NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 17 December 2015 at 1.00pm in Meeting Room 1, Hillder House 49/51 Gawber Road, Barnsley, S75 2PY

AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	1.00pm
2.	Quorum			
3.	Questions from the public relevant to the agenda		Chris Millington	1.05pm 5 mins
4.	Declarations of Interest	Note	**PCCC 15/12/04** Chris Millington	1.10pm 5 mins
5.	Minutes of the meeting held on 26 November 2015	Approve	**PCCC 15/12/05** Chris Millington	1.15pm 5 mins
6.	Matters Arising Report	Approve	**PCCC 15/12/06** Chris Millington	1.20pm 5 mins
	Strategy & Planning			
7.	No items			
	Quality and Patient Safety in Primary Medical Services			
8.	Quality Report	Note	**Verbal** Karen Martin	1.25pm 10 mins
	Contracting, investment, and procurement			
9.	No items	Note		
	Finance, Governance and Performance			
10.	Risk Register and Assurance Framework	Approve	**PCCC 15/12/10** Vicky Peverelle	1.35pm 10 mins
	Committee Reports and Minutes			
11.	No items			
	Other			
12.	Questions from the public relevant to the agenda		Chris Millington	1.45pm
	Date and Time of the Next Meeting: The next meeting of the Primary Care Commissioning Committee will be held at 3.00pm on Thursday 28 January 2016 in the Boardroom, Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	Information		Close

Barnsley Clinical Commissioning Group
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PRIMARY CARE COMMISSIONING COMMITTEE

17 December 2015

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:** • 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: Vicky Peverelle

Designation: Chief of Corporate Affairs

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	• 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 • The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG

GOVERNING BODY		
Name	**Position**	**Details of interest**
Mehrban Ghani	Medical Director for Barnsley Clinical Commissioning Group	• 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 to Barnsley CCG
Madhavi Guntamukkala	GP Member Barnsley Clinical Commissioning Group	• 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 to Barnsley CCG
Chris Millington	Lay Member, Barnsley Clinical Commissioning Group	• Partner Governor Barnsley Hospital NHS Foundation Trust
David O'Hara	Lay Member, Barnsley Clinical Commissioning Group	• Red Cross volunteer. Red Cross provides services to the NHS however I am not involved in any discussions between Red Cross and the NHS • Governor at Penistone Grammar School
Vicky Peverelle	Chief of Corporate Affairs, Barnsley Clinical Commissioning	• No interests to declare

GOVERNING BODY		
Name	**Position**	**Details of interest**
	Group	
Lesley Smith	Chief Officer, Barnsley Clinical Commissioning Group	• 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

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Minutes of the Meeting of the BARNSLEY CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE held on Thursday 26 November 2015 at 1pm in the Boardroom, Hillder House, 49 – 51 Gawber Road S75 2PY.

MEMBERS PRESENT:

Mr Chris Millington (in the chair)	Lay Member
Mrs Lesley Smith	Chief Officer
Dr Mehrban Ghani	Medical Director
Dr M Guntamukkala	Governing Body member
Mrs Vicky Peverelle	Chief of Corporate Affairs
Mr David O'Hara	Lay Member

IN ATTENDANCE:

Mr Dawn Ginns	NHS England Primary Care Manager
Ms Lynne Richards	Governance Assurance and Engagement Facilitator
Mr James Barker	
Ms Lisa Wilkins	
Mr Richard Walker	Head of Assurance
Ms Margaret Dennison	Healthwatch Barnsley
Ms Karen Martin	Head of Quality for Primary Care Commissioning of General Medical Services

APOLOGIES:

Dr Nick Balac	CCG Chairman
Mr Neil Lester	Deputy Chief Finance Officer
Ms Carrianne Stones	Healthwatch Barnsley Manager
Ms Julia Burrows	Director of Public Health

MEMBERS OF THE PUBLIC:

Ms Margaret Sheard	Member of the Public

Agenda Item	Note	Action	Deadline
PCCC 15/11/01	**QUORUM**		
	It was advised that the Committee was quorate.		
PCCC 15/11/02	**QUESTIONS FROM THE PUBLIC RELEVANT TO THE AGENDA**		
	Ms Margaret Sheard submitted a question in relation to item 8, Quality and Patient Safety Report. It was queried		

Agenda Item	Note	Action	Deadline
	how the CCG RAG rated the items within the report. The Head of Quality for Primary Care Commissioning of General Medical Services advised that the items were rated against the quality profile and the CCG's Risk Register. The ratings of some items were subject to change as they were currently being investigated by NHS England.		
PCCC 15/11/03	**DECLARATIONS OF INTEREST**		
	The Committee noted the Declarations of Interest Report. Mr James Barker declared an interest in item 9 the Procurement Report as he had provided support for a contractors bid for this procurement outside of his role for the CCG. The Medical Director and Dr Guntamukkala also declared an interest in this item as their practices were part of Barnsley Healthcare Federation who had submitted a bid for this procurement. The Chair agreed to address these declarations when receiving the item later in the meeting.		
	The Chief of Corporate Affairs noted that the Barnsley Healthcare Federation was not referred to consistently through-out the Register of Interests. It was agreed to amend the register.	**LR**	**17.12.15**
PCCC 15/11/04	**MINUTES OF THE MEETING HELD ON 29 OCTOBER 2015**		
	The minutes of the previous meeting were approved as a true record of the proceedings.		
PCCC 15/11/05	**MATTERS ARISING REPORT**		
	The Committee received the Matters Arising Report and noted that all actions had been marked as complete: • **PCCC 15/09/07 – PRACTICE ESTATES REVIEW** The Chief of Corporate Affairs advised that this item could now be marked as complete as further worked was being led by the Strategic Estates		

Agenda Item	Note	Action	Deadline
	Group. • **PCCC 15/09/08 – PRIMARY CARE DASHBOARD** It was advised that the Primary Care Dashboard was still work in progress and scheduled to come back to the Committee in February 2016. It was therefore, agreed to keep this item on the Matters Arising Report until the dashboard had been received by the Committee. • **PCCC 15/10/06 – NURSE REVALIDATION** The Head of Quality for Primary Care Commissioning of General Medical Services advised that she was working with Mike Austin and Andrea Parkin to produce an article for the CLOSER newsletter.	**KM** **KM**	**17.12.15** **17.12.15**
	The Chair Committee noted the Matters Arising Report.		
QUALITY AND PATEINT SAFETY IN PRIMARY MEDICAL SERVICES			
PCCC 15/11/06	**QUALITY AND PATIENT SAFETY REPORT**		
	The Committee received the first Quality & Patient Safety Report which reflected the quality achievements of the 36 Barnsley GP practices and highlighted any identified areas for improvement. The report detailed information on twelve high level quality indicators that would be developed further with practices.		
	The Committee discussed complaints and incidents as currently the report detailed the number of complaints and incidents but no further information relating to the details or practices involved in the issues. It was advised that currently these were investigated by NHS England's Quality Team and the Head of Quality for Primary Care Commissioning of General Medical Services was confident that NHS England would raise any trends or themes with the CCG. It was commented that NHS England were the CCG's expert partners and there was still a joint accountability between the CCG and NHS England for quality in Primary Care. The Committee discussed that there were 7 complaints for South Yorkshire which were related to		

Agenda Item	Note	Action	Deadline
	communication. Ms Margaret Dennison queried at what stage the CCG was at with its First Port of Call training which was customer service training for GP practice reception staff. The Chair advised that the training had received good feedback from practices but was being run on a volunteer basis. It was hoped that peer selling would share the success of this training and by 2 years all Barnsley GP practices would have taken part in the training. It was agreed that the Chair would Liaise with Carrianne Stones, Health Barnsley Manager on how Healthwatch could feed into this training.	**CM**	**17.12.15**
	The Head of Quality for Primary Care Commissioning of General Medical Services highlighted that support was currently been given to practices for Infection Control from the new provider Infection Control Services.		
	The Committee noted that Primary Care was under its trajectory for C Difficile.		
	The report highlighted that 4 practices had not responded to Vaccination Audit and the full report of this Audit would be reported back to the Committee.	**KM**	**17.12.15**
	The Committee had a discussion on whether staffing should form part of the Quality and Patient Safety Report. It was agreed that staffing underpinned the main areas of the report which were safety, effectiveness and experience and the report should only contain an escalation of staffing issues. It was also queried if the Committee should create an Assurance Framework similar to the one adopted by the System Resilience Group on delivering quality and mitigating risk to support quality improvement across the borough.		
	It was agreed that the report needed to be co-produced with the CCG's Members Practices to have joint responsibility and agree local standards across Barnsley.		
	Agreed Actions • **The Chair to Liaise with Carrianne Stones, Health Barnsley Manager on how Healthwatch could feed into the First Port of Call training.**	**CM**	**17.12.15**

Agenda Item	Note	Action	Deadline
	• **The Head of Quality for Primary Care Commissioning of General Medical Services to report back on the results of the vaccination Audit at a future Committee meeting.**	**KM**	**17.12.15**
	The Committee thanked Head of Quality for Primary Care Commissioning of General Medical Services for the Quality and Patient Safety Report and agreed it as standing item for future meetings.		
CONTRACTING, INVESTMENT AND PROCURMENT			
PCCC 15/11/07	**PROCUREMENT REPORT**		
	The Chair noted that the 2 clinical members of the Committee and the Lead Service Development Manager had declared an interest in this item which included the consideration of the Recommended Bidder Report for Highgate and Lundwood APMS Contracts and the approval of the outcome of the procurement process, as they were all partners in practices affiliated with the Barnsley GP Federation and therefore had a potential pecuniary interest in the item. It was advised that guidance within the CCG's policy on the management of Conflicts of Interest indicated that members with a pecuniary interest in matters under discussion should normally be requested to leave the room. The Chair considered this would not be appropriate in the current instance as this item was being held in public and, as such, even if they were asked to absent themselves the conflicted members would be entitled to remain to hear the discussion in their capacity as members of the public. However, the Chair decided that the three members would not be allowed to participate in the discussion or decision making in respect of this item		
	The Committee received a report on the progress of the Alternative Provider of Medical Services (APMS) procurement exercises in relation to the medical services at Brierley, Highgate and Lundwood. **Brierley Medical Centre** Committee members noted that a mobilisation meeting had taken place for this procurement and all parties were		

Agenda Item	Note	Action	Deadline
	satisfied that the mobilisation was on track for service commencement on 01 December 2015. A copy of the mobilisation plan was appended to the report for members information. **Highgate and Lundwood APMS Re-procurements** The Committee were presented with checklist for this re-procurement which was highlighted as best practice as part of Monitors Procurement, Patient Choice and Competition Regulations. The Committee also received a tabled Recommended Bidder Report which had been tabled in the interest of transparency around the procurement. The Committee also a tabled Recommended Bidder Report which was considered at the meeting. The Recommended Bidder Report highlighted that Bidder A was the Recommended Bidder.		
	Agreed Actions • **The Committee received and reviewed the Recommended Bidder Report for this procurement and agreed that Bidder A was the successful bidder in this procurement.**	**VP**	**17.12.15**
	The Committee thanked the Chief of Corporate Affairs for the Procurement Report.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 15/11/08	**RISK REGISTER AND ASSURANCE FRAMEWORK**		
	The Chief of Corporate Affairs presented the Risk Register extract which detailed the risks that the Primary Care Commissioning Committee was responsible for. The Committee were informed that they were responsible for a new red rated risk which related to the 0 – 19 pathway re-procurement and that this risk had also been escalated to the Assurance Framework as a gap in control. It was stated that this risk would be included with the next month's meeting papers.		
	The Head of Assurance advised that the CCG Chair had stated that the wording related to urgent decision making		

Agenda Item	Note	Action	Deadline
	for this Committee should reflect similar wording to that in the CCG's Constitution, therefore the wording had been amended within the Terms of Reference. The Head of Assurance also informed members that Internal Audit had made a recommendation around the working of the Committee's quoracy. It was advised that wording within the Terms of Reference would be changed to have a minimum quorum of 4 members which must not have a clinical majority.		
	Agreed Actions: **Amendments to the Terms of Reference were agreed as follows:** • **Add in the agreed practice around Urgent Decision Making process for the Committee** • **Amend the quorum of the meeting to reflect that minimum quorum was 4 members which must not have a clinical majority**	**RW** **RW**	**17.12.15** **17.12.15**
OTHER			
PCCC 15/11/09	**QUESTIONS FROM THE PUBLIC RELEVANT TO THE AGENDA**		
	Ms Margaret Sheard made reference to the First Port of Call training for reception staff and queried was it not the responsibility of the employing practices to identify staff training needs through annual Personal Development Review meetings. It was clarified that managers within practices should undertake annual PDR's with their staff however the First Port of Call was a CCG initiative and the benefits around organising mass training for practice staff was also discussed.		
PCCC 15/11/10	**DATE AND TIME OF THE NEXT MEETING**		
	The next meeting of the Primary Care Commissioning Committee will be held on 17 December 2015 at 1pm in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.		

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

17 December 2015

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 2015

Minute ref	Issue	Action	Outcome/Action
PCCC 15/11/03	**DECLARATIONS OF INTEREST** The Chief of Corporate Affairs noted that the Barnsley Healthcare Federation was not referred to consistently through-out the Register of Interests. It was agreed to amend the register.	**LR**	COMPLETED
PCCC 15/11/05	**MATTERS ARISING REPORT** • **PCCC 15/09/08 – PRIMARY CARE DASHBOARD** It was advised that the Primary Care Dashboard was still work in progress and scheduled to come back to the Committee in February 2016. It was therefore, agreed to keep this item on the Matters Arising Report until the dashboard had been received by the Committee. • **PCCC 15/10/06 – NURSE REVALIDATION** The Head of Quality for Primary Care Commissioning of General Medical Services advised that she was working with Mike Austin and Andrea Parkin to produce an article for the CLOSER newsletter.	**KM** **KM**	Practice Managers have been contacted and some managers have come forward to be involved in the working group for the dashboard. Karen Martin, Mike Austin and Elen Williams will be working on the indicators to share with the working group in January 2016. Update due to the Committee in February 2016. COMPLETED

PCCC 15/11/06	**QUALITY AND PATIENT SAFETY REPORT** • The Chair to Liaise with Carrianne Stones, Health Barnsley Manager on how Healthwatch could feed into the First Port of Call training. • The Head of Quality for Primary Care Commissioning of General Medical Services to report back on the results of the vaccination Audit at a future Committee meeting.	**CM** **KM**	ONGOING The Vaccinations Audit report will go to the Quality and Patient Safety Committee.
PCCC 15/11/07	**PROCUREMENT REPORT** • The Committee received and reviewed the Recommended Bidder Report for this procurement and agreed that Bidder A was the successful bidder in this procurement.	**VP**	COMPELTED - Further to the Recommended Bidder Report presented at the last meeting, we have subsequently received a slightly amended version of the report. The amended text is appended this report for information.
PCCC 15/11/08	**RISK REGISTER AND ASSURANCE FRAMEWORK** • Add in the agreed practice around Urgent Decision Making process for the Committee to the Terms of Reference • Amend the quorum of the meeting to reflect that minimum quorum was 4 members which must not have a clinical majority	**RW** **RW**	COMPLETED COMPELTED

6.1 A recommended bidder must have submitted a compliant bid, passed all elements of the capability and capacity assessment, achieved a score of at least 50% for all red flag questions, and offered the most economically advantageous tender, i.e. achieved the highest overall percentage score for both quality (including presentation) and finance in line with the evaluation criteria.

Summary of Evaluation:

LS (Lot 1)

6.2 Bidder A submitted a compliant bid and passed all elements of the capability and capacity assessment and successfully scored 50% in relation to the red flag questions. In respect of quality (including presentation), Bidder A scored 52.25% of the available marks. Bidder A scored 20% in respect of finance. Bidder A achieved an overall score of 72.25% for both quality and finance combined.

6.3 Bidder B submitted a compliant bid and passed all elements of the capability and capacity assessment and successfully scored 50% in relation to the red flag questions. In respect of quality (including presentation), Bidder B scored 52.25% of the available marks. Bidder B scored 20% in respect of finance. Bidder B achieved an overall score of 72.25% for both quality and finance combined.

HS (Lot 2)

6.4 Bidder A submitted a compliant bid and passed all elements of the capability and capacity assessment and successfully scored 50% in relation to the red flag questions. In respect of quality (including presentation), Bidder A scored 52.25% of the available marks. Bidder A scored 20% in respect of finance. Bidder A achieved an overall score of 72.25% for both quality and finance combined.

6.5 Bidder B submitted a compliant bid and passed all elements of the capability and capacity assessment and successfully scored 50% in relation to the red flag questions. In respect of quality (including presentation), Bidder B scored 52.25% of the available marks. Bidder B scored 20% in respect of finance. Bidder B achieved an overall score of 72.25% for both quality and finance combined.

6.6 The ITT states that when both bidders score the same for finance and quality combined (including presentation) that the bidder with the highest overall score for the clinical and service delivery section of the quality evaluation will be awarded the contract. In the case for both lot 1 and lot 2, Bidder A achieved a score of 32.00% and Bidder B achieved a score of 29.75%, therefore Bidder A should be awarded the contract.

6.7 This procurement has delivered the stated procurement objectives in line with Regulation 2(a) (Securing the needs of the people who use the services), Regulation 2(b) (Improving the quality of the services) and Regulation 2(c) (Improving efficiency in the provision of the services) of the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013, in providing a single provider for the contract who submitted a bid that proposes to deliver all of the elements outlined in 3.1.1, 3.1.2 and 3.1.3.

NHS
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PRIMARY CARE COMMISSIONING COMMITTEE

17 December 2015

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**
	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. 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 the red ('extreme') and amber ('high') risks associated with Primary Care Commissioning Committee. Risks with lower risk scores will be reported to the Committee twice a year for review. There is currently one red ('extreme') risk for which the Primary Care Commissioning Committee is the responsible committee: • 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." This risk has been escalated as a gap in control or assurance against risk 2.1 on the CCG's Governing Body Assurance Framework. In addition to the above there are currently eight risks on the Corporate Risk register allocated to the PCCC, of which: • Five have been scored as amber (high) – see Appendix • Three have been scored as moderate or low risks. No new risks have been added since the last meeting of the PCCC, and none have been removed.

3.	**THE COMMITTEE IS ASKED TO:** Review the risk register attached and: • Consider whether the risks identified are appropriately described and scored • Consider whether there are other risks which need to be included • Consider whether any of the risks are sufficiently serious to warrant escalation to the GBAF as gaps in control or assurance against the CCG's strategic objectives.

Agenda time allocation for report:	10 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 – PCCC December 2015

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)	5	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	26	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	10	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

			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**
15/14(b)	4	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.	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**	11/15	**December 2015** 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.	12/15
15/10	5, 6	The absence of medical cover at Brierley and Shafton Practice, due to the departure of a GP and the Practice Nurse, could result in	4	4	**16**	Sheffield Health & Social Care Trust is working with the Barnsley GP Federation to provide clinical support.	VP (Primary Care Commissioning Committee)	Risk Assessment	3	4	**12**	11/15	**November 2015** The procurement process for Brierley is now complete. The contract has been awarded to the	02/16

			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**
		increasing pressure on existing staff to cover patient care leading to inadequate care for patients at this practice.											Barnsley GP Federation. As the contract commences on 1 December 2015 the mobilisation timescales are very challenging and the CCG will continue to monitor the situation closely to ensure any risks are identified and managed by the new provider.	
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 primary care expenditure (5%)) there is a risk to the CCG's ability to make investments during 2015/16 and to the	5	5	**25**	Assurances were received as to the sufficiency of the financial allocation during the application process. A designated financial representative from the CCG will support ongoing management of the budget. Regular network meetings will be held with NHSE. The financial position will be routinely reported to the PCCC going forward.	VP (Primary Care Commissioning Committee)	Risk Assessment	**2**	**5**	**10**	10/15	**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. **May 2015** Initial budget meetings have been held with NHSE and	01/16

			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**
		delivery of its statutory financial duties											information shared with the PCCC	
15/11	1, 7	If the premises issues at Brierley and Shafton Practice associated with the previous contract holder are not adequately resolved there is a risk to the reputation of the CCG and the potential for patients to move to other practices.	5	3	**15**	Patients at Shafton have been advised to use Brierley. There is also another practice in Shafton should patients not wish to use Brierley. A PPE exercise on future provision is currently underway. The CCG has written directly to all patients, as well as to the Overview and Scrutiny Committee and the local MPs advising them of the situation.	VP (Primary Care Commissioning Committee)	Risk Assessment	3	3	**9**	10/15	**October 2015** The Shafton premises have closed and it would appear that the risk at Brierley re premises has been reduced. As the new owner wished to lease the premises to the GP Provider of the contract.	01/16
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	**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	KM (Primary Care Commissioning Committee)	CQC reviews	**3**	**3**	**9**	10/15	**October 2015** Two practices are currently in special measures following the CQC visit last December. Work has been ongoing to support both	01/16

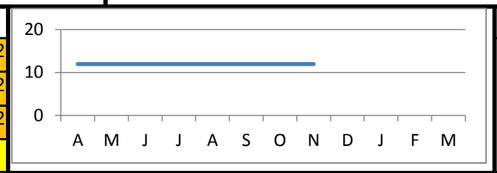
			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
		the requirements potentially leading to poor quality or unsafe services; reputational damage to the CCG; and the practices involved not maintaining their registration.				Primary Care Commissioning will continue to work with the practices as they work to deliver the necessary improvements. 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. An information matrix on what contributes "good" and" outstanding" practice has been developed and shared with all practices. CQC is a main agenda item at the practice manager forum.							practices with the Royal College of General Practitioner providing peer support to one practice. The CQC have recruited a lead inspector for Barnsley who will now be on all visits to ensure a standardised approach across the locality. Inspection timetable for visits will be implemented by the end of October . The Head of Quality for Primary Care has been liaising with the CQC and regular meetings will be set up as a result this should improve communication to	

			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**
													practices.	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	**3**	**4**	**12**	The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach. The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities. The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).	VP (Primary Care Commissioning Committee)	Risk Assessment	2	4	**8**	10/15	**October 2015** The CCG continues to work internally and with NHSE partners to discharge the delegated functions. **May 2015** The CCG and NHSE have already met with a number of practices to manage the equalisation agenda.	01/16

Objective 2: Wherever it makes safe clinical sense to bring care closer to home.	***NHSE Domains: 1, 2, 3, 5, 6*** ***Risk register: High - 14/2, 14/3, 14/10;15/12(b) Moderate - 13/22.***	*Clinical / Lay Lead* NB, MG *Executive lead* VP *Committee* FPC

What would success look like?	**Principal threat(s) to delivery of the objective**
To move services closer to home in a way which does not destabilise BHNFT.	2.1 If the CCG fails to deliver the objective of the Strategic Plan and the Primary Care Strategy to move care out of hospital, due to failure to engage with all providers, lack of capacity within the CCG, or the primary care workforce, there is a risk that care will either: • be moved closer to home inappropriately or inconsistently across the district, resulting in an adverse effect on health inequalities in Barnsley, or conversely • will not move out of secondary care settings.

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



Date reviewed	**Nov-15**

Rationale: Likelihood remains possible but is reducing given that programme is progressing at pace. Consequence major given importance of building capacity in primary care to delivery of our commissioning priorities.

Key controls to mitigate threat:	**Sources of assurance**
CCG's refreshed Strategic Plan 2014-15 places care closer to home at the heart of the strategy and the CCG's investment plan for 2015-16 and beyond prioritises investments best place to make this happen	Plan approved by GB and membership Council and delivery will be monitored via IPRs to F&P and GB, through the work of the CTB in terms of transformation
NHSE's Primary Care Strategy	Delivery monitored via CCG COM, attended by CCG's Chair & CO
Primary Care Development Programme PID	Oversight via FPC
NHSE Primary Care Strategy Leads group	Attended by Chair & Medical Director
Primary Care Development Programme Group with PID and project support	Barnsley Quality Framework (BQF) Phases 1 and 2 business cases presented to and approved by the Governing Body. Detailed specifications for implementation are progressing at pace.
Delegated responsibility for commissioning primary medical services allows greater scope for integrating primary care with the wider CCG strategy	Delegated responsibilities delivered through Primary Care Commissioning Committee, which reports to GB and is subject to assurance processes from NHS England (based on quarterly self certification returns assured by internal audit review).
Successful bid in Barnsley for PMCF Funding for OOH hubs will potentially impact positively on numbers of unplanned attendances and admissions to secondary care	Oversight of work of I HEART Barnsley via PCCC, and the additional NHSE oversight will provide assurance of delivery of the PMCF programme initiatives.
BCCG along with partners is embracing the opportunities in the FYFV for new, flexible methods of delivering healthcare outside hospital eg a local MCP is being established initially for diabetes and respiratory conditions but with a view to rolling out the model to wider long term condition management	A new models of care working group has initiated this work but the work stream/programme will be established through a business case to the CTB who will provide oversight and provide assurance through to the GB through regular reports
Practice Delivery Agreement (PDA) concept being developed in conjunction with Governing Body and Practices to support delivery of primary care at scale	PDA has been signed off by Governing Body and Membership Council, along with the Innovation Fund and the House of Care
Primary Care Development Strategy for Barnsley developed	Submitted to Governing Body for approval December 2014
Primary Care Commissioning Steering Group	Chair and Chief of Corporate Affairs represent BCCG and report back to BCCG via Primary care Development Group which reports into FPC
Equalisation of Primary Care Funding work to support primary care development and investment	CoCA, Elected member (Jim Logan), Medical Director and Primary Care Development Lead represent the CCG. Report back to BCCG via Primary care Development Group which reports into FPC.
Gaps in control	**Positive assurances received**
Gaps in assurance Addressing shortage of clinicians / capacity in primary care will take time and any positive impact on outcomes may not be apparent in the short term. RR 15/14(b): In relation to the 0-19 pathway reprocurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity	**Actions being taken to address gaps in control / assurance** Membership of Children & Young people's Trust; Oversight through Children & Young People's Trust ECG; Promoting dialogue and shared ownership as commissioners with Public Health; 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.