

Meeting Date	Reference	Item	Action Required	Lead	Timescale	Status	Update
02-Jul-14	125/14	Declarations of pecuniary or non pecuniary interest	Mr Moss conveyed a correction to declarations to reflect his role at Rotherham Citizens Advice Bureau.	Mrs Whittle/ Mr Moss			
	126/14	Chief Officers Report	Inaugural System Resilience Group Update	Mr Edwards	post 25 July		
	128/14	Community Transformation	Mr Moss asked that the consultation exercise include a key benefits statement for patients.	Mrs Firth	5 Nov 2014 Meeting		
	128/14	Community Transformation	Mrs Firth agreed to obtain clarity on a query about how the voluntary sector is being linked in and involved in the project.	Mrs Firth	5 Nov 2014 Meeting		
	128/14	Community Transformation	A further update would be brought in November	Mrs Firth	5 Nov 2014 Meeting		
	133/14	Finance Performance Report	Dr Cullen raised a query as to whether there might be a correlation between the A&E issues and emergency admission variances. The Contracting Team will be asked to review this issue and Mrs Firth will report to Governing Body next month.	Mrs Firth	6 Aug 2014 Meeting		Dr Cullen reported that the Contracting Team had identified correlation. Members acknowledged and no further action required.
	135/14	Matters Arising from 2 June 2014	<i>110/14 Breast Cancer Breaches</i> Dr Cullen had met with TRFT and advised there was no clear pattern in the breaches however they are establishing a focus group to get a better understanding of why these are occurring. Dr Cullen will update on work being carried out at the next meeting	Dr Cullen	6 Aug 2014 Meeting		Dr Cullen updated members.

	Outstanding
	Part Complete
	Complete

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	135/14	Matters Arising from 2 June 2014	112/14 i - Delivery Dashboard – YAS Performance Mr Edwards will ask the System Resilience Group to consider Dr Jacob's suggestion of obtaining a review of the number of beds actually available.	Mr Edwards			Mr Edwards reported the number of beds at TRFT as: <ul style="list-style-type: none"> <li>• 408 beds</li> <li>• 43 surge beds</li> <li>• 40 community beds</li> </ul>
06-Aug	144/14	Chief Officers Report	Mr Gomersall acknowledged reference to co-commissioning of primary care and was concerned about the additional financial risks this would place on the CCG. Mr Edwards advised that discussions were on-going with NHS England and he would provide a paper for Governing Body in September detailing the guidance and progress.	Mr Edwards			
	144/14	Chief Officers Report	Discussion followed about how GPMC receive assurance in relation to quality matters. As a member of Audit & Quality Assurance Committee, Dr Jacob will feedback to members. Dr Gomersall also suggested that the Annual Quality Report and AQuA Annual Report be place on the GPMC agenda to provide further assurance for GP members.	Dr Jacob			
	144/14	Chief Officers Report	Governing Body approved the Terms of Reference for Operational Executive, Strategic Clinical Executive and GP Members Committee which it was agreed will be converted to the same format.	Mrs Whittle			

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	144/15	Chief Officers Report	Governing Body noted that the new NHS Clinical Commissioners Board had been formed. Dr Ashurst observed that there was no secondary care representation. Mr Edwards will provide contact details to Dr Ashurst enquire about the omission.	Mr Edwards/ Dr Ashurst			
		Chief Officers Report	Mr Edwards advised that the CCG had lead discussions (via a newly mandated Systems Resilience Group) on proposals to NHS England about the allocation of £1.8m of non-recurrent systems resilience funding which is similar to previous winter pressures monies. Mr Edwards will liaise with NHSE to produce a positive press release about the additional resource for Rotherham patient.	Mr Edwards			
	145/14	GP Members Committee Minutes	Mr Ashurst questioned whether Dr Jacob was assured that the SCE were addressing the issues raised by the GPMC. Dr Jacob will be asking the SCE GP Lead to give assurance and advise what actions are being taken to address the concerns that have been on-going for some time. Dr Carlisle confirmed that a host of work is being undertaken by SCE GPs which will be shared with GPMC next month detailing how the issues will be resolved	Dr Carlisle			

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	146/14	Care Home Governance	Mr Gomersall felt that the report highlighted the overlap between the different organisations involved which is where confusion can occur as to who is undertaking actions. He noted the role of HealthWatch outlined in the paper and queried whether they are involved in the monthly information sharing meetings between the local authority, CQC and CCG. Mrs Cassin will be asked to feedback at the September meeting on the purpose of the information sharing group and whether it takes action on any of the issues discussed or is purely an information exchange.				
	146/14	Care Home Governance	Members noted that a new post had been introduced to the CCG from 1 <sup>st</sup> August 2014. This Head of Clinical Quality will closely oversee the CHC process and monitoring arrangements. Members will receive progress updates via the Patient Safety and Quality report going forward.	Mrs Cassin			
	147/14	Patient Safety & Quality Report	Members expressed disappointment that the number of CHC reviews had not reduced substantially following recent recruitment in CHC. Governing Body concerns will be feedback to the CSU.	Mrs Firth			

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	147/14	Patient Safety & Quality Report	Dr Jacob requested more detail in the commentary on the fractured neck of femur incidents reported and Dr Ashurst suggested that the inclusion of achievement of best practice tariff will be useful to assure members of the quality of the service.	Mrs Cassin			
	147/14	Patient Safety & Quality Report	Governing Body would like assurance from the Trust that they will not operate below the levels without assuring us that any reductions have been fully quality impact assessed.	Mr Edwards/ Mrs Cassin			
	147/14	Patient Safety & Quality Report	In response to Dr Jacob's concerns around the stroke unit, Mrs Firth agreed to review whether the CCG has commissioned the right activity on stroke and feedback next month.	Mrs Firth			
	147/14	Patient Safety & Quality Report	Dr Radford questioned whether stroke services are adequate and the standards are correct. Dr Cullen advised that the Strategic Clinical Network is reviewing the standards and Mrs Firth will confirm if the standards are being met.	Mrs Firth			
	147/14	Patient Safety & Quality Report	Dr Radford highlighted delays in Deprivation of Liberty applications as a potential issue. Dr Carlisle advised that frequent multi-agency meetings are taking place but will ask Mrs Cassin to report on the position next month.	Dr Carlisle			

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	147/14	Patient Safety & Quality Report	In terms of next steps, the Systems Resilience Group will be asked to look at the issues. Governing Body will receive an enhanced report next month updating on the YAS improvement plan, particularly on 30% of Category A target and outlining the scope of the consultancy work being undertaken.	Mr Edwards			
	147/14	Patient Safety & Quality Report	In the meantime, the risk register will be reviewed as this was important area in the delivery of the CCGs overall efficiency agenda.	Dr Carlisle			
	149/14i	Performance Report - Delivery Dashboard	In terms of next steps, the Systems Resilience Group will be asked to look at the issues. Governing Body will receive an enhanced report next month updating on the YAS improvement plan, particularly on 30% of Category A target and outlining the scope of the consultancy work being undertaken.	Mr Edwards			
	149/14i	Performance Report - Delivery Dashboard	In the meantime, the risk register will be reviewed as this was important area in the delivery of the CCGs overall efficiency agenda.	Dr Carlisle			

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	149/14ii	Finance & Contracting Performance Report	Over performance after three months of the current year is a risk that has to be placed in context of good performance in 2013/14. The CCG Operational Executive (OE) and Strategic Clinical Executive (SCE) were asked to monitor the situation, ensure the QIPP Groups are focussed on the right areas and report back to the next Governing Body if the situation is improving.	Mrs Firth			
	149/14ii	Finance & Contracting Performance Report	October Governing Body will receive a draft of the agenda for the TRFT Board to Board meeting planned for November for members' to review and add items.	Mrs Whittle			
	150/14i	Policies for final agreement - Employment Break	Employment Break Policy – Members were asked to approve this policy. Dr Ashurst had a query about 2.7 of the policy relating to employees not undertaking any other paid employment with another employer during the employment break. Mrs Whittle will seek HR advice and feedback to Dr Ashurst on this point.	Mrs Whittle			
	150/14i	Policies for final agreement - Employment Break	Dr Ashurst noted the dress code was included but suggested that the CCG may consider including a personal hygiene code. The Investors in Excellence practitioners will be asked to take this forward.	Mrs Whittle			

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	151/14	Statutory Compliance Reports	Mrs Whittle presented three statutory reports required by legislation and good practice on fire risk, premises and security. None of these presented major risk for the organisation. Although some actions were being followed up with NHS Property Services and an update will be provided to Governing Body in November.	Mrs Whittle			
	153/14	Matters Arising	Members noted that an internal audit undertaken recently had recommended that it would be good practice for the Governing Body to use an action log and forward plan to help track business through committees. These will be introduced as part of the standing agenda at future meetings. Therefore updated actions from the last meeting are documented on the actions log.	Mrs Commons			
	153/14	Matters Arising	The Governing Body wished to encourage representation from the Health & Well Being Board and would enquire with Cllr Doyle whether it would be possible to field a Deputy for RCCG Governing Body	Dr Kitlowski			