

NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 25 August 2016 at 3pm 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	Note	Chris Millington	3.00 pm
2.	Quorum			
3.	Questions from the public relevant to the agenda		Chris Millington	3.05 pm 5 mins
4.	Declarations of Interest, Gifts, Sponsorship and Hospitality	Note	PCCC 16/08/04 Chris Millington	3.10 pm 5 mins
5.	Minutes of the meeting held on 30 June 2016	Approve	PCCC 16/08/05 Chris Millington	3.15 pm 5 mins
6.	Matters Arising Report	Approve	PCCC 16/08/06 Chris Millington	3.20 pm 5 mins
Strategy & Planning				
	No items			
Quality and Patient Safety in Primary Medical Services				
7.	Care Homes Update	Note	Verbal Doriann Bailey	3.25pm 10 mins
Finance, Governance and Performance				
8.	Finance Update	Note	PCCC 16/08/08 George Dipe	3.35pm 5mins
9.	Risk Register and Assurance Framework		PCCC 16/08/09 Vicky Peverelle	3.40pm 5 mins
Committee Reports and Minutes				
10.	No items			
Other				
11.	Questions from the public relevant to the agenda			3.45pm
12.	Date and Time of the Next Meeting: The next meeting of the Primary Care Commissioning Committee will be held at 3.00pm on Thursday 27 October 2016 in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	Information		3.50pm Close

Exclusion of the Public:

The CCG Governing Body should consider the following resolution:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest”

Section 1 (2) Public Bodies (Admission to meetings) Act 1960

PRIMARY CARE COMMISSIONING COMMITTEE

25 August 2016

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR									
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
2.	REPORT OF									
	<table border="1"> <tr> <td></td> <td><i>Name</i></td> <td><i>Designation</i></td> </tr> <tr> <td><i>Executive Lead</i></td> <td>Vicky Peverelle</td> <td>Chief of Corporate Affairs</td> </tr> <tr> <td><i>Author</i></td> <td>Lynne Richards</td> <td>Governance, Assurance and Engagement Facilitator</td> </tr> </table>		<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Vicky Peverelle	Chief of Corporate Affairs	<i>Author</i>	Lynne Richards	Governance, Assurance and Engagement Facilitator
	<i>Name</i>	<i>Designation</i>								
<i>Executive Lead</i>	Vicky Peverelle	Chief of Corporate Affairs								
<i>Author</i>	Lynne Richards	Governance, Assurance and Engagement Facilitator								
3.	EXECUTIVE SUMMARY									
	<p>A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship.</p> <p>This report is to provide the Primary Care Commissioning Committee with all members' declarations of interest.</p> <p>Appendix 1 to this report details all Committee members' current declared interests for members to update and to enable the Chair and members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>									
4.	THE COMMITTEE IS ASKED TO:									
	<ul style="list-style-type: none"> Note the contents of this report and declare if members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship. 									
5.	APPENDICES									
	<ul style="list-style-type: none"> Appendix A – <i>Committee Members Declaration of Interest Report</i> 									

Agenda time allocation for report:	<i>5 minutes.</i>
---	-------------------

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1 and 5.2.
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	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 £.	
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

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 AQP Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member Medical Protection Society

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

GOVERNING BODY		
Name	Position	Details of interest
	Affairs, Barnsley Clinical Commissioning Group	
Lesley Smith	Chief Officer, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> • Husband is Director of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients. • Board Member (Trustee), St Anne's Community Services, Leeds • Member of the Regional Leadership Council (RLC), Yorkshire and Humber Leadership Academy, Health Education England • Chair, South Yorkshire Cancer Strategy Group • Chief Officer lead, Working Together <ul style="list-style-type: none"> ○ Living With and Beyond Cancer Programme (in conjunction with McMillan Cancer Support) ○ CVD Stroke • Chair, Working Together, Programme Executive Group
Brian Roebuck	Lay Member, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> • No Declaration of Interest Form received as at 04 August 2016

**Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE held on Thursday 30 June 2016 at 12
noon in the Boardroom, Hilder House, 49 – 51 Gawber Road S75 2PY.**

MEMBERS PRESENT:

Mr Chris Millington (in the chair)
Mrs Lesley Smith
Dr M Guntamukkala
Mrs Vicky Peverelle
Dr Nick Balac
Dr Mehrban Ghani

Lay Member
Chief Officer
Governing Body member
Chief of Corporate Affairs
CCG Chairman
Medical Director

IN ATTENDANCE:

Ms Dawn Ginns
Ms Lynne Richards
Ms Doriann Bailey

NHS England Primary Care Manager
Governance Assurance and Engagement Facilitator
Interim Head of Quality for Primary Care

APOLOGIES:

Ms Carrienne Stones
Ms Julia Burrows

Healthwatch Barnsley Manager
Director of Public Health

MEMBERS OF THE PUBLIC:

Mr Paul Bibby

Barnsley Healthcare Federation

Agenda Item	Note	Action	Deadline
PCCC 16/06/01	QUORUM		
	It was advised that the Committee was quorate.		
PCCC 16/06/02	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.		
PCCC 16/06/03	DECLARATIONS OF INTEREST		
	The Committee noted the Declarations of Interest Report.		
	No further declarations in relation to the agenda were		

Agenda Item	Note	Action	Deadline
	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.		
PCCC 16/06/04	MINUTES OF THE MEETING HELD ON 31 MARCH 2016		
	The minutes of the previous meeting were approved as a true record of the proceedings.		
PCCC 16/06/05	MATTERS ARISING REPORT		
	The Committee noted that all items on the Matters Arising Report were marked as complete.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 16/06/06	RISK REGISTER AND ASSURANCE FRAMEWORK		
	<p>The Chief of Corporate Affairs presented the Risk Register extract which detailed the risks that the Primary Care Commissioning Committee was responsible for.</p> <p>The Chief of Corporate Affairs advised that Risk 16/03 relating to the negative media coverage for the Lundwood and Highgate practices re-procurement was a transitional risk and now could be removed.</p> <p>The Committee also agreed to recommend that risk 15/01 relating to the financial risks from 2015/16 should also be removed from the Risk Register.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> The Committee agreed to recommend to the Governing Body that risks 16/03 and 15/01 should be removed from the Corporate Risk Register. 	VP	
OTHER			
PCCC 16/06/07	QUESTIONS FROM THE PUBLIC RELEVANT TO THE AGENDA		
	There were not any questions received from members of the public present at the meeting.		

Agenda Item	Note	Action	Deadline
PCCC 16/06/08	DATE AND TIME OF THE NEXT MEETING		
	The next meeting of the Primary Care Commissioning Committee will be held on 25 August 2016 at 3pm in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.		

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE**25 August 2016****1. MATTERS ARISING**

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on 30 June 2016.

Minute ref	Issue	Action	Outcome/Action
PCCC 16/01/09	RISK REGISTER AND ASSURANCE FRAMEWORK The Committee agreed to recommend to the Governing Body that risks 16/03 and 15/01 should be removed from the Corporate Risk Register.	VP	COMPLETED

PRIMARY CARE COMMISSIONING COMMITTEE

25 August

Finance Update

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>					
2.	REPORT OF											
	<table border="1"> <tr> <td></td> <td><i>Name</i></td> <td><i>Designation</i></td> </tr> <tr> <td><i>Executive Lead</i></td> <td>Victoria Peverelle</td> <td>Chief of Corporate Affairs</td> </tr> <tr> <td><i>Author</i></td> <td>George Dipe</td> <td>Interim Finance Manager</td> </tr> </table>				<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Victoria Peverelle	Chief of Corporate Affairs	<i>Author</i>	George Dipe	Interim Finance Manager
	<i>Name</i>	<i>Designation</i>										
<i>Executive Lead</i>	Victoria Peverelle	Chief of Corporate Affairs										
<i>Author</i>	George Dipe	Interim Finance Manager										
3.	EXECUTIVE SUMMARY											
	<p>This report provides an update on the financial position for delegated Primary Care Co-Commissioning budgets.</p> <p>At month 4 the forecast position is in line with budgets at £34.6m. However, the YTD actual variance is currently reporting a £235.4k underspend (2%). This underspend relates to rent, rates, locum costs and prescribing and are currently being reviewed to determine if this position will continue. Once reviews are finalised the impact will be reported in the forecast position.</p> <p>NHS England and Barnsley CCG's finance team will continue to monitor expenditure, with any changes in the forecast position being reflected in the Integrated Performance Report considered by Governing Body.</p>											
4.	THE COMMITTEE IS ASKED TO:											
	<ul style="list-style-type: none"> Note the contents of the report 											

Agenda time allocation for report:	<i>5 mins</i>
---	---------------

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework: 5.2	
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	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 £.	
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	Y
	Are any financial implications detailed in the report?	<i>For info only</i>
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	<i>For info only</i>
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	<i>For info only</i>
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

PRIMARY CARE COMMISSIONING COMMITTEE

25 August 2016

RISK REGISTER AND ASSURANCE FRAMEWORK

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>					
2.	REPORT OF											
	<table border="1"> <tr> <td></td> <td><i>Name</i></td> <td><i>Designation</i></td> </tr> <tr> <td><i>Executive Lead</i></td> <td>Vicky Peverelle</td> <td>Chief of Corporate Affairs</td> </tr> <tr> <td><i>Author</i></td> <td>Lynne Richards</td> <td>Governance Assurance and Engagement Facilitator</td> </tr> </table>				<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Vicky Peverelle	Chief of Corporate Affairs	<i>Author</i>	Lynne Richards	Governance Assurance and Engagement Facilitator
	<i>Name</i>	<i>Designation</i>										
<i>Executive Lead</i>	Vicky Peverelle	Chief of Corporate Affairs										
<i>Author</i>	Lynne Richards	Governance Assurance and Engagement Facilitator										
3.	EXECUTIVE SUMMARY											
	<p>In common with all committees of the CCG the Primary Care Commissioning Committee receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Group 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. There are currently seven risks on the Corporate Risk Register allocated to the PCCC which the Committee are responsible for managing (Appendix 1).</p> <p>Members are asked to review that all of the risks detailed on Appendix 1 are being appropriately managed and scored. Particular attention is drawn to the following risks:</p> <ul style="list-style-type: none"> Risk Reference CCG 15/04 - <i>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. The Committee are asked to review the scoring of this risk as the CCGs delegated functions are being managed through CCG capacity in conjunction with support from NHSE.</i> Risk Reference CCG 14/14 - <i>If the problems with telephony in the</i> 											

	<i>Goldthorpe LIFT building are not resolved there is a risk that Barnsley patients may be unable to access services and / or that the safety of patients will be compromised. It is recommended to remove this risk from the Risk Register as no incidents have been reported since October 2015.</i>
4.	THE COMMITTEE IS ASKED TO:
	Review the Risk Register attached and: <ul style="list-style-type: none">• Consider whether the risks identified are appropriately described and scored• Consider whether Risk CCG 15/04 requires re-scoring• Consider whether Risk CCG 14/14 should be removed from the Risk Register• Consider whether there are other risks which need to be included
5.	APPENDICES
	<ul style="list-style-type: none">• Appendix 1 – Risk Register

Agenda time allocation for report:	5 mins
---	--------

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	All
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	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	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

RISK REGISTER – August 2016

Domains

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

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

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
15/14(b)	4	In relation to the 0-19 pathway procurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity.	4	4	16	As for risk 15/14(a) Monitoring at practice level delivery of 0-19 KPIs in relation to practice contracts, utilizing identified escalation routes when core service KPIs are not delivered in real time.	MG (Primary Care Commissioning Committee)	Governing Body	4	4	16	08/16	August 2016 BMBC and SWYPFT are working through the transitional arrangements to move this service to BMBC March 2016 BMBC, SWYPFT and the CCG are continuing to discuss the optimum solutions to deliver high quality services for this patient group. February 2016	09/16

			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 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 15/02		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</p>	DB (Primary Care Commissioning Committee)	CQC reviews	3	3	9	08/16	<p>August 2016 All practices have now been inspected the CCG has supported the 5 practices where issues were highlighted</p> <p>June 2016 The two practices that were in special measures following the inspection visit in Nov/Dec 2014 are now out of special measures. One</p>	11/16

			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>to share best practice and to help practices put systems and processes in place to meet the regulations.</p> <p>An information matrix on what contributes “good” and “outstanding” practice has been developed and shared with all practices.</p> <p>CQC is a main agenda item at the practice manager forum.</p>							<p>scoring good in all domains the other sill requires improvement in three of the domains. A further practice has been put into special measures and support has been given by the CCG.</p> <p>The majority of practices have now been inspected by the CQC. The CQC will be inspecting the practices that have merged by the end of the year.</p> <p>Two practice have scored requires improvement in there safety domain</p> <p>January 2016 The CQC re inspected the two practices in Special Measures</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
													<p>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 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>	

			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 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).</p>	VP (Primary Care Commissioning Committee)	Risk Assessment	2	4	8	06/16	<p>June 2016 All controls and working arrangements are being followed to manage this residual risk.</p> <p>March 2016 All controls and working arrangements are being followed to manage this residual risk.</p> <p>January 2016 All controls and working arrangements are being followed to manage this residual risk.</p>	09/16
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	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</p>	VP (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	08/16	<p>August 2016 PCCC to review this risk score</p> <p>The CCGs delegated functions are being managed</p>	02/17

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		delegated statutory duties, for instance in relation to quality, financial resources and public participation.				<p>within the Area Team under the RASCI agreement. In addition the CCG is recruiting a Head of Quality for Commissioning Primary Medical Services.</p> <p>The CCG is undertaking a review of management capacity including delegated responsibilities.</p>							<p>through CCG capacity in conjunction with support from NHSE.</p> <p>January 2016 BCCG is managing its delegated functions through internal resource and links to central NHSE expertise.</p>	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in December 2014 there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.	3	3	9	<p>Conflicts of Interest Policy updated.</p> <p>Register of Interests extended to incorporate GP practice staff.</p> <p>Declarations of interest to be tabled at start of every meeting to enable updating.</p> <p>PCCC has Lay Chair and Lay & Exec majority.</p> <p>Register of Procurement decisions to be established to record how any conflicts have</p>	VP (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	08/16	<p>August 2016 New COI guidance received the CCG are currently working through the implications of this guidance and ensure full compliance is achieved.</p> <p>June 2016 360 Assurance reviewed arrangements and provided</p>	02/17

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
						<p>been managed.</p> <p>Guidance to be provided to minute takers on recording decisions re managing conflicts of interest.</p>							<p>assurance that the CCG were complying with conflicts of interest guidance in practice.</p> <p>March 2016 Q4 Self - Assessment declaration and PCCC Annual Assurance Report to be approved and submitted as at 31.03.16.</p> <p>January 2016 Quarterly Declarations completed and audited by the CCGs internal audit function.</p>	
CCG 14/14	5, 6, 7	If the problems with telephony in the Goldthorpe LIFT building are not resolved there is a risk that Barnsley patients may be unable to access	4	3	12	At the CCG & CSU's request BHNFT has put temporary work arounds in place (although to date these have not succeeded in eradicating the problems). The CSU is coordinating Root Cause Analyses on telephony	MG (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	08/16	<p>August 2016 Recommend to remove this risk from the Risk Register</p> <p>June 2016 No further</p>	02/17

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		services and / or that the safety of patients will be compromised.				<p>outages which have occurred previously. The outcomes will be reported back to the CCG.</p> <p>A new telephony circuit has been installed and will go live from 29 November 2014.</p>							<p>incidents recommend to next PCCC to remove from the Risk Register.</p> <p>October 2015 No new incidents have been reported to the CCG.</p>	
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	08/16	<p>August 2016 The CCG continues to hold practice engagement events with practices the last one being at the end of June</p> <p>June 2016 Estates issues resolved, the CCG has a practice Engagement event scheduled for 30th June 2016</p>	08/17