NHS
Lincolnshire
Integrated Care Board

NHS Lincolnshire Integrated Care Board - Public Primary Care Commissioning Committee

Date: Wednesday 21st December 2022
Time: 11.40 am – 12.45 pm
Location: MS Teams

AGENDA

ITEM NUMBER		ACTION	ENC/ VERBAL	LEAD
STANDING ITEMS				
1.	Welcome, Introduction and Apologies for Absence: Professor Van-Tam,	-	Verbal	Dr Gerry McSorley
2.	Declarations of Pecuniary and Non-Pecuniary Interests and Conflict of Interests	-	Verbal	Dr Gerry McSorley
3.	To approve the minutes of the last Public Primary Care Commissioning Committee meeting dated 19th October 2022	Approve	Enc	Dr Gerry McSorley
4.	To consider matters arising not on the agenda.	-	Verbal	Dr Gerry McSorley
GENERAL ISSUES/PROGRESS UPDATE				
5.	To receive a Progress Update including:- • Sidings Procurement Update • Spalding Update including Expression of Interest Process	Receive	Verbal	Nick Blake/ Shona Brewster
6.	To receive an update in relation to PCN Development	Receive	Verbal	Sarah Button
STRATEGIC ISSUES				
7.	To receive an update in relation to GP Appointments Data Publication	Receive	Verbal	Sarah-Jane Mills
8.	To receive an update in relation to Winter Planning	Receive	Verbal	Shona Brewster
9.	To receive an update in relation to System Planning	Receive	Verbal	Sarah-Jane Mills

SERVICE DELIVERY AND PERFORMANCE				
10.	No issues to escalate			
FINANCE				
11.	No issues to escalate			
QUALITY				
12.	To receive an update in relation to Lakeside Medical Practice	Receive	Verbal	Wendy Martin
13.	To receive an update in relation to the Hawthorn Medical Practice CQC Inspection	Receive	Enc	Sarah Starbuck
GOVERNANCE AND ASSURANCE				
14.	To receive the Risk Register	Receive	Enc	Nick Blake
15.	To receive and approve the Terms of Reference	Approve	Enc	Dr Gerry McSorley
MINUTES FROM COMMITTEES AND ESCALATION REPORTS				
16.	None noted			
INFORMATION				
17.	Any New Risks	Note	Verbal	Dr Gerry McSorley
18.	Items of Escalation to the ICB Board	Note	Verbal	Dr Gerry McSorley
INFORMATION				
19.	The next meeting of the Public Primary Care Commissioning Committee will take place on Wednesday 15th February 2023 at 11.40 am	Note	Verbal	Dr Gerry McSorley

Please send apologies to: Sarah Bates, ICB Deputy Board Secretary via email at: s.bates@nhs.net

The quorum of the Committee is a minimum of four voting members. This must include the Chair or Vice Chair.

Membership

Name	Position
Dr Gerry McSorley	Non-Executive Member (Chair)
Professor Sir Johnathan Van Tam	Non-Executive Member
Julie Pomeroy	Non-Executive Member
Martin Fahy/Nominated Deputy	Director of Nursing and Quality
Sarah-Jane Mills	Director of Primary Care, Community and Social Value
Sandra Williamson	Director of Health Inequalities and Regional Collaboration
Emma Rhodes	Assistant Director of Finance
Anna Nicholls/Bal Dhami /Gary Lucking	NHSE/I
Councillor Sue Woolley	Health and Wellbeing Board Representative
Dean Odell	HealthWatch
Dr Reid Baker/Kate Pilton	LMC
Wendy Martin	Associate Director of Nursing
Dr John Parkin	Clinical Leader

***Definition of a Conflict of Interest**

Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out of hours commissioning and involvement with integrated care organisations, as clinical ccommissioners may here find themselves in a position of being at once commissioner and provider of primary medical services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

Interests can be captured in four different categories:

Financial interests:

This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company, partnership or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- A shareholder (of more than [5%] of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A consultant for a provider;
- In secondary employment (see paragraph 52-53)
- In receipt of a grant from a provider;
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

Non-financial professional interests:

This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include
situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);

- A medical researcher.
- GPs and practice managers sitting on the governing body or committees of the ICB should declare details of their roles and responsibilities held within member practices of the ICB.

Non-financial personal interests:
This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;
- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;
- A member of a political party;
- Suffering from a particular condition requiring individually funded treatment;
- A financial advisor.

Indirect interests:
This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include:

- Spouse/partner
- Close relative e.g., parent, [grandparent], child, [grandchild] or sibling;
- Close friend;
- Business partner.
- Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the ICB.

NHS Lincolnshire Integrated Care Board

NHS Lincolnshire Integrated Care Board - Public Primary Care Commissioning Committee Minutes of the Meeting held in Public on 19th October 2022

Present:	Dr Gerry McSorley	Non-Executive Member - Chair
	Ms Sarah-Jane Mills	Director of Primary Care, Community and Social Value
	Mrs Julie Pomeroy	Non-Executive Member - Vice Chair
	Mrs Emma Rhodes	Assistant Director of Finance
In Attendance:	Ms Sarah Bates	Deputy Board Secretary
	Mr Nick Blake	Acting Programme Director for Primary Care
	Mrs Shona Brewster	Head of Transformation
	Mr Kevin Gibson	Communications and Engagement Lead – Primary Care
	Mr Dean Odell	HealthWatch
	Mrs Kate Pilton	Chief Operating Officer, LMC
	Mrs Sarah Starbuck	Head of Transformation (for Sandra Williamson)
	Dr John Parkin	Clinical Leader
	Councillor Sue Woolley	Chair – Health and Wellbeing Board
	Mrs Vanessa Wort	Associate Director of Nursing
Apologies:		
22/053	Mrs Jacqui Bunce	Programme Director - Strategic Estates, Partnerships & Planning
	Ms Wendy Martin	Associate Director of Nursing and Quality
	Sir Jonathan Van-Tam	Chair – Non-Executive Member
	Mrs Sandra Williamson	Director of Health Inequalities and Regional Collaboration

Dr McSorley welcomed members to the Public Primary Care Commissioning Committee meeting. Dr McSorley advised that the Committee is a meeting that is held in public and that members of the public have the facility to ask or raise queries through the chat function and that these will be responded to after the meeting. Dr McSorley requested that if members of the Committee were asked to speak or presenting reports that they introduce themselves beforehand.

22/054 DECLARATIONS OF INTEREST PECUNIARY OR NON-PECUNIARY

Dr McSorley reminded members of the importance in the management of Conflicts of Interest and asked members to consider each item carefully as the meeting progressed in order to identify any risk or conflicts that may arise during the course of the meeting. Members were also asked to consider if an interest required declaring before, during or after the meeting that relevant steps are taken to ensure that plans are in place to mitigate the risk.

There were no declarations of interest raised at the meeting.

22/055 CCG PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE MEETING MINUTES DATED 15th JUNE 2022

The minutes of the NHS Lincolnshire CCG Public meeting held on 15th June 2022 were received and approved. The Public Primary Care Commissioning Committee agreed to:-

- Approve the minutes.

22/056 MATTERS ARISING NOT ON THE AGENDA

There were no matters arising.

GENERAL ISSUES

22/057 SIDINGS PROCUREMENT CONTRACT AWARD/SPALDING INCLUDING EXPRESSION OF INTEREST PROCESS UPDATES

Sidings Procurement Contract Award

Mr Blake advised that following a procurement exercise the contract for the Sidings Procurement was awarded to Omnes Healthcare on 1st July 2022 with a mobilisation date of 1st September 2022. During the due diligence exercise with LCHS (Lincolnshire Community Health Services NHS Trust) it was noted that additional costs equating to approximately £100k was required to support the legacy TUPE contract arrangements. Mr Blake advised that the ICB had agreed to support these costs.

Dr McSorley referred to the additional costs and that these may impact on other parts of the organisation.

Mr Blake advised that there are fortnightly meetings with Omnes Healthcare and that plans are being reviewed for the provision of additional services.

A query was raised regarding the additional locum costs detailed within the report, it was noted that these are currently being worked through and will be finalised at the end of the month.

Spalding Update including Expression of Interest Process

Mrs Brewster referred to the Spalding Practice managed dispersal and the Expression of Interest process. It was noted that the process is currently being reviewed and due diligence taking place and that communications will be shared with members of the public within the next two weeks.

An overview was provided on the outcome of the engagement events with the public and stakeholders. Mr Gibson wished to express his thanks to members of the team for their input and support. The follow areas were highlighted:-

- Understanding and rationale of the list dispersal process of which a significant number of queries were raised.
- Quality and continuity of care is maintained and that there is no deterioration in service provision.
- Transport and travel and understanding the location and that this is accessible.
- The previous commitment of South CCG to put a facility on the West side of the Town.
- Feedback received from the neighbouring Practices regarding capacity and previous patient experiences.
- Suggestions regarding provision of new services given the expected population growth within the Spalding area. In addition, that the services are fit for purpose.
- Praise for the excellent service provision from the current staff and that there is no deterioration in future service provision.

Mrs Brewster stated that the due diligence processes are now being undertaken and that the Expression of Interest process which closed on Friday 14.10.22 and that all options are being evaluated and that detail will be shared publicly in the next two weeks. The Primary Care Commissioning Committee agreed to:-

- Note the update.

22/058 ENHANCED ACCESS UPDATE

Mrs Starbuck advised that the Enhanced Access provision for Lincolnshire commenced on 1st October 2022 of which is an amendment to the existing provision. It was noted that there is a requirement for Primary Care Networks to provide Enhanced Access to deliver evening and weekend appointments between the hours of 6.30pm and 8.00pm Monday to Friday and between 9.00am and 5.00pm on Saturdays. It was discussed that all PCN's are required to provide Enhanced Access and that there are different models in place such as rotational and hub based.

It was noted that patient engagement events have taken place with PCN populations ensuring that there is an appropriate level of provision and that there is a blended approach under the national contracts whilst ensuring that there is flexibility locally.

Dr McSorley thanked Mrs Starbuck and the team for enacting the arrangements. The Primary Care Commissioning Committee agreed to:-

- Note the update.

STRATEGIC ISSUES

22/059 PRIMARY CARE WORK PROGRAMME

My Blake presented the Primary Care Work Programme and advised that this includes the detail of time limited activities and not business as usual programmes.

It was noted that in terms of the governance process where new investment is proposed from the programme a business case will be presented for approval to the ICB Senior Managers Operational Delivery Group and subject to approval presented at the Lincolnshire Investment Panel. Mr Blake advised that the Primary Care Delivery Group has oversight of this Group.

Discussions took place regarding the RAG (red/amber/green) ratings and that it would be beneficial to have sight of the assurance processes and further detail of the elements contained within the work programme. It was agreed that future reports would include this level of detail.

Action: Mr Blake

The Primary Care Commissioning Committee agreed to:-

- Note the update.
- Future iterations of the report to include further detail in relation to the assurance processes.

22/060 WINTER PLANNING UPDATE

Mrs Brewster referred members to the report and advised that this details the current position and provides an update on the various national publications/letters regarding winter planning that have been published. It was noted that one of the issues with the funding streams for winter planning is the non-recurrent funding status of which makes it difficult to put sustainable plans in place.

Mrs Brewster advised that a high level system approach with a focus on Urgent and Emergency Care is being taken and that the role for Primary Care relates to the development of an ICB framework for supporting General Practice which includes rapidly assessing the needs of Practices/Primary Care Networks (PCNs), building on local knowledge, and identifying the practical and supportive interventions to boost resilience and patient access and priority to be given to where it is most needed, immediate changes to the Network Contract Directed Enhanced Service (DES) via contract variation and reducing bureaucracy for primary/secondary care interface.

It was discussed that this is work in progress and detailed robust plans are being developed however there are several risks that have been identified that relate to funding, resource and the complexity of the programme.

Discussions took place regarding the importance of data and that Lincolnshire has procured the new SHREWD (Single Health Resilience Early Warning Database) system, which is a powerful, real-time digital solution that provides simple visibility of whole system data.

It was noted that Urgent and Emergency Care are leading the programme and that the ICB is co-ordinating all parts of the system and that there is a weekly System Oversight Group that meets to discuss the progress, risks and issues. The Primary Care Commissioning Committee agreed to:-

- Note the update.

22/061 PHARMACY, OPTOMETRY AND DENTAL TRANSITION UPDATE

Mrs Starbuck provided members with an update in relation to the Pharmacy, Optometry and Dental services that will transfer to the ICB with effect from 1st April 2023. It was noted that the ICB has been working with NHSE as commissioner for the service currently to ensure the safe transfer of services and that Lincolnshire is working with other ICB's within the region in terms of managing the arrangements.

Mrs Starbuck advised that as part of the process a Pre-Delegation Assessment Framework has been completed of which has been reviewed by a National Moderation Panel on 12th October 2022 and that feedback is awaited.

Dr McSorley queried the engagement of clinicians in the process. Mrs Starbuck responded and stated that in terms of the local processes work is taking place with all four contractor groups and that there is a Primary Care Transition Oversight Group that ensures that there is an integrated approach.

Ms Mills added that work has been ongoing for some time with the contractor groups/four pillars and that the clinicians have been actively engaged with the planning for change as part of the establishment of the ICB and have recently formed a Primary Care Advisory Group. Ms Mills stated that this Group brings together the Clinical Leaders from across the different areas of primary care to support the strategic development and full integration of primary care services. In addition, there is representation from the Primary Care Network Alliance, Population Health Management, Local Medical Committee, Local Pharmaceutical Committee, Local Optometry Committee, and Local Dental Committee. The Primary Care Commissioning Committee agreed to:-

- Note the update.

SERVICE DELIVERY AND PERFORMANCE

22/062 PERFORMANCE UPDATE

Mr Blake provided an overview of the metrics and advised that these are work in progress. It was noted that there is a focus on three main areas:-

- *Quality of Care* – it was noted that currently there are four Practices that the Care Quality Commission(CQC) has assessed as '*Requires Improvement* and one that is rated as '*Inadequate'*.
- *Access to Primary Care including Enhanced Access* - the percentage of appointments offered by a GP Practice both face to face and digitally. It was discussed that Lincolnshire benchmarks well both nationally and regionally in terms of appointment availability.
- *Long Term Condition Management* – the inclusion of five indicators relating to Health Checks for patients with a Learning Disability/Severe Mental Illness(SMI), Coronary vascular disease (CVD)VD, Hypertension, Asthma and Diabetes. It was recognised that there is good performance for CVD and Asthma but further work is required to improve the performance for Diabetes and the 8 core processes.

It was highlighted that the report is being refined and will evolve over the course of time and that discussions are ongoing with the Clinical Leads regarding the GP access data and the consistency and accuracy of this.

It was further discussed that with the integration of Pharmacy, Dental and Optometry services from April 2023 relevant data will also be incorporated into the report. The Primary Care Commissioning Committee agreed to:-

- Note the update.

22/063 SERVICE DELIVERY AND PERFORMANCE (ABCD PRIORITIES)

Ms Mills referred to the Government's ABCD priorities (Ambulance, Backlog, Care, Doctors and Dentists) Priorities and that for Primary Care there is an expectation that any patient requesting a GP appointment is seen within two weeks. It was noted that the current performance for Lincolnshire is at 80% and that work is taking place to reach the 100% aspiration.

One of the main areas of challenge that was highlighted relates to patients attempting to contact GP Practices by telephone and that additional infrastructure and different digital solutions will be provided to support this area. The Primary Care Commissioning Committee agreed to:-

- Note the update.

FINANCE

22/064 FINANCE UPDATE

Mrs Rhodes advised that there were no areas for escalation. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

QUALITY

22/065 QUALITY, PATIENT EXPERIENCE AND EFFECTIVENESS UPDATE

Mr Fahy advised members that there are three Practices: Marisco, Branston and Spalding Practices that have been inspected by the CQC and rated as Requires Improvement and that the Marisco Practice has recently been re-inspected. It was discussed that the early findings are positive. The Merton Lodge Practice was also recently inspected, and the findings made public on 13th September 2022 of which the Practice was rated as good across all domains. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

22/066 LAKESIDE MEDICAL PRACTICE

Mr Fahy stated that the Practice was initially inspected by the CQC in June 2021 and rated as Inadequate in five out of the six domains. The Practice was subsequently re-inspected in September 2021 and remained the same. It was noted that HealthWatch had undertaken a patient survey with the Practice of which 1,456 responses had been received raising a number of challenges and issues. A further CQC inspection took place in June 2022 of which identified progress and the Practice was rated as Requires Improvement and that the CQC withdrew the notice of proposals and is no longer in Special Measures. In addition, it was noted that a meeting has taken place with the new Chief Executive of Lakeside Healthcare.

A query was raised when the Practice maybe subject to a further inspection. Mr Fahy responded and advised that this is usually within 6-12 months of the previous inspection. It was noted that the ICB Quality Team has a scheduled visit with the Practice imminently and is providing ongoing support. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

22/067 HAWTHORN MEDICAL PRACTICE CQC INSPECTION

It was noted that the CQC had inspected the Practice on 23rd August 2022 of which has been rated as Inadequate overall with Inadequate in the Safety, Responsiveness and Well Led domains and Requires Improvement in Effectiveness and Caring of which places the Practice in Special Measures.

An update was provided on the areas of challenge which included:-

- The Practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- There was no effective oversight of dispensary services that provided assurance as to its safety.
- Patients did not always receive effective care and treatment that met their needs.
- The Practice had not taken reasonable steps to protect patients and others from the risks posed by healthcare associated infections.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could not access care and treatment in a timely way.
- The provider did not have effective oversight of the systems and processes designed to deliver safe and effective care.
- Governance systems were ineffective.
- Staff did not always have the training, supervision or appraisal required.

Mr Fahy referred to the support package that has been put in place to the Practice which includes support from the Clinical Leaders, Quality, LMC and the neighbouring Practice and that the offer is receptive and that there is confidence in enacting the recovery plans and making progress.

It was noted that one area that had been highlighted related to the Practice not having a Patient Participation Group however plans are now in place to address this area. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

GOVERNANCE AND ASSURANCE

22/068 RISK REGISTER INCLUDING UPDATE IN RELATION TO ASYLUM SEEKERS

Ms Mills provided an update in relation to the new risks that have been added to the Register which includes:-

- The APMS contract and the impact on pension arrangements for primary care staff that are employed by Federations.
- The pressures within the paediatric service.
- Secondary care referrals and the associated delays.
- Data sharing and the variation in GP Practice sign up to data sharing arrangements to support data flow.
- Resettlement and refugees and that Primary Care may have capacity issues to respond to all of the health needs of people placed in Lincolnshire under the resettlement programmes. Ms Mills advised that there are ongoing discussions across the system regarding the impact on primary care and that dedicated support is being provided to those Practices that are affected. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

MINUTES FROM COMMITTEES AND ESCALATION REPORTS

22/069 None noted.

INFORMATION

22/070 ANY OTHER BUSINESS/ANY NEW RISKS

None noted.

22/071 ITEMS OF ESCALATION TO THE ICB BOARD

- Update on the Sidings and Spalding Practice.
- Hawthorn Practice and recent CQC inspection.

22/072 DATE AND TIME OF NEXT MEETING

Wednesday 21st December 2022 at 11.15 am

Not Delivered/Off Track
In Progress
On Track to Deliver
Delivered

NHS Lincolnshire Integrated Care Board
Public Primary Care Commissioning Committee Action Log Dated 19th October 2022

Minute Number	Meeting	Item	Action Required	Responsible Officer	Date to be Completed By	Progress as at Month/ Year	Status
22/059	19.10.22	Primary Care Work Programme	• Future iterations of the report to include further detail in relation to the assurance processes.	N Blake			

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COMMITTEE COVER SHEET

Public Meeting of Primary Care Commissioning Committee

Date: 21 December 2022
Location: via Teams

Agenda Number:	13
Title of Report:	Hawthorn Medical Practice Skegness CQC Report
Purpose:	To brief members on the published CQC report for Hawthorn Medical Practice, To brief members on the actions taken and ongoing work taken by the ICB and the Practice in partnership
Appendices:	

1.	**Key Points for Discussion:**

- The Care Quality Commission (CQC) carried out a full inspection at Hawthorn Medical Practice in Skegness and the branch in Burgh Le Marsh on 23 August 2022.
- The report was published on 30 September 2022.
- The practice was rated “Inadequate” overall with “Inadequate” in the Safety, Responsiveness and Well Led domains and “Requires Improvement” in Effectiveness and Caring. This places the practice in “special measures”.
- The CQC have served enforcement actions for the provider for being in breach of the following regulations:
  - Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
  - Regulation 17, (1), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
  - Regulation 18 (1), Staffing, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

2.	**Recommendations**

The committee are asked to note for information the outcome of the Hawthorn CQC visit, the actions that have been/are being taken to comply with the CQC enforcement actions and the support the ICB are providing to develop and implement an improvement plan.

3.	**Executive Summary**

Hawthorn Medical Practice is based in Skegness with a branch surgery in Burgh Le Marsh and has a list size of 17,777.

The CQC visited the practice on 23 August 2022. The practice was rated “Inadequate” overall, with “Inadequate” in the Safety, Responsiveness and Well Led domains and “Requires Improvement” in Effectiveness and Caring. The last review took place in March 2020 when the practice retained its previous rating of “Good”. The CQC have therefore placed the practice in “special measures”.

The practice team did not challenge the report for factual accuracy.

Summary of the findings were as follows:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- There was no effective oversight of dispensary services that provided assurance as to its safety.
- Patients did not always receive effective care and treatment that met their needs.
- The practice had not taken reasonable steps to protect patients and others from the risks posed by healthcare associated infections.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could not access care and treatment in a timely way.
- The provider did not have effective oversight of the systems and processes designed to deliver safe and effective care.
- Governance systems were ineffective.
- Staff did not always have the training, supervision or appraisal required.

The ICB team including Head of Transformation, GP Clinical Lead and Deputy Director of Nursing met with the Partners and the Senior Leadership Team on the 22 September 2022. Assurance was gained that the practice had taken the report seriously and before the team arrived, the whole practice team were being briefed by the Partners. There were some frank and honest discussions, and it was outlined to the team the support that could be provided. This included as follows:

- ICB Chief Pharmacist and LIMPS Team's support with the dispensary issues identified.
- Clinical Lead offered a visit to his practice to look at how appointments were managed and triaged.
- Support from a nearby costal practice that had been through a similar CQC experience recently.
- Urgent support visit from the ICB Health Protection Team to advise on infection, prevention and control.
- Support from the Local Medical Committee Practice Support Team.
- Support from the ICB Primary Care Team.
- Support from the ICB Quality and Nursing Team.
- ICB to support with data analysis for telephone access.
- Access to the Accelerate Programme

The ICB continue to hold a meeting with the practice team to discuss progress fortnightly and then the Lead Quality Officer and Operational and Delivery Manager linked to the practice are on site on the alternative weeks. Regular engagement meetings with the practice have taken place and updates were given by the practice team on the progress made so far and any issues identified that required further support from the ICB and other partners.

Early follow up meetings identified that there was some disparity of views, opinions, and engagement between clinical and non-clinical staff, which resulted in further concerns relating to leadership and ownership of the unique actions within the plan. The practice was initially slow to take up offers of support from the ICB and other parties as listed above. However, during recent ICB/Practice meetings, it was clear that there had been actions ongoing behind the scenes and improvements had been made with engagement from the partners. Partners have sought support from the LMC and explored other offers of help/assistance.

The practice has acted on dispensary concerns including allocating a clinical lead to have oversight, identifying any training needs and ensuring competencies are up to date. Two new dispensing staff have been recruited and the clinical lead plans to work from the Burgh le Marsh site, where the dispensary is located, once a week. Air conditioning has been installed and temperature monitoring systems are now in place. Support has been offered from ICB Chief Pharmacist. The Clinical Lead GP for the dispensary has also sought support from the PCN pharmacist.
Some advancements have also been made with medicines management concerns with named

clinical leads having been appointed to have oversight of medications that require monitoring as well as antibiotic prescribing. There is ongoing work to address any outstanding medicines management issues identified during CQC inspection with accompanying audits to demonstrate compliance and learning.

The ICB Health Protection visit took place on 5 October 2022 and the practice have received the full report. Some actions have been taken following this report including the development of an Infection Prevention and Control (IPC) team within the practice, development of daily and weekly checks, regular audits and updating staff training. The ICB have encouraged all practice staff to attend IPC training days. There is more work required to embed effective IPC processes into everyday practice. Fabric chairs and broken equipment are in the process of being replaced and landlords are undertaking any structural works that were identified in the report.
A follow up visit occurred on 27 October and the practice are waiting for the updated report. Although there was improvement in the overall cleanliness and hygiene of both sites, Burgh le Marsh site was noted to be a particularly aged and dilapidated environment.

An extension was sought from the CQC for submission of the final copy of the action plan by the end of Wednesday 08 November 2022. The action plan has had significant input from the ICB to ensure this is at the required standard. At the time of this report, though there is improving evidence of ongoing work. With regards to telephone access and the patient participation group. ICB support has been offered for both areas.

The CQC are seeking assurance that the practice has taken immediate and urgent action with the items outlined in their enforcement letter and must provide evidence that they are compliant with Regulations 12, 17 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A CQC visit to observe progress is scheduled for 14 December 2022.

4. Management of Conflicts of Interest

No anticipated conflict of interest.

5. Risk and Assurance

Provision of Primary Medical Services in an area with significant deprivation and a large lists size that absorbed a managed dispersal of a previous practice in Wainfleet.

6. Financial/Resource Implications

The support that is required from the practice for improvement will require significant staffing resource from the ICB.

7. Legal, Policy and Regulatory Requirements

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Primary Medical Care Policy and Guidance Manual (PGM) (May 2022)
- The NHS Constitution for England
- The NHS Long Term Plan 2021

8. Health Inequalities implications

Hawthorn's practice population is strikingly different from the Lincolnshire and England averages. It has the higher numbers of patients aged 65 and over, a higher deprivation score, higher numbers of patients with a long-term condition and the lower numbers aged 18 and under.

Life expectancy for males (75.7) and for females (81.3) is below the England average of 79.5 for males and below the England average of 83.1 for females.

There is a large transient population due to the area being a significant holiday destination which can increase temporary registrations of short term and long-term visitors and workers who are attracted by the seasonal work. Various estimates are given of between 100 and 500% increase in population during the summer.

9.	Equality and Diversity implications

Hawthorn's practice population has marginally more people from a black and minority ethnic background than the Lincolnshire average and with a higher level of patients with long term conditions than the Lincolnshire average it can be assumed higher levels of disability. Impact on other protected characteristics is not expected to be significant at this stage.

10.	Patient and Public Involvement (including Communications and Engagement)

ICB Communications support has been offered to the practice if required and a reactive statement has been prepared. There has been minimal press with one article published on Lincolnshire Live on 24 October 2022.

The practice does now have an online patient engagement group with the plan that this develops into a Patient Participation Group (PPG).

11.	Report previously presented at

This report was previously presented at the Primary Care Commissioning Committee in October 2022 and November 2022. It has been updated to reflect progress made by the practice since the last meeting.

The issues have also been discussed extensively in other forums including the East Locality Primary Care Quality Assurance and Operational Group and the Primary Care Quality Care and Performance Oversight Group.

12.	Sponsoring Director/Partner Member/Non-Executive Director

Martin Fahy, Director of Nursing and Quality - m.fahy@nhs.net
Sarah-Jane Mills, Director of Primary Care and Community and Social Value - sarah-jane.mills1@nhs.net

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Integrated Care Board

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

Date: 21 December 2022
Location: MS Teams

Agenda Number:	14
Title of Report:	Public Primary Care Commissioning Committee Risk Register
Report Author:	Sarah-Jane Mills, Director of Primary Care, Community & Social Value, NHS Lincolnshire ICB
Appendices:	A

1. Key Points for Discussion:

The Primary Care Risk Register provides the current assessment of risks that may impact on the delivery of Primary Care services across Lincolnshire.

2. Recommendations

The Primary Care Commissioning Committee is asked to:

- Consider the Risk Register and plans to mitigate identified risks.
- Note that the management of a number of key risks will only be achieved through the development of a comprehensive Primary Care strategy.
- The foundation of the Primary Care strategy requires the rapid development of Primary Care Networks.

3. Executive Summary

The Risk Register has been reviewed and updated by the risk owners. The following is a summary of the reviews by risk with a 'Current Risk Rating' score of 12 and over.

06 - Additional Roles
This risk has been maintained.
There is a risk that PCN won't be able to recruit to the additional roles identified in the long-term plan leading to reduced capacity / ability to develop MDT working within primary care and a loss of income for Lincolnshire from the national funding for additional role reimbursement. Changes to the Extended Access contracting arrangements have exacerbated this issue.

We are currently undertaking the following key actions:

1. Plans for 2022/23 have been submitted as part of system planning.
2. Working with the Peoples Board to develop the arrangements to support development of implementation of PC Workforce plans.
3. Develop future recruitment planning aligned with People Team & Board.
4. A proposal for a central Recruitment Hub to support PCNs went to go to PCN Business Managers 21/04/22, with the aim to procure in Q1 for implementation in Q2.
5. Monthly budget plan reporting implemented with PCN Managers and collated position produced and reported back to PCPG, PCN Managers and PCNA.
6. Plans being reviewed with individual PCNs with a focus on those PCNs where underspend is the highest.
7. Review of ARRS spending on a 3-stage process, at PCN level, locality level and system level. Focus on PCN spending their allocations ahead of July submissions. Discussions being held with PCNs re opportunity to collaborate with other PCNs.
8. PCPG looking to identify 'on the shelf' ideas for underspend that may become available at a system level post October.
9. LTH engaged and supporting the process re workforce planning and recruitment/training requirements.
10. PCN proposals to use underspend to support winter pressures management are being reviewed and approved through the PCN Alliance.

17 - APMS Contracts

This risk has been maintained.

The loss of APMS Contracts will impact NHSL Federations ability to be an employing authority and offer employees access to the NHS Pension Scheme.

We are currently undertaking the following key actions:

1. Regular meetings being held with NHSE/I.
2. Bi-weekly meetings being held with GP Federations.
3. Status of federation applications for NHSBSA directions to be reviewed.
4. Escalation via NHSE and NHS Confed to DHSC, now awaiting DHSC confirmation
5. Affected PCNs and Federations have confirmed they have received NHSBSA directions backdated to 1 Oct 2022. This mitigates the immediate risk.

18 - Paediatric Referrals

This risk has been maintained.

Paediatric Referrals can take up to 2 years. This impacts on patient outcomes but is outside of primary care control.

We are currently undertaking the following key actions:

1. Current position with Paediatric Referrals is being kept under review with clinical leads and through locality forums.
2. Discussion with LPFT and ICB MH commissioning team re ADHD referral process underway.

20 - Data Sharing
This risk has been maintained.
Variation in GP practice sign up to data sharing arrangements to support data flow.

We are currently undertaking the following key actions:

1. Raised as an issue at the Primary Care, Communities and Social Value Steering Group - 12 July 2022.
2. Review of DSA status by PHM programme and follow up with practices underway.
3. The majority of practices are signed up to DSAs - work with remaining practices is ongoing.

24 - Energy Costs
This risk has been maintained.
High energy costs are affecting GP practice resilience and financial viability.

Controls in place:

1. Government 6-month energy cap announced - currently unsure whether this will continue beyond 6 months. The ICB has procedures in place to support GP practices.

25 - Secondary Care Referrals
This risk has been maintained.
Increased waiting times for diagnosis and care in acute settings is affecting patient outcomes but outside of primary care control.

We are currently undertaking the following key actions:

1. Current position with acute referral waits to be kept under review with clinical leads and locality forums. Any consequent impact on primary care to be monitored and mitigated where possible.

26 – Resettlement Programme
This risk has been maintained.
Primary care capacity to respond to the health needs of people under the resettlement programmes or asylum seekers. Additional national funding is not indicated currently.

We are currently undertaking the following key actions:

1. Specific risks related to the Asylum Seeker families: lack of support for the bulk pick up of prescriptions both routine and urgent and the transport of bloods to the path lab. Exploring various options through voluntary sector and other routes. Pathways now in place with Age Uk and Grantham taxis for prescribing deliveries and pathlab deliveries.
2. K2 Federation delivering the wrap around support and enhanced health checks but resource / capacity is a limiting factor on what can and can't be done. Support being provided to both Asylum and Urban for Aghan bridging.
3. New risks with the set-up of additional hotels under a spot purchase basis.
4. Support to all sites a risk for TB screening and mental health input due to capacity from teams. This is taking up considerable appt capacity in primary care. LPFT being liaised with.

23 - Lack of Spirometry Provision in Primary Care

This risk has been maintained.

Lack of Spirometry provision in primary care resulting in delayed diagnosis and access to appropriate treatment for managing COPD.

We are currently undertaking the following key actions:

1. BC not considered at Oct investment panel and was deferred to November meeting. November meeting now cancelled and will be considered at the December meeting. Escalated to Finance and SRO. Extraordinary process requested to mitigate the risks.
2. Training to practices confirmed as available, no limit on places an expression of interest process will be offered to practices early January 2023. The training will be provided by funding available from HEE. Training provision expected to be available from Jan 23.

27 - Scan House

This risk has been maintained.

We are currently undertaking the following key actions:

1. Practices who use Scanhouse were asked to complete a feedback questionnaire. Responses were quite mixed in the issues experienced. The situation continues to be monitored against the assurance the company issued to the ICB in a statement August.

22 - Leg Ulcer Service Provision

The risk has increased to a current rating of 12.

We are currently undertaking the following key actions:

1. Supporting with inappropriate referral via comms in primary care bulletin on referral form and criteria (LCHS)
2. Operational delivery risks are being managed.

28 - Group A Streptococcus concerns and antibiotic supply

This is a new risk.

Presentations by concerned patients and parents at GP practices has increased significantly in December and fulfillment of antibiotic prescriptions where required has been raised by GP practices.

Controls in place:

1. Advice and guidance are available to GP practices in terms of management of patients presenting with possible Strep A, swabbing and antibiotic access. Public communications and through schools provides advice on what services should be contacted in the case of suspected Strep A infection.

29 - Energy supply interruption

This is a new risk.

Controls in place:

1. The ICB EPRR team are coordinating a review of business continuity in relation to energy supply outages for health providers. Primary care sites do not meet the supply prioritisation criteria - a review of practice BCPs is indicated.

4.	**Management of Conflicts of Interest**

None.

5.	Risk and Assurance

This section should identify known or potential risks and how these are being mitigated, including conflicts of interest.

Please state if the risk is on the ICB Risk Register.

Yes	X	No	

6.	Financial/Resource Implications

Risk mitigation is likely to require significant investment.

7.	Legal, Policy and Regulatory Requirements

The ICB is required to ensure the effective provision of Primary Care.

8.	Health Inequalities implications

Impacts on primary care capacity due to, long waits for paediatric services and variability data sharing arrangements may exacerbate existing health inequalities. These risks will be reviewed and monitored with the Health Inequalities programme.

Improving GP sign up to data sharing will support monitoring and addressing health inequalities and the development of effective Population Health Management approaches.

9.	Equality and Diversity implications

Longer referral times for children and young people is an equality issue and likely to adversely impact on patient outcomes and experience.

Primary care workforce capacity may affect people with more complex health care needs or those who require additional support to access primary care services.

10.	Patient and Public Involvement (including Communications and Engagement)

The development and review of the risk register reflects the feedback from key stakeholders.

Arrangements to ensure that feedback from HealthWatch are incorporated into the review of the Risk Register have been established.

11.	Report previously presented at

Risk issues have been previously reviewed at the Primary Care Senior Managers' Group and the Primary Care, Communities and Social Value Steering Group.

12.	Sponsoring Director/Partner Member/Non-Executive Director

Sarah-Jane Mills
Director of Primary Care, Community & Social Value
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Mob: 07870 898428

Item 14b

Consequence			Likelihood: Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
	Negligible	1	1	2	3	4	5
	Minor	2	2	4	6	8	10
	Moderate	3	3	6	9	12	15
	Major	4	4	8	12	16	20
	Catastrophic	5	5	10	15	20	25

1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-25	Extreme risk

PCCC Risk Register - 2022/23 - an Integrated Primary Care Risk Log to capture risks and issues that aren't practice or PCN specific but that affect primary care, including wider system issues

CRR - Overall Score of 12 or >12

				Inherent Risk Rating				Current Risk Rating							
ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood	Impact	Rating	Mitigation	Action points/Updates (SMART ACTIONS)	Last review date	Lead Officer	Risk Owner	Timeline
6		There is a risk that PCN won't be able to **recruit to the additional roles** identified in the long term plan leading to reduced capacity / ability to develop MDT working within primary care and a loss of income for Lincolnshire from the national funding for additional role reimbursement Changes to the Extended Access contracting arrangement have exacerbated this issue.	4	4	16	1. Heads of Transformation, Primary Care Workforce Lead & Primary Care Programme Lead- monitor plans and delivery against ARRS. Additional support is being secured through Optum to support the delivery of the SMRs, where there are current recruitment gaps for clinical pharmacists 2. PCNs report ARRS staffing as part of NWRS (quarterly submission). 3. Primary Care People Group meets bi-monthly and has membership from PCNA, PCN Managers, Primary Care Workforce Lead, Primary Care Programme Lead, LTH, LMC AHP Lead. 4. Primary Care Workforce Lead is in place (from 4 Jan 22).	4	4	16	1. Regular meeting with PCN Alliance, PCN Managers and PCN A Chair & deputy Chair to discuss issues. 2. PCN managers working closely with HoTs & CCG Locality Leads. 3. The Lincolnshire System is procuring a ICS-wide workforce tool (KPMG). This will scope primary care workforce but there is no tool in place. The Primary Care People Group (PCPG) is undertaking a review of needs, strategy meeting planned for 20 Sept-22. 4. A report goes to the PCPG on ARRS workforce and spend.	1. Plans for 2022/23 have been submitted as part of system planning. 2. Working with the Peoples Board to develop the arrangements to support development of implementation of PC Workforce plans. 3. Develop future recruitment planning aligned with People Team & Board. 4. A proposal for a central Recruitment Hub to support PCNs went to go to PCN Business Managers 21/04/22, with the aim to procure in Q1 for implementation in Q2. 5. Monthly budget plan reporting implemented with PCN Managers and collated position produced and reported back to PCPG, PCN Managers and PCNA. 6. Plans being reviewed with individual PCNs with a focus on those PCNs where underspend is the highest. 7. Review of ARRS spending on a 3 stage process, at PCN level, locality level and system level. F Discussions being held with PCNs re opportunity to collaborate with other PCNs. 8. PCPG looking to identify 'on the shelf' ideas for underspend that may become available at a system level post October. 9. LTH engaged and supporting the process re workforce planning and recruitment/training requirements. 10. PCN proposals to use underspend to support winter pressures management are being reviewed and approved through the PCN Alliance.	13/12/2022	Sarah-Jane Mills	Martin Kay	Ongoing throughout 2022/23
17		**APMS Contracts** - the loss of APMS Contracts will impact NHSL Federations ability to be an employing authority and offer employees access to the NHS Pension Scheme.	3	4	12	1. Currently seeking legal advice, reviewing BSA guidance and seeking advice from NHSE.	2	4	8	1. Potential use of flexibilities through BSA including federations applying for direction status up to 31 March 2023. Flexibilities under use of NHS Standard Contract are unlikely to apply.	1. Legal advice requested from Beachcroft, received 12 July 2022. 2. Meeting held with affected federations on 13 July to review advice and mitigations. NHSE to attend. 3. Plans developed with each federation to put in place interim solutions and seek advice/application to BSA. 4. Plans submitted by PCNs to ICB for Enhanced Access by 22 July, panel to review submissions held on 29 July 2022. 5. Mobilisation period up to 1 October 2022 to be utilised to make necessary amendments to arrangements to maintain access to NHS Pensions Scheme for affected staff. Further legal advice sought by the ICB to support each organisation. National subcontract imminent which may support issues raised. 6. Ongoing work with NHSE regarding PCN governance arrangements and legal structure, supported by legal advice at system level. 7. Confed is to meet with ICB Primary Care Directors in August. 8. Regular meetings being held with NHSE/I. 9. Bi weekly meetings being held with GP Federations. 10. Status of federation applications for NHSBSA directions to be reviewed. 11. Escalation via NHSE and NHS Confed to DHSC, now awaiting DHSC confirmation 12. Affected PCNs and Federations have confirmed they have received NHSBSA directions backdated to 1 Oct 2022. This mitigates the immediate risk.	13/12/2022	Sarah Starbuck	Sarah Starbuck	Q2 and Q3 22/23
18		**Paediatric Referrals** - Paediatric Referrals can take up to 2 years. This impacts on patient outcomes but is outside of primary care control.	4	3	12	1. Raised with DDON Wendy Martin and Clinical Leads as an issue. Further discussions with CYP commissioners planned.	4	3	12	1. Current system pathway issue, further exploration and identification of approach to address the issue required.	1. Current position with paediatric referrals is being kept under review with clinical leads and through locality forums. 2. Discussion with LPFT and ICB MH commissioning team re ADHD referral process underway.	13/12/2022	Sarah-Jane Mills	Sarah-Jane Mills	TBC
20		**Data Sharing -** variation in GP practice sign up to data sharing arrangements to support data flow.	4	3	12	1. Engagement across practices, digital team and AGEM DPO team. Work across the LMC and ICB performance team is planned to support improved data quality and sharing.	4	3	12	1. Currently reviewing issues and agreeing engagement plan with practices where needed. In discussion with LMC.	1. Raised as an issue at the Primary Care, Communities and Social Value Steering Group - 12 July 2022. 2. Review of DSA status by PHM programme and follow up with practices underway. 3. The majority of practices are signed up to DSAs - ongoing work with remaining practices is ongoing.	13/12/2022	Sarah-Jane Mills	Nick Blake	TBC

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost Certain
		1	2	3	4	5
Consequence	Negligible 1	1	2	3	4	5
	Minor 2	2	4	6	8	10
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24		**Energy costs** - high energy costs are affecting GP practice resilience and financial viability.	4	3	12	1. Government 6 month energy cap announced - currently unsure whether this will continue beyond 6 months. The ICB has procedures in place to support GP practices.	4	3	12	1. Ongoing monitoring of impact on GP practices and on national support available.		13/12/2022	Sarah-Jane Mills	Nick Blake	TBC
25		**Secondary care referrals** - increased waiting times for diagnosis and care in acute settings is affecting patient outcomes but outside of primary care control.	4	3	12	1. Raised with ICB cancer and planned care teams as an issue. Further discussions with clinical leads and ongoing monitoring through clinical fora.	4	3	12	1. Current acute trust capacity and bed flow issues alongside demand, further exploration of issues and monitoring required.	1. Current position with acute referral waits to be kept under review with clinical leads and locality forums. Any consequent impact on primary care to be monitored and mitigated where possible.	13/12/2022	Sarah-Jane Mills	Nick Blake	TBC
26		**Primary care capacity to respond to the health needs of people** under the resettlement programmes or asylum seekers. Additional national funding is not indicated currently.	4	3	12	1. Raised through system resettlement forums, escalated to ICB Executive.	4	4	16	1. Monitoring impact on affected practices - ICB Team supporting where appropriate. 2. Enhanced Service specification in development to support with a funding structure for ongoing core needs of those in Lincolnshire on any of the strands of the programme.	1.Specific risks related to the Asylum Seeker families: lack of support for the bulk pick up of prescriptions both routine and urgent and the transport of bloods to the path lab. Exploring various options through voluntary sector and other routes. Pathways now in place with Age Uk and Grantham taxis for prescribing deliveries and pathlab deliveries. 2.K2 Federation delivering the wrap around support and enhanced health checks but resource / capacity is a limiting factor on what can and can't be done. Support being provided to both Asylum and Urban for Aghan bridging. 3.New risks with the set-up of additional hotels under a spot purchase basis. 4.Support to all sites a risk for TB screening and mental health input due to capacity from teams. This is taking up considerable appt capacity in primary care. LPFT being liaised with	13/12/2022	Sarah-Jane Mills	Shona Brewster	Ongoing
23	14/09/2022	**Lack of Spirometry provision in primary care** resulting in delayed diagnosis and access to appropriate treatment for managing COPD. Concerns that GPs are using 2/52 pathways and elective respiratory pathways to try and access spirometry for patients, which is then declined by ULHT resulting in poor patient experience. No risk assessment of patients to determine harm undertaken at this stage.	4	4	16	1. Enhanced Services Clinical Review Group developing and updating specification.	4	4	16	1. BC to go to October investment panel. 2. Once funding secured, EOI to be issued to all PCNs from Q3 2022-23. 3. Health inequalities funding to pump prime training of staff to deliver service 4. Regional respiratory network also able to provide funds to support training of staff	1. BC not considered at Oct investment panel and was deferred to November meeting. November meeting now cancelled and will be considered at the December meeting. Escalated to Finance and SRO. Extraordinary process requested to mitigate the risks. 2. Training to practices confirmed as available, no limit on places an expression of interest process will be offered to practices early January 2023. The training will be provided by funding available from HEE. Training provision expected to be available from Jan 23	13/12/2022	Sarah-Jane Mills	Shona Brewster & Sue Oakman	Apr-23
27	07/11/2022	**Scan House -** 44/82 practices are storing paper medical records off-site with Scan House (S1 practices only). The practices hold individual contracts with Scan House who were recommended as a provider for off-site storage when the notes digitisation project (S1) was halted. Scan House are not achieving their KPI's. Repeated reports that patient notes sent to them by practices are not found within their system and/or facility. Notes that have been found are not being transported to practices in a timely manner, and on occasion they have even been sent via Royal Mail and not via Scan House's internal courier service. Notes are being request back for the following reasons: 1) Patients moving practice - notes are requested back to send to PCSE, if these are not fond practices are unable to send them and the patients new practice will be without them. 2) Insurance reports ask about the paper notes. 3) GP's request them to process urgent requests. In all cases the risk to the patient and ongoing clinical care could be significant.	4	3	12	1. Nigel Kenward – ICB Lead is in regular contact with Scan House managers. Scan House issued assurances 23/08/22 that they were working on the issues identified. GP Practices have been updated via the ICB GP Briefing and Locality Managers that the concerns raised and escalated to the ICB have been followed up with Scan House, Practices were asked to email the Primary Care Team with issues so that a tracker can be kept.	4	3	12	1. Issues and concerns feature on the Primary Care Digital roadmap. Escalation team includes Nigel Kenward, Martin Kay, Dave Smith, Steve Pitwell and Jen Rousseau. 2. Escalation from the CCG / ICB to Scan House due to the number of Lincolnshire practices they support. Scan House act on behalf of Ricoh UK who are NHS D approved providers 3. Practices looking at off-site storage providers are being advised that there are on-going issues with Scan House and risks highlighted with this provider. Thus avoiding further practices being impacted and Scan 4. House taking on more contracts that can't be managed	1. Practices who use Scanhouse were asked to complete a feedback questionnaire. Responses were quite mixed in the issues experienced. The situation continues to be monitored against the assurance the company issued to the ICB in a statement August.	13/12/2022	Sarah-Jane Mills	Shona Brewster & Jen Rousseau	Jan-23

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost Certain
		1	2	3	4	5
Consequence	Negligible 1	1	2	3	4	5
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22	26/07/2022	**Leg Ulcer Service Provision**	3	3	9	1. Enhanced Services Clinical Review Group developing and updating specification in conjunction with a fuller review of wound management and investment. Remuneration has been uplifted however per capitation rate may not be the best model of funding. The wider strategy will address this. NICE Guidance has increased demand and waiting list size is increasing. This is due to additional requirements to deliver a gold standard service linked to doppler assessment, shorter initial observation and conservative management, recall (compression stocking requirements).	3	4	12	1. Service specification has undergone robust review and update. The Clinical Review Group monitoring and approving changes. Discussion with providers on particular pressure points affecting service provision / delivery, with additional funding to support delivery in areas not covered.	1.Supporting with inappropriate referral via comms in primary care bulletin on referral form and criteria (LCHS) 2.Operational delivery risks are being managed.	13/12/2022	Sarah-Jane Mills	Shona Brewster & Sue Oakman	Apr-23
28	13/12/2022	**Group A Streptococcus concerns and antibiotic supply** - presentations by concerned patients and parents at GP practices has increased significantly in December and fulfilment of antibiotic prescriptions where required has been raised by GP practices.	4	2	12	1. Advice and guidance is available to GP practices in terms of management of patients presenting with possible Strep A, swabbing and antibiotic access. Public communications and through schools provides advice on what services should be contacted in the case of suspected Strep A infection.	4	3	12	1. LIMPS team providing updates on antibiotic supply and liaising with LPC and region. The ICB primary care team are supporting practices through information cascade and practical support where required.		13/12/2022	Sarah-Jane Mills	Nick Blake	
29	13/12/2022	**Energy supply interruption**	3	4	12	1. The ICB EPRR team are coordinating a review of business continuity in relation to energy supply outages for health providers. Primary care sites do not meet the supply prioritisation criteria - a review of practice BCPs is indicated.	3	4	12	1. The ICB Primary Care Team will be reviewing primary care sites and BCPs with regards energy supply interruptions.		13/12/2022	Sarah-Jane Mills	Nick Blake	

Consequence			Likelihood: Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
	Negligible	1	1	2	3	4	5
	Minor	2	2	4	6	8	10
	Moderate	3	3	6	9	12	15
	Major	4	4	8	12	16	20
	Catastrophic	5	5	10	15	20	25

1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-25	Extreme risk

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CRR - Overall Score <12

			Inherent Risk Rating				Current Risk Rating									
ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood	Impact	Rating	1. Mitigation	Action points/Updates (SMART ACTIONS)	Updates	Last review date	Lead Officer	Risk Owner	Timeline
2		There is a risk of possible patient harm if there is a failure in quality, safety and patient experience in primary care services commissioned by the CCG	3	3	9	1. Quality risk assessment per practice using information gathered by locality leads and the quality team. 2. Primary Care Quality Assurance Group in localities reviews both data and soft intelligence relating to individual practices arising from a number of sources. 3. Increased CCG guidance and support is provided to practices via the risk stratification process and in response to identification of any CCG input required. 4. WAF funding has been used to establish a Quality Improvement Service (QIS) managed through the LMC.	3	3	9	1. Ongoing monitoring of practices through locality PCQAGs, the county wide PC quality oversight group & PCCC. 2. The CCG is still in receipt of information from CQC for high levels of concern or where a complaint/ whistle-blower has approached the regulators. 3. CQC regular attendee at PC county wide PC Quality Group. Healthwatch & LMC also attend this group. 4. Locality staff ensure on going assessment of available information and triangulate with any known historic information. Increasingly working with PCN Directors to develop ongoing quality assurance & improvement processes for PCN constituent practices. 5. The QIS will work with the Quality & Performance Oversight Group to identify practices that would appear as having issues. 6. Data sets are being established to look at a number of aspects of general practices to identify at risk patient groups. 7. The QIS has been asked to initially work with the 16 practices identified as those needing enhanced support within the WAF review.	1. Practice visits recommenced from Autumn 21, capacity of the Quality team remains constrained as vacancies recruited to within the team. 2. Continue work with PCN Directors to develop quality governance processes with constituent practices. 3. Support the LMC in establishing the QIS from April 2022. 4. Agree remit for the initial reviews and future reporting arrangements by end April 2022	1. Majority of Practices good risk ratings with CQC (x 4 Require Improvement). 2. The practice previously rated as Inadequate by the CQC has been re-rated as Requires Improvement following re-inspection - the CCG is offering support to the practice in making further improvements.	09/12/2022	Wendy Martin / Martin Fahy	Wendy Martin	
3		There is a risk that the business model for delivery of primary care services becomes unsustainable for individual practices.	4	3	12	1. Practices have Business Continuity Plans. 2. All PCNs to agree Business Continuity Plans, which cover a group of practices. 3. Practices undergo annual regulatory reviews by the Care Quality Commission.	3	3	9	1. There are regular meetings between ICB Locality Leads and their respective practices. This enables the monitoring of softer issues which provide information about the robustness of a practice. 2. The OPEL framework (GPAS) is being piloted by the LMC in 12 practices. This now covers 34 practices. Reports are received weekly. Whilst good to have additional information, it is not possible though from the granularity of the data to identify practices with specific issues, and therefore be proactive in providing support. 3. Primary Care providers will also form part of the Urgent Care Dashboard.	1. LMC implemented a GPAS pilot, further roll out will occur later in the year 2. Complete Action Cards to support the OPEL. 3. NHS Digital has put in place new workforce and appointment data collection processes/services. Data quality will be monitored to assess impact. 4. Agreement has been made with the LMC that they will lead a piece of work to improve data quality within practices. Plans are to be agreed in Q1 5. Continue to monitor the situation, in particular for small practices due to the current increase in cost of living e.g. energy costs, pay etc.	1. A review of Business Continuity plans is currently taking place with the expectation that moving forward these will all be at a PCN level. We are also reviewing as part of the restoration and recovery phase the new ways of working that have been implemented in response to COVID that we would like to maintain moving forward. 2. LMC, PCNs and CCG are working together to develop the Primary Care OPEL. 3. Discussions are due to be held following the publication of the report 'At you service' by the Policy Exchange. 4 74 practices have attended training organised by the LMC and a 34 asked for additional advice	09/12/2022	Sarah-Jane Mills	Martin Kay/HOTS	
4		There is a risk that Primary Care networks won't develop at the pace required to support delivery of the long term plan.	3	3	9	1. PCN Alliance meet on a weekly/monthly basis to oversee delivery of PCN DES priorities. 2. Development plans for the PCNs are currently being developed which will support the delivery of the LTP and the strategic direction of travel. 3. PCN Alliance is a member of the Provider Alliance. 4. PCN Managers and CCG leads meet monthly. 5. PCN managers work closely with both their Clinical Directors and Practice Managers. 6. Tricordant has been procured to support the PCN review. Plans are due in Q1. Plans received and currently sit with the PCNA 7 Beachcroft has been working with the pCNA to support the development to achieving a legal status. Outcome is expected in Sep/Oct	2	3	6	1. PCNs look at service delivery model on a PCN footprint. 2. A joint OD Plan to be developed across PCNs and practices. 3. A new ambitions framework has replaced the maturity matrix to create better conditions for PCNs to identify the asks and needs to realise improved maturity.	1. Develop as part of the Primary Care Strategic approach. 2. COVID and vaccinations needs have slowed this development down but is now back in traction. 3. Lincolnshire has agreed to be a National pilot for a new proposal currently being worked up by the Time for Care team to develop Primary Care Transformation teams within ICS'. 4. PCNA is developing it's governance structure using Beachcroft's framework	1. Work is ongoing between Primary Care Programme, PCNs and PCCC in developing the primary care strategy. This will provide the vision for PCNs to aim for, based on delivery of the Long-Term Plan. Subsequently it will be possible to identify development needs at specific PCN level. The initial 4 sessions have been completed. 2. We have appointed Tricordant (an external consultancy) to inform the further development of the PCNA and PCNs as part of the wider system development of the provider collaborative. 3. Programme manager appointed to support PCN A / PCN development. 4. Tricordant are holding further workshops during April to complete their final report on governance and workforce to form their report.	09/12/2022	Sarah-Jane Mills	Martin Kay	Tricordant report is expected towards the later half of Q1.
7		There is a risk that there will be insufficient capital and revenue funding to facilitate the development of Primary Care Estates and Community Hubs required to support delivery of the long term plan.	3	3	9	1. Lincolnshire is developing a system bid to become part of the Health Infrastructure Programme (HIP). This will set out the System case for its estates capital requirements. This will include all sectors including primary care and demonstrate the interdependencies for service delivery, capacity, quality, place, population health and impact of technology and hence the estate required. In addition Sleaford has been identified as a pilot for the Cavell Programme which is the follow on from the ETTF programme and focuses on Primary/Community Hubs. Louth, Gainsborough and Lincoln South have also been included on the programme although not a pilot. The Cavell Programme is expected to be included in the spending review due in November 2021. There is national funding to complete the development of the business case. BAU capital will still be available for small primary care developments. The work supports the development of PCN estates strategies and the ICS Estates Strategy which is likely to be required by March 2022.	2	2	4	1. Monthly Primary Care Estates meeting with relevant locality, finance and estates leads in attendance to review and support general practice premises issues and development. 2. Development of PCN Estates Strategies, informed by clinical strategies, to be developed.	1. A Full report was presented to the PC3 Development Session in March 22. 2. Community Health Partnerships and Exi have mobilised the PCN Strategy Support Programme in July 2022. 3. All PCNs will be supported to develop clinical and estates strategies during 22/23, split into two tranches. 3. The PCN Strategy Support programme will support robust assessment of estates prioritisation. 4. Neighbourhood Team requirements are being considered as part of the programme.	1. Submission provided to support the National Data Gathering Programme in relation to primary care estate in January 2021. 2. Ongoing CCG support at practice level where outline business cases for practice developments are being progressed where estates capacity risks impacting on patient care. Initial discussions taking place with PCNs regarding future estate needs based on local evidence from HIP work, and the data gathering programme. Work taking place with Grantham PCN on how they want to meet primary care needs from two large scale housing developments. Primary Care Data Gathering Programme has been completed. Routine meetings established with Community Health Partnerships to take forward the PCN Strategy Support Programme to support PCNs with their estate planning and development of estates strategies. 3. May 22 - Exi now commissioned to support the PCN Strategy Support Programme and mobilisation planning in progress. 4. Nov 22 - a number of primary care estate Capital bids submitted to NHSE to add additional clinical rooms to existing estate. Capital funding still tbc.	09/12/2022	Jacqui Bunce	Sarah Starbuck	To complete the HIP bid by 31st March 2021. To complete the Sleaford OBC/FBC by 31st May 2022. PCN Strategy Support Programme. To be completed in 2 tranches during 22/23.

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
			1	2	3	4	5
Consequence	Negligible	1	1	2	3	4	5
	Minor	2	2	4	6	8	10
	Moderate	3	3	6	9	12	15
	Major	4	4	8	12	16	20
	Catastrophic	5	5	10	15	20	25

	1-3	Low risk
	4-6	Moderate risk
	8-12	High risk
	15-25	Extreme risk

PCCC Risk Register - 2022/23 - an Integrated Primary Care Risk Log to capture risks and issues that aren't practice or PCN specific but that affect primary care, including wider system issues.

CRR - Overall Score <12

			Inherent Risk Rating				Current Risk Rating								
ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood	Impact	Rating	1. Mitigation	Action points/Updates (SMART ACTIONS)	Updates	Last review date	Lead Officer	Risk Owner	Timeline
10		There is a risk that functions previously supported by NHSE are not covered due to Primary Care team being diverted to support COVID 19 and not having the capacity to establish new arrangements / processes. This may result in Primary Care contract management issues not being completed in a timely manner, failure to secure section 106 funds to support future capital development - leaving practices exposed to financial risk.	3	3	9	1. A full list of key issues has been compiled by the Primary Care Team.	2	3	6	1. Primary care team address individual issues as they arise. 2. Discussion with ICB and AGEM contracting teams to confirm support to Primary Care, capacity is available. 3. S106 funding is managed through the Estates Group with dedicated support capacity.	1. Development of arrangements to ensure the key areas of responsibility are addressed. 2. Review of processes to ensure that the CCG can support key activities and where necessary negotiation of arrangements to minimise disruption.	1. Allocation of lead responsibilities within Primary Care Team has been completed. Work to develop team resilience and business continuity approaches is continuously under review. 2. This work needs further review to take account of the plans to transfer commissioning of Dental, Optoms and Community Pharmacy to CCGs as part of the Integrated Commissioning programme. This is part of the ongoing regional discussions and planning work managed through the IPCC programme.	09/12/2022	Sarah-Jane Mills	Sarah-Jane Mills	30/06/2022
14	10/11/21	As a result of the accelerated changes with regards to accessing primary care, including the introduction of triage and utilisation of remote consultation, there is increased criticism both by individual members of public and cross local and national media that is resulting in some GPs receiving abuse, and a general feeling across the profession of being singled out and not valued for the contribution that they make, or, the fact that they are managing increased demand. As a result there in an increased risk that GP staff become demoralised and fail to engage in improvement and transformation programmes, and a further risk that GP staff will leave.	3	4	12	1. Continued proactive dialogue through the LMC Clinical Leads and PCN Alliance to ensure that local plans are dealt with sensitively, sensibly and pragmatically.	3	3	9	1. Maintain open dialogue with General Practice. 2. Develop comprehensive comms and engagement programme that provides greater understanding and visibility of developments across primary care. 3. There has been a system wide campaign regarding being kind and supportive to staff across the NHS. 4. Work with General Practice, the LMC, PCNA and Clinical Leads to develop a comprehensive plan to ensure effective investment of the Winter Access Fund (WAF).	1. Comms & Engagement plan developed and launched. 2. Winter Access Fund (WAF) implementation plan progressed in partnership with primary care and system colleagues.	1. Comms and engagement plan delivery ongoing. 2. WAF has been implemented with practices - potential opportunities to extend to support access and mitigation of system demand pressures are currently under review. 3. Patient access is kept under review and part of the Primary Care programme KPI data set, workforce issues are monitored through the Primary Care People's Group and PCNA. 4. The 2021/22 Patient Survey is now available and being reviewed to identify any specific issues.	09/12/2022	Sarah-Jane Mills	Nick Blake	30/06/2022
16	12/11/21	1. NWAFT have notified the CCG that there has been a delay in 10K + patient discharge letters being issued to some GP surgeries in Lincolnshire. NWAFT are unable to send the letters in batches and practices will be emailed as they are usually for discharge summaries, so letters will not be easily identified as historic discharges from those which are from more recent/current admissions. 2. The additional volume and impact on capacity for practices when reviewing these letters, to safety net any review that NWAFT has undertaken and action any feedback, needs to be factored in. 3. LMC have raised query as to practice reimbursement for these reviews.	4	3	12	1. NWAFT Clinicians are reviewing the discharge information and highlighting those patients that may have suffered harm. 2. CCG Comms have sent out information to each of the effected practices with information as to their approach. 3. Locality Leads to link in with practices to ascertain additional time commitment on practices, required to review.	2	3	6	1. NWAFT will contact those patients whom they identify may have suffered harm as a result of this issue. 2. So that practices can easily identify the letters as they are sent through to generic mailboxes, NWAFT will send a list of patient names in advance to practices, so that they can be checked and reconciled within each practice. 3. NWAFT are arranging a series of webinars to inform practices of this issue and outline their own mitigating actions. 4. Clinical leads, who have been involved in the reviews can be contacted for further discussion on any patient referral where there may be practice concerns.	1. NWAFT to hold webinars for GP practices affected. 2. NWAFT to confirm approach to managing backlog and letter send out. 3. NWAFT to confirm timeline to address issue.	1. Webinars were held by NWAFT on 23rd and 25th November. 2. The risk associated with mail out of letters to GPs has been addressed - 3. NWAFT will be managing the reviews over time and won't be mailing out letters to practices in bulk. 4. Clinical risk is being held and managed by NWAFT. 5. The CCG is assured that NWAFT are progressing the work and reviewing the factors leading to the issue, however, lack of pace remains a concern. The CCG Contracts and Nursing and Quality Teams haven't had confirmation from NWAFT on the timeline for all patients to be contacted and will be seeking this in January 2022. 6. NWAFT have confirmed that around 2,000 patients' reviews are outstanding and are being progressed and are expected to be completed in May 2022. NWAFT report no patient has been identified so far. LCCG Quality Team are coordinating with Cambs and Peterborough CCG on this matter - a further update on progress and completion of the work is being requested from NWAFT. 7. Status update requested from NWAFT via the Quality Team. 8. The ICB Quality Team have confirmed that NWAFT have updated and that the issue is resolved.	09/12/2022	Nick Blake	Sarah-Jane Mills	Update from NWAFT on timeline for completion required by end of Jan 2022.

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
			1	2	3	4	5
Consequence	Negligible	1	1	2	3	4	5
	Minor	2	2	4	6	8	10
	Moderate	3	3	6	9	12	15
	Major	4	4	8	12	16	20
	Catastrophic	5	5	10	15	20	25

	1-3	Low risk
	4-6	Moderate risk
	8-12	High risk
	15-25	Extreme risk

Scoring matrix:

1
2
3
4
5

IT'S THE CURRENT RISK THAT DETERMINES WHETHER THE RISK GOES ONTO THE >12 SHEET OR THE <12 SHEET. ONLY THOSE RISKS WITH A SCORE OF >12 GOES TO PCCC
If the score is 12 they go to the meeting

NHS
Lincolnshire
Integrated Care Board

NHS LINCOLNSHIRE INTEGRATED CARE BOARD

PRIMARY CARE AND DELEGATED FUNCTION COMMITTEE

TERMS OF REFERENCE

1. CONSTITUTION

The Primary Care and Delegated Function Committee (the Committee) is established by the Integrated Care Board (the ICB) as a Committee of the Board in accordance with its Constitution.

These Terms of Reference which must be published on the ICB website, set out the Membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee is an ICB Non-Executive Member Chaired Committee of the Board and its members are bound by the Standing Orders and other policies of the ICB.

2.. DELEGATED AUTHORITY

The Primary Care and Delegated Function Committee is a formal Committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

The Primary Care and Delegated Function Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

The Committee has delegated authority to make decisions within the bounds of its remit.

Specifically:

- Financial plans in respect of primary medical services
- Procurement of primary medical services
- Practice payments and reimbursement
- Investment in practice development
- Contractual compliance and sanctions

The decisions of the Committee shall be binding on NHS England and the ICB.

3. PURPOSE OF THE COMMITTEE

The Committee has been established to enable the members to make collective decisions on the review, planning commissioning and procurement of primary care services within the ICS area under delegated authority from NHS England.

In performing its role, the Committee will exercise its management of the functions in accordance with the agreements entered into between NHS England and the ICB, which will sit alongside the delegation and terms of reference.

4. MEMBERSHIP AND ATTENDANCE

Membership

The Committee Members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than three members of the Committee including two Non-Executive Members of the Board. Other members of the Committee may or may not be members of the Board.

When determining the membership of the Committee, active consideration will be given to issues of inclusion and diversity.

The Committee Members are:

- Director for Primary Care and Community and Social Value
- Director for Health Inequalities and Regional Collaboration
- Director of Nursing or Deputy Director of Nursing
- Senior Finance Lead

Members of the Committee will possess between them knowledge and skills in carrying out the functions relating to the commissioning of primary medical services under Section 83 of the NHS Act.

Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee will also be attended by the following individuals who are not members of the Committee:

- NHS England
- Healthwatch Lincolnshire
- A representative of the Lincolnshire Health and Wellbeing Board
- A representative from Lincolnshire Local Medical Committee

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

Chair and Vice Chair

The Committee will be chaired by Non-Executive Member of the Board appointed on account of their specific knowledge, skills and experience making them suitable to chair the Committee.

Committee members may appoint a Vice Chair from amongst the members.

The Chair will be responsible for agreeing the agenda and ensuring that matters discussed meet the objectives as set out in the Terms of Reference.

5. MEETINGS QUORACY AND DECISION

The Committee will meet in public and private.

The Committee will meet as a minimum at least six times each year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

The Board, Chair or Chief Executive may ask the Primary Care and Delegated Function Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quoracy

The quorum of the Committee is a minimum of four voting members. This must include the Chair or Vice Chair.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree but no decisions may be taken

Decision making and voting

Decisions will be guided by national NHS policy and best practice whilst ensuring proper regard to wider influences such as national consistency.

Decisions will be taken in according with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

6. RESPONSIBILITIES OF THE COMMITTEE

The role of the Committee shall be to carry out the functions relating to the commissioning of Primary Medical Services section 83 of the NHS Act.

This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
- Managing the design and commissioning of enhanced services ("Local Enhanced/Incentive Services" and "Directed Enhanced Services");
- Design of local incentive schemes in addition to or as an alternative to the national framework, including the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers and closures; and
- Making decisions on 'discretionary' payments (e.g., returner/retainer schemes).

The Committee will also carry out the following activities:

- To make decisions on commissioning of primary care medical services;

- To receive information on the quality of commissioned primary care medical services and identifying any actions needed to address concerns, working in conjunction with the Quality and Safety Committee;
- To plan, including needs assessment, primary care medical services;
- To undertake reviews of primary medical care services;
- To co-ordinate a consistent approach to the commissioning of primary care services generally;
- To manage the budget for commissioning of primary medical care services, including in relation to premises
- The Committee should ensure an appropriate level of patient participation and engagement, and to take account of patient experience.
- To make decisions about local investment and primary care on behalf of the ICB
- Taking procurement decisions in respect of primary medical services these shall be in line with statutory requirements and guidance, the ICB's Constitution and Standing Orders and the Delegation agreement between NHS England and the ICB.
- To review those risks on the ICB risk register and Assurance Framework which have been assigned to the committee and ensure that appropriate and effective mitigating actions are in place. Where the Committee receives insufficient assurance, it will challenge. Assess risks and escalate to the ICB or NHS England if necessary.

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

All committees and sub-committees are listed in the Scheme of Reservation and Delegation (SoRD). Each Committee and Sub-Committee established by the ICB operates under terms of reference and membership agreed by the Board or the relevant Committee who the Board has delegated the power to make further delegations to Sub-Committees. All terms of reference are published in the ICB Governance Handbook.

The Committee will have unlimited authority to make decisions in relation to primary medical care commissioning in accordance with the Delegation Agreement as reflected in the ICB's Scheme of Reservation and Delegation and the ICB's Constitution. The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The Primary Care and Delegated Function Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded.

As a Committee that fulfils delegated functions of the ICB, the Primary Care and Delegated Function Committee will be required to:

a) Provide a written report to the Board following each meeting outlining the key matters discussed, any points for escalation, assurance and/or decision and/or any new areas of risk. The Chair of the Committee shall attend the Board (public meeting) to present the report.

b) A Committee Chair may also request an Executive lead to attend the Audit Committee to discuss significant risks or matters or issue arising from internal audit reports in greater detail.

8. BEHAVIOURS AND CONDUCT

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

9. DECLARATIONS OF INTEREST

Where a member of the Committee is aware of an interest, conflict or potential interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflicts of interests they will bring it to the attention of the Committee, and the Vice Chair will act as Chair for the relevant part of the meeting.

Any declarations of interest, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.

Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the ICB's policy for managing conflicts of interest, and may result in suspension from the Committee.

10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Membership will be considered as part of TOR review processes.
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.
The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval:

Date of review: