

# NHS ROTHERHAM

Approved by Chair/To be approved by next meeting

Minutes of the NHS Rotherham **Clinical Commissioning Group Governing Body**  
held on

**Wednesday 4 May 2016 at 1.00 pm in the Elm Room (G.04) at Oak House,  
Moorhead Way, Bramley, Rotherham S66 1YY**

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**Present:**

Dr J Kitlowski (Chair)	Dr J Page
Mr I Atkinson	Dr G Avery
Mr Chris Edwards	
Mrs K Firth	Dr R Carlisle
Mrs S Cassin	Mr J Barber
Dr R Cullen	Mr P Moss

**Participating observers:** Ms J Abbott, Assistant Director, Public Health

**In Attendance:**

Mrs S Whittle, Board Secretary, RCCG  
Mrs M Robinson, Secretariat, RCCG  
Mr G Laidlaw, Communications Manager, RCCG

**Observers:** Ms L Meredith, SANOFI, Pharmaceutical Representative.

**29/16**

**Apologies for Absence**

Dr Anthony Darby, Secondary Care Doctor  
Dr S Mackeown, Vice Chair, GP Members Committee  
Cllr D Roche, Chair of Health & Wellbeing Board  
Ms T Roche, Director of Public Health, RMBC

**30/16 Declarations of Pecuniary or Non-Pecuniary Interests**

It was acknowledged that, as Primary Care Providers in Rotherham, Drs Kitlowski, Cullen, Avery, and Page had an (indirect) interest in most items including Item 5 – Chief Officers Report – Quality Premiums. Other than that there were no specific conflicts or interests declared.

**31/16 Patient Story**

Mrs Whittle informed the meeting that today's patient story had been received from a patient who had received input from the Mental Health Social Prescribing pilot scheme, which was in its second year. The scheme supports people to be discharged into the community

Mrs Whittle reported to the meeting About a patient under the care of RDaSH had accessed a number of activities which in time had given her the confidence to apply for different Jobs. She has now secured employment as a clerical officer within the NHS and has been discharged from RDaSH. The patient is convinced that without Social Prescribing this would never have happened.

Dr Kitlowski thanked Mrs Whittle for highlighting Debs' story and reported to the meeting it was good to share Deb's good experience of the Social Prescribing service.

**32/16 Patient & Public Questions**

None raised.

**33/16 Minutes of the Previous Meeting – For Approval**

The minutes from Governing Body held on 6 April 2016 were approved as a true and accurate record of the meeting.

**34/16 Chief Officers Report****Secondary to Primary Care Relationship Developments**

Mr Edwards informed the meeting that the Commissioning Lead GPs and TRFT Consultants had met in March at the Rotherham Foundation Trust. Commissioning Lead GPs had outlined the CCG's financial challenges and the need for conversations around clinical thresholds.

Mr Edwards reported to the meeting that around 25 consultants attended with excellent engagement. The Consultants were aware from colleagues from outside Rotherham that Rotherham CCG has managed its finances very prudently over recent years and came up with some new ideas for the CCG to consider.

Mr Edwards informed the meeting a number of smaller meetings with GPs and Consultants have now been arranged to discuss the various areas and there is a plan to arrange another larger meeting next month.

**Local Digital Road Map**

Mr Edwards reported to the meeting that Rotherham CCG is required to lead on the development of a Local Digital Roadmap (LDR) for the Rotherham area. The LDR will detail the vision and plans for the implementation of paper free working at the point of care across health and social care. The CCG has established a group with representation from TRFT, RDaSH, Rotherham Hospice, GPs and RMBC to support the development and delivery of the roadmap, which will be submitted to NHS England by 30 June 2016. Dr Cullen will be attending the meetings to provide medical advice.

**Accredited Safe Haven – ASH Status**

Mr Edwards informed the meeting that Rotherham CCG had been required to re-apply for ASH (Accredited Safe Haven) status, following the move of its Business Intelligence services to EMBED. ASH status allows the CCG to receive key records level data flows to carry out commissioning.

Mr Edwards reported that the application has been approved by the national Data Access Advisory Group (DAAG) within the Health and Social Care Information Centre (HSCIC).

Mr Edwards informed the meeting that further applications will be made to DAAG for the data flows used for risk stratification and invoice validation. The CCG are working closely with EMBED and other partners to support these further applications.

**The process for Commissioning To Meet the needs of a complex Patient with Learning Disabilities**

Mr Edwards reported to the meeting that the process to commission a bespoke care package for a complex patient is now complete and an appropriate placement has now been commissioned. This is not expected to impact on other services.

**Quality Premiums**

Mr Edwards informed the meeting that the Quality Premiums was NHS England guidance and was for information.

Dr Cullen raised the question of whether the paper should go to the Primary Care Committee.

Mr Atkinson informed the meeting that the four national measures, Cancer, E-referrals, GP Patient Survey and Antibiotics Prescribed in Primary Care had been determined nationally and were not for discussion at local level.

Mr Atkinson reported to the meeting that this year the local element of the Quality Premium focuses on the Right Care Programme and CCGs are required to identify three measures from the Commissioning for Value Packs and following discussions IAPT, Stroke and Delayed Transfers of Care from Hospitals were identified.

The members of the Governing Body discussed whether the Primary Care Committee was the right committee for discussion of the Quality Premiums.

Mr Edwards informed the meeting that himself and Mr Atkinson would consider providing a report to go to Governing Body and Primary Care Committee.

**Action: Mr Edwards and Mr Atkinson**

### **The CCG Training Plan**

Mr Edwards informed the meeting that the training plan summary report is the first report produced for RCCG following the implementation of the new training process in July 2015.

### **Communication Update**

Mr Edwards reported to the meeting that Hallam FM recently covered two stories focused on health services in Rotherham.

- The provision of service of children with Tourette Syndrome. A statement was provided from the CCG which reiterated our commitment to ensuring that patients get access to the most appropriate care, treatment and support they need.
- The recent pressures experienced in A&E and by the ambulance service. An interview with the Chief Operation Officer at the Rotherham NHS Foundation Trust gave clear messages to the public about appropriate use of the health services.

Mr Edwards informed the meeting that the Working Together pre-consultation asking for views on what matters to patients when accessing care and treatment for Children's Surgery and Stroke Services, has now been completed. The feedback received from groups and individuals is being used to inform the next steps of these service reconfigurations.

Mr Edwards reported to the meeting that there will be a public consultation for both services towards the end of June and will be part of the Governing Body development day in June and be part of the Annual General Meeting in July.

The Governing Body noted the Chief Officer's Report for April.

## **35/16 Financial Plan 2016/17**

Mrs Firth informed the meeting that the Financial Plan is challenging but robust and in balance.

Mrs Firth reported to the meeting that the plan has been updated following a decision made at an exceptional meeting on 13 April 2016. The meeting had to be called at short notice due to the time constraints between the April Governing Body meeting (where the financial plan hadn't been accepted due to the risk around the £4m drawdown funding) and the submission deadline of 18<sup>th</sup> April for the plan to NHS England.

Mrs Firth gave an explanation to the meeting of the percentage split of the proposed financial plan and explained to the members the graph contained within table 1.

Mrs Firth informed the meeting of the key areas of risk due to a range of issues including external, national and local pressures.

The members of the meeting discussed the QIPP and discussed how GPs will be kept updated. Mrs Firth informed the meeting that updates will come to this meeting and Dr Kitlowski reported to the meeting that there will be allocated time at the Governing Body meetings to discuss finance.

Mrs Firth summarised to the meeting that the position for 2016/17 is extremely challenging if the CCG is to deliver the planning objectives and the obligated recurrent requirement of 1% headroom, a 1% operating surplus and 0.5% contingency.

Mrs Firth reported to the meeting that there are risks to achieving financial balance in 2016/17 particularly around the contact with RFT and the pace at which both the CCG and RFT are able to reduce costs at the required levels will remain a challenge.

Mrs Firth informed the meeting that the approach to the 2017/18 plan is underway in order to ensure that a robust strategy for the sustainability of the local health system can be achieved.

Members of the Governing Body asked Mrs Firth to provide a draft paper of the 2017/18 plan for the September/October meeting.

**Action: Mrs Firth**

Mrs Firth reported to the meeting that members were asked to approve table 5 - Summary Financial Plan. Members were also asked to delegate authority to senior officers to make minor amendments to the figures based upon the outcomes of final contract negotiations and QIPP discussions acknowledging that the total spend figure is unlikely to change.

Governing Body members approved the Financial Plan 2016/17 and approved the delegation of senior office to make minor changes to contracts and QIPP discussions.

### **36/16 999 Joint Collaborative Commissioning Proposal**

Mrs Firth informed the meeting that the paper provides details of the proposed updating of the existing collaborative commissioning arrangements for commissioning 111 and 999 services from Yorkshire Ambulance Service NHS Trust (YAS) across Yorkshire and Humber.

Mrs Firth reported to the meeting that the current collaborative commissioning arrangements for 111 and 999 services are structured around the Contract Management Board and a lead commissioner arrangement.

Mrs Firth informed the meeting that the CCGs have in principle agreed to further strengthen the arrangements by establishing a joint committee structure whereby each CCG delegates authority to the joint committee (rather than a representative) to make decisions on its behalf. The proposed timescale to move to a joint committee structure is 1 October 2016. In order to achieve this timescale, the terms of reference for the joint committee, amended scheme of delegation and updated collaborative commissioning agreement will need to be in final draft form by 31 July 2016.

Mr Edwards reported to the meeting that the existing arrangements are to be updated for the interim period until October 2016 to facilitate the move to a joint committee arrangement later in the year.

Mr Edwards informed the meeting of how the arrangements are currently working under the current collaborative commissioning arrangements. The CCGs delegate authority to make decisions on certain matters to a representative who attends the Contract Management Board alongside representatives of the other CCGs who all have the same delegated authority from their respective CCGs. The management of the contract is delegated to the Lead Commissioner.

Mr Edwards reported to the meeting that under the updated arrangements, the existing three Sub-Regional CBUs are effectively replaced by the three Urgent and Emergency Care Networks (UECNs) which together match the Yorkshire and Humber CCG combined footprint. In respect of the 999 and 111 services, the UECNs will be regional forums for discussions of matters that affect the member CCGs. Each CCG delegates decision-making authority to two Lead Officers who represents the CCGs in the UECN at a new Joint Strategic Commissioning Board.

Mrs Firth informed the meeting that the role of the Joint Strategic Commissioning Board will be to consider and make decisions relating to transformational matters and the transformational matters will be broadly delegated to the Lead Commissioner/Contractor.

Mr Edwards reported to the meeting that whilst the Contract Management Board will continue to exist under the updated arrangements, neither the board or its members will have delegated authority to take decisions which bind the CCGs. It will be chaired by the Lead Commissioner/Contractor at present and will continue to be the forum through which the Lead Commissioner/Contractor will hold YAS to account for the delivery of the Services and implement decisions made by individual CCGs, the JSCB and the Lead Commissioner/Contractor.

Mrs Firth informed the meeting that two MOUs, one for each service have been drafted to capture the updated arrangements until establishment of the joint committee. Two separate MOUs are required as there are additional CCGs who are commissioners of the 111 Service.

Mrs Firth reported to the meeting that the Scheme of Delegation is critical as it provides information to the CCGs to amend their respective schemes of delegation to ensure aligned delegation to Lead Officers which is needed for lawful decision making.

Mrs Firth informed the meeting of the information within appendix 1 and appendix 2.

The meeting discussed how the 111 and 999 services would be monitored and how this information would be reported into the Governing Body Meeting.

The Governing Body approved the paper.

### **37/16 Sustainable Transformation Plan Submission**

Mr Atkinson informed the meeting that the paper has come to the meeting to provide an update and overview of the development of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan and to set out the immediate next steps.

Mr Edwards informed the meeting that for the South Yorkshire and Bassetlaw STP, an STP Executive Steering Group has been established with membership including the Accountable Officers from our five Clinical Commissioning Group partners with provider and local authority Chief Executives and executive director level colleagues

acting as executive leads for each of the individual workstreams. These colleagues will be vital in leading the development of the STP and will be chaired by Sir Andrew Cash, Chief Executive of Sheffield Teaching Hospitals who is the named lead for the South Yorkshire and Bassetlaw STP.

Mr Edwards reported to the meeting that supporting the STP Executive Steering Group will be the STP Executive Co-ordinating Group with members from across acute and mental health providers, NHS commissioning, NHS England, Local Authority, Public Health, education and voluntary sectors.

Mr Edwards reported to the meeting that the STP Programme Management Office (PMO) has been set up and will be responsible for supporting the setup arrangements and general programme management of the STP as a whole to support organisations to develop an STP for South Yorkshire and Bassetlaw.

Mr Edwards informed the meeting that the five CCG local place-based plans (Rotherham CCG's Commissioning Plan) will form the foundation of the approach we will take to developing our STP. Key local priorities within local plans include: out of hospital care, end of life care, children's and healthy lives, living well and prevention. Complementing these and based on knowledge of local need and challenges and national guidance, five transformation workstreams have been established for South Yorkshire and Bassetlaw. Each is being led by both a provider or local Chief Executive and a CCG Accountable Officer.

Mr Edwards reported to the meeting that the five priority workstreams are: Urgent and emergency care, Elective care and diagnostics, Cancer, Mental health and learning disabilities, Maternity and children's services. There will also be five cross cutting workstreams, Workforce, Digital/IT (technology and research), Carter, procurement and shared services, Finance, Economic development and public sector reform.

Mr Edwards informed the meeting that specialised and ambulance services will be planned on a combined STP level, across STP boundaries, with some local CCG level plans also taking place as and where appropriate.

Mr Atkinson informed the meeting of the time scales, key dates and informed the meeting that the final submission date is Thursday 30 June with the national assessment of plans in July.

Mr Atkinson informed the meeting that Mr Edwards and himself are meeting with Accountable Officers from our five CCG partners and local authority on a weekly basis.

Mr Atkinson reported to the meeting that the final draft STP will be presented to provider Boards and CCG Governing Bodies as part of the round of meetings. It is unlikely the final plan will be completed by the June RCCG Governing Body meeting.

Mr Edwards informed the meeting that regular updates will be given to Governing Body Members by himself and Dr Kitlowski.

**Action: Mr Edwards and Dr Kitlowski**

Members of the Governing Body were asked to agree to delegate the sign off of the plan by the CCG Chair and CCG Chief Officer.

Members of the Governing Body agreed the delegation. Mr Barber emphasised the importance of Mr Edwards and Dr Kitlowski to fight for services to stay in Rotherham.

Mr Edwards and Dr Kitlowski agreed to the request.

**38/16 Finance & Contracting Performance Report**

Mrs Firth informed the meeting that the CCG accounts were currently with the auditors and the accounts will be presented to the Governing Body on 20 May 2016 following the Audit, Quality and Assurance sub-committee.

Mrs Firth informed the meeting that the statutory duties had all been achieved but the CCG had ended the year with pressures such as the £1.6m overspend on prescribing.

Forecasting has been difficult in this area driven by the national variations in information plus specific projects such as the woundcare service being rolled out into additional GP practices, and the practical difficulty of being able to predict the eventual cost-mix of dressings for patient being transferred into the service. Over the next few months all GP Practices will be covered by the scheme which should assist with forecasting moving forwards. Associate decreases in the GP prescribing budget will follow (only) when GPs stop prescribing i.e. take the dressings off repeat prescription.

Mrs Firth reported to the meeting that a range of QIPP schemes have been developed supporting continuation of the savings strategies in 2016/17.

The Governing Body noted the Finance and Contracting Performance Report for March 2016.

**39/16 Delivery Dashboard**

Mr Atkinson reported to the meeting that TFRT A&E had low performance figures during March. There had been a positive performance improvement during the last 3 weeks and this relates to the number of key posts now been filled within the department and consultant numbers increasing towards the required establishment.

Mr Atkinson informed the meeting that the agreed A&E improvement action plan continues to be monitored closely by the RCCG with assurance being provided by TRFT.

Mr Atkinson reported to the meeting that the local comparison to other Trusts in South Yorkshire can be found in the A&E Exceptions report. The Q4 national position for England was 88.7% with the North of England position at 84.2%. All local providers have seen improvements in April. STHFT continues not to report A&E performance.

Mr Atkinson informed the meeting that YAS continues to be challenging and that the March YAS performance for Rotherham Category Red 1 patients was 58.65%; this represents a significant drop in performance from the December position (70.24%).

Mr Atkinson reported to the meeting that the wider YAS performance has seen a very slight decrease from the December position of 68.95% to 68.50% in March (national target of 75%). Further analysis for Red 1&2 Cat A combined data in March for Rotherham showed that 71.2% were seen in 9 minutes.

Mr Atkinson informed the meeting that the 15 minute turnaround performance at RFT is 78% on handovers on target (average handover time asc.12mins), there was a decline in handovers at the Northern General Hospital at 42% (c.5% down from February) in the 15 minutes threshold and this has been formally raised with NHS England.

Mr Atkinson reported to the meeting that the national target for accessing Improving Access to Psychological Therapies (IAPT) services is 75% within 6 weeks and 95% within 18 weeks.

Dr Page gave thanks to Mr Atkinson for his work with IAPT and raised the issue of whether the requests for the service will increase as people become aware of the reduced waiting times and whether RDaSH are prepared for this.

Mr Atkinson informed the meeting that the model was sustainable for RDaSH and the RCCG going forward.

Dr Avery raised a concern around the opt-in letters that have been circulated to IAPT patients waiting to use the service.

Dr Kitlowski informed the meeting there were issues around this but members could feel assured.

Dr Kitlowski to raise at the GP Members Committee.

**Action: Dr Kitlowski**

The members of the meeting discussed the voluntary sector services available to IAPT patients.

Mr Atkinson informed the meeting that the April 6 week wait position for Rotherham CCG as at 18 April was 74.2% and the expected numbers of patients waiting above 6 weeks is 0. The actual number is 72 and this data is shown in the exception chart within the report.

Mr Atkinson reported to the meeting that in February the 62 day GP referral to treatment target did not meet the national standard of 85% at 81.25%. RCCG continue to monitor this closely and further details can be found within the Cancer Exception section of this report.

Mr Atkinson informed the meeting there had also been a slight underperformance within the 62 day Consultant Upgrade measure and 31 day referral to treatment in February.

Mr Atkinson reported to the meeting that the Referral to Treatment Incomplete Pathway continues to meet the 92% national standard in March, with provisional performance at 94.19%. Where underperformance has occurred in certain specialties details can be found under the exceptions section of the report.

Mr Atkinson informed the meeting that in March there has been five 52 week waiters reported for Rotherham from the provider TRFT. RCCG has engaged with TRFT to fully understand the position which relates to patients being placed on active monitoring instead of their 18 week wait pathway.

Mr Atkinson reported to the meeting there remains to be zero mixed sex accommodation breaches in March.

The Governing Body noted the performance report for March.

#### **40/16 Patient Safety and Quality Assurance Report**

Mrs Cassin reported to the meeting that there had been no cases of Health Care Associated Infection so far this year at RDaSH, Rotherham Hospice, TRFT have reported the following cases: MRSA - 0, MSSA - 49, EColi -203, C-Difficile – 19.

Mrs Cassin informed the meeting that it had been noted at the Post Infection Review Meeting held on 30 March that the year-end figures show a decrease in



Clostridium Difficile cases from the previous year with the Trust coming in under trajectory by 7 cases.

Mrs Cassin reported to the meeting that the increased number of Clostridium Difficile cases has been recognised by NHSR and a collaborative Clostridium Difficile reduction strategy has been developed and is in place and NHSR continues with a Clostridium Difficile process review to determine further actions to reduce the figures, with the suggestion that Post Infection Reviews (PIR) are undertaken on all cases of Clostridium Difficile. This will be a continual and reviewed process.

Mrs Cassin informed the meeting that of the 79 cases of Clostridium Difficile, 12 cases are classed as repeat samples/relapses and 1 case is attributable to out of area. Collaborative work continues between NHSR and TRFT to look at ways to reduce the repeat samples/relapses, the change relating to patient follow up by TRFT at 2 and 3 weeks instead of 2 and 4 weeks has taken place, and this will be monitored.

Mrs Cassin reported to the meeting that of the 79 cases, 10 cases are from patients residing in care homes, with 2 of the care homes having 2 residents with Clostridium Difficile. The remaining 6 care homes each have 1 resident each with Clostridium Difficile.

Mrs Cassin informed the meeting that the distribution in respect to GP's is fairly equal with the majority of Clostridium Difficile cases per 1000 people being less than 0.5. There are 2 GP surgery's with a case incidence above 0.5 per 1000, however it is less than 1 per 1000. This does not take into consideration hospital admissions, or any relapses/reinfections, therefore questioning the reliability.

Dr Cullen asked the meeting if the members felt there was a need for escalation around the number of Clostridium Difficile cases within the Community.

Mrs Cassin informed the meeting that there were no trends as yet and there was ongoing work being undertaken.

Mrs Cassin informed the meeting that further cleansing of the data would be undertaken and feedback will be given to this meeting.

**Action: Mrs Cassin**

Mrs Cassin reported to the meeting that the Child Sexual Exploitation training for front line health staff which had to be cancelled due to unforeseen circumstances on the 10 March has been re-arranged for the 14 July 2016.

Mrs Cassin informed the meeting that NHS England is seeking assurance from all CCG's on Safeguarding Children and Adults. NHS England will undertake a peer challenge on CCGs following their submission of a self-assessment tool. The peer challenge is arranged for 11 May 2016 and the Designated Nurse and Adult Safeguarding Lead will attend the challenge meetings.

Mrs Cassin reported to the meeting that the Serious Adult Review (SAR) second meeting with the authors has taken place and the first draft copy of the report has been discussed and amended. The second copy will be emailed to professionals for final comments before being presented to the Adult Safeguarding Board on the 16 May.

Mrs Cassin informed the meeting that RCCG are to meet with NHS North of England on 11 May for a discussion and action planning following the completion by RCCG of the Children and Adult Safeguarding Self-Assessment.

Mrs Cassin reported to the meeting that the Continuing Health Care (CHC) referral

data for the months of February and March 2016 indicated that training was required for professionals who complete referrals into the CHC service. The initial training has been provided for TRFT professionals.

Mrs Cassin informed the meeting that the Data for April 2016 has shown that the training has had a positive effect and less referrals have been returned for further data.

Mrs Cassin reported to the meeting that the report contains the details of the CQC inspection for The Lodge Care Home and the Clifton Medical Centre.

Mr Barber asked the members of the meeting how the mortality rate is accessed.

Mr Edwards reported to the meeting that there had been a decrease in the latest publication of the mortality index.

Mrs Cassin informed the meeting that this was not the RCCG's assessment. Mrs Cassin will discuss with Conrad Wareham and Tracey McErlain-Burns how TRFT accredit to the mortality rate coming down.

**Action: Mrs Cassin**

Mrs Cassin reported to the meeting that Dr Fiona Hendry has undertaken a Mortality Audit and the report will be shared with the RCCG through the End of Life Care Strategy Group.

Mrs Cassin informed the meeting of the letter on page 15 of the report regarding CIP Quality Impact Assessments. No comments were received from the members of the meeting. Mrs Cassin will provide feedback to Tracey McErlain-Burns.

**Action: Mrs Cassin**

#### **41/16 Patient Engagement & Experience Report**

Mrs Cassin informed the meeting that reports are available from two pieces of work, the CAMHS voice project and an older carer's focus group.

Mrs Cassin reported to the meeting that the CAMHS (Child and Adolescent Mental Health Service) Voice Work project will inform engagement in young people's mental health services and will provide a template to better embed engagement, particularly in new and transformational work streams.

Mrs Cassin informed the meeting that the work focused on three elements of engagement:

Young People feeling involved in their own care pathway

Young people feeling that their experiences were heard, valued and used to improve service delivered.

Mrs Cassin reported to the meeting that the work is extremely new but as actions develop the CCG hope that young people will work with us to present the report findings and how these will be taken forward in the future.

Mrs Cassin informed the meeting that the Friends and Family Test had shown TRFT had received 4044 positive responses in February and that negative responses have fallen considerably at 43.

Mrs Cassin reported to the meeting that the Rotherham GP Practice data for February had shown that 15 practices failed to submit any data in February or submitted less than 5 responses, meaning the data is deemed as invalid and restricted. Overall numbers collected across Rotherham remain static at 788.

The Governing Body discussed ways of encouraging GPs to partake in the Friends

and Family Test.

The Governing Body noted the contents of the Patient Safety and Quality Assurance Report for May 2016.

**42/16 Corporate Assurance Report**

Mrs Whittle informed the meeting that the Corporate Assurance Report had come to the meeting for information.

Mrs Whittle reported to the meeting that the Risk Register will be going to the May AQUA meeting and will come to the Governing Body meeting in June.

The Governing Body noted the contents of the Corporate Assurance Report.

**43/16 Workforce Wellbeing Charter Award Update**

Mrs Whittle informed the meeting that as part of the Healthy Workforce scheme RCCG had taken part in the Workforce Wellbeing Charter.

Mrs Whittle reported to the meeting that representatives from the charter had visited RCCG on Wednesday 27 April and met with employees of the CCG.

Mrs Whittle informed the meeting that RCCG had been awarded 'excellence' in all 8 areas of the charter, which has not been achieved by any other CCG or Trust.

Mrs Whittle reported that a group photograph was to take place on Thursday 5 May at 12.00.

Mr Edwards and Dr Kitlowski gave thanks to Mrs Whittle and Ms Julie Wisken for their hard work.

**44/16 Governing Body Actions Log**

Mrs Cassin informed the meeting that a Health Watch representative will be attending the June Governing Body meeting and the action is now complete.

The actions log was updated accordingly.

**45/16 Minutes of The GP Members Committee**

Dr Avery gave an update to the meeting of the items discussed at the GP Members Committee meeting held on Wednesday 27 April.

Dr Avery reported to the meeting that Giles Ratcliffe, Public Health Consultant, had attended the meeting to give an update on Health Visiting and School Nursing. Historically communication between GPs and school nursing had been an issue and it was hoped this will improve going forward.

Dr Cullen informed the meeting that he had attended the meeting to give an IT update and reported to the meeting that work was being undertaken to ensure practices are aware of how to link into the new portal.

Dr Avery reported to the meeting that the Committee had discussed the reduction in the number of PLT events to be held in the coming year.

Mr Edwards informed the meeting that Mr Atkinson, Dr Avery and himself would take up the challenge to engage members with the Sustainable Transformation Plan.

**Action: Mr Edwards, Mr Atkinson & Dr Avery**

**46/16 Minutes of the Systems Resilience Group**

The minutes of the Systems Resilience Group held on 2 March 2016 were noted by the Governing Body members.

**47/16 Minutes from the Commissioners Working Together Board**

The Governing Body members noted the minutes from the Commissioners Working Together Board held on 2 February 2016.

Mr Edwards informed the meeting that future updates will come to the Governing Body meetings.

**For information**

**48/16** There were no items were raised.

**49/16 Urgent Other Business**

No items discussed

**50/16 Issues For Escalation**

No Items discussed

**51/16 Exclusion of the Public**

In line with Standing Orders, the Governing Body approved the following resolution:

**“That representatives of the press and other members of the public be excluded from the meeting, having regard to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest.”**

[Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers].

**52/16 Date, Time and Venue of Next Meeting**

The next Rotherham Clinical Commissioning Group's Governing Body Meeting to be held in public is scheduled to commence at 10:00 on Friday 20 May (Extra Ordinary Meeting) and 1:00 on **Wednesday 1 June 2016** at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.