

Delegated Primary Care Functions Audit Report 2020/21

Primary Care Commissioning Committee meeting

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15 July 2021

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Sponsor Director	Sandie Buchan, Director of Commissioning Development
Purpose of Paper	
To present to PCCC the opinion of 360 Assurance, the CCGs auditors, on the last audit conducted on primary medical care delegated functions in Sheffield, together with the agreed management actions to provide assurance that these have been addressed.	
Key Issues	
360 Assurance undertook an audit of delegated primary care functions within NHS Sheffield CCG (SCCG) as required annually by NHS England and Improvement. The opinion of the auditors (Appendix 1) was substantial/significant assurance. Three low risk recommendations for action were identified and plans are in place to address these (Appendix 2).	
Is your report for Approval / Consideration / Noting	
Consideration	
Recommendations / Action Required by Primary Care Commissioning Committee	
The Primary Care Commissioning Committee is asked to consider the opinion of the auditors and the actions plans identified to address their recommendations.	
What assurance does this report provide to the Primary Care Commissioning Committee in relation to Governing Body Assurance Framework (GBAF) objectives?	
<i>Which of the CCG's objectives does this paper support?</i> 2. Lead the improvement of quality of care and standards 4. Improve health care sustainability and affordability	
Principal Risks 2.1 to 2.5, 3.1 to 3.3, 4.1 to 4.6	
Does this report relate to a formal statutory / delegated Primary Care responsibility of the CCG?	
Commissioning and Procurement of Primary Medical Services	
Are there any Resource Implications (including Financial, Staffing etc)?	
None	

Have you carried out an Equality Impact Assessment and is it attached?

No, not required for this report.

Have you involved patients, carers and the public in the preparation of the report?

No, not required for this report.

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1. Introduction

Although NHS England delegated functions to CCGs, it retains overall accountability and is, therefore, responsible for obtaining assurances that its functions are being discharged effectively. From 2018/19, NHS England has required independent assurances to be provided that delegated functions have been appropriately discharged.

The CCG's Internal Auditors undertook an annual audit of delegated primary care functions in March 2021 and the audit report was published in June 2021. The purpose of this paper is to inform the PCCC of the opinion of the auditors together with the agreed management actions taken to address the recommendations identified.

2. Audit Objectives and Scope

The audit aimed to determine whether a robust, efficient, and effective control environment is in place in relation to governance arrangements around the provision of primary medical care services commissioning.

3. Audit Opinion and Recommended Actions

Overall the auditors found that there are strong governance arrangements in place for the discharge of delegated functions and that effective arrangements are in place for contract oversight and management functions reviewed. The opinion of the auditors, together with the number and risk assessment of any recommendations, are summarised in table 1 below and their report is attached at Appendix 1 to this paper.

Table 1: Audit opinions and recommendations

Audit	Opinion	Proposed Actions
Primary Medical Care Services (PMCS) Contract Oversight and Management Functions	Substantial Assurance	Low risk - 3

The audit opinion differs from that used in other CCG audits. This is because, as the governance review is an NHS England mandated review, auditors are required to use NHS England assurance opinion definitions. Substantial Assurance equates to Significant Assurance.

The audit made three recommendations which were accepted by SCCG and SCCG has identified actions plans and timescales in response to these. Details of these and current status are set out in Appendix 2 to this report.

4. Action for Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to consider the opinion of the auditors and the completion of the actions taken to address their recommendations.

Paper prepared by: Abby Tebbs, Deputy Director of Strategic Commissioning and Planning

On behalf of: Sandie Buchan, Director of Commissioning Development

Date 5 July 2021

[Auditors Report]

APPENDIX 1

Audit Recommendations and Action Plans

1 Papers for the Primary Care Commissioning Committee provide assurance to members that the Policy and Guidance Manual has been applied	
<p>Finding: Since the January 2020 meeting of the PCCC, the standard cover sheets have included a section titled 'Does this report relate to a formal statutory/delegated Primary Care responsibility of the CCG?' However, our review of a sample of papers that were presented to the PCCC over the 2020/21 financial year did not evidence that the PGM had been explicitly referred to within either the papers or the cover sheets.</p>	
<p>Risk: If a decision is made by PCCC and there is a lack of evidence that there has been compliance with the PGM, then the decision could be challenged and overturned. There could be an impact on the reputation of the CCG and patient experience and care.</p>	<p>Low (Impact x Likelihood) 2 x 3</p>
<p>Action: The CCG to ensure that there are appropriate mechanisms to confirm to the PCCC that relevant aspects of the PGM have been considered as part of the process of producing the reports that are submitted to the Committee.</p>	<p>Responsible officer: Abigail Tebbs, Deputy Director of Primary Care Contracting, Digital and Estates Implementation date: 30 September 2021</p>
<p>Management response: Future papers for PCCC will explicitly reference the PGM where relevant to provide assurance to PCCC that recommendations are compliant with the PGM. The Primary Care Update Report will be amended to reference the PCG where appropriate.</p>	
<p>Progress: All new papers will reference the PCM where appropriate from 15 July 2021. Standing reports will be updated to include appropriate references for September PCCC meeting.</p>	
<p>Status: On track</p>	

2 Internal contract variations tracker sheet		
<p>Finding: Our comparison of the details of the CVs reported to the PCCC over the period June 2020 to March 2021, via the Primary Care Update Report, against the corresponding details recorded in the CCG's internal CV tracker sheet found minor discrepancies in relation to one CV:</p>		
Detail	Primary Care Update Report	Internal CV Tracker Sheet
Date CV received	4 January 2021	20 January 2021
Nature of variation requested	24 hour retirement	New partner
<p>We also found that the internal CV tracker sheet had not been updated to reflect the Accountable Officer's approval of 10 CVs that the CCG received from NHSE between April 2020 and March 2021. There was evidence of reporting of all 10 of these CVs to the PCCC via the Primary Care Update Report.</p>		

<p>Risk: If the CCG's internal contract variation tracker sheet is not kept up to date, then there is a risk that the PCCC may not be sighted on all contract variations that are received by the CCG in a timely manner.</p>	<p>Low (Impact x Likelihood) 2 x 2</p>
<p>Action: The CCG to ensure that the internal contract variations tracker sheet is kept as accurate and up to date as possible.</p>	<p>Responsible officer: Abigail Tebbs, Deputy Director of Primary Care Contracting, Digital and Estates Implementation date: 31 July 2021</p>
<p>Management response: A checklist and guidance will be developed and implemented to ensure that the process for managing variation sign off is clear and training will be given to administrative staff undertaking this process. The CCG tracking sheet will be reviewed to ensure all variations are accurately recorded.</p>	
<p>Progress: Resource identified, review of tracker sheet and historical contract variations underway. New process in draft and new primary care staff training being implemented.</p>	
<p>Status: On track</p>	

<p>3 Contract variations sample testing</p>	
<p>Finding: Our testing of a sample of 15 CVs that the CCG received from NHSE between April 2020 and March 2021 found:</p> <ul style="list-style-type: none"> • 3 instances where there was no evidence of the CVs being reported to the PCCC. Two of these related to the addition of a new partner and one related to the resignation of a partner. All three had been approved by the Accountable Officer. • 1 instance where there was a discrepancy between the contract variation commencement date recorded on the contract variation form signed by the Accountable Officer (1 January 2021) and the corresponding date reported to the PCCC (1 December 2020). • 2 instances where there was a discrepancy between the date that the contract variation form was signed by the Accountable Officer (11 May 2021 and 13 May 2021 respectively) and the corresponding date recorded on the internal CV tracker sheet (8 January 2020 and 19 January 2021 respectively). • 1 instance where a CV was reported to the PCCC at its meeting in March 2021 as approved despite the CV form itself indicating that the CV was approved on 13 May 2021. <p>We also noted that with the exception of two cases, the CV forms that we were provided for our sample did not specify which partner the variation related to or the nature of the variation. However, we acknowledge that the CV form is a standard template which NHSE/I is responsible for preparing and therefore outside the CCG's control.</p>	
<p>Risk: If the PCCC is not formally sighted on all contract variations, then there is a risk that the Committee may not be fulfilling all the duties that have been delegated to it.</p>	<p>Low (Impact x Likelihood) 2 x 3</p>
<p>Action: All contract variations to be accurately reported to the PCCC. Evidence of approval of contract variations to be maintained by the CCG.</p>	<p>Responsible officer: Abigail Tebbs, Deputy Director of Primary Care Contracting, Digital and Estates Implementation date: 30 September 2021</p>

Management response: Future contract variations issued by NHS England will include a reference number on the front page to ensure they can be easily tracked and located, minimising the risk of confusion.

Checklist, guidance and training to ensure that tracking sheet is maintained accurately.

Checklist reviewed to ensure accuracy.

Regular ongoing audit by contract manager to provide continued assurance.

Progress: Resource identified, review of tracker sheet and historical contract variations underway. New process in draft and new primary care staff training being implemented. Audit to commence August 2021 following review.

Status: On track