NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 29 October 2015 at 2.00pm 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	2.00pm
2.	Quorum			
3.	Questions from the public relevant to the agenda		Chris Millington	5 mins
4.	Declarations of Interest	Note	**PCCC 15/10/04** Chris Millington	
5.	Minutes of the meeting held on 24 September 2015	Approve	**PCCC 15/10/05** Chris Millington	2.05pm 5 mins
6.	Matters Arising Report	Approve	**PCCC 15/10/06** Chris Millington	2.10pm 5 mins
	Strategy & Planning			
7.	No items			
	Quality and Patient Safety in Primary Medical Services			
8.	Nurse Revalidation	Note	**PCCC 15/10/08** Karen Martin	2.10 pm 10 mins
9.	CQC Update	Information	**Verbal** Karen Martin	2.20pm 5 mins
	Contracting, investment, and procurement			
10.	Procurement Report	Note	**PCCC 15/10/10** Jon Holliday	2.25pm 10 mins
	Finance, Governance and Performance			
11.	Quarterly Finance Report	Note	**PCCC 15/10/11** Neil Lester	2.35 pm 5 mins
12.	Updated Terms of Reference	Approve	**PCCC 15/10/12** Vicky Peverelle	2.40pm 5 mins
13.	Risk Register and Assurance Framework	Approve	**PCCC 15/10/13** Vicky Peverelle	2.45pm 5 mins
14.	Committee Development Sessions	Note	**Verbal** Vicky Peverelle	2.50pm 5 mins
	Committee Reports and Minutes			
15.	No items			
	Other			

16.	Questions from the public relevant to the agenda		Chris Millington	2.55pm
	Date and Time of the Next Meeting: The next meeting of the Primary Care Commissioning Committee will be held at 1.00pm on Thursday 26 November 2015 in the Boardroom, Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	Information		

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PRIMARY CARE COMMISSIONING COMMITTEE

29 October 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

GOVERNING BODY		
Name	**Position**	**Details of interest**
		• The practice is a member of Barnsley GP Federation which may provide services to Barnsley CCG
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	• No interests to declare

GOVERNING BODY		
Name	**Position**	**Details of interest**
	Affairs, Barnsley Clinical Commissioning 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.

Karen Martin		Partner Co-owner and Director of Appletree recruitment. Specialist Clinical Advisor seconded to the Care Quality Commission.

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Minutes of the Meeting of the BARNSLEY CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE held on Thursday 24 September 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 Nick Balac	CCG Chairman
Dr M Guntamukkala	Governing Body member
Mr David O'Hara	Lay Member

IN ATTENDANCE:

Mr Garry Charlesworth	NHS England Senior Primary Care Manager
Ms Lynne Richards	Governance Assurance and Engagement Facilitator
Mr Jon Holliday	Lead Service Development Manager
Ms Julia Burrows	Director of Public Health
Mr Richard Walker	Head of Assurance
Ms Margaret Dennison	Healthwatch Barnsley
Mr Jamie Wike	Head of Planning and Performance
Ms Carrianne Stones	Healthwatch Barnsley Manager
Mr Neil Lester	Deputy Chief Finance Officer
Ms Andrea Parkin	CCG Fellow Advanced Nurse Practitioner

APOLOGIES:

Ms Karen Martin	Head of Quality for Primary Care Commissioning of General Medical Service
Mrs Vicky Peverelle	Chief of Corporate Affairs
Dr Mehrban Ghani	Medical Director

MEMBERS OF THE PUBLIC:

No Members of the public were present.

Prior to the commencement of business the Chair introduced Mr David O'Hara, Lay Member for Governance to his first meeting of the Primary Care Commissioning Committee and introductions took place.

It was also added that from the next meeting of the Committee there would be an additional agenda item relating to the quorum of the meeting.

Agenda Item	Note	Action	Deadline
PCCC 15/09/01	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	The Chair presented a report which detailed all members' current declarations of interest. The CCG Chairman declared a further potential conflict of interest in relation to the Lundwood and Highgate APMS contract re-procurement in that his practice may apply for the contract. It was stated that the conflict did not apply as the APMS contract was not on the agenda for discussion but thanked the member for declaring this interest.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 15/09/02	**QUESTIONS FROM THE PUBLIC**		
	There were not any members of the public in attendance at the meeting.		
PCCC 15/09/03	**MINUTES OF THE MEETING HELD ON 27 AUGUST 2015**		
	The minutes of the previous meeting were approved as a true record of the proceedings.		
PCCC 15/09/04	**MATTERS ARISING REPORT**		
	The Committee received the matters arising report and noted that all actions had been marked as complete: • **PCCC 15/07/05 – ASSURANCE FRAMEWORK AND RISK REGISTER** Although the action relating to 'Shortage of GP;'s within Barnsley' was marked complete the Chair indicated that he still felt as though the risk should not sit with this Committee as it was not within the Committee's remit to action this work. It was agreed that as the Primary Care Work stream would manage this risk and therefore the Clinical Transformation Board (CTB) would be the owners of this risk as Primary Care Work stream reported to CTB. **Agreed Action**		

Agenda Item	Note	Action	Deadline
	The Head of Assurance to amend Risk Reference 14/10 to reflect that the risk owner will now be the Clinical Transformation Board.	**RW**	**29.10.15**
	The Chair Committee noted the Matters Arising Report.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 15/09/05	**ASSURANCE FRAMEWORK AND RISK REGISTER**		
	The Head of Assurance presented the Risk Register extract which detailed the risks that the Primary Care Commissioning Committee was responsible for. After reviewing the risks on the Risk Register the Committee agreed that the risks were appropriately scored. It was noted that some of the Risk required updating especially the risk related to Brierley Medical Centre. It was agreed that the Head of Assurance would work the Chief of Corporate Affairs to ensure all the risks were updated. **Agreed Actions** **The Head of Assurance and Chief of Corporate Affairs to update all risk relating to Primary Care Commissioning before the next meeting of the Committee.**	**VP/RW**	**29.10.15**
	The Committee noted the Risk Register Extract.		
PCCC 15/09/06	**QUARTERLEY FINANCE REPORT**		
	The Deputy Chief Finance Officer advised Committee Members that he had hoped that the CCG would have received an up to date forecast return in time for the meeting. Unfortunately, the report had only been sent by NHS England earlier that day and therefore was unable to be presented to the Committee. Members raised concerns around the timeliness of information being sent by NHS England. It was noted however, the report was not officially due for presentation until the following month. It was agreed that the report would be presented to the		

Agenda Item	Note	Action	Deadline
	next meeting of the Committee. **Agreed Actions** **The Deputy Chief Finance Officer to present an up to date forecast outturn at the next meeting of the Committee.**	**NL**	**29.10.15**
STRATEGY AND PLANNING			
PCCC 15/09/07	**PRACTICE ESTATES REVIEW**		
	The Committee received an initial presentation from Mr Tom Myers, Regional Manager and James Smithies, Chartered Surveyor from CAPITA on the Barnsley GP Practice Estates Review. The presentation detailed the findings from the review and a number of actions were agreed. Members agreed that the development work would be led by the Primary Care Work stream who would progress an Estates Strategy for presentation back to the Committee.		
	Agreed Actions **That the Primary Care Work Stream review the findings from the Practice Estates Review and start to develop a Barnsley CCG Estates Strategy.** The following actions were also assigned to Committee members: **The Senior NSHE Primary Care Manager to provide the Committee with a copy of the findings from the last 5 years practice estates reviews.** **The Director of Public Health to look into the CCG utilising BMBC buildings to provide clinical services from.** **The Deputy Chief Finance officer to clearly identify the Capital Backlog Funding when presenting the budget at the next Committee meeting.** **<u>Post Meeting Note</u>** **The findings of the practice estates review would be shared with practices for points of accuracy.**	**JH** **GC** **JB** **NL** **VP**	**29.10.15** **29.10.15** **29.10.15** **29.10.15** **29.10.15**

Agenda Item	Note	Action	Deadline
	The Committee thanked Mr Tom Myers and James Smithies for presenting their findings on the Practice Estates Review.		
QUALITY AND PATIENT SAFETY IN PRIMARY MEDICAL SERVICES			
PCCC 15/09/08	**PRIMARY CARE DASHBOARD**		
	The Head of Planning and Performance presented an overview of proposals to develop a Primary Care Dashboard as part of the quality assurance arrangements for Primary Care. It was stated that the Primary Care Dashboard would cover three areas: • patient safety • clinical effectiveness and • patient experience It was added that the dashboard would not cause any additional workload to practices as the information required was already available in relation to: • **Patient Experience** – Measures from the patient survey (latest available results – currently July to Sept 2014 and Jan to Mar 2015) around access and quality and Friends and Family Test results. • **QOF Score** • **CQC Ratings** (Where available) • **Indicators linked to CCG Strategic Plan** e.g. No of patients with X number of A&E attendances, Emergency Admissions per 1000 population, Dementia Diagnosis – Information from National Reporting (latest info is to June 2015) • **Workforce** – Information available from HSCIC including GP's per 1000 patients, Nurses per 1000 population. • **Webtool Outliers** – Indicators from the Primary Care Webtool (See appendix 1 for full list of indicators) The dashboard would also include a RAG rating system based on variance from the Barnsley average which would help identify practices that may have performance concerns and would enable prioritisation for further quality review activity. Any practices with a number of red ratings would then		

Agenda Item	Note	Action	Deadline
	receive support from the Head of Quality for Primary Care Commissioning of General Medical Service to address the issues. It was highlighted that the dashboard was for quality assurance and not for monitoring the performance of GP practices. Members were informed that Rotherham CCG were currently using a similar dashboard . It was agreed that the Rotherham version would be shared with Committee members.		
	The Lay Member for Governance queried if the dashboard incorporated Out of Hours. It was advised that OOH could not be incorporated into the dashboard as the dashboard worked on practice list size and this did not fit in with how OOH information was measured.		
	Healthwatch Barnsley Manager stated that as Healthwatch had undertaken a GP focus over the last year they could provide information to compliment what was on the dashboard.		
	The Director of Public Health stated that the dashboard would be useful to have a standard view of services of across Barnsley.		
	The NHSE Senior Primary Care Manager added that it would be useful if the report would show GP and Practice Nurse appointments per 1,000 patients. It was stated that this information was not readily available and would have to be collected from GP Practices.		
	The CCG Chairman queried how this dashboard would improve quality in Primary Care and if there was any evidence on how similar dashboards had done this. It was also queried how the report would be perceived from a GP's perspective as it may look like a performance measure. The CCG Chief Officer stated that the PDA had been successful due to its co-production with practices and that for this to be successful the CCG should be involving practices. The CCG Chairman agreed that the dashboard needed sharing with the Membership Council so collectively the benefits of using this dashboard could be identified.		

Agenda Item	Note	Action	Deadline
	Agreed Actions **The Head of Planning and Performance to provide Committee Members with a copy of the Rotherham CCG Primary Care Dashboard.** **The Primary Care Dashboard to go the Primary Care Work stream for further discussion before sharing with Membership Council.**	**JW** **JW**	**29.10.15** **29.10.15**
	The Committee thanked the Head of Planning and Performance for his Primary Care Dashboard Report.		
PCCC 15/09/09	**SEASONAL FLU VACCINATION BRIEFING PAPER**		
	The Head of Planning and Performance presented a paper which detailed an update on the Seasonal Flu Vaccination Programme uptake. The report summarised that Barnsley had not meet its target in the previous year for under and over 65 years olds having the seasonal flu vaccine. It was advised that there needed to be a stronger push this year to meet the target. The report also detailed frontline Health Care worker uptake for the previous two years. The report highlighted that BHNFT, SWYPFT and the SYB Area Team were not meeting their targets. The Director of Public Health stated that as the Chair of the Health Protection Board in Barnsley she was interested in what the CCG was doing to improve meeting targets.		
	Members were informed that the Seasonal Flu Vaccination programme for 2015/16 eligible cohorts were: • those aged 65 years and over • those aged six months to under 65 in clinical risk groups • pregnant women • all two, three and four-year-olds (on 31 August 2015) • all children of school years 1 and 2 age: - Year 1 school age: 5 year olds, rising to 6		

Agenda Item	Note	Action	Deadline
	year olds (i.e date of birth between 1st September 2009 and on or before 31st August 2010) - Year 2 school age: 6 year olds, rising to 7 years olds (i.e date of birth between 1st September 2008 and on or before 31st August 2009) • those in long-stay residential care homes • carers • primary school-aged children in areas that previously participated in primary school pilots in 2014/15.		
	The CCG Fellow Advanced Nurse Practitioner stated that she would raise the campaign profile through the Practice Nurse Forum. The CCG Chairman added that the campaign would also be put through the Practice Managers Group and the Federation. It was stated that the Patient Group Directive were reluctant to vaccinate housebound patients and that this issue needed to be addressed. The Chief Officer advised that the System Resilience Group would be looking into the data received from care homes in relation to seasonal flu vaccinations. It was also added that contracts with providers would be looked at to establish if they had winter contingency plans for the continuation of services should a number of staff go off sick.		
	The Committee thanked the Head of Planning and Performance for his report.		
OTHER			
PCCC 15/09/10	**DATE AND TIME OF THE NEXT MEETING**		
	The next meeting of the Primary Care Commissioning Committee will be held on 29 October 2015 at 2pm in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.		

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MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

29 October 2015

1. MATTERS ARISING

The table below provides an update on actions arising from the planning meeting of the Primary Care Commissioning Committee held on 24 September 2015

Minute ref	Issue	Action	Outcome/Action
PCCC 15/09/04	**PCCC 15/07/05 – ASSURANCE FRAMEWORK AND RISK REGISTER** The Head of Assurance to amend Risk Reference 14/10 to reflect that the risk owner will now be the Clinical Transformation Board. The Head of Assurance and Chief of Corporate Affairs to update all risk relating to Primary Care Commissioning before the next meeting of the Committee.	**RW** **VP**	**COMPLETED** **COMPLETED**
PCCC 15/09/06	**QUARTERLEY FINANCE REPORT** The Deputy Chief Finance Officer to present an up to date forecast outturn at the next meeting of the Committee.	**NL**	**COMPLETED**

PCCC 15/09/07	**PRACTICE ESTATES REVIEW** That the Primary Care Work Stream review the findings from the Practice Estates Review and start to develop a Barnsley CCG Estates Strategy. The Senior NSHE Primary Care Manager to provide the Committee with a copy of the findings from the last 5 years practice estates reviews. The Director of Public Health to look into the CCG utilising BMBC buildings to provide clinical services from. The Deputy Chief Finance officer to clearly identify the Capital Backlog Funding when presenting the budget at the next Committee meeting. <u>Post Meeting Note</u> The findings of the practice estates review would be shared with practices for points of accuracy.	 **JH** **GC** **JB** **NL** **VP**	**Estates strategy under development to be presented in draft to PCCC at its November Meeting.** **COMPLETED** **The responsibility for back log maintenance of GP leased premises is the responsibility of the landlord for example NHS Property Services or CHP. A verbal update will be provided in relation to GP owned buildings.** **COMPLETED**
PCCC 15/09/08	**PRIMARY CARE DASHBOARD** The Head of Planning and Performance to provide Committee Members with a copy of the Rotherham CCG Primary Care Dashboard. The Primary Care Dashboard to go the Primary Care Work stream for further discussion before sharing with Membership Council.	 **JW** **JW**	 **COMPLETED** **COMPLETED**

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Primary Care Commissioning Committee

29 October 2015

Briefing Paper on Revalidation of Nurses

1.	**PURPOSE OF THE REPORT**
	To inform the Primary Care Commissioning Committee of the Nursing and Midwifery Council (NMC) forthcoming requirements for nurses and midwives to revalidate their professional registration every 3 years, the implications and risks to the CCG and the work to mitigate these.
2.	**EXECUTIVE SUMMARY**
	The Nursing and Midwifery Committee (NMC) at their council meeting on the 8th October 2016 made the final decision to introduce revalidation for all nurses and midwives commencing in April 2016. This new requirement for registered nurses and midwives means that they will have to demonstrate regularly their ability to deliver safe, effective, professional care and are up to date in their practice. Key elements will include demonstrating practice hours worked, continuing professional development, obtaining practice- related feedback, having reflective discussions and having professional indemnity in place. All practice nurses in GP Practices will need to ensure that they are prepared for this new process which builds upon their existing requirements to confirm their fitness to practice. A briefing paper on revalidation of nursing was presented to Governing body in September, copy attached.
3	**PROGRESS TO DATE**
	Work is ongoing to ensure that all practice nurses are aware of the changes to registration At the last Practice Nurse Forum in September a discussion was led by NHSEs revalidation lead and the CCG Practice Nurse Fellow on what revalidation will require and support that is currently available. A further event will be held in January 2016. Fliers have been circulated at the BEST events to raise awareness of the new process. The Head of Quality for Primary Care and the Practice Nurse Fellow has

	undertaken a short presentation to practice managers on the role of the employer in October and produced a short briefing for practices This has been well received.
4	**THE COMMITTEE IS ASKED TO:** • Note and approve the contents of the briefing paper

Agenda time allocation for report:	10 minutes.

Report presented by K Martin

Designation: Head of Quality for Primary Care General Medical Services

Report Prepared by: B Reid

Designation: Chief Nurse

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	5.1 if the CCG does not appropriately identify the services commissioned to meet the needs of vulnerable people AND if the CCG does not ensure our professional advice to direct commissioning of Care Homes is effectively acted upon there is a risk of failure to deliver our Ault Safeguarding Responsibilities to people in Care Homes.	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	x
	To commission high quality health care that meets the needs of individuals and groups	x
	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 £.	x
1.3	**Governance Arrangements Checklist**	Has the area been considered (yes/no/not relevant)?
	Financial Implications	Yes
	Contracting Implications	Yes
	Quality	Yes
	Consultation / Engagement	Yes
	Equality and Diversity	No
	Information Governance	Yes
	Environmental Sustainability	N/A
	Human Resources	Yes

2.	**INTRODUCTION**
	In March 2015 the Nursing and Midwifery Council (NMC) relaunched a revised Code for all nurses and midwives. The Code includes the professional standards of practice and behaviours which all registered nurses and midwives must uphold every day in order to join and maintain their position on the NMC register. Following on from the launch of the revised Code, the NMC are also introducing revalidation, which revises the way registered nurses and midwives re-register every three years. Registered nurse and midwife revalidation will come into effect from early 2016. Every registered nurse and midwife must revalidate in order to maintain their registration and ability to practice. Nurses and midwives must demonstrate that they are fit to practice and have reflected on their practice, through evidencing practice related feedback from patients, services users or carers and colleagues against the new revised NMC Code. This change in statutory requirements has implications for us as a CCG as an employer, as a commissioner and to support nurses working in Primary Care.
3.	**KEY POINTS**
	Subject to NMC Council approval the model will be decided upon in October 2015. The first registrants to revalidate under the new model will be those due to renew their registration in April 2016 and from then on a monthly basis according to each individual registrant's renewal date. It is important to recognise that registration renewal is not a new requirement to remain on the NMC register. Nurses and midwives are required to declare that they have met the current NMC PREP (Post Registration Education & Practice) standards every three years. Revalidation builds on the PREP standards and will also be a process which takes place every three years. All revalidation applications will be required to submitted online and include electronic evidence that the requirements have been met (not currently a requirement of PREP which relies on self assessment). More information can be found at www.nmc.org.uk/registration/nmc- online and at www.rcn.org.uk/revalidation The proposed key changes relate to how registrants will demonstrate their compliance with the *NMC Code* (2015) and are highlighted overleaf.

	Currently	Proposed Revalidation Requirements	Changes
Pay Annual Fee	✓	✓	No change
Obtain five pieces of practice-related feedback		✓	**New**
Provide five written reflections on the Code, CPD (continuing professional development) and practice-related feedback	The current Prep standards require maintenance of a personal, professional profile of learning activity	✓	**New**
To complete practice hours	✓	✓	No change
450 hours			
CPD	✓	✓	**New** – the hours proposed are 40 hours, 20 hours of which must be participatory
Declaration of health and character	✓	✓	No change
Professional indemnity	✓	✓	No change
Confirmation by a third party	**X**	✓	**New** – it is proposed that all registrants will be required to obtain confirmation from a third party by demonstrating that they have met the requirements of revalidation

	Within the CCG 7 Registered Nurses are directly employed and their revalidation dates range from May 2016 to November 2018. With the guidance of the Chief Nurse all are clear about what is expected of them and will be supported through the process by the Chief Nurse and their relevant line manager. The Chief Nurse of England (CNO) has written to CCG Chief Nurses clarifying their leadership role to raise awareness of the requirements and implications of revalidation for the General Practice Nursing community. (Appendix A). Led by our Practice Nurse Fellow work is underway to provide this support to Registered Nurses working in Primary Care and the Practices which employ them. In addition to online guidance and a blog http://nww.barnsleyccg.nhs.uk/nursesinprimarycare . A Practice Nurse Forum is taking place on 3 September 2015 with its main focus on revalidation and access to the Practice Managers meeting and the BEST programme has been requested to ensure Practices are also aware of the new requirements. Perhaps the most challenging change is the requirement of nurses and midwives to demonstrate to an appropriate third party that they have complied with the revalidation requirements. This is called confirmation. The NMC recommend that nurses and midwives should use their judgement to choose who should provide confirmation, however they strongly recommend that it is provided by their line manager. The line manager does not need to be an NMC registered nurse or midwife. However, if the confirmer is not an NMC registrant then a documented professional discussion reflecting on practice, CPD and feedback with another NMC registrant must happen before confirmation takes place. Guidance on this role has been provided (Appendix B). As outlined in her letter of 7 August 2015 the CNO (Appendix A) has requested assistance with 'state of readiness' returns to NHS England who have been required to advise the NMC to inform the profile of implementation. NHS England have provided guidance on RAG rating organisation's 'state of readiness' (Appendix C) though it must be noted that for the CCG this can only reflect our position in relation to directly employed RNs.
4.	**IMPLICATIONS**
	Unlike medical revalidation this process of nurse revalidation is required to be implemented without additional resources. Whilst the core of evidence required reflects what is good practice (to keep up to date and reflect on practice and learning) and builds on HR systems of checking valid registration that are already in place in NHS Trusts and CCGs the situation will be more challenging for General Practices as employers. It is vital that Practices understand their role as employers not least because their CQC registration requires that all health care professionals hold valid registrations. For those Practices who only employ one RN the understanding of the process of confirmation will require effective support which the Forum is committed to providing. In order to prevent several RNs becoming disproportionately burdened by requests to confirm or undertake a 'documented professional discussion' work is being undertaken to effectively signpost such

	requests. Although the NMC is insistent that the confirmer role is not about assessing fitness to practice a registrant confirming, or documenting a professional discussion, cannot but consider this aspect as part of their own accountability to uphold the NMC code. Whilst this can only strengthen the validity of registration it will undoubtedly cause anxiety for all concerned. To address this emphasis will be made that no one need fear good practice which will provide the evidence required and also on the importance of raising concerns about any practice failing to uphold the code in a contemporaneous way (rather than relying on the process of revalidation to highlight concerns). Given the anticipated high attendance at the September Practice Nurse Forum the CCG hopes to make further progress in securing a live register of all nurses working in primary care in Barnsley which has thus far proved somewhat challenging. This in turn will identify the anticipated profile of revalidation dates which will inform where most support will be required. In terms of RNs working in Care Homes and other organisations the responsibility to enable readiness has been placed with the Local Government Association (LGA). As a CCG we will be ensuring that these organisations are aware of our work and highlight it to their relevant RN employees. Given that our priority is to NHS employed RNs we are concerned that further support is required to this sector and have represented this via the NHS E Director of Nursing for the North. Given the persisting concerns regarding practice in some care homes it is vital that this statutory requirement is not only met but embraced to increase the quality of care provided to vulnerable residents. Both our main providers as NHS Foundation Trusts have a clear system set up to ensure compliance by their RNs.
5.	**RISKS TO THE CLINICAL COMMISSIONING GROUP**
	In relation to its own staff the CCG has been able to provide a Green rating to NHSE. In relation to nurses working in primary care there are concerns that misinformation or failure to seek support could result in RNs either choosing not to revalidate and leaving their RN post or by omission jeopardise their registration and thus employment. Given the critical nature of the primary care workforce this must be avoided and to this end both the Practice Nurse Fellow and the Head of Quality (Primary Care) plan to work closely with Practices. With regard to the Care Home sector the risks of Care Homes being similarly affected should not be underestimated (we already have several examples of homes which have deregistered their nursing status due to difficulties in securing RNs) and through our close working with BMBC (via the Joint Commissioning Unit) we will do all we can to support local awareness raising, understand local issues and where necessary escalate our concerns accordingly.
6.	**CONSULTATION**
	Within the CCG work has been undertaken with all directly employed RNs. Through the Practice Nurse Forum we are endeavouring to reach all RNs working in Primary Care. Through the Practice Managers and the BEST

	programme we are endeavouring to ensure all employers understand the changes and their responsibilities.
7.	**APPENDICES TO THE REPORT**
	Appendix A CNO letter to CCG Chief Nurses Appendix B Guidance to Practices re role of confirmer Appendix C NHS England RAG rating of state of readiness
8.	**CONCLUSION**
	The CCG has set up an appropriate system to support its directly employed RNs as this new process of revalidation is implemented (anticipated from April 2016). Whilst supporting this for RNs working in Primary Care is clearly more logistically and culturally challenging we are confident that the plans we have in place will enable as smooth a transition as possible to benefit the population we serve.

Appendix A

Jane Cummings'
Office Skipton
House, 6B7 80
London Road
Londo
n SE1
6LH

7th August 2015

To: CCG Directors of Nursing/Lead Nurses

Dear Colleague,

Re: Professional leadership in promoting and supporting revalidation with the NMC

As you know the Nursing and Midwifery Council (NMC) is developing a revalidation model for nurses and midwives. Work is well underway and evidence from the pilot phase (which included CCG and Practice Nurses) is now emerging to demonstrate that the model proposed and tested is "appropriate, achievable and desirable", with further updates and guidance planned in response to specific feedback.

It is essential that there is professional leadership at all levels in the system to support and enable all nurses and midwives and their employers to be as ready as possible to revalidate, this includes nurses employed in General Practice.

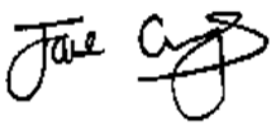
As the professional nurse lead within Primary Care you are already working to ensure that General Practice Nurses are ready for revalidation, and I thank you for that. Your role in this is absolutely pivotal and I ask that you continue to lead revalidation readiness and implementation in the following ways:

- By supporting the Revalidation Regional Leads (copied) in gathering evidence of revalidation readiness – particularly during August as we prepare to advise the NMC on our collective state of readiness across England.

- By using all existing forums or meetings, within your health and care economy, to raise awareness of nursing and midwifery revalidation within the General Practice Nursing community, including the key principles and requirements.

In summary, with your continued leadership we will be able to further strengthen all work undertaken this far to get ready for revalidation and we will be in a position to provide well rounded and comprehensive advice to the NMC about our collective state of readiness.

Yours sincerely,



Jane Cummings
Chief Nursing

Officer England

CC: CCG Accountable Officers
NHS England Regional Chief Nurses and Directors of Nursing
NHS England Director of Nursing, Nursing Division, Nursing Directorate
NHS England Deputy Director of Nursing, Nursing Division, Nursing Directorate
Manjit Darby, Susan Aitkenhead, Deborah Wheeler, Lisa Bacon, Marie Batey and Teresa Fenech

Appendix B

Barnsley Clinical Commissioning Group

NURSE TOP TIPS FOR CONFIRMERS

Who will confirm a Nurse of Midwife?

1. The confirmer of a Nurse must have an effective registration. You cannot be retired or no longer registered, have a strike off order against you or be suspended.

2. Regardless of professional relationship the confirmer needs to provide information that the registrant has met the requirements.

3. Your line manager is the most appropriate third party to revalidate you.

4. If you are unsure who will re validate you (lone worker etc) - log onto the NMC Tool for confirming revalidation below.

Who will confirm you?

- The NMC have provided Nurses with a tool on the NMC website which advises who may confirm you.

- Log on now for information!

- Follow the link below: http://www.nmc.org.uk/standards/revalidation/confirm-nurse-midwife

- Nurses and Midwives must demonstrate to an appropriate third party that they have complied with the revalidation requirements.

- Nurses and Midwives will need to use their judgement to choose who should provide confirmation. We strongly recommend that it is provided by their line manager.

- They do not need to be an NMC registered Nurse or Midwife.

What information will you need about your confirmer?

As part of a revalidation application, Nurses and Midwives will need to provide the following details of the individual that provided confirmation:

- Name
- NMC Pin or other professional identification number (where relevant)
- Email address
- Professional address and postcode

Further information please contact, Karen Martin karen.martin10@nhs.net or Andrea Parkin a.parkin@nhs.net.

Appendix C

This RAG rating is intended as a guide to enable you to identify what support we may be able to give you to be ready for revalidation as part of your action plan.

Question	**Description for "red" self-assessment rating**	**Description for "amber" self-assessment rating**	Description for "green" self-assessment rating
Do you know the number of all Nurse and Midwifery Registrants within your organisation? (YES/NO)	Record as "red" rating if organisation has no record of the NMC nursing and midwifery registrants it employs	Record as "amber" rating if organisation is working on developing a record of all such registrants	Record as "green" rating if organisation has an up to date record of all of the NMC nursing and midwifery registrants it employs
Do you know your registrant's revalidation dates? (YES/NO)	Record as "red " rating if organisation has no information/record of when registrants revalidation dates are	Record as "amber" rating if you are working on developing records of registrants revalidation dates	Record as "green" rating if you have an up to date record of all of the NMC nursing and midwifery registrants revalidation dates in your organisation
Have you identified your first group of staff to support through revalidation? (YES/NO)	Record as "red" rating if organisation has not identified its first cohort (year one) of registrants that will be revalidating	Record as "amber" rating if organisation is working on developing a record of registrants due to revalidate in the first cohort (year one)	Record as "green" rating if organisation has identified its registrants that will be first cohort to revalidate
Have staff in the first cohort (from April 2016) had individual meetings with line managers to agree support and preparation	Record as "red" rating if support/preparation meetings between first cohort of registrants and managers have not been undertaken	Record as "amber" rating if support/preparation meetings between first cohort of registrants and managers have been planned/in process of being undertaken	Record as "green " rating if support/preparation meetings between first cohort of registrants and managers have been undertaken and plans discussed/made around the individual registrants revalidation and any support needed identified
Have all your registrants got confirmers identified?	Record as "red" rating if organisation has not identified confirmers for all registrants	Record as "amber" rating if organisation is in the process of organising named confirmers for its registrants, i.e. has an identified pool of individuals who can take on the role of confirmer but not linked with	Record as "green" rating if organisation has identified confirmers for registrants and names of confirmer/who they are supporting are communicated

		registrants/communicated plans out yet	
Do you have any registrants whose line manager is not a registrant	Record as “red” rating if organisation does not know this information	Record as “amber” rating if organisation is in the process of identifying any registrant whose line manager is not a registrant	Record as “green” rating if organisation is aware of any registrants whose line manager is not a registrant
If yes please confirm that registrants without a registrant line manager have been aligned to a peer reviewer	Record as “red” rating if organisation does have registrants whose line manager is not a registrant but has not identified a peer reviewer	Record as “amber” rating if organisation does have registrants whose line manager is not a registrant and is in the process of identifying peer reviewers for these registrants, i.e. has an identified pool of individuals who can take on the role of peer reviewer but not linked with registrants/communicated plans out yet	Record as “red” rating if organisation does not know this information
Is a lead member of staff identified a lead to oversee implementation of revalidation and deal with any cases where revalidation is not successful	Record as “red” rating if organisation does not have a lead for revalidation	Record as “amber” rating if organisation does not have a lead for revalidation but is working to identify a named staff member within next two weeks	Record as “green ” rating if organisation does have a lead for revalidation
Have you made arrangements to capture practice hours/ CPD and reflection and feedback- through use of e-portfolio or templates?	Record as “red” rating if organisation does not have any arrangements to capture requirements for revalidation through either e-portfolio or manual templates	Record as “amber” rating if organisation is working on developing arrangements for capturing requirements for revalidation, i.e. developing own system, in discussions with an external provider	Record as “green ” rating if organisation has in place arrangements to capture requirements for revalidation through either e-portfolio or manual templates

If an organisation wide system for revalidation is not being adopted (i.e. an e-portfolio or templates) is the organisation/confirmers clear with registrants how they intend to capture their revalidation information and recording this?	Record as “red” rating if organisation has not captured this information	Record as “amber” rating if organisation is working to capture this information	Record as “green” rating if organisation is capturing this information
How are you engaging with staff in preparation for revalidation? (i.e.: events, communication, training)	Record as “red” rating if organisation has no plans around staff communication, engagement and training around the revalidation agenda	Record as “amber” rating if organisation has developed plans around staff communication, engagement and training around the revalidation agenda that need to be put into action/developed further	Record as “green” rating if organisation has a clear and time specific plan of staff communication, engagement and training around the revalidation agenda
What events have you organised and what was the number of participants?	Record as ”red” rating if no events etc. have been held	Record as “amber” rating if an engagement plan of events, meetings, workshops and one to one support sessions etc. is being developed. Records of planned attendance is to be made	Record as “green” rating if a comprehensive engagement plan of events, meetings, workshops and one to one support sessions etc. have been arranged/are in the process of being delivered. Records maintained of attendance and planned attendance
Have you taken a paper to your Board? (YES/NO)	Record as “red” rating if no paper has been prepared/taken to board	Record as “amber” rating if a paper has been prepared and a date is arranged for it to be tabled at the board meeting	Record as “green” rating if a board paper has been prepared and has been presented at board meeting

NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

29 October 2015

Procurement Report

1.	**PURPOSE OF THE REPORT**
	To provide the Primary Care Commissioning Committee with 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.
2.	**EXECUTIVE SUMMARY**
	Brierley Medical Practice Brierley Medical Centre currently delivers essential services under an Alternative Provider of Medical Services (APMS) for the population of Barnsley. The contract is due to expire on the 30th November 2015. North of England Commissioning Support Unit (NECS) has facilitated an open tender exercise to identify a new provider capable of ensuring continuity of services in Brierley from 1 December 2015. The Primary Care Commissioning Committee agreed at its September 2015 meeting to mandate the Executive and Lay Members of the Committee to review the Recommended Bidder Report outside of the meeting. This would enable the preferred bidder to be identified and notified in accordance with the very tight procurement timescales, and in recognition of the fact that the three clinical members of the Committee all had an interest in the outcomes of the procurement. NECS provided the CCG with the Recommended Bidder Report which is described in more detail in the following main report. This was considered at an extra-ordinary meeting held on 15th October. The report provided details of: • The background to the procurement • The procurement objectives • The procurement timetable • The evaluation strategy • The outcomes of the evaluation process. The report recommended that the sub group approves Bidder 2 as the recommended bidder for this service, as their submission was the Most Economically Advantageous Tender (MEAT) received. The sub group received and reviewed the recommended Bidder Report and

	approved Bidder 2 as the recommended bidder for this service, with a contract value of £1,553,577.00 (Net Present Value) over a maximum duration of 5 years. In order to ensure transparency around the decision making process representatives from Healthwatch Barnsley and Barnsley MBC were in attendance and observed the meeting of the sub group to consider the Recommended Bidder Report and the proceedings were minuted. The sub group authorised the Chief of Corporate Affairs to present the Recommended Bidder Report, and the decision of this sub group, to the public part of the October 2015 meeting of the Primary Care Commissioning Committee for information. On 16th October notification was given to bidders of the outcome, allowing 10 days for any challenges to be raised through a standstill period 16/10/2015 – 26/10/2015. Contract award and contract signature and mobilisation is envisaged from 27/10/2015 to 30/11/2015 and patients registered with the practice will be written to as soon as possible after the contract has been awarded. <u>Highgate and Lundwood Procurements</u> The Highgate and Lundwood procurements have commenced and have been issued in two lots. Procurement Timetable: 1. Issue of Invitation to Tender – 24/10/2015 2. Closing date for Tenders – 26/10/2015 3. Evaluation of Tenders by panel – 29/10/2015 to 3/11/2015 4. Consensus panel – 4/11/2015 5. Bidder presentations 10/11/2015 6. Final recommended Bidder Report – 17/11/2015 7. PCCC review and decision on recommended bidder – Public meeting on 26/11/2015 8. Notification to bidders of the outcome – 27/11/2015 9. Standstill period 27/11/2015 – 6/12/2015 10. Contract award, contract signature and mobilisation - 7/12/2015 to 31/03/2016
3.	**THE COMMITTEE IS ASKED TO:** • **Receive the recommended Bidder Report on the Alternative Provider of Medical Services Contract, Brierley Medical Practice** • **Note the decision to approve Bidder 2 as the recommended bidder for this service, with a contract value of £1,553,577.00 (Net Present Value) over a maximum duration of 5 years** • **Note the progress and timetable for the Highgate and Lundwood procurements**

Agenda time allocation for report:	10 minutes.

Report of:	Vicky Peverelle
Designation:	Chief of Corporate Affairs
Report Prepared by:	Jon Holliday
Designation:	Lead Commissioning and Transformation Manager

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	This report directly relates to risk 1.4 and 5.2 and the Governing Body Assurance Framework.	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	x
	To commission high quality health care that meets the needs of individuals and groups	x
	Wherever it makes safe clinical sense to bring care closer to home	x
	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 £.	x
1.3	**Governance Arrangements Checklist** *The author should confirm that prior to submission of the paper each of the areas below has been considered in discussion with relevant CCG staff, and that policies, procedures, and sign off arrangements have been complied with. Significant issues should be reflected in Section 4 of the detailed report ('implications') or in the attached business case / supporting documentation.*	**Has the area been considered (yes / no / not relevant)?**
	Financial Implications	Covered in report
	Contracting Implications	Covered in report
	Quality	Covered in report
	Consultation / Engagement	Covered in report
	Equality and Diversity	Not applicable
	Information Governance	Not applicable
	Environmental Sustainability	Not applicable
	Human Resources	Not applicable

2.	**INTRODUCTION/ BACKGROUND INFORMATION**
	The Primary Care Commissioning Committee agreed at its September 2015 meeting to mandate the Executive and Lay Members of the Committee to review the Recommended Bidder Reports outside of the meeting. This would enable the preferred bidder to be identified and notified in accordance with the very tight procurement timescales, and in recognition of the fact that the three clinical members of the Committee all had an interest in the outcomes of the procurement. The purpose of this report is to inform the Committee of the outcome of the tender evaluations for the Alternative Provider of Medical Services (APMS) contract for Brierley Medical Practice (BMP) and to note the sub-group approved Bidder 2 as the recommended bidder for this service, with a contract value of £1,553,577.00 (Net Present Value) over a maximum duration of 5 years. The following sections 3 and 4 of this report reflect the full Bidder Report as provided by North of England Commissioning Support Unit (NECS). Table 1 shows the key milestones and timescales for the procurement process including next steps.
3	**DISCUSSION/ISSUES**
	Brierley Surgery currently delivers essential services under an Alternative Provider of Medical Services (APMS) for the population of Barnsley. The contract is due to expire on the 30th November 2015. As of July 2015, the practice has 3172 registered patients for primary medical care with the current service and this procurement is aimed at providing continued access to primary care medical services from the current premises. NHS England Yorkshire and Humber (Y&H) and the CCG undertook a 3 week patient engagement period commencing on the 29th July 2015. As part of the engagement process a questionnaire was made available to patients, as well as drop in sessions whereby patients could speak directly to Y&H and the CCG about any concerns in relation to the re-commissioning of Brierley Surgery. The outcome of the engagement is that patients would not wish for Brierley Surgery to close and that they wish to be kept informed of changes going forward. In order to develop the specification and establish the best method for securing services a project group was established made up of the relevant subject matter experts which included: • Senior Primary Care Manager, Y&H • Primary Care Business Manager, Y&H • Procurement Project Lead, NECS • IM&T Lead, Yorkshire and Humber Commissioning Support Unit

- Senior Finance Manager, Y&H
- Lead Commissioning and Transformation Manager, Barnsley Clinical Commissioning Group (CCG)
- Patient Engagement Lead, Yorkshire and Humber Commissioning Support Unit

4. IMPLICATIONS

Procurement Strategy

The procurement strategy was developed to ensure, in line with the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013, that the service was procured with a view to:

Regulation 2(a) - Securing the needs of the people who use the services:

- Brierley surgery will continue to deliver services to those patients currently registered with the services therefore securing a main stream medical service for those patients and providing a choice of provider for other patients to access.

Regulation 2(b) - Improving the quality of the services:

- The contract will feature National Key Performance Indicators as indicated in the national APMS contract to improve the quality of medical services; and
- Provision of a sustainable service which will offer choice of medical services for patients in Barnsley.

Regulation 2(c) - Improving efficiency in the provision of the services:

- The service specification for Brierley will require the provider to develop services which will encourage skill mix and working with other services to provide medical services in an effective and efficient way for the current registered patients and to give other patients the opportunity to register with these medical practices.

Procurement Timetable

Table 1 shows the key milestones and timescales for the procurement process.

Table 1

Milestone	Description	Date
OJEU Advert	Date advert published on OJEU	01/09/15
Tender deadline	Date by which bids need to be submitted	15/09/15
Consensus scoring	Evaluator panel meeting to agree scores	18/09/15

Recommended bidder report	Report to Y&H SMT and Barnsley CCG meeting to approve successful bidder	16/10/15
Standstill period	Notification to bidders of outcome, allowing 10 days for any challenges to be raised	16/10/2015 – 26/10/2015
Contract award	Official offer of contract sent to successful bidder	27/10/2015
Contract signature and mobilisation	Mobilisation of contract	27/10/2015 – 30/11/2015
Service commencement	Service start date	01/12/15

Evaluation Strategy

The evaluation model sought to identify the Most Economically Advantageous Tender (MEAT), which is interpreted as affordable Value for Money (VfM), was determined by the evaluation criteria outlined in Table 2:

Table 2

Type	Section	Question Ref	Micro Weighting %	Macro Weighting %
Quality	Section 1 Clinical and Service Delivery	CSD01 **[RED FLAG]**	6	51
		CSD02	4	
		CSD03	4	
		CSD04	4	
		CSD05	9	
		CSD06 **[RED FLAG]**	10	
		CSD07	3	
		CSD08	4	
		CSD09	4	
		CSD10	3	
	Section 2 Performance Management	PF01	3	7
		PF02	2	
		PF03	2	
	Section 3 Workforce	WF01	5	12
		WF02 **[RED FLAG]**	3	
		WF03	4	
	Section 4	IMT01	1	4

	Information Management and Technology (IM&T)	IMT02	1	
		IMT03	1	
		IMT04 **[RED FLAG]**	1	
	Section 5 Mobilisation	MB01 **[RED FLAG]**	6	6
Subtotal for Quality				80
Finance	Financial Risk			20
Subtotal for Finance				**20**
Tender Total				**100**

The evaluation of bids was carried out in three stages:

Stage 1 – Compliance

The preliminary compliance review checked that submissions:

- included a bid price that did not exceed the specified affordability threshold;
- answered all questions (or explained satisfactorily if considered not applicable); and;
- included all documents as set out in the Invitation to Tender (ITT), in the format, and named, as requested.

Where a bid response was deemed to be non-compliant, the bidder was disqualified (subject to approval by the Commissioners). In this event, the respective bidder's submission was not taken any further in the procurement process.

Stage 2 – Capability and Capacity

The capability and capacity assessment was undertaken to determine whether each bidder:

- was eligible to be awarded a public contract, as detailed in Regulation 23 of the Public Contracts Regulation 2006;
- was in a sound economic and financial position to participate in the procurement;
- had the necessary resources and core competencies available to them; and
- evaluation of financial model template.

Any bidders who failed to meet any of the criteria outlined above would not proceed any further in the procurement of this service.

Stage 3 – Technical Evaluation

This stage of the evaluation assessed the bidder(s) in relation to the service-specific questions. As a minimum, bidders must have:

- achieved a minimum score of 50% for all questions identified as being 'Red Flag' questions.
- achieved a minimum score of 50% of the 80% available for quality. Therefore bidders were required to achieve a minimum of 40%.

Following the evaluation process, which was carried out by a team of subject-matter experts, a consensus score was agreed for each question to inform the outcome of the procurement process.

Evaluation

Table 3 provides a summary of the outcome of the evaluation,

Table 3

Question	Weighting (%)	Bidder 1 Score	Bidder 1 % Score	Bidder 2 Score	Bidder 2 % Score
CSD01 – RED FLAG	6	0	0	75	4.50
CSD02	4	0	0	50	2.00
CSD03	4	0	0	75	3.00
CSD04	4	0	0	75	3.00
CSD05	9	0	0	100	9.00
CSD06 – RED FLAG	10	0	0	50	5.00
CSD07	3	0	0	50	1.50
CSD08	4	0	0	75	3.00
CSD09	4	0	0	75	3.00
CSD10	3	0	0	75	2.25
PF01	3	0	0	75	2.25
PF02	2	0	0	75	1.50
PF03	2	0	0	50	1.00
WF01	5	0	0	75	3.75
WF02 – RED FLAG	3	0	0	50	1.50
WF03	4	0	0	50	2.00
IMT01	1	0	0	100	1.00
IMT02	1	0	0	75	0.75
IMT03	1	0	0	50	0.50
IMT04 – RED FLAG	1	0	0	50	0.50
MB01 – RED FLAG	6	0	0	75	4.50
Quality Total	80	0		55.50	
Finance Total	20	0		20	
Tender Total	100	0		75.50	

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 offer the most economically advantageous tender, i.e. achieve the highest overall percentage score for both quality and finance in line with the evaluation criteria.

Summary of Evaluation:

Bidder 1 did not submit any financial accounts and advised they would be forwarded in due course, a clarification was issued to the bidder advising

	they had till 12 noon on the 16 September 2015 to supply their accounts. The bidder still did not supply their accounts and therefore Y&H agreed that the bidder should go no further in the procurement process. Bidder 2 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, Bidder 2 scored 55.50% of the available marks. Bidder 2 scored 20% in respect of finance. Bidder 2 achieved an overall score of 75.50% for both quality and finance combined. 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 required. **Recommendations** The Y&H and Barnsley CCG is requested to: • Note the contents of this report. • Approve that Bidder 2 is the recommended bidder for this service, as their submission was the MEAT received. The contract value of the recommended bidder's submission is £1,553,577.00 (Net Present Value) over a maximum duration of 5 years.
5.	**RISKS TO THE CLINICAL COMMISSIONING GROUP**
	There are a number of risks on the Corporate Risk register allocated to the PCCC. Risk 15/10 relates to the issues relating to the absence of medical cover at the Brierley and Shafton Practice. It is anticipated that the procurement exercise should mitigate these issues however there are potential risks relating to the short mobilisation timescales for the new provider. The PCCC have been asked to consider re-wording this risk to reflect these challenges.
6.	**CONSULTATION**
	NHS England Yorkshire and Humber (Y&H) and the CCG undertook a 3 week patient engagement period commencing on the 29th July 2015. As part of the engagement process a questionnaire was made available to patients, as well as drop in sessions whereby patients could speak directly to Y&H and the CCG about any concerns in relation to the re-commissioning of Brierley Surgery. The outcome of the engagement is that patients would not wish for Brierley Surgery to close and that they wish to be kept informed of changes going forward.
7.	**APPENDICES TO THE REPORT**

	None
8.	**CONCLUSION**
	The sub group received and reviewed the recommended Bidder Report on the Alternative Provider of Medical Services Contract, Brierley Medical Practice and approved Bidder 2 as the recommended bidder for this service, with a contract value of £1,553,577.00 (Net Present Value) over a maximum duration of 5 years

PCCC 15/10/11

Barnsley Clinical Commissioning Group

Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

29 October 2015

Finance Report

1.	**PURPOSE OF THE REPORT**
	To provide the Committee with the financial position of delegated primary care budgets for the period ending 30 September 2015.
2.	**EXECUTIVE SUMMARY**
	This report is based upon information received from NHS England in relation to expenditure and forecasts for delegated Primary Care budgets. NHS England has advised that for Month 6, the CCG remains consistent with the position reported by NHS England to show a break-even outturn position. In line with this the CCG has maintained a forecast with a nil variance within financial reporting and through the ISFE ledger. NHS England are concerned regarding a number of uncertainties within Primary Care forecasts regionally and this is the context behind requesting reporting of breakeven rather than current projected performance. Current projections indicate a potential underspend however this is subject to further validation and confirmation.
3.	**THE COMMITTEE IS ASKED TO:** • Note the contents of the report

Agenda time allocation for report:	5 minutes.

Report of:	Neil Lester
Designation:	Chief Finance Officer
Report Prepared by:	Neil Lester
Designation:	Deputy Chief Finance Officer

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**	
	Financial Implications	Yes
	Contracting Implications	Yes
	Quality	Yes
	Consultation / Engagement	Not relevant
	Equality and Diversity	EIA not undertaken
	Information Governance	Yes
	Environmental Sustainability	No
	Human Resources	Not relevant

Barnsley Clinical Commissioning Group

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE - FINANCE REPORT

FOR THE PERIOD ENDING 30 SEPTEMBER 2015

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			YEAR TO DATE (£)			FORECAST OUTTURN (£)			
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	BUDGET	ACTUAL	VARIANCE OVER / (UNDER)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	MOVEMENT FROM PREVIOUS MONTH
GENERAL PRACTICE - PMS	11,572,467	0	11,572,467	5,786,232	5,616,928	(169,304)	11,572,467	0	0.00%	0
GENERAL PRACTICE - GMS	8,594,892	0	8,594,892	4,297,446	4,281,506	(15,940)	8,594,892	0	0.00%	0
GENERAL PRACTICE - APMS	1,465,197	0	1,465,197	732,595	704,551	(28,044)	1,465,197	0	0.00%	0
PREMISES COST REIMBURSEMENT	5,082,145	0	5,082,145	2,541,072	2,547,535	6,463	5,082,145	0	0.00%	0
QOF	3,526,577	0	3,526,577	1,763,286	1,658,393	(104,893)	3,526,577	0	0.00%	0
ENHANCED SERVICES	1,523,982	0	1,523,982	761,989	758,665	(3,324)	1,523,982	0	0.00%	0
OTHER GP SERVICES (EXCLUDING CONTINGENCY)	887,255	0	887,255	596,952	244,003	(352,949)	887,255	0	0.00%	0
GP SERVICES - CONTINGENCY	306,650	0	306,650	0	0	0	306,650	0	0.00%	0
OTHER PREMISES COSTS	251,643	0	251,643	125,820	66,545	(59,275)	251,643	0	0.00%	0
DISPENSING AND PRESCRIBING DOCTORS	198,192	0	198,192	99,096	185,820	86,724	198,192	0	0.00%	0
TOTAL PRIMARY MEDICAL SERVICES	**33,409,000**	**0**	**33,409,000**	**16,704,488**	**16,063,947**	**(640,541)**	**33,409,000**	**0**	**0.00%**	**0**

NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

29 October 2015

Updates to the Committee Terms of Reference

1.	**PURPOSE OF THE REPORT**
	To provide the Primary Care Commissioning Committee with some proposed updates to the Committee Terms of Reference.
2.	**EXECUTIVE SUMMARY**
	The Terms of Reference for the Committee, which closely followed a model provided by NHS England, were approved by the Governing Body on 8 January. Further minor amendments were ratified by the Governing Body in July 2015. The Terms of Reference have now been further reviewed, and some proposed amendments are shown using track changes in the updated Terms of Reference attached at Appendix A. The main proposed changes are: • Inclusion of a paragraph enabling urgent decisions to be taken between Committee meeting, subject to subsequent ratification by the full Committee; and • Amendments reflecting the decision of the Committee to take a monthly assurance report, as opposed to the minutes of the Committee, to the Governing Body (with minutes instead being made publicly available via the CCG's website).
3.	**THE COMMITTEE IS ASKED TO:** • Approve the proposed amendments to the Committee Terms of Reference, subject to subsequent Governing Body ratification (Appendix A).

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

NHS
Barnsley Clinical Commissioning Group

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Primary Care Commissioning Committee

Terms of Reference

April 2015

Terms of Reference – NHS Barnsley CCG Primary Care Commissioning Committee

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. 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.

3. 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.

4. 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).

Statutory Framework

5. 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.
6. 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.
7. 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).

8. 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).

9. The Committee is established as a committee of the Governing Body of NHS Barnsley CCG in accordance with Schedule 1A of the “NHS Act”.

10. 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

11. 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.

12. 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.

13. 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.

14. 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.

15. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

- 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' payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities:

a) To plan, including needs assessment, primary medical care services in Barnsley;

b) To undertake reviews of primary medical care services in Barnsley;

c) To co-ordinate a common approach to the commissioning of primary care services generally;

d) To manage the delegated allocation for commissioning of primary medical care services in Barnsley

e) To manage other primary care investments in accordance with the CCG's annual Commissioning Plan and supporting Financial Plan

f) To obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley

g) Oversight of complaints regarding primary care medical services in Barnsley.

Geographical Coverage

17. The Committee will comprise the NHS Barnsley CCG.

Membership

18. 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)
- Chief Officer
- Chief of Corporate Affairs

Elected Practice Representatives:

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

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

19. In addition to the people stated above, a representative of Healthwatch Barnsley, a Local Authority representative of the Health and Wellbeing Board, 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.

20. 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.

21. The Vice Chair of the Committee shall be the Lay Member for Governance. 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.

22. 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

23. 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.

24. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of 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

25. No meeting of the Committee shall be held without a minimum of four members present (excluding non-voting attendees), including either the Chair or Vice Chair, and with the lay and executive majority maintained. 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.

25. An Officer in attendance but without formal acting up status may not count towards the quorum.

Urgent decisions

26. Where urgent decisions are required to be made outside Committee meetings these can be made a minimum of two voting members of the Committee, including at least one of the Chair or Vice Chair, and at least one of the executive members, In addition, wherever possible one of the clinical members will be involved unless all clinical members are prevented from participating as a

result of declared conflicts of interest. Decisions taken under these provisions should be reported back to the next meeting of the Committee for ratification.

Administration

27. Secretarial support for the Committee will be provided by the CCG's administration function, overseen by the Chief of Corporate Affairs.

Frequency and conduct of meetings

28. The Committee will meet on a monthly basis and more frequently as required, either by circumstances, the Governing Body or the Committee.

29. Meetings of the Committee shall:
    a) be held in public, subject to the application of 28(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.

30. 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.

31. 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.

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

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

34. The Committee will present its minutes to NHS England (North) area team of NHS England ~~and the governing body of NHS Barnsley CCG~~ each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 30 above. A monthly assurance report will be presented to the Governing Body of the CCG.

35. The CCG will also comply with any reporting requirements set out in its constitution.

36. 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

37. 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, together with other primary care investments in accordance with the CCG's annual Commissioning Plan and supporting Financial Plan.

38. 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 28(b) above)
    - The minutes of every meeting will be ~~taken to a public meeting of the Governing Body~~ made publicly available on the website of NHS Barnsley CCG except where those minutes record Committee business conducted in private.

Procurement of Agreed Services

39. 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

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

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

42. The Committee will produce an executive summary report which will be presented to NHS England (North) area team of NHS England and the governing body of NHS Barnsley CCG at least quarterly for information.

[Signature provisions]

[Schedule 1 – Delegation-to be added when final arrangements confirmed]

[Schedule 2 – Delegated functions-to be added when final arrangements confirmed]

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 branch/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’ payment (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-to be added when confirmed]

Lay / executive members:

- Lay Member for Patient and Public Engagement and Primary Care Commissioning (Chair)
- Lay Member for Governance (Vice Chair)
- Chief Officer
- Chief of Corporate Affairs

Elected Governing Body members:

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

In addition to the people stated above, a representative of Healthwatch Barnsley, a Local Authority representative of the Health and Wellbeing Board, 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.

NHS
Barnsley Clinical Commissioning Group
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PRIMARY CARE COMMISSIONING COMMITTEE

29 October 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 Finance and Performance. Risks with lower risk scores will be reported to the Committee twice a year for review. There are currently eight risks on the Corporate Risk register allocated to the PCCC, of which: • None have been scored as red (extreme) • Five have been scored as amber (high) – see Appendix • Three have been scored as moderate or low risks. Risk 15/10 relates to the issues relating to the absence of medical cover at the Brierley and Shafton Practice. It is anticipated that the procurement exercise should mitigate these issues however there are potential risks relating to the short mobilisation timescales for the new provider. The PCCC may wish to consider re-wording this risk to reflect these challenges. Following a discussion and decision at the September meeting of the PCCC one risk has been reallocated from the PCCC to the Clinical transformation Board risk register – reference 14/10, which is the risk associated with the lack of GPs in Barnsley in comparison with the national average.

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 risk 15/10 should be re-worded to reflect the potential risks relating to the short mobilisation timescales for the new provider of services in Brierley • Consider whether any 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 – 12 October 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)	11	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	1	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**
15/10	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 increasing pressure on existing staff to cover patient care leading to inadequate care for patients at this practice.	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**	10/15	**October 2015** The procurement process for Brierley is nearing completion. The Barnsley GP Federation continues to work with the existing provider to ensure the appropriate medical cover is maintained.	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**
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 delivery of its statutory financial duties	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 information shared with the PCCC	01/16
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.	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

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
						The CCG has written directly to all patients, as well as to the Overview and Scrutiny Committee and the local MPs advising them of the situation.								
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 damage to the CCG; and the practices involved not maintaining their registration.	**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 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.	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 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.	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**
						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.							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 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.	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	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 CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).							equalisation agenda.	