PCN).</p> <p>The recruitment plan for 2020-21 was to recruit the following staff:</p> <ul style="list-style-type: none"> <li>Clinical Pharmacists – 7</li> </ul>											

	<ul style="list-style-type: none"> <li>• Pharmacy Technicians – 2</li> <li>• Social Prescribing Link Workers – 7 (including one lead)</li> <li>• First Contact Physiotherapists – 2</li> <li>• Care Co-Ordinators – 24</li> <li>• Health and Wellbeing Coaches – 12</li> <li>• Physician Associates – 15</li> <li>• Nursing Associates – 6</li> <li>• Trainee Nursing Associate – 2</li> </ul> <p>This recruitment would increase the staff to support Primary Care by 77 whole time equivalents (WTE).</p> <p>The C-19 pandemic has created some slippage to the plan and BHF are aiming to address this, where possible, by the end of March 2021.</p> <p>BHF have submitted plans for further recruitment for 2021-22 and a projection of recruitment for a further two years until March 2024 when the current DES contract ends. This potentially adds another 86 WTE to the Primary Care workforce. This includes new roles such as Paramedics, Mental Health Practitioners that come available for 2021-22. The roles recruited too via the ARRS will help support the delivery of services to all people in Barnsley, support the practices to achieve the PDA and Network Contract DES deliverables and help mitigate in areas where recruiting GPs is particularly difficult.</p> <p>Barnsley CCG has previously undertaken a workforce analysis with Health Education England and commissioned WPS to build a workforce plan at “place”. This is being incorporated into an ICS wide piece of work to support staffing.</p> <p>Appendix 1 shows the current risk assessment.</p>
<b>6.</b>	<b>THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Review the recruitment information and projected recruitment plans for the increase of roles into Primary Care via the ARRS in the PCN</li> <li>• Decide if this sufficiently adds mitigation to the risk and reduce the score</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	Appendix 1 – Workforce Risk January 2021

<b>Agenda time allocation for report:</b>	10 mins
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## PART 1B – SUPPORTING INFORMATION &amp; ASSURANCE

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	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:		Provide ref(s) or state N/A	
<b>2.</b>	<b>Links to statutory duties</b>			
	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
<b>2A.</b>	<b>Links to delegated primary care commissioning functions</b>			
	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	✓		
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			

3.2	<b>Management of Conflicts of Interest (s14O)</b>	
	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
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	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	<b>Improving quality (s14R, s14S)</b>	
	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	<b>Reducing inequalities (s14T)</b>	
	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	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	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	<b>Data Protection and Data Security</b>	
	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	<b>Procurement considerations</b>	
	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	<b>Human Resources</b>	
	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	<b>Environmental Sustainability</b> <table><tr><td>Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td><td><b>NA</b></td></tr><tr><td colspan="2"><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?	<b>NA</b>	<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?	<b>NA</b>				
<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					

## RISK REGISTER – January 2021

### 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)	9	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	18	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	6	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	<b>Total = Likelihood x Consequence</b>				

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	12/20	<b>Dec 2020</b> No further updates.  <b>Oct/Nov 2020</b> 2020-21 PCN workforce plan submitted to NHSE for the Additional Role recruitment by the PCN. The remaining 3 years plan is to be submitted for review by the CCG prior to NHSE by end November 2020.	01/20

			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 &amp; 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>								