

NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 28 May 2015 at 1.00pm in Meeting Room 1, Hilder House 49/51 Gawber Road, Barnsley, S75 2PY

AGENDA

| Item | Session | Committee Requested to | Enclosure Lead | Time |
|---|---|--------------------------|--|-------------------|
| 1. | Apologies | Note | Chris Millington | 1.00pm |
| 2. | Declarations of Interest Relevant to the Agenda | Note | PCCC/15/05/02 Chris Millington | 1.05pm 5 mins |
| 3. | Minutes of the meeting held on 30 April 2015 | Approve | PCCC/15/05/03 Chris Millington | 1.10pm 5 mins |
| 4. | Matters Arising Report | Note | PCCC/15/05/04 Chris Millington | 1.15pm 10 mins |
| Finance, Governance and Performance | | | | |
| 5. | Assurance Framework & Risk Register | Information and Approval | PCCC 15/05/05 Richard Walker | 1.25pm 10 mins |
| Strategy & Planning | | | | |
| 6. | Premises Approval Process | Approve | PCCC 15/05/06 Jon Holliday | 1.35pm 10 mins |
| 7. | Prime Ministers Challenge Fund <ul style="list-style-type: none"> Summary of the Programme of Work Contracting Arrangements Monthly Highlight Report | Note | PCCC 15/05/07 Jon Holliday | 1.45pm 10 mins |
| Quality and Patient Safety in Primary Medical Services | | | | |
| 8. | No Items for this meeting | | | |
| Contracting, investment, and procurement | | | | |
| 9. | No Items for this meeting | | | |
| Committee Reports and Minutes | | | | |
| 10. | No items for this meeting | | | |
| Other | | | | |
| 11. | Date and Time of the Next Meeting: The next meeting of the Primary Care Commissioning Committee will be held at 9.30am on Thursday 25 June 2015 in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY. | Information | | Close 1.55pm |

PRIMARY CARE COMMISSIONING COMMITTEE

28 May 2015

Declarations of Interests Report

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| 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 |

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| Agenda time allocation for report: | 5 minutes |
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Report of: Vicky Peverelle

Designation: Chief of Corporate Affairs

Report Prepared by: Lynne Richards

Designation: Governance, Assurance and Engagement Facilitator.

| | | |
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| 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 |
| Anne Arnold | Lay Member - Barnsley Clinical Commissioning Group | No Interests to declare |
| 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 of Barnsley People's First Limited Liability Partnership• Member Royal College General Practitioners• Member of the British Medical Association |

| GOVERNING BODY | | |
|----------------------|---|--|
| Name | Position | Details of interest |
| | | <ul style="list-style-type: none"> Member Medical Protection Society |
| 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. |
| Madhavi Guntamukkala | GP Member Barnsley Clinical Commissioning Group | |
| Chris Millington | Lay Member, Barnsley Clinical Commissioning Group | <ul style="list-style-type: none"> No interests to declare |
| Vicky Peverelle | Chief of Corporate Affairs, Barnsley Clinical Commissioning Group | <ul style="list-style-type: none"> No interests to declare |
| Lesley Smith | Chief Officer, Barnsley Clinical Commissioning Group | <ul style="list-style-type: none"> Husband is Director of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients. |

| MEMBERSHIP COUNCIL | | | |
|--------------------|--------------------------------------|---------------|---|
| Name | Position | Date | Details of interest |
| Jim Logan | Elected Member Membership Council | 26 March 2015 | <ul style="list-style-type: none"> • Non GP Partner at Ashville Medical Practice, Barnsley • Director of Logan Health Group, part ownership of 30% • Director CEO and 100% owner of SJM Ltd. SJM is a development company that design, build, buy and own GP practices and healthcare related buildings • Director of Chane Development part ownership of 50% • Spouse Dr Scargill is also involved with Chane Developments • Trustee of Barnsley Hospice |

**Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE held on Wednesday 30 April 2015 at
2pm in the Boardroom, Hilder House, 49 – 51 Gawber Road S75 2PY.**

MEMBERS PRESENT:

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

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

IN ATTENDANCE:

Ms Dawn Ginns
Ms Lynne Richards
Mr Richard Walker
Ms Julia Burrows

NHS England Primary Care Manager
Governance Assurance and Engagement Facilitator
Head of Assurance
Director of Public Health

APOLOGIES:

Ms Anne Arnold
Ms Carrienne Stones

Lay Member
Healthwatch Barnsley

MEMBERS OF THE PUBLIC:

There were no members of the public present.

Prior to the Commencement of business the Chair welcomed Dr Guntamukkala to her first meeting as a CCG Governing Body Member. The Chair also welcomed the Director of Public Health to meeting and thanked her for taking up the invite to attend the Committee meetings as a non-voting member.

The Chair thanked all members for attending the meeting and advised that his aim was to support the delivery of superior services to Barnsley patients.

| Agenda Item | Note | Action | Deadline |
|--------------------------|---|--------|----------|
| PCCC 15/04/01 | DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA | | |
| | The Chief of Corporate Affairs presented a report which detailed all members' current declarations of interest. | | |

| Agenda Item | Note | Action | Deadline |
|--|---|--------|----------|
| | <p>The Head of Quality declared a potential conflict of interest in item 7, 'Care Quality Commission update', as she was currently working for the CQC.</p> <p>The Committee Chair agreed that it was in the interest of the CCG that the Head of Quality be allowed to participate in the discussion on item 7 as the item for information only and no decision making was required.</p> | | |
| | The CCG Chairman and Chief Officer indicated that their individual declared interest required updating and would update them outside of the meeting. The Chair requested that this be completed before the next meeting of the Committee. | NB/LS | 28.05.15 |
| | Members agreed that it would be useful to have a list of declarations relating to specific interests that the CCG would expect from a GP. | RW | 28.05.15 |
| FINANCE, GOVERNANCE AND PERFORMANCE | | | |
| PCCC 15/04/02 | ADOPTION OF THE CCG's OBJECTIVES AND NOLAN PRINCIPLES | | |
| | The Committee received the Nolan principals and CCG Objectives and agreed these as a standard for how the Committee would conduct its business. | | |
| PCCC 15/04/03 | QUESTIONS FROM THE PUBLIC | | |
| | As there were no members of public present at the meeting, there were not any questions from the public. | | |
| PCCC 15/04/04 | MINUTES OF THE PLANNING MEETING HELD ON 25 MARCH 2015 | | |
| | <p>The minutes of the planning meeting held on 25 March 2015 were agreed as an accurate record of the meeting subject to the following amendment:</p> <ul style="list-style-type: none"> Amend the minutes to reflect that the Committee went through Primary Care Commissioning delegation agreement addendum. | LR | 28.05.15 |
| PCCC 15/04/05 | MATTERS ARISING | | |
| | The Committee received the matters arising report and updates were given as follows: | | |

| Agenda Item | Note | Action | Deadline |
|--------------------------------|--|---------------------|---------------------------------|
| | contracts a contract breach would have to be issued to the two inadequate practices. From this breach the practices would be required to develop an action plan to rectify the remedial breach. | | |
| | <p>Committee members discussed the need to publicise the positive reports that some Practices had received in the media and advise that the CCG was supporting the practices who had issues identified.</p> <p>It was suggested that it may be useful for practices to have a learning event following on from the CQC visits to enable best practices and support to be shared amongst practices. It was suggested that this could be an item for a future Practice Engagement Event. The CCG Chairman highlighted that it would be best practice for practices to share their CQC outcomes with their Patient Reference Group's for transparency, openness and patient engagement.</p> <p>Members discussed the new Head of Quality role and how this role would be a great asset for creating key relationships and supporting practices.</p> | <p>VP</p> <p>VP</p> | <p>28.05.15</p> <p>28.05.15</p> |
| | The Committee noted the CQC compliance reports and agreed that the CCG aspired to have all of its member practices complaint. | | |
| PCCC 15/03/05 | INTEGRATED PERFORMANCE REPORT | | |
| | The Chief of Corporate Affairs informed members that Sarah Godber from NHS England was currently working to develop a dashboard and budget report to clarify financial position within the right context in relation to the Committee. The reports would commence from the next meeting. | | |
| STRATEGY & PLANNING | | | |
| PCCC 15/03/06 | PREMISES APPROVAL PROCESS | | |
| | The Chief of Corporate Affairs presented the Premises Approval Report. It was advised that under delegated commissioning the CCG would need to undertake decisions on capital developments. The directions associated with premises development and associated | | |

| Agenda Item | Note | Action | Deadline |
|---------------------------------------|--|--------|----------|
| | <p>costs were attached for information and the Committee would need to look into the impact that this would have on the CCG.</p> <p>It was added that Capita Simmons had been appointed to undertake a six Facet survey to establish the capital estate in primary care to support the development of a primary care estates strategy the survey would be completed within three months.</p> <p>The CCG Chairman stated that the Committee required a paper of what the implications would be for the CCG from the notional rents which would also fit into developing the out of hospital strategy. The Chief of Corporate Affairs added that the CCG required a Risk analysis of available/ void space within GP Practices.</p> | VP | 28.05.15 |
| | <p>It was agreed that for the Committee to fulfil its responsibilities a Premises Approval Process would be developed and presented to the next meeting. It was also noted that there was a conflict of interest from clinicians on the Committee relating to this item and therefore all decisions would need to reflect the CCG's objectives and support the strategic picture.</p> | | |
| GOVERNANCE, RISK AND ASSURANCE | | | |
| PCCC 15/03/06 | GOVERNANCE UPDATE | | |
| | <p><u>Terms of Reference</u> The Head of Assurance presented members with an updated Terms of Reference for the Committee with highlighted amendments. The points that had been amended related to the changes within the delegation agreement. The Committee asked for a paragraph to be removed as the duty described was a Governing Body function.</p> <p>It was agreed that the Committee supported the changes to the TOR and therefore the TOR would go back to the Governing Body for final approval.</p> <p>The Director of Public Health queried how the CCG had decided on its membership for the Committee. It was added that the CCG had worked with CAPSTICKS to agree the membership as the Committee required a Lay and Member priority. It was noted that if the Committee</p> | VP | 28.05.15 |

| Agenda Item | Note | Action | Deadline |
|--------------------------|--|---------------------|---------------------------------|
| | <p>required any additional input, members could be invited in attendance.</p> <p><u>Committee Meeting Dates</u> Committee members received the meeting dates for 2015 which highlighted school holidays. It was agreed to cancel the August meeting and look at the potential of changing the October meeting to ensure that the Committee would remain quorate.</p> <p><u>Committee Workplan</u> The Head of Assurance presented members with an updated workplan which would be brought quarterly to the Committee for information and updating.</p> | LR | 28.05.15 |
| PCCC 15/03/06 | RISK REGISTER | | |
| | <p>The Committee received the risks that had been identified in relation to Primary Care Commissioning and how these were being managed.</p> <p>It was agreed to add in a risk around practices receiving inadequate outcomes from the CQC inspections and the impact that this could have on contract breaches.</p> <p>Members agreed that the Risk Register required a new risk adding which highlighted that the CCG was under funded by 5% below target. The Head of Assurance agreed to look to see if this risk could be merged with another risks</p> | <p>RW</p> <p>RW</p> | <p>28.05.15</p> <p>28.05.15</p> |
| | The Committee noted the Risk Register and the required amendments. | | |
| OTHER | | | |
| PCCC 15/03/06 | ITEMS FOR REPORTING TO: <ul style="list-style-type: none"> - GOVERNING BODY - NHS ENGLAND | | |
| | <p>As discussed earlier in the meeting members agreed that the amended TOR required Governing body approval.</p> <p>The Head of Assurance queried if members would like a 'Highlights Report' going to the Governing body after each meeting. It was agreed to have a short escalation report for the public and private section but the report</p> | RW | 28.05.15 |

| Agenda Item | Note | Action | Deadline |
|--------------------------|--|--------|----------|
| | need to be explanatory and useful to Governing Body members. | | |
| PCCC 15/03/06 | ANY OTHER BUSINESS | | |
| | There were no items of any other business. | | |
| PCCC 15/03/07 | DATE AND TIME OF THE NEXT MEETING | | |
| | The next meeting of the Primary Care Commissioning Committee will be held on 28 May 2015 at 9.30am in the Boardroom Hilder House, 49/51 Gawber Road, Barnsley S75 2PY. | | |

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

28 May 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 30 April 2015

| Minute ref | Issue | Action | Outcome/Action |
|------------------|---|--------------------------------------|---|
| PCCC 15/04/01 | DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA | | |
| | <p>The CCG Chairman and Chief Officer indicated that their individual declared interest required updating and would update them outside of the meeting. The Chair requested that this be completed before the next meeting of the Committee.</p> <p>Members agreed that it would be useful to have a list of declarations relating to specific interests that the CCG would expect from a GP.</p> | <p>LS/NB</p> <p>RW</p> | <p>COMPLETE – Chairman and Chief Officer declarations have been reviewed and updated where applicable.</p> <p>In progress</p> |
| PCCC 15/03/04 | OPTIONS APPRAISAL FOR BRIERLEY PRACTICE | | |
| | Ms Dawn Ginns confirmed that NHS England had sought a 3 month extension for Brierley Practice and would be able to provide more information next week after a formal meeting with the provider had been held. | GC | Update to be provided at the meeting. |
| PCCC 15/03/04 | CARE QUALITY COMMISSION UPDATE | | |
| | It was suggested that it may be useful for practices to have a learning event following on from the CQC visits to enable best practices and support to be shared amongst practices. It was suggested that this could be an item for a future Practice Engagement Event. The CCG Chairman highlighted that it would be best practice for practices to share their CQC outcomes with their Patient Reference Group's for transparency, openness and patient engagement. | VP | KM to organise one formally in post - Quarter 2/3. |

PRIMARY CARE COMMISSIONING COMMITTEE

28 May 2015

Assurance Framework & Risk Register

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| 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 it is proposed that 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.</p> <p>There are currently no risks on the GBAF allocated to the PCCC.</p> <p>A register of risks relating to Primary Care Commissioning was prepared and submitted to the PCCC's meeting in April 2015. At the Committee's request some minor amendments were made to the Risk register following that meeting, specifically to:</p> <ul style="list-style-type: none"> • Include a risk around practices receiving inadequate outcomes from the CQC inspections and the impact that this could have on contract breaches • Reflecting in the Register the fact that the CCG was under funded by 5% below target. <p>The updated PCCC Risk Register is attached at Appendix A. These risks will be merged into the Corporate Risk register as soon as possible.</p> |
| 3. | THE COMMITTEE IS ASKED TO: |
| | <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 whether there are other risks which need to be included • 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. |

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| Agenda time allocation for report: | 10 minutes |
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Report of: Vicky Peverelle

Designation: Chief of Corporate Affairs

Report Prepared by: Richard Walker

Designation: Head of Assurance

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| 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 |

PRIMARY CARE COMMISSIONING COMMITTEE RISK REGISTER

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) | 4 | Monthly |
| Likely | 4 | Major | 4 | Amber | High Risk | (8- 12) | 13 | 3 mthly |
| Possible | 3 | Moderate | 3 | Yellow | Moderate Risk | (4 -6) | 15 | 6 mthly |
| Unlikely | 2 | Minor | 2 | Green | Low Risk | (1-3) | 3 | 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 | | | |
| PCC/1 | | 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 | CCG considered its strategic capacity & capability as part of the successful application process. 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. The CCG is undertaking a review of management capacity including delegated responsibilities. | VP PCCC | Risk Assessment | 2 | 3 | 6 | 04/15 | | 10/15 |

| | | | 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 |
| PCC/2 | | 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 PCCC | Risk Assessment | 2 | 4 | 8 | 04/15 | | 07/15 |

| | | | 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 |
| PCC/3 | | 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 PCCC | Risk Assessment | 1 | 3 | 3 | 04/15 | | 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 |
| PCC/ 4 | | 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 | <p>Assurances were received as to the sufficiency of the financial allocation during the application process.</p> <p>A designated financial representative from the CCG will support ongoing management of the budget. Regular network meetings will be held with NHSE.</p> <p>The financial position will be routinely reported to the PCCC going forward.</p> | VP PCCC | Risk Assessment | 2 | 5 | 10 | 04/15 | | 07/15 |
| PCC/ 5 | | 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</p> | VP PCCC | Risk Assessment | 2 | 3 | 6 | 04/15 | | 10/15 |

| | | | 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>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> | | | | | | | | |
| PCC/6 | | 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> | KM | CQC reviews | 3 | 3 | 9 | Apr-15 | | Jul-15 |

PRIMARY CARE COMMISSIONING COMMITTEE

28 May 2015

Premises Approval Process

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| 1. | PURPOSE OF THE REPORT |
| | <p>At its April meeting the Committee was informed that under delegated commissioning the CCG would need to undertake decisions on capital developments applying Premises Directions and supplementary Frequently Asked Questions guidance.</p> <p>To support the Committee to fulfil its responsibilities this report presents a Premises Approval Process for the Committee to consider and approve.</p> |
| 2. | EXECUTIVE SUMMARY |
| | <p>The Delegation Pack agreed between the CCG and NHS England identifies four areas for Premises and who leads on each area:</p> <ol style="list-style-type: none"> 1. Premises developments strategic input/"place" – CCG lead with support from NHS England 2. Capital Grants (Primary Care Infrastructure Fund £1billion) – NHS England lead with support from CCG (in particular CCG sign-off of the revenue consequences) 3. Rent/Rates 3 year reviews – CCG lead with support from NHS England 4. Rent/Rates payments – CCG to lead with support from NHS England <p>The Committee will be responsible for fulfilling the CCG responsibilities associated with this delegated agreement including the sign-off of approval for Premises Developments.</p> <p>It is proposed to undertake operational work associated with premises through the Primary Care Development Team overseen by the newly established Primary Care Commissioning Working Group which meets on a monthly basis. There are already well established links with NHS England colleagues to ensure appropriate levels of support where required.</p> <p>In support of the strategic input a multi-facet survey of all GP occupied premises will be undertaken between June and August which will assist the production of a CCG Estates Strategy. This should put the Committee in a good position to be able to prioritise premises development applications.</p> <p>Once schemes have been approved there is a due diligence process that has been established by NHS England for the Capital Grants (Primary Care Infrastructure Fund) that would be adopted for the on-going governance of</p> |

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| | schemes during their development once approved. |
| 3. | THE COMMITTEE IS ASKED TO: To consider and approve support for the proposed Premises Approval Process for the Committee to fulfil its responsibilities. |

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| Agenda time allocation for report: | 10 minutes. |
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Report of: Vicky Peverelle

Designation: Chief of Corporate Affairs

Report Prepared by: Jon Holliday

Designation: Lead Service Development
Manager

| | | |
|------------|--|--------------|
| 1. | SUPPORTING INFORMATION | |
| 1.1 | Links to the Assurance Framework | |
| | This report provides assurance to the Committee for primary care development associated with the Assurance Framework Strategic Objectives 1, 2, 4 & 5 and associated principal risks and sections 2.16 and 2.2a (February 2014 Framework document) | |
| 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 | |
| | 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 |

PRIMARY CARE COMMISSIONING COMMITTEE**28 May 2015****Prime Ministers Challenge Fund**

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| 1. | PURPOSE OF THE REPORT |
| | To receive a progress report on the development and implementation of the Prime Ministers Challenge Fund to improve access in primary care. |
| 2. | EXECUTIVE SUMMARY |
| | <p>NHS England launched the second wave of applications to become a pilot and applications to become a wave two pilot closed on 16 January 2015 with 156 applications received.</p> <p>Following the selection process, 37 pilot schemes covering 1,417 practices, serving over 10.6m patients have been chosen to lead the way in testing innovative ways of increasing access and delivering wider transformational change in general practice. The fund will also support GPs to play an even stronger role at the heart of more integrated out-of-hospital services that delivers better health outcomes, more personalised care, and excellent patient experience.</p> <p>At the end of March 2015 the CCG and Barnsley Healthcare Federation received notification that they had been successful in the second wave of Prime Ministers Challenge Fund and would receive financial support of £2.26m.</p> <p>Since that time a lot of work has been undertaken to meet due diligence expectations from NHS England and to progress the mobilisation of the pilot. Appendix A is the latest version of the project plan which covers the key works strands of:</p> <ul style="list-style-type: none"> • Pre-Launch development • Service recruitment • Communication and engagement • Information technology • Estates development • Service mobilisation • Sustainability <p>As part of the due diligence arrangements and national reporting requirements the pilot is expected to submit a monthly highlight report (Appendix B) and that this in turn forms part of the CCG governing body assurance process. This report identifies:</p> <ul style="list-style-type: none"> ○ Monthly progress ○ Risks and issues |

| | |
|-----------|--|
| | <ul style="list-style-type: none"> ○ Key milestones ○ Key achievements/good news stories ○ Key lessons ○ Communication ○ Support <p>Key next steps for May/June are submission of CQC registration application, consultation and engagement on the premises selection and service model. Staff recruitment and procurement of IT.</p> |
| 3. | <p>THE COMMITTEE IS ASKED TO:</p> <ul style="list-style-type: none"> • To receive a progress report on the development and implementation of the Prime Ministers Challenge Fund to improve access in primary care. |

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| Agenda time allocation for report: | 10 minutes. |
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Report of: Vicky Peverelle

Designation: Chief of Corporate Affairs

Report Prepared by: Jon Holliday

Designation: Primary Care Lead Service Development Manager

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|------------|--|--------------|
| 1. | SUPPORTING INFORMATION | |
| 1.1 | Links to the Assurance Framework | |
| | This report provides assurance to the Committee for primary care development associated with the Assurance Framework Strategic Objectives 1, 2, 4 & 5 and associated principal risks and sections 2.16 and 2.2a (February 2014 Framework document) | |
| 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 | |
| | 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 |

Appendix A

| Task Name | Resource Names | Start | Finish | Progress | Comments |
|---|--|---------------------|---------------------|----------|--|
| Pre-Launch Development | James Barker | Wed 01/04/15 | Thu 30/07/15 | | |
| Share model with Stakeholders | Janine Lee-Smith | Wed 01/04/15 | Thu 30/04/15 | Complete | |
| Continued model refinement working with patients | James Barker,Kirsty waknell | Wed 01/04/15 | Thu 30/07/15 | | |
| Confirm Development Lead with Barnsley CCG | James Barker,Jon Holliday | Wed 01/04/15 | Wed 01/04/15 | Complete | |
| Develop full service specification for each service element | Dr Mistry,James Barker,Janine Lee-Smith,Jon Holliday,Marie Hoyle,Mike Austin,Sean Raynor,Sue Wing,Vicky Neeham,Vicky Peverelle | Wed 01/04/15 | Thu 30/07/15 | | |
| Appoint work stream leads | James Barker | Fri 01/05/15 | Tue 02/06/15 | On track | Meeting are booked in with key contributors |
| Confirm organisational structure | Dr Mistry,James Barker,Jon Holliday,Vicky Neeham | Fri 01/05/15 | Tue 02/06/15 | | |
| Confirmation of funding | James Barker,Jon Holliday,Vicky Peverelle | Sat 20/06/15 | Sat 20/06/15 | On track | Funding will be available on 20th June in one lump sum |
| | | | | | |
| Service Recruitment | James Barker | Wed 01/04/15 | Mon 03/08/15 | | |
| Develop and confirm job description | James Barker,Matthew Hammonds,NHS England,Vicky Neeham,Vicky Peverelle | Wed 01/04/15 | Thu 30/04/15 | | |
| Advertise all posts | James Barker,Matthew Hammonds | Tue 04/05/15 | Sun 24/05/15 | | |
| Job interviews | James Barker,Matthew Hammonds, Peter Smith, Janine Lee-Smith | Mon 01/06/15 | Fri 12/06/15 | | |
| Appoint successful Candidates | James Barker | Mon 15/06/15 | Fri 19/06/15 | | |
| Service training and induction | James Barker,Matthew Hammonds,Vicky Neeham | Mon 06/07/15 | Mon 24/08/15 | | |
| | | | | | |
| Communication and Engagement | James Barker,Kirsty waknell | Wed 01/04/15 | Tue 01/03/16 | | |
| Marketing of pilot | Kirsty waknell | Mon 01/06/15 | Tue 01/03/16 | | |
| Develop communication and engagement plan | Kirsty waknell,James Barker | Wed 01/04/15 | Thu 30/04/15 | | |
| Arrange 360° feedback sessions with stakeholders and patients | Kirsty waknell,James Barker | Fri 01/05/15 | Tue 02/06/15 | | |
| Arrange development events for life of pilot | Kirsty waknell | Fri 01/05/15 | Tue 02/06/15 | | |

| Task Name | Resource Names | Start | Finish | Progress | Comments |
|---|---|---------------------|---------------------|----------|--|
| Hub engagement planning | Kirsty waknell | Mon 27/04/15 | Tue 04/05/15 | | Links to Hub development below |
| Hub Consultation | Kirsty waknell | Mon 11/05/15 | Mon 08/06/15 | | |
| Analysis of responses (Hubs) | Kirsty waknell, James Barker | Mon 15/06/15 | Fri 19/06/15 | | |
| Hub consultation feedback | Kirsty waknell | Mon 29/06/15 | Fri 03/07/15 | | |
| Model development planning | Kirsty waknell | Mon 27/04/15 | Tue 04/05/15 | | Links to Service Mobilisation |
| Model engagement activities | Kirsty waknell | Mon 18/05/15 | Fri 12/06/15 | | |
| Analysis of responses (Model) | Kirsty waknell, James Barker | Mon 15/06/15 | Fri 26/06/15 | | |
| Model Consultation feedback | Kirsty waknell | Mon 29/06/15 | Fri 03/07/15 | | |
| | | | | | |
| Information Technology | IT Support,Martin Lane,James Barker,Mike Austin,Adrienne Pickering | Fri 01/05/15 | Fri 30/10/15 | | |
| Procure IT infrastructure for service | IT Support,James Barker,Martin Lane | Fri 01/05/15 | Tue 02/06/15 | | |
| Review and develop shared information protocols | IT Support,James Barker,Martin Lane,Adrienne Pickering | Fri 01/05/15 | Mon 03/08/15 | | |
| Set up service website and telephony system | IT Support,James Barker,Martin Lane | Fri 01/05/15 | Fri 02/10/15 | | |
| E-mail consultation development | IT Support,James Barker,Martin Lane | Fri 01/05/15 | Fri 03/07/15 | | |
| Implement Office infrastructure | IT Support,James Barker,Martin Lane | Mon 22/06/15 | Fri 31/07/15 | | |
| Virtual Visit development | IT Support,James Barker,Martin Lane | Mon 03/08/15 | Fri 30/10/15 | | |
| Care Homes IT infrastructure development | IT Support,James Barker,Martin Lane | Tue 01/09/15 | Mon 30/11/15 | | |
| | | | | | |
| Estates Development | | Mon 20/05/15 | Fri 28/08/15 | | |
| Develop selection criteria for Hubs | | Mon 20/05/15 | Fri 24/05/15 | Complete | |
| Write out to GP practices and invite applications | | Mon 27/04/15 | Mon 11/05/15 | | Links to Communications and Engagement |
| Evaluation of applications | | Mon 15/06/15 | Fri 19/06/15 | | |
| Interview of finalist applications | | Mon 22/06/15 | Fri 26/06/15 | | |
| Hubs Selected | | Mon 22/06/15 | Fri 26/06/15 | | |
| Practices notified | | Mon 29/06/15 | Tue 30/06/15 | | |
| Hub implementation and readiness | | Wed 01/07/15 | Fri 28/08/15 | | |
| | | | | | |

| Task Name | Resource Names | Start | Finish | Progress | Comments |
|---|--|---------------------|---------------------|----------|------------------------------------|
| Service Mobilisation | Dr Mistry,James Barker,Janine Lee-Smith,Jon Holliday,Nick Phillips,Sean Raynor,Vicky Neeham,Vicky Peverelle | Wed 01/04/15 | Tue 31/05/16 | | |
| Finalisation and negotiation with NHS England | Dr Mistry,James Barker,Jon Holliday,Vicky Neeham,Vicky Peverelle | Wed 01/04/15 | Fri 29/05/15 | | Getting started meeting 30th April |
| Set up pilot development meetings | James Barker,Janine Lee-Smith | Fri 01/05/15 | Tue 02/06/15 | | |
| Set up Operational Board meetings | Janine Lee-Smith,Jon Holliday | Fri 01/05/15 | Tue 02/06/15 | | |
| Confirm location of Improved Access Hubs | James Barker,Janine Lee-Smith,Nick Phillips | Fri 01/05/15 | Thu 02/07/15 | | |
| Set up service triage protocols | Dr Mistry,James Barker,Janine Lee-Smith,Vicky Neeham | Fri 01/05/15 | Thu 02/07/15 | | |
| Service Go live | Dr Mistry,James Barker | Tue 01/09/15 | | | |
| Launch Triage Service | Dr Mistry,James Barker | Mon 03/08/15 | Mon 31/08/15 | | |
| Launch E-mail Consultations | Dr Mistry,James Barker | Mon 03/08/15 | Mon 31/08/15 | | |
| Open Improve Access Hubs | Dr Mistry,James Barker | Mon 03/08/15 | Mon 31/08/15 | | |
| Commence Home Visits 'Road Testing' | James Barker,Jon Holliday | Tue 01/09/15 | Mon 30/11/15 | | |
| Launch Virtual visits | Adrienne Pickering,Dr Mistry,IT Support,James Barker | Tue 01/09/15 | Mon 30/11/15 | | |
| Commence Care home support | James Barker,Janine Lee-Smith,Jon Holliday | Tue 01/09/15 | Mon 30/11/15 | | |
| | | | | | |
| Sustainability | | Sat 01/08/15 | Thu 31/03/16 | | |
| Understand and review potential funding streams | Dr Mistry,James Barker,Jon Holliday,Sean Raynor,Vicky Neeham,Vicky Peverelle | Thu 01/10/15 | Wed 01/06/16 | | |
| Home Visits ' Road testing' Review | James Barker,Janine Lee-Smith,Jon Holliday | Sun 01/11/15 | Tue 01/12/15 | | |
| Six month service Review | Dr Mistry,James Barker,Janine Lee-Smith,Jon Holliday,Marie Hoyle,Mike Austin,Sean Raynor,Sue Wing,Vicky Neeham,Vicky Peverelle | Tue 01/12/15 | Thu 31/12/15 | | |
| Share six month evaluation report with Barnsley CCG | James Barker,Janine Lee-Smith | Fri 01/01/16 | Mon 01/02/16 | | |

| Task Name | Resource Names | Start | Finish | Progress | Comments |
|--------------------|---|--------------|--------------|----------|----------|
| Service Evaluation | Dr Mistry,James Barker,Janine Lee-Smith,Jon Holliday,Kirsty waknell,Marie Hoyle,Mike Austin,Sean Raynor,Sue Wing,Vicky Neeham,Vicky Peverelle | Fri 01/04/16 | Wed 01/06/16 | | |

| PRIME MINISTER'S CHALLENGE FUND - PILOT MONTHLY PROGRESS REPORT | | | | | | | |
|---|---|--|---|---|--|--|--|
| This template will be used to collect progress information from all pilots on a monthly basis. The information included in this template will be used to feed into regular evaluation update reports, and it will also be used to inform NHS England media and/or ministerial briefings as necessary. This template will be issued at the start of the programme, and it is imperative that this form is completed in full and returned to claire.parker10@nhs.net on time. | | | | | | | |
| Please note some of the information provided in this form may be used in the public domain | | | | | | | |
| Pilot name: | | I HEART Barnsley | | | Status this month: | G | |
| CCGs covered by pilot: | | Barnsley CCG | | | | | |
| Completed by (name and job title): | | James Barker, Lead Service Development Manager | | Email and telephone: | james.barker3@nhs.net | | |
| Reporting period - From: | | Apr-15 | | To: | 13-May-15 | | |
| Number of participating practices in pilot scheme | | 36 practices (through 2 hubs) | | Population covered | 248,787 | | |
| TOTAL REVENUE BUDGET ALLOCATION | | 2,265,788 | | SPEND TO DATE | 0 | | |
| Additional services related directly to PMCF INITIATIVE | | Baseline: Total number of practices in the pilot that were offering this prior to PMCF: | Baseline: Patient population covered prior to PMCF: | Total number of practices which are implementing initiative | Total registered patient population covered by these practices | Notes on current / future implementation: - If there is 'alternative provision' please specify what this is (i.e. hours / targeted at particular communities) - Is this initiative now being fully implemented as per your pilot plans? - If you have encountered any delays please specify these. - Please specify whether there are future plans | |
| EXTENDED HOURS | Weekdays (8am-8pm) | N/A | N/A | N/A | N/A | | |
| | Weekdays (alternative extended hours provision) | N/A | N/A | 2 hubs 6-10pm Monday to Friday | 248,787 | The I HEART Barnsley project is designed to create two out of hours hubs that can be accessed by anyone living in Barnsley . This will be over and above the existing provision in Barnsley. The Hub will be open between 6pm and 10pm Monday - Friday. A | |
| | Weekends 8am-8pm | N/A | N/A | N/A | N/A | | |
| | Weekends (alternative extended hours provision) | 8 | 56,169 | 2 hubs 10-1pm Saturdays and Sundays | 248,787 | The I HEART Barnsley project is designed to create two out of hours hubs that can be accessed by anyone living in Barnsley . This will be over and above the existing provision in Barnsley. The Hub will be open on Saturdays between 10am and 1pm. We are conducting further work regarding the need for the hubs to be open on Sunday mornings. | |
| Telephone consultations | | 0 | 0 | 2 hubs | 248,787 | I HEART Barnsley will deliver telephone based consultations during the above opening hours across 2 hubs. | |
| GP-led telephone based triage | | 1 | 6,017 | 2 hubs | 248,787 | I HEART Barnsley will be utilising nurse led telephone triage services. We are currently consulting with the public on opening hours of the triage service, however we envisage this service to be open 10 - 10. | |
| Online / web-based / email consultations | | 3 | 22,997 | 2 hubs | 248,787 | I HEART Barnsley will deliver e-mail consultations | |
| Video consultations | | 0 | 0 | 2 hubs | 248,787 | I HEART Barnsley will deliver video based consultations during the above opening hours. | |
| Texting services | | N/A | N/A | N/A | N/A | I HEART Barnsley is not currently considering texting as part of our provision, however we will review this over the life of the pilot. | |
| Self-management tools (video guides, apps) | | | | 2 hubs | 248,787 | I HEART Barnsley will be developing education packages to support self management. We will promote and use the self help tool Sound Doctor which is currently being rolled out by Barnsley CCG. | |
| Summary of other work and innovations such as wellbeing co-ordinators, use of the voluntary sector | | Barnsley CCG has recently funded nine GP based innovation pilots. These cover E-mail consultations, care navigation, care home support and dermatology. The CCG are sharing the learning and feedback from these pilots with I HEART Barnsley project team team. | | | | | |
| Risks and Issues | | | | | | | |
| Risk / Issue Description | | Risk Score | | Mitigating Actions | Planned completion date | Status (complete / in progress) | |
| | Likelihood | Impact | RAG Status | | | | |
| A statement describing the cause, risk event and impact | | | | Systems and processes that are in place and operating that mitigate this risk, including assurances | | | |
| It is a risk that there are delays to CQC registration | 3 | 5 | R | CQC registration is being completed in conjunction with clinical leads and the CCG. The application will be made at the earliest opportunity to ensure lead in time for sign off is maximised. | 1st August 2015 | CQC registration needs to be approved by 1st August 2015, therefore we are submitting the application by 22nd May allowing 10 weeks for approval as per timeframes confirmed with the CQC. | |
| It is a risk that the costs of indemnity are considerably higher than originally estimated | 3 | 4 | AR | The project group is contacting existing indemnity providers to provide umbrella coverage for the service in addition to staffs personal coverage. The use of the MIG and confirmation the service is not a walk-in centre design will help to mitigate cost increases. The service will also liaise with other pilots to ensure we have the best quotes for coverage. | 1st August 2015 | Discussions have started with providers and quotes are being obtained. | |
| It is a risk that staff can be recruited | 3 | 5 | R | Adverts are going out this week commencing 11th May and we will be working with local press and using social media to generate interest in the positions. We will also be contacting all clinical providers and stakeholders to cascade the vacancies to their staff, furthermore we will also ask local practice staff whether they would be interested in sessional work to create a bank of temporary staff. | 30th June 2015 | Staff are to be appointed by 30th June 2015, to allow for one months notice to soft launch throughout August. Discussions will be held with organisations to enable staff to be released early. All employment checks will be completed at the the recruitment stage. | |
| It is a risk that | | | | | | | |
| It is a risk that... | | | | | | | |
| Key milestones | | | | | | | |
| Milestone description | Planned completion date | | Latest forecast date | Status | Comments (including reason for slippage, if any) | Funding requested for release on completion of milestone | Funding received (indicate amount against milestone) |
| Hubs Selected | 30/06/2015 | | Jun-15 | G | On track | £53,900 | £0 |
| Staff Recruited | 30/06/2005 | | Jun-15 | G | On track | £1,348,746 | £0 |
| Soft Launch | 01/08/2015 | | Aug-15 | G | On track | £103,750 | £0 |
| Official Launch | 01/09/2015 | | Sep-15 | G | On track | £608,892 | £0 |
| IT in place | 01/08/2015 | | Aug-15 | G | On track | £100,000 | £0 |
| Patient and public engagement | ongoing throughout the pilot | | ongoing throughout the pilot | G | On track | £110,500 | £0 |
| Stakeholder Engagement | ongoing throughout the pilot | | ongoing throughout the pilot | G | On track | covered above | £0 |
| Website Launched | 01/08/2015 | | Aug-15 | G | On track | £40,000 | £0 |
| Virtual visits launch | 31/10/2015 | | Oct-15 | G | On track | covered above | £0 |
| | | | | | | | |
| Key achievements / good news stories | | | | | | | |
| Use the section to date to highlight your key achievements over the last month; include any evidence you have gathered including quotes, figures, patient feedback, impact elsewhere in the system. | | | | | | | |
| Estates selection has started with applications to host the hubs returned on 11th May, following public consultation the hubs will be selected by the end of June 2015 CQC and contracting has begun and progress is in line with project plans IT discussions have taken place to obtain PCs and laptops for staff and a decision has been made to procure the MIG as the system to ensure interoperability Operational Job Descriptions have been written and sent to HR for advertising Clinical Job Descriptions are being written and will be sent to HR for advertising this week commencing 11th may | | | | | | | |
| Key lessons | | | | | | | |
| Please describe below any key lessons you have learned over the last month. | | | | | | | |
| Early engagement is essential, getting everyone onboard at the earliest point ensures inclusivity and garners more support for the project Everything always takes longer than expected, ensure plans take into account realistic timelines | | | | | | | |
| Communications | | | | | | | |
| Please detail below any communications activity you have undertaken in the last month or are planning (with dates where known) to promote the pilot. Please include conferences, media, social media, public speaking engagements, awards. | | | | | | | |
| Patient and public engagement commences in full from 11th May, this is split into two parts. Consultation on Hub locations and consultation on the delivery model Stakeholder engagement has already commenced with presentations delivered to the CCG and Practice Managers meeting. Further presentations are scheduled for LMC, Patient Council, SWYPFT and BHNFT. | | | | | | | |