

NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 31 March 2016 at 3.00pm in the Boardroom, Hilder House 49/51 Gawber Road, Barnsley, S75 2PY

AGENDA
(Public Session)

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies - Karen Martin - Mehrban Ghani	Note	Chris Millington	3.00pm
2.	Quorum			
3.	Questions from the public relevant to the agenda		Chris Millington	3.05pm 5 mins
4.	Declarations of Interest	Note	PCCC 16/03/04 Chris Millington	3.10pm 5 mins
5.	Minutes of the meeting held on 28 January 2016	Approve	PCCC 16/03/05 Chris Millington	3.15pm 5 mins
6.	Matters Arising Report	Approve	PCCC 16/03/06 Chris Millington	3.20pm 5 mins
Strategy & Planning				
7.	No Items			
Quality and Patient Safety in Primary Medical Services				
8.	CQC Update		PCCC 16/03/08 Vicky Peverelle	3.25pm 10 mins
Contracting, investment, and procurement				
9.	No Items			
Finance, Governance and Performance				
10.	Finance Update		Verbal Roxanna Naylor	3.35pm 5 mins
11.	Risk Register and Assurance Framework		PCCC 16/03/11 Vicky Peverelle	3.40pm 5 mins
Committee Reports and Minutes				
12.	No items			
Other				
13.	Questions from the public relevant to the agenda		Chris Millington	3.45 5 mins
14.	Date and Time of the Next Meeting: The next meeting of the Primary Care Commissioning Committee will be held at	Information		

	3.00pm on Thursday 28 April 2016 in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.			
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PRIMARY CARE COMMISSIONING COMMITTEE

31 March 2016

Declarations of Interests Report

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

Agenda time allocation for report:

5 minutes

Report of:

Chris Millington

Designation:

Chair

Report Prepared by:

Lynne Richards

Designation:

Governance, Assurance and
Engagement Facilitator.

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

REGISTER OF INTERESTS

NHS Barnsley Clinical Commissioning Group

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

Register: Primary Care Commissioning Committee

GOVERNING BODY		
Name	Position	Details of interest
Nick Balac	Chair of Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> • Partner at St Georges Medical Practice (PMS) • Practice holds Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member Medical Protection Society • The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG

GOVERNING BODY		
Name	Position	Details of interest
Mehrban Ghani	Medical Director for Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> GP Partner at White Rose Medical Practice, Cudworth, Barnsley Directorship at SAAG Ltd, 15 Newham Road, Rotherham The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG
Madhavi Guntamukkala	GP Member Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> GP partner at The Grove Medical Practice Member of British Medical Association and member of Royal College of General Practitioners The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG
Chris Millington	Lay Member, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> Partner Governor Barnsley Hospital NHS Foundation Trust
Vicky Peverelle	Chief of Corporate Affairs, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> No interests to declare
Lesley Smith	Chief Officer, Barnsley Clinical Commissioning	<ul style="list-style-type: none"> Husband is Director of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public

GOVERNING BODY		
Name	Position	Details of interest
	Group	<p>sector clients.</p> <ul style="list-style-type: none"> • Board Member (Trustee), St Anne's Community Services, Leeds • Member of the Regional Leadership Council (RLC), Yorkshire and Humber Leadership Academy, Health Education England • Chair, South Yorkshire Cancer Strategy Group • Chief Officer lead, Working Together <ul style="list-style-type: none"> ○ Living With and Beyond Cancer Programme (in conjunction with McMillan Cancer Support) ○ CVD Stroke • Chair, Working Together, Programme Executive Group

**Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE held on Thursday 28 January 2016 at
3pm in the Boardroom, Hilder House, 49 – 51 Gawber Road S75 2PY.**

MEMBERS PRESENT:

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

IN ATTENDANCE:

Mr Dawn Ginns	NHS England Primary Care Manager
Ms Lynne Richards	Governance Assurance and Engagement Facilitator
Mr James Barker	Lead Service Development Manager
Ms Carrienne Stones	Healthwatch Barnsley Manager
Mr Neil Lester	Deputy Chief Finance Officer
Ms Karen Martin	Head of Quality for Primary Care Commissioning of General Medical Services
Mr Richard Walker	Head of Assurance

APOLOGIES:

Ms Margaret Dennison	Healthwatch Barnsley
Ms Julia Burrows	Director of Public Health

MEMBERS OF THE PUBLIC:

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

Agenda Item	Note	Action	Deadline
PCCC 16/01/03	DECLARATIONS OF INTEREST		
	<p>The Committee noted the Declarations of Interest Report.</p> <p>No further declarations in relation to the agenda were received; however, the Chair reminded members that should they feel that they have a conflict of interest at any point in the meeting they should raise it at that time.</p>		
PCCC 16/01/04	MINUTES OF THE MEETING HELD ON 17 DECEMBER 2015		
	<p>The minutes of the previous meeting were approved as a true record of the proceedings.</p> <p>It was agreed that in future Committee minutes the Head of Quality for Primary Care Commissioning of General Medical Services role would be referred to as Head of Quality for Primary Care for ease of reading.</p>		
PCCC 16/01/05	MATTERS ARISING REPORT		
	<p>The Committee received the Matters Arising Report and the following updates were given:</p> <ul style="list-style-type: none"> PCCC 15/12/04 – QUALITY AND PATIENT SAFETY REPORT It was advised that it had been agreed to discharge the CCG's responsibility for monitoring and providing assurance to the Governing Body on quality and patient safety in primary medical services through the Quality and Patient Safety Committee. It was agreed to ensure that this was reflected within the Committee's Terms of Reference. PCCC 15/11/05 – PRIMARY CARE DASHBOARD The Head of Quality for Primary Care Commissioning advised that the dashboard had been discussed at the Practice Managers Group and a Practice Managers Development Group responsible for inputting into the dashboard. Work was currently being taken forward by the Primary Care Workstream and an update would be 	<p>RW</p> <p>KM</p>	<p>31.03.15</p> <p>31.03.15</p>

Agenda Item	Note	Action	Deadline
	presented to the March meeting of the Committee.		
	The Chair Committee noted the Matters Arising Report.		
QUALITY AND PATIENT SAFETY IN PRIMARY MEDICAL SERVICES			
PCCC 16/01/06	GP SURVEY SUMMARY REPORT		
	<p>The Head of Quality for Primary Care Commissioning presented the GP Survey Summary Report. It was advised that the GP Patient Survey (GPPS) was an England-wide survey, providing practice-level data about patients' experiences of their GP practices. The report provided a summary of patient experiences during the last quarter against the national target.</p> <p>It was highlighted that nationally there had been a low response rate to the survey but Barnsley response was good in relation to the response nationally.</p>		
	The Committee thanked the Head of Quality for Primary Care Commissioning for the report.		
PCCC 16/01/07	CQC UPDATE		
	The Head of Quality for Primary Care Commissioning stated that she had received formal feedback that Wombwell Medical Centre was now out special measures and that Caxton House Surgery had been rated good in two domains and adequate in the other three. It was advised that Rotherham Road and Cope Street Surgery were awaiting the reports from their CQC visits.		
	The Chair complimented the Head of Quality for Primary Care Commissioning on the work and support she had been giving practices in relation to their CQC visits. He added that the CCG strived for all its practices to receive excellent ratings from the CQC.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 16/01/08	QUARTERLY FINANCE REPORT		
	The Deputy Chief Finance Officer stated that it had been		

Agenda Item	Note	Action	Deadline
	<p>reported within the Integrated Performance Report that a further potential underspend of £342k had been identified.</p> <p>The Committee were informed that there had been a change in formula which would benefit Barnsley in its Primary Care budget next year.</p>		
	The Committee thanked the Deputy Chief Finance Officer for his update.		
PCCC 16/01/09	RISK REGISTER AND ASSURANCE FRAMEWORK		
	<p>The Chief of Corporate Affairs presented the Risk Register extract which detailed the risks that the Primary Care Commissioning Committee was responsible for.</p> <p>After reviewing risk reference 15/10 and 15/11 which were both related to the mobilisation and premises for the Brierley Medical Practice it was agreed to remove these risks from the risk register as they were no longer risks to the CCG and had both been mitigated and resolved.</p>	RW	31.03.15
	The Lay Member for Governance queried why there was not any mention on the Assurance Framework relating to Primary Care Capacity. It was agreed that as this risk was managed by the Clinical Transformation Board and it would be raised for discussion at the next Primary Care Work Stream meeting. It was added that only red risks should be escalated to the Assurance Framework.		
	The Medical Director highlighted a potential future risk relating to practices giving back their contracts to CCG's. The Committee and NHS England Representatives agreed that if this became an issue in Barnsley it would need to be captured on the Risk Register.		
	The Committee noted the Risk Register and Assurance Framework.		
OTHER			
PCCC 16/01/10	QUESTIONS FROM THE PUBLIC RELEVANT TO THE AGENDA		
	Ms Margaret Sheard queried how patients had been		

Agenda Item	Note	Action	Deadline
	chosen to take part in the GP survey. It was stated that a national formula was used to select patients and the survey was sent to the patient's home for completion. The Committee had a discussion around 10871 surveys being sent out to a population of 258,000 patients and if this was a significant enough size to capture accurate results.		
PCCC 16/01/11	DATE AND TIME OF THE NEXT MEETING		
	The next meeting of the Primary Care Commissioning Committee will be held on 31 March 2016 at 3pm in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.		

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE**31 March 2016****1. MATTERS ARISING**

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on 28 January 2016

Minute ref	Issue	Action	Outcome/Action
PCCC 16/01/05	MATTERS ARISING REPORT <ul style="list-style-type: none"> PCCC 15/12/04 – QUALITY AND PATIENT SAFETY REPORT <p>It was advised that it had been agreed to discharge the CCG's responsibility for monitoring and providing assurance to the Governing Body on quality and patient safety in primary medical services through the Quality and Patient Safety Committee. It was agreed to ensure that this was reflected within the Committee's Terms of Reference.</p>	RW	COMPLETED
	<ul style="list-style-type: none"> PCCC 15/11/05 – PRIMARY CARE DASHBOARD <p>The Head of Quality for Primary Care Commissioning advised that the dashboard had been discussed at the Practice Managers Group and a Practice Managers Development Group responsible for inputting into the dashboard. Work was currently being taken forward by the Primary Care Workstream and an update would be presented to the March meeting of the Committee.</p>	KM	ONGOING

PCCC 16/01/09	RISK REGISTER AND ASSURANCE FRAMEWORK After reviewing risk reference 15/10 and 15/11 which were both related to the mobilisation and premises for the Brierley Medical Practice it was agreed to remove these risks from the risk register as they were no longer risks to the CCG and had both been mitigated and resolved.	RW	COMPLETED
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2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

Table 2 provides an update/status indicator on actions arising from earlier Committee meetings held in public.

Table 2

Minute Ref	Issue	Action	Outcome/Actions
PCCC 15/11/05	MATTERS ARISING REPORT <ul style="list-style-type: none"> PCCC 15/09/08 – PRIMARY CARE DASHBOARD <p>It was advised that the Primary Care Dashboard was still work in progress and scheduled to come back to the Committee in February 2016. It was therefore, agreed to keep this item on the Matters Arising Report until the dashboard had been received by the Committee.</p>	KM	Practice Managers have been contacted and some managers have come forward to be involved in the working group for the dashboard. Karen Martin, Mike Austin and Elen Williams will be working on the indicators to share with the working group in January 2016. Update due to the Committee in February 2016.

Barnsley Clinical Commissioning Group
Putting Barnsley People First

Primary Care Commissioning Committee

Thursday 31 March 2015

CQC Progress report

1.	PURPOSE OF THE REPORT
	To provide a progress report to the Primary Care Co-Commissioning Committee following the CQC inspections to GP practices in Barnsley.
2.	EXECUTIVE SUMMARY
	<p>The Care Quality Commission (CQC) has carried out 22 inspections visits across GP practices in Barnsley since November 2014 .Two follow up inspections have also been undertaken to practices that were deemed to be special measures following the CQC inspections in November/December 2014. Good progress has been made one practice has is now fully complaint with the essential standards and the other although out of special measures still requires improvement in 3 domains of safety, responsiveness and well led.</p> <p>The appointment of a substantial inspector in September 2015 specifically for Barnsley has helped to standardise the approach to CQC inspections and this has improved communication between the practices and the CQC.</p> <p>The CQC aim to have inspected all practices in Barnsley by 2016. Only one practice in 2015 did not meet all the quality standards and has been placed in Special Measures. This practice has been supported by CCG. Visits have been undertaken to the practice to ensure patient safety and quality of the services to patients. Two practices required improvements in the safety domain work is ongoing and the CQC will re inspect this year.</p>
	<p>THE COMMITTEE IS ASKED TO:</p> <ul style="list-style-type: none"> Note the contents of this Progress Report

Agenda time allocation for report:	10 minutes.
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Report of:

Vicky Peverelle, Chief of Corporate Affairs

Report Prepared by:

Karen Martin, Head of Quality for Primary Care Commissioning General Medical Services

1.	SUPPORTING INFORMATION	
1.1	Links to the Assurance Framework	
	This report provides assurance in respect of risks 1.1 and 1.5 on the Governing Body Assurance Framework.	
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	Not Applicable
	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	✓
	Contracting Implications <i>Have contracting implications been discussed with Contracting Team and signed off by the Chief Finance Officer where appropriate?</i>	✓
	Quality <i>Has advice been taken from the Quality team re any potential impact on service quality and patient safety?</i>	✓
	Consultation / Engagement <i>Has Communications Team advice been sought over appropriate consultation & engagement activity, including whether formal consultation is required.</i>	✓
	Equality and Diversity <i>Has an Equality Impact Assessment been completed? (If yes, please add as Appendix).</i>	Not Applicable
	Information Governance <i>Have potential IG issues been identified in discussion with CCG IG Lead / CSU IG in accordance with the IG Accreditation Procedure?</i>	Not Applicable
	Environmental Sustainability <i>Are there any significant (positive or negative) impacts on the environment, including on the CCG's carbon footprint?</i>	Not Applicable
	Human Resources <i>Has there been discussion with CSU HR specialists to ensure proposals are compliant with CCG HR policies, national requirements and best practice?</i>	Not Applicable

2.	Progress to Date
	<p>Since September 2015 eleven GP practices have been inspected by the CQC. (Please see Appendix1) The majority of practices have scored “good” in all of the five domains. The 5 domains are:</p> <ul style="list-style-type: none"> • Safe • Effective • Caring • Responsive • Well Led <p>Five GP practices are due to be inspected over the next few months namely</p> <ul style="list-style-type: none"> • Bird Well Medical Centre • Dearne Valley Group Practice • Apollo Court Medical Centre • Monk Bretton Health Centre • Grove Medical Practice <p>Four practices have scored outstanding within the domains in relation to ,</p> <ul style="list-style-type: none"> • “ working age people including those recently retired and with students” Grimethorpe Surgery and Royston Group Practice • Families and young people - Hoyland First PMS Practice and Victoria Medical Centre PMS Practice. • Well Led - Victoria Medical Centre PMS Practice. <p>Several Themes from the visits are emerging around the storage of vaccinations and the monitoring of fridge temperatures, having a legionella certificate in place, and infection control.</p> <p>The CCG continues to support practices with the CQC inspections. A suit of Infection prevention and control (IPC) policies have been sent to practices along with regular updates on Safeguarding adults and children. Quality Standards on fridge temperatures and correct storage and administration of vaccines have also been sent to practices.</p> <p>The CCG is supporting practices to fund mandatory training through the Blue stream Academy which is RCGP accredited. The Academy can also provide updated policies and procedures for practices to meet CQC requirements.</p> <p>Training on IPC has been set up specifically for practice nurses and Advance nurse practitioners.</p> <p>Practices in Special Measures following CQC inspections</p> <p>Two practices Wombwell Medical Centre and Saxton House that were both placed in special measures during 2014. They were re inspected in November 2015 and have been removed from Special measures.</p> <p>Wombwell Medical Centre scored good in all domains and Caxton House was assessed as good in the domains of Caring and effective but requiring further improvement in responsive, well led and safe domains. The CCG continues to work with the practice.</p> <p>.</p> <p>In November 2015 Cope Street Surgery was rated by the CQC as inadequate in all quality and safety domains and was placed in Special Measures. The</p>

	<p>practice has been supported by the CCG and offered help from the Royal College of General Practitioners but this has not been taken-up by the practice.</p> <p>A patient safety and quality meeting involving the CCG, NHS England and the CQC took place in February 2016 following publication of the final CQC report in January. This resulted in a patient safety & quality review visit being undertaken by the CCG and NHS England. The visit provided assurance to the CCG and NHS England that immediate action had been taken, regarding the concerns raised by the CQC. The meeting also gave the opportunity to discuss the CQC action plan and compliance with contract regulations.</p> <p>Remedial breach of contract letter has been sent to the practice and the Head of Quality for Primary Care Commissioning has been working with the practice to ensure compliance.</p> <p>Future Inspections</p> <p>Since January 2016 the CQC has been carrying out a consultation process around the future strategy of inspection visits for 2016- 2021. The consultation closed on the 14th March 2016. Guidance is awaited</p>
4.	RISKS TO THE CLINICAL COMMISSIONING GROUP
	<p>The risks to the CCG are:</p> <ul style="list-style-type: none"> • If the CQC standards are not met patient safety will be compromised. • The GP contract could be potentially be withdrawn; - this could give rise to problems with access and availability. • Media attention resulting in reputational risk to the CCG.
5.	APPENDICES TO THE REPORT
	Appendix 1 – Table with practices visit by CQC and results
6.	Recommendations
	The PCCC is asked to note the contents of this briefing report.

Appendix 1

CQC Reports already published

CQC Inspections												
Practice	Date of Visit	Safe	Effective	Caring	Responsive	Well-led	Older people	People with long term conditions	Families, Children and Young People	Working age people (including those recently retired and students)	People whose circumstances may make them vulnerable	People experiencing poor mental health (including people with dementia)
Apollo Court	14/03/2016											
Ashville Medical Practice	02/07/2015	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Brierley Medical Centre	2013 Taken over by Federation											
Caxton House	21/01/2016	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Cope Street	30/11/2015	Inadequate	Inadequate	Good	Requires improvement	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Dearne Valley Group Practice	14/03/2016											
Dr Mellor and Partners	04/10/2013 TBC											
Eko G	TBC											
Goldthorpe Medical Centre PMS Practice	TBC											
Gopinath	TBC. Merging with Dearne Valley											
Grimethorpe Surgery	19/02/2015	Good	Good	Good	Good	Good	Good	Good	Good	Outstanding	Good	Good
High Street Royston	11/02/2016	Requires improvement	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good

Highgate Surgery	Taken over by Federation											
Hill Brow Surgery	31/03/2015	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Hollygreen Practice	25/02/2016	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Hoyland First PMS Practice	31/03/2015	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Hoyland Medical Practice	16/03/2016	Good	Good	Good	Good	Good	Good	Good	Outstanding	Good	Good	Good
Huddersfield Road	31/03/2015	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Kingswell Surgery	TBC											
Lakeside Surgery	TBC											
Lundwood Medical Centre	21/01/2016	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Monk Bretton	14/03/2016											
Park Grove Surgery	TBC											
Penistone Group PMS Practice	08/05/2015	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Rotherham Road	25/02/2016	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Roundhouse Medical Centre	25/02/2016	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Royston Group Practice	19/02/2015	Good	Good	Good	Good	Good	Good	Good	Good	Outstanding	Good	Good
St Georges Medical Centre PMS Practice	19/03/2015	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Dove Valley Practice	26/03/2015	Requires improvement	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Grove Medical Practice	10/12/2013 TBC											
The Kakoty Practice	17/12/2015	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Rose Tree PMS Practice	23/04/2015	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Victoria Medical Centre PMS Practice	19/03/2015	Good	Good	Good	Good	Outstanding	Good	Good	Outstanding	Good	Good	Good
Wombwell Medical Centre	14/01/2016	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Wombwell PMS Practice	15/02/2016											

Woodland Drive Medical Centre	25/02/2016	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Blue: Outstanding												
Green: Good												
Amber: Requires Improvement												
Inadequate: Red												

PRIMARY CARE COMMISSIONING COMMITTEE

31 March 2016

Assurance Framework & Risk Register

1.	PURPOSE OF THE REPORT
	To provide the Primary Care Commissioning Committee with a register of its key risks.
2.	EXECUTIVE SUMMARY
	<p>In common with all committees of the CCG the Primary Care Commissioning Committee (PCCC) receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating. There are currently no risks on the GBAF allocated to the PCCC.</p> <p>The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk. Members' attention is drawn to Appendix 1 of this Report which provides the Committee with an extract from Barnsley CCG Risk Register of all risks associated with Primary Care Commissioning Committee.</p> <p>There is currently one red ('extreme') risk for which the Primary Care Commissioning Committee is the responsible committee:</p> <ul style="list-style-type: none"> • Risk 15/14(b) (scored as 16 – extreme): "In relation to the 0-19 pathway procurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity." <p>This risk has been escalated as a gap in control or assurance against risk 2.1 on the CCG's Governing Body Assurance Framework.</p> <p>In addition to the above there are currently six risks on the Corporate Risk register allocated to the PCCC, of which:</p> <ul style="list-style-type: none"> • Three have been scored as amber (high) • Three have been scored as moderate or low risks. <p>The Chief of Corporate Affairs recommends that a risk relating to the potential reputational damage to the CCG arising from the negative media coverage of the Lundwood and Highgate contract award is added to the Risk Register. Suggested wording and score is included in the extract of the Risk Register attached for the Committee's approval.</p>

	<p>Following a discussion at the last Committee two risks (risks 15/10 and 15/11) relating to medical cover and premises issues at Brierley and Shafton have been removed from the Risk Register.</p> <p>All of these risks continue to be reviewed and updated by the Chief of Corporate Affairs.</p>
3.	<p>THE COMMITTEE IS ASKED TO:</p> <p>Review the risk register attached and:</p> <ul style="list-style-type: none"> • Consider whether the risks identified are appropriately described and scored • Consider and approve the new risk relating to the Lundwood and Highgate contract award • Consider whether there are other risks which need to be included • Consider whether any of the risks are sufficiently serious to warrant escalation to the GBAF as gaps in control or assurance against the CCG's strategic objectives.

Agenda time allocation for report:

5 minutes

Report of:

Vicky Peverelle

Designation:

Chief of Corporate Affairs

Report Prepared by:

Richard Walker

Designation:

Head of Assurance

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

RISK REGISTER – PCCC March 2016

Domains

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

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	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)	2	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
15/14(b)	4	In relation to the 0-19 pathway reprocurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity.	4	4	16	As for risk 15/14(a) Monitoring at practice level delivery of 0-19 KPIs in relation to practice contracts, utilizing identified escalation routes when core service KPIs are not delivered in real time.	MG (Primary Care Commissioning Committee)	Governing Body	4	4	16	03/16	March 2016 BMBC, SWYPFT and the CCG are continuing to discuss the optimum solutions to deliver high quality services for this patient group. February 2016 The CCG is still in discussions with the Council through our Chair, Chief Officer and Chief Nurse to establish how we can ensure that the service we	04/16

			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
													have will be the best for people of Barnsley. December 2015/ January 2016 The CCG is still in discussions with the Council through our Chair, Chief Officer and Chief Nurse to establish how we can ensure that the service we have will be the best for people of Barnsley.	
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	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	VP (Primary Care Commissioning Committee)	Risk Assessment	2	5	10	01/16	January 2016 The Co-commissioning function is managing within its delegated budget in 2015/16 with forecasts showing an underspend position. October 2015 A year end	04/16

			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
		investments during 2015/16 and to the delivery of its statutory financial duties				PCCC going forward.							forecast position is being prepared as part of the Mid-Year Financial Review and first cut of this position appears favorable.	
CCG 15/02		If there is not an adequate response to the CQC reports in respect of those practices deemed to be inadequate, there is a risk that when they are re-inspected the practices will not meet the requirements potentially leading to poor quality or unsafe services; reputational damage to the CCG; and the practices involved not maintaining their registration.	3	3	9	<p>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.</p> <p>The Head of Quality for Primary Care Commissioning will continue to work with the practices as they work to deliver the necessary improvements.</p> <p>Practice visits have been undertaken to all GP practices who have not yet had a CQC inspection. This has provided an opportunity to share best practice and to help practices put systems and processes in place to meet the regulations.</p>	KM (Primary Care Commissioning Committee)	CQC reviews	3	3	9	01/16	<p>January 2016 The CQC re-inspected the two practices in Special Measures during November 2015 - one practice is now out of special measures and graded good in all 5 domains. The report is awaited from CQC regarding the second practice.</p> <p>The CQC met with the CCG in December 2015 and information has been shared re data packs</p>	04/16

			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
						<p>An information matrix on what contributes “good” and” outstanding” practice has been developed and shared with all practices.</p> <p>CQC is a main agenda item at the practice manager forum.</p>							<p>which are collated prior to the practice being inspected . This information will be discussed at the next Membership Council in January 2016. The CQC now meets with the CCG on a quarterly basis.</p> <p>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.</p> <p>The CQC have recruited a lead</p>	

			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
													inspector for Barnsley who will now be on all visits to ensure a standardised approach across the locality. Inspection timetable for visits will be implemented by the end of October . The Head of Quality for Primary Care has been liaising with the CQC and regular meetings will be set up as a result this should improve communication to 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	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	VP (Primary Care Commissioning Committee)	Risk Assessment	2	4	8	03/16	March 2016 All controls and working arrangements are being followed to manage this residual risk.	06/16

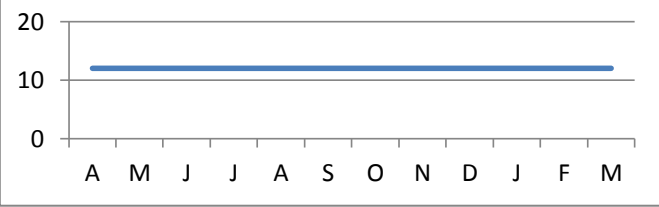
			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		relationship with its membership could be damaged.				<p>role is carried out consistently with the CCG's culture & approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).</p>							<p>January 2016 All controls and working arrangements are being followed to manage this residual risk.</p> <p>October 2015 The CCG continues to work internally and with NHSE partners to discharge the delegated functions.</p>	
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.	3	5	15	<p>CCG considered its strategic capacity & capability as part of the successful application process.</p> <p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. In addition the CCG is recruiting a Head of Quality for Commissioning Primary Medical Services.</p>	VP (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	01/16	<p>January 2016 BCCG is managing its delegated functions through internal resource and links to central NHSE expertise.</p> <p>October 2015 BCCG is working closely with NHSE to deliver the required</p>	07/16

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
						The CCG is undertaking a review of management capacity including delegated responsibilities.							capacity and capability to fulfill delegated responsibilities.	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in December 2014 there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.	3	3	9	<p>Conflicts of Interest Policy updated.</p> <p>Register of Interests extended to incorporate GP practice staff.</p> <p>Declarations of interest to be tabled at start of every meeting to enable updating.</p> <p>PCCC has Lay Chair and Lay & Exec majority.</p> <p>Register of Procurement decisions to be established to record how any conflicts have been managed.</p> <p>Guidance to be provided to minute takers on recording decisions re managing conflicts of interest.</p>	VP (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	03/16	<p>March 2016 Q4 Self - Assessment declaration and PCCC Annual Assurance Report to be approved and submitted as at 31.03.16.</p> <p>January 2016 Quarterly Declarations completed and audited by the CCGs internal audit function</p> <p>October 2015 Mike Austin is working with all practices to update all practices' Registers of Interest in line with enhanced COI guidance and</p>	09/16

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
													the CCG's delegated commissioning primary medical services responsibilities Register of Procurement decisions has been established.	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.	2	3	6	<p>The CCG has a well-established and effective PPE function currently commissioned from CSU, as well as robust governance supporting the function. Arrangements going forward are being reviewed.</p> <p>The existing primary care commissioning resource and expertise within the Area Team can be accessed by the CCG.</p> <p>The CCG considered its strategic capacity & capability as part of the successful application process.</p>	VP (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	01/16	<p>January 2016</p> <p>The CCG engagement with practices re estates survey was extremely problematic and damaging to the CCGs relationship with some practices. The Team is working closely with practices to resolve the issues.</p>	01/17

NEW RISK APRIL 2016

16/03	1	If the CCG does not effectively manage the negative media coverage associated with the Lundwood and Highgate contract award, there is a risk that the reputation of the CCG and the confidence of the local population in the services provided will be damaged.	4	3	12	<p>Appropriate governance in place over entire procurement process – overseen by NECS and reviewed retrospectively by Monitor. Includes robust management of potential conflicts of interest.</p> <p>Procurement decisions taken in public, and pre procurement checklist completed and also reported in public.</p> <p>Post award the CCG has engaged with members of the public by letter direct to all patients, attendance at public meeting of Shafton Parish Council, responding to ad hoc calls and queries from the public, and timely responses to FOI requests.</p> <p>Proactive media management approach in place.</p>	VP (Primary Care Commissioning Committee)	Risk Assessment	4	3	12	04/16	Proposed New Risk for PCCC	07/16
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Objective 2: Wherever it makes safe clinical sense to bring care closer to home.				NHSE Domains: 1, 2, 3, 5, 6 Risk register: High - 14/2, 14/3, 14/10;15/12(b) Moderate - 13/22.				Clinical / Lay Lead NB, MG Executive lead VP Committee FPC					
What would success look like? To move services closer to home in a way which does not destabilise BHNFT.					Principal threat(s) to delivery of the objective 2.1 If the CCG fails to deliver the objective of the Strategic Plan and the Primary Care Strategy to move care out of hospital, due to failure to engage with all providers, lack of capacity within the CCG, or the primary care workforce, there is a risk that care will either: • be moved closer to home inappropriately or inconsistently across the district, resulting in an adverse effect on health inequalities in Barnsley, or conversely • will not move out of secondary care settings.								
Risk rating	Likelihood	Consequence	Total						Date reviewed		Mar-16		
Initial	3	4	12						Rationale: Likelihood remains possible but is reducing given that programme is progressing at pace. Consequence major given importance of building capacity in primary care to delivery of our commissioning priorities.				
Current	3	4	12										
Appetite	3	4	12										
Approach	Tolerate												
Key controls to mitigate threat:				Sources of assurance									
CCG's refreshed Strategic Plan 2014-15 places care closer to home at the heart of the strategy and the CCG's investment plan for 2015-16 and beyond prioritises investments best place to make this happen				Plan approved by GB and membership Council and delivery will be monitored via IPRs to F&P and GB, through the work of the CTB in terms of transformation									
NHSE's Primary Care Strategy				Delivery monitored via CCG COM, attended by CCG's Chair & CO									
Primary Care Development Programme PID				Oversight via FPC									
NHSE Primary Care Strategy Leads group				Attended by Chair & Medical Director									
Primary Care Development Programme Group with PID and project support				Barnsley Quality Framework (BQF) Phases 1 and 2 business cases presented to and approved by the Governing Body. Detailed specifications for implementation are progressing at pace.									
Delegated responsibility for commissioning primary medical services allows greater scope for integrating primary care with the wider CCG strategy				Delegated responsibilities delivered through Primary Care Commissioning Committee, which reports to GB and is subject to assurance processes from NHS England (based on quarterly self certification returns assured by internal audit review).									
Successful bid in Barnsley for PMCF Funding for OOH hubs will potentially impact positively on numbers of unplanned attendances and admissions to secondary care				Oversight of work of I HEART Barnsley via PCCC, and the additional NHSE oversight will provide assurance of delivery of the PMCF programme initiatives.									
BCCG along with partners is embracing the opportunities in the FYFV for new, flexible methods of delivering healthcare outside hospital eg a local MCP is being established initially for diabetes and respiratory conditions but with a view to rolling out the model to wider long term condition management				A new models of care working group has initiated this work but the work stream/programme will be established through a business case to the CTB who will provide oversight and provide assurance through to the GB through regular reports									
Practice Delivery Agreement (PDA) concept being developed in conjunction with Governing Body and Practices to support delivery of primary care at scale				PDA has been signed off by Governing Body and Membership Council, along with the Innovation Fund and the House of Care									
Primary Care Development Strategy for Barnsley developed				Submitted to Governing Body for approval December 2014									
Primary Care Commissioning Steering Group				Chair and Chief of Corporate Affairs represent BCCG and report back to BCCG via Primary care Development Group which reports into FPC									
Equalisation of Primary Care Funding work to support primary care development and investment				CoCA, Elected member (Jim Logan), Medical Director and Primary Care Development Lead represent the CCG. Report back to BCCG via Primary care Development Group which reports into FPC.									
Gaps in control				Positive assurances received									
Gaps in assurance Addressing shortage of clinicians / capacity in primary care will take time and any positive impact on outcomes may not be apparent in the short term. RR 15/14(b): In relation to the 0-19 pathway reprocurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity				Actions being taken to address gaps in control / assurance Membership of Children & Young people's Trust; Oversight through Children & Young People's Trust ECG; Promoting dialogue and shared ownership as commissioners with Public Health; Monitoring at practice level delivery of 0-19 KPIs in relation to practice contracts, utilizing identified escalation routes when core service KPIs are not delivered in real time. December 2015 - The CCG is still in discussions with the Council through our Chair, Chief Officer and Chief Nurse to establish how we can ensure that the service we have will be the best for people of Barnsley.									