

NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 30 June 2016 at 12 noon in the Boardroom, Hillder House 49/51 Gawber Road, Barnsley, S75 2PY

AGENDA
(Public Session)

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	12.00 pm
2.	Quorum			
3.	Questions from the public relevant to the agenda		Chris Millington	12.05 pm 5 mins
4.	Declarations of Interest	Note	PCCC 16/06/04 Chris Millington	12.10 pm 5 mins
5.	Minutes of the meeting held on 31 March 2016	Approve	PCCC 16/06/05 Chris Millington	12.15 pm 5 mins
6.	Matters Arising Report	Approve	PCCC 16/06/06 Chris Millington	12.20 pm 5 mins
Strategy & Planning				
7.	No items			
Quality and Patient Safety in Primary Medical Services				
8.	No items			
Finance, Governance and Performance				
9.	Risk Register and Assurance Framework	Approve	PCCC 16/06/09 Vicky Peverelle	12.25 pm 5 mins
Committee Reports and Minutes				
10.	No items			
Other				
11.	Questions from the public relevant to the agenda			12.30 pm 10 mins
12.	Date and Time of the Next Meeting: The next meeting of the Primary Care Commissioning Committee will be held at 3.00pm on Thursday 25 August 2016 in the Boardroom, Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	Information		12.40 pm close



PRIMARY CARE COMMISSIONING COMMITTEE

30 June 2016

Declarations of Interests Report

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

Agenda time allocation for report: 5 minutes

Report of: Chris Millington

Designation: Chair

Report Prepared by: Lynne Richards

Designation: Governance, Assurance and Engagement Facilitator.

1.	SUPPORTING INFORMATION	
1.1	Links to the Assurance Framework	
	The report is especially relevant to the following risks on the Gb Assurance Framework: 2.1 and 5.2.	
1.2	Links to Objectives	
	To have the highest quality of governance and processes to support its business	✓
	To commission high quality health care that meets the needs of individuals and groups	
	Wherever it makes safe clinical sense to bring care closer to home	
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	
1.3	Governance Arrangements Checklist	Has the area been considered (yes / no / not relevant)?
	Financial Implications	Not relevant
	Contracting Implications	Not relevant
	Quality	Not relevant
	Consultation / Engagement	Not relevant
	Equality and Diversity	Not relevant
	Information Governance	Not relevant
	Environmental Sustainability	Not relevant
	Human Resources	Not relevant

REGISTER OF INTERESTS

NHS Barnsley Clinical Commissioning Group

This register of interests includes all interests declared by members and employees of Barnsley Clinical Commissioning Group. In accordance with the Clinical Commissioning Groups constitution and the Clinical Commissioning Groups Accountable Officer will be informed of any conflict of interest that needs to be included in the register within not more than 28 days of any relevant event (e.g. appointment, change of circumstances) and the register will be updated regularly (at no more than 3-monthly intervals)

Register: Primary Care Commissioning Committee

GOVERNING BODY		
Name	Position	Details of interest
Nick Balac	Chair of Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> • Partner at St Georges Medical Practice (PMS) • Practice holds Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member Medical Protection Society

GOVERNING BODY		
Name	Position	Details of interest
		<ul style="list-style-type: none"> The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Mehrban Ghani	Medical Director for Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> GP Partner at White Rose Medical Practice, Cudworth, Barnsley Directorship at SAAG Ltd, 15 Newham Road, Rotherham The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Madhavi Guntamukkala	GP Member Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> GP partner at The Grove Medical Practice Member of British Medical Association and member of Royal College of General Practitioners The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Chris Millington	Lay Member, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> Partner Governor Barnsley Hospital NHS Foundation Trust

GOVERNING BODY

Name	Position	Details of interest
Vicky Peverelle	Chief of Corporate Affairs, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> • No interests to declare
Lesley Smith	Chief Officer, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> • Husband is Director of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients. • Board Member (Trustee), St Anne's Community Services, Leeds • Member of the Regional Leadership Council (RLC), Yorkshire and Humber Leadership Academy, Health Education England • Chair, South Yorkshire Cancer Strategy Group • Chief Officer lead, Working Together <ul style="list-style-type: none"> ○ Living With and Beyond Cancer Programme (in conjunction with McMillan Cancer Support) ○ CVD Stroke • Chair, Working Together, Programme Executive Group

**Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE held on Thursday 31 March 2016 at
3pm in the Boardroom, Hilder House, 49 – 51 Gawber Road S75 2PY.**

MEMBERS PRESENT:

Mr Chris Millington (in the chair)	Lay Member
Mrs Lesley Smith	Chief Officer
Dr M Guntamukkala	Governing Body member
Mrs Vicky Peverelle	Chief of Corporate Affairs

IN ATTENDANCE:

Ms Dawn Ginns	NHS England Primary Care Manager
Ms Lynne Richards	Governance Assurance and Engagement Facilitator
Ms Anita Dodson	Public Health
MS Janine Lee Smith	Assistant Commissioning & Transformation Manager

APOLOGIES:

Ms Margaret Dennison	Healthwatch Barnsley
Dr Mehrban Ghani	Medical Director
Ms Carrienne Stones	Healthwatch Barnsley Manager
Ms Karen Martin	Head of Quality for Primary Care Commissioning of General Medical Services
Dr Nick Balac	CCG Chairman
Ms Julia Burrows	Director of Public Health

MEMBERS OF THE PUBLIC:

Ms Margaret Sheard	Member of the Public
Mr Philip Watson	Member of the public

Agenda Item	Note	Action	Deadline
PCCC 16/01/01	QUORUM		
	It was advised that the Committee was quorate.		
PCCC 16/01/02	QUESTIONS FROM THE PUBLIC RELEVANT TO THE AGENDA		
	There were not any questions received from members of the public at this point in the meeting.		

Agenda Item	Note	Action	Deadline
PCCC 16/01/03	DECLARATIONS OF INTEREST		
	<p>The Committee noted the Declarations of Interest Report.</p> <p>No further declarations in relation to the agenda were received; however, the Chair reminded members that should they feel that they have a conflict of interest at any point in the meeting they should raise it at that time.</p>		
PCCC 16/01/04	MINUTES OF THE MEETING HELD ON 28 JANUARY 2016		
	The minutes of the previous meeting were approved as a true record of the proceedings.		
PCCC 16/01/05	MATTERS ARISING REPORT		
	<p>The Committee received the Matters Arising Report and the following updates were given:</p> <ul style="list-style-type: none"> • PCCC 15/11/05 – PRIMARY CARE DASHBOARD <p>It was advised that the development of the dashboard was still ongoing. However, it was agreed to remove this item from the Matters Arising Report as the dashboard would be presented to the Quality and Patient Safety Committee following an amendment of the reporting process of quality issues in Primary Care.</p>		
	The Chair Committee noted the Matters Arising Report.		
QUALITY AND PATIENT SAFETY IN PRIMARY MEDICAL SERVICES			
PCCC 16/01/06	CQC UPDATE		
	The Head of Quality for Primary Care presented a CQC update which summarised the following: the Care Quality Commission (CQC) had carried out 22 inspection visits across GP practices in Barnsley since November 2014. Two follow up inspections had also been undertaken to practices that were deemed to be special measures following the CQC inspections in November/December 2014. One practice was now fully compliant with the		

Agenda Item	Note	Action	Deadline
	essential standards. The CQC aim to have inspected all practices in Barnsley by 2016. Only one practice in 2015 did not meet all the quality standards and had been placed in Special Measures. This practice has been supported by CCG and was currently working with the Royal College of General Practices for support.		
	The Committee thanked the Head of Quality for Primary Care for the support she had given to practices relating to their CQC visits. The Committee highlighted that they were pleased with the results of the CQC visits so far as over 90% of the practices inspected were rated as good or outstanding.		
	It was agreed that once all practices had been inspected, results would be bench-marked with other local areas to see how Barnsley had rated when compared to other areas. It was also stated that this may identify areas that could be improved.		
	The Committee thanked the Head of Primary Care Commissioning for the report.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 16/01/08	FINANCE UPDATE		
	<p>The Chief of Corporate Affairs presented the financial update. She added that information available at month 10 indicated that there was currently an 800K underspend against the delegated budget for Primary Care Commissioning. It was forecasted that the year-end position would be a 750k underspend against the budget. It was added that growth in the DDRD settlement meant that the CCG did not foresee an under-spend of the budget for next year.</p> <p>The Committee commented that the under-spend was only 2% of the £33m primary care commissioning budget, and acknowledged that separately there had been a £500,000 investment for Primary care Estate to address the risks identified as part of the estates survey.</p>		
	It was agreed that future Financial Update papers would be submitted to the Committee in paper form rather than verbal updates.		

Agenda Item	Note	Action	Deadline
	Mr Philip Watson queried if the underspend would go back to NHS England. It was advised that this would not happen as they pay review board settlement would offset this underspend.		
	The Committee thanked the Chief of Corporate Affairs for the Financial update.		
PCCC 16/01/09	RISK REGISTER AND ASSURANCE FRAMEWORK		
	<p>The Chief of Corporate Affairs presented the Risk Register extract which detailed the risks that the Primary Care Commissioning Committee was responsible for.</p> <p>The Chief of Corporate Affairs suggested having a risk relating to the high media coverage of the Lundwood and Highgate re-procurement. The Committee agreed to re-look at this issue at the next meeting as the contract was due to mobilise the following day.</p> <p>Post meeting Note – GB decided not to add to the Risk Register but to monitor the position</p>	VP	26.05.16
	The Committee noted the Risk Register and Assurance Framework.		
OTHER			
PCCC 16/01/10	QUESTIONS FROM THE PUBLIC RELEVANT TO THE AGENDA		
	<p>Nursing / Care Homes</p> <p>Mr Philip Watson queried if the increase in the minimum wage to the national living wage would have a negative effect on nursing and care homes and also if there was any way for nursing homes to federate?</p> <p>It was advised that the Local Authority was responsible for commissioning care homes and therefore would be responsible for looking at these risks.</p>		
	Ms Sheard advised that when Matrons were in care homes the standard of care had improved.		

Agenda Item	Note	Action	Deadline
	<p>CQC</p> <p>Ms Sheard queried why Cope Street Surgery had been deemed inadequate by the CQC? It was advised that the practices who were struggling in Barnsley were single handed GP practices. Cope Street had 1 full time GP and a part time Practice Managers for 2,000 patients and therefore may be suffering from resource issues. It was added that the CCG were supporting the practice.</p>		
	<p>Lundwood and Highgate</p> <p>Ms Sheard advised that patients of the Lundwood practice were concerned over the continuity of their care at the practice as it was advised that the practice may be run on locums. The Chief of Corporate Affairs stated that it was the new provider, Barnsley Healthcare Federation's, responsibility to recruit the GP's and had identified GP's who were interested in working in the practices. It was further added that the practice was a training practice so there would be strong clinical leadership within the practice.</p>		
	<p>0 – 19 Pathway</p> <p>Mr Philip Watson advised that he was concerned to hear that there was not a provider for the 0 – 19 pathway. It was advised that at the moment the service continued to be ran by SWYPFT and the CCG was regularly reviewing this risk as part of its Corporate Risk Register.</p>		
<p>PCCC 16/01/11</p>	<p>DATE AND TIME OF THE NEXT MEETING</p>		
	<p>The next meeting of the Primary Care Commissioning Committee will be held on 26 May 2016 at 1pm in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.</p>		

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE
30 June 2016
1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on 31 March 2016.

Minute ref	Issue	Action	Outcome/Action
PCCC 16/01/09	RISK REGISTER AND ASSURANCE FRAMEWORK The Chief of Corporate Affairs suggested having a risk relating to the high media coverage of the Lundwood and Highgate re-procurement. The Committee agreed to re-look at this issue at the next meeting as the contract was due to mobilise the following day.	VP	COMPLETED - GB decided not to add to the Risk Register but to monitor the position



PRIMARY CARE COMMISSIONING COMMITTEE

30 June 2016

Assurance Framework & Risk Register

1.	PURPOSE OF THE REPORT
	To provide the Primary Care Commissioning Committee with a register of its key risks.
2.	EXECUTIVE SUMMARY
	<p>In common with all committees of the CCG the Primary Care Commissioning Committee (PCCC) receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating. There are currently no risks on the GBAF allocated to the PCCC.</p> <p>The Risk Register is an important governance document that facilitates the effective management of the CCG’s strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk. Members’ attention is drawn to Appendix 1 of this Report which provides the Committee with an extract from Barnsley CCG Risk Register of all risks associated with Primary Care Commissioning Committee.</p> <p>There is currently one red (‘extreme’) risk for which the Primary Care Commissioning Committee is the responsible committee:</p> <ul style="list-style-type: none"> • Risk 15/14(b) (scored as 16 – extreme): “In relation to the 0-19 pathway reprocurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity.” <p>In addition to the above there are currently eight risks on the Corporate Risk register allocated to the PCCC, of which:</p> <ul style="list-style-type: none"> • Four have been scored as amber (high) • Four have been scored as moderate or low risks. <p>The Chief of Corporate Affairs recommends that risk 16/03 relating to the negative media coverage associated with the Lundwood and Highgate contract award be removed from the Risk Register and is highlighted in the extract of the Risk Register attached for the Committee’s approval.</p> <p>All of these risks continue to be reviewed and updated by the Chief of Corporate Affairs and the Medical Director</p>

	<p>The CCG's Governance Team have been working with the Governing Body to refresh to Governing Body Assurance Framework. It is expected that the new Assurance Framework will be approved by the Governing Body at the 14 July 2016 meeting and will be reported to the Primary Care Commissioning Committee following this approval.</p>
3.	THE COMMITTEE IS ASKED TO: Review the risk register attached and: <ul style="list-style-type: none">• Consider whether the risks identified are appropriately described and scored• Consider whether Risk 16/03 should be removed from the Risk Register• Consider whether there are other risks which need to be included

Agenda time allocation for report:

5 minutes

Report of:

Vicky Peverelle

Designation:

Chief of Corporate Affairs

Report Prepared by:

Richard Walker

Designation:

Head of Assurance

1.	SUPPORTING INFORMATION	
1.1	Links to the Assurance Framework	
	The report is especially relevant to the following risks on the Gb Assurance Framework: 2.1 and 5.2.	
1.2	Links to Objectives	
	To have the highest quality of governance and processes to support its business	✓
	To commission high quality health care that meets the needs of individuals and groups	
	Wherever it makes safe clinical sense to bring care closer to home	
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	
1.3	Governance Arrangements Checklist	Has the area been considered (yes / no / not relevant)?
	Financial Implications	Not relevant
	Contracting Implications	Not relevant
	Quality	Not relevant
	Consultation / Engagement	Not relevant
	Equality and Diversity	Not relevant
	Information Governance	Not relevant
	Environmental Sustainability	Not relevant
	Human Resources	Not relevant

RISK REGISTER – June 2016

Domains

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

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	6	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	26	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	12	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	2	Yearly
Rare	1	Negligible	1					
				Total = Likelihood x Consequence				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
15/14(b)	4	In relation to the 0-19 pathway procurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity.	4	4	16	As for risk 15/14(a) Monitoring at practice level delivery of 0-19 KPIs in relation to practice contracts, utilizing identified escalation routes when core service KPIs are not delivered in real time.	MG (Primary Care Commissioning Committee)	Governing Body	4	4	16	06/16	June 2016 BMBC and SWYPFT are working through the transitional arrangements to move this service to BMBC March 2016 BMBC, SWYPFT and the CCG are continuing to discuss the optimum solutions to deliver high quality services for this patient group. February 2016	07/16

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
16/03	1	If the CCG does not effectively manage the negative media coverage associated with the Lundwood	4	3	12	Appropriate governance in place over entire procurement process – overseen by NECS and reviewed retrospectively by	VP (Primary Care Commissioni	Risk Assessment	4	3	12	06/16	<p>The CCG is still in discussions with the Council through our Chair, Chief Officer and Chief Nurse to establish how we can ensure that the service we have will be the best for people of Barnsley.</p> <p>December 2015/ January 2016 The CCG is still in discussions with the Council through our Chair, Chief Officer and Chief Nurse to establish how we can ensure that the service we have will be the best for people of Barnsley.</p>	09/16
													<p>June 2016 Recommend to next PCCC to remove from the Risk Register.</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			
		and Highgate contract award, there is a risk that the reputation of the CCG and the confidence of the local population in the services provided will be damaged.				<p>Monitor. Includes robust management of potential conflicts of interest.</p> <p>Procurement decisions taken in public, and pre procurement checklist completed and also reported in public.</p> <p>Post award the CCG has engaged with members of the public by letter direct to all patients, attendance at public meeting of Shafton Parish Council, responding to ad hoc calls and queries from the public, and timely responses to FOI requests.</p> <p>Proactive media management approach in place.</p>	ng Committee)						Remove this RISK	
CCG 15/01		If the CCG is unable to deliver the delegated responsibilities within the financial allocation provided for this purpose (given Barnsley is the only area in South Yorkshire to be below target in terms of	5	5	25	<p>Assurances were received as to the sufficiency of the financial allocation during the application process.</p> <p>A designated financial representative from the CCG will support ongoing management of the budget. Regular network meetings</p>	VP (Primary Care Commissioning Committee)	Risk Assessment	2	5	10	06/16	<p>June 2016 Budgetary controls are in place and reports are presented to PCCC quarterly.</p> <p>January 2016 The Co-commissioning</p>	09/16

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		primary care expenditure (5%)) there is a risk to the CCG's ability to make investments during 2015/16 and to the delivery of its statutory financial duties				will be held with NHSE. The financial position will be routinely reported to the PCCC going forward.							function is managing within its delegated budget in 2015/16 with forecasts showing an underspend position. October 2015 A year end forecast position is being prepared as part of the Mid-Year Financial Review and first cut of this position appears favorable.	
CCG 15/02		If there is not an adequate response to the CQC reports in respect of those practices deemed to be inadequate, there is a risk that when they are re-inspected the practices will not meet the requirements potentially leading to poor quality or unsafe services; reputational	3	3	9	The CCG has provided resources and support to the affected practices to ensure robust action plans were provided to CQC in accordance with their required timescales. The Head of Quality for Primary Care Commissioning will continue to work with the practices as they work to deliver the necessary	DB (Primary Care Commissioning Committee)	CQC reviews	3	3	9	06/16	June 2016 The two practices that were in special measures following the inspection visit in Nov/Dec 2014 are now out of special measures. One scoring good in all domains the other sill requires	09/16

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		damage to the CCG; and the practices involved not maintaining their registration.				<p>improvements.</p> <p>Practice visits have been undertaken to all GP practices who have not yet had a CQC inspection. This has provided an opportunity to share best practice and to help practices put systems and processes in place to meet the regulations.</p> <p>An information matrix on what contributes “good” and “outstanding” practice has been developed and shared with all practices.</p> <p>CQC is a main agenda item at the practice manager forum.</p>						<p>improvement in three of the domains. A further practice has been put into special measures and support has been given by the CCG.</p> <p>The majority of practices have now been inspected by the CQC. The CQC will be inspecting the practices that have merged by the end of the year.</p> <p>Two practice have scored requires improvement in there safety domain</p> <p>January 2016 The CQC re inspected the two practices in Special Measures during November 2015 - one practice is</p>		

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 15/03		If the CCG does not effectively discharge its delegated	3	4	12	The CCG has access to existing primary care commissioning resource	VP (Primary	Risk Assessment	2	4	8	06/16	<p>June 2016 All controls and working</p> <p>now out of special measures and graded good in all 5 domains. The report is awaited from CQC regarding the second practice.</p> <p>The CQC met with the CCG in December 2015 and information has been shared re data packs which are collated prior to the practice being inspected . This information will be discussed at the next Membership Council in January 2016. The CQC now meets with the CCG on a quarterly basis.</p>	09/16

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.				<p>within the Area Team under the RASCI agreement. The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).</p>	Care Commissioning Committee)						<p>arrangements are being followed to manage this residual risk.</p> <p>March 2016 All controls and working arrangements are being followed to manage this residual risk.</p> <p>January 2016 All controls and working arrangements are being followed to manage this residual risk.</p>	
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality,	3	5	15	<p>CCG considered its strategic capacity & capability as part of the successful application process.</p> <p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. In addition the CCG is recruiting</p>	VP (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	06/16	<p>June 2016 The CCGs delegated functions are being managed through CCG capacity in conjunction with support from NHSE</p>	12/16

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		financial resources and public participation.			9	<p>a Head of Quality for Commissioning Primary Medical Services.</p> <p>The CCG is undertaking a review of management capacity including delegated responsibilities.</p>							<p>January 2016 BCCG is managing its delegated functions through internal resource and links to central NHSE expertise.</p>	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in December 2014 there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.	3	3	9	<p>Conflicts of Interest Policy updated.</p> <p>Register of Interests extended to incorporate GP practice staff.</p> <p>Declarations of interest to be tabled at start of every meeting to enable updating.</p> <p>PCCC has Lay Chair and Lay & Exec majority.</p> <p>Register of Procurement decisions to be established to record how any conflicts have been managed.</p> <p>Guidance to be provided to minute takers on recording decisions re managing conflicts of interest.</p>	VP (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	06/16	<p>June 2016 360 Assurance reviewed arrangements and provided assurance that the CCG were complying with conflicts of interest guidance in practice.</p> <p>March 2016 Q4 Self - Assessment declaration and PCCC Annual Assurance Report to be approved and submitted as at 31.03.16.</p> <p>January 2016</p>	12/16

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
													Quarterly Declarations completed and audited by the CCGs internal audit function.	
CCG 14/14	5, 6, 7	If the problems with telephony in the Goldthorpe LIFT building are not resolved there is a risk that Barnsley patients may be unable to access services and / or that the safety of patients will be compromised.	4	3	12	At the CCG & CSU's request BHNFT has put temporary work arounds in place (although to date these have not succeeded in eradicating the problems). The CSU is coordinating Root Cause Analyses on telephony outages which have occurred previously. The outcomes will be reported back to the CCG. A new telephony circuit has been installed and will go live from 29 November 2014.	MG (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	06/16	June 2016 No further incidents recommend to next PCCC to remove from the Risk Register. October 2015 No new incidents have been reported to the CCG.	12/16
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of	2	3	6	The CCG has a well-established and effective PPE function currently commissioned from CSU, as well as robust governance supporting the function. Arrangements going forward are being reviewed. The existing primary care	VP (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	06/16	June 2016 Estates issues resolved, the CCG has a practice Engagement event scheduled for 30 th June 2016 January 2016	06/17

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			
		primary care (including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.				commissioning resource and expertise within the Area Team can be accessed by the CCG. The CCG considered its strategic capacity & capability as part of the successful application process.							The CCG engagement with practices re estates survey was extremely problematic and damaging to the CCGs relationship with some practices. The Team is working closely with practices to resolve the issues.	