

Minutes of the Quality and Finance Committee held on 21 August 2014 at West Offices, York

Present

Mr John McEvoy (JM) - Chair	Practice Manager Governing Body Representative
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Miss Lucy Botting (LB) - part	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Shaun O'Connell (SOC)	GP Governing Body Member, Lead for Planned Care, Prescribing, and Quality and Performance
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor
	Governing Body Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Kath Evans (KE)	Assurance and Delivery Manager, NHS England

In Attendance

Mrs Helen Blacker (HB)	Management Assistant
Mr David Booker (DB)	Lay Member
Mrs Becky Case (BC)	Senior Innovation and Improvement Manager
on behalf of Fiona Bell	
Mr Doug Scott (DS) - for item 11	Head of IM&T, North Yorkshire and Humber Commissioning Support Unit
Mr Simon Westwood (SW) - for item 9	Chair, York Local Safeguarding Children Board

Apologies

Mrs Caroline Alexander (CA)	Strategic Planning and Assurance Lead (Interim)
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Dr Tim Maycock (TM)	GP Governing Body Member, Joint Lead for Primary Care
Mrs Tracey Preece (TP)	Chief Finance Officer

1. Apologies

As noted above.

2. Declarations of Interest

Declarations of interest were as per the Register of Interests. There were no declarations of members' interests in relation to the business of the meeting with the exception of JM's declared interest in item 11 Utilisation of GP IT Funding.

3. Minutes of the meeting held on 17 July 2014

The minutes of the meeting held on 17 July were agreed.

JM commented that he was still not receiving Flash Reports. RP to follow up.

The Committee:

Approved the minutes of the meeting held on 17 July 2104.

4. Matters Arising

JM commented that the Francis Report One Year Later – the review was not on agenda. LB agreed to prepare a report for the next meeting to include the specific actions and progress.

QF3 Urgent Care Working Group Operational Dashboard – AP confirmed that this could be removed. AP commented that the work for the dashboard was being done in conjunction with the Commissioning Support Unit (CSU). AP confirmed that the action GP call back could be closed.

QF6 Quality and Performance Dashboard – SOC commented in regard to clinical support for the Referral Support Service (RSS) that there had been further enquiries. SOC confirmed that there was a Secondary Care consultant due to start working within RSS. He commented that outpatient activity was down and agreed to update the Committee at the next meeting.

QF9 Improving Access to Psychological Therapies (IAPT) information was included in the Integrated Quality and Performance Report at item 5 below.

Other matters were noted as completed, agenda items or had not yet reached their scheduled date.

The Committee:

Noted the updates.

5. Integrated Quality and Performance Report: Quarter 1

Primary Care - LB highlighted the Primary Care and A and E data, confirming that work had commenced with Primary Care in relation to patient referrals and attendance at A and E. The report listed the number of attendances by practice and was weighted on practice population. LB commented that age bands needed to be explored in more detail given the spread of attendees between 24 and 59 years of age and the reasons for attendance. In response to queries regarding practice level data LB confirmed that she was working with the Urgent Care Working Group to understand this data in more detail and ensure any resulting mitigations. AP confirmed that some data was already available.

There was discussion regarding attendance by demographics, postcode and distance to York Hospital. RP felt that the report showed a disconnect with the Urgent Care Working Group as she was aware some of this work was already being carried out. She also queried if this was the correct level of information. AP confirmed that the understanding of A and E activity was not new and the

question was what to do with the information. JM suggested that it would be beneficial to share this information with practices. LB confirmed that there was still more work to do including a much deeper analysis of practice data against age, reason for attendance and resulting treatment. RP raised concern that she was conscious that there was detail available elsewhere which was being actioned and was not demonstrated here.

AP confirmed that he was already looking at A and E attendances specifically and was using the Voluntary Sector to talk to patients to find out why they were attending at A and E and what the perception was. AP commented that 40% of patients who attended A and E left with no treatment, diagnosis or advice. JM asked who was doing the analysis. LB confirmed that she was working with AP, the Quality Team and CSU Business Intelligence (BI), however she agreed that there appeared to be a disconnect between the Urgent Care Working Group and BI. BC commented that the dashboard should be more interactive as some issues were already being addressed. LB confirmed that she was looking at the planned and unplanned System Resilience Groups work which would need to be incorporated within the dashboard (report).

GP queried if the specific coding was being analysed, however MH commented that the coding was applied once the patient left the A and E Department. SOC raised that prior to circulation the accuracy of the data was reviewed e.g. practice names and mergers which may also affect the data. LB agreed to discuss this with BI.

SOC commented that Selby practices activity at York Hospital A and E was low and queried that their attendance at the Minor Injury Unit was not captured within the report. He commented that Selby and Ryedale practices may need further analysis. SOC also commented that the data was only recorded in relation to York Hospital and that patients in the South West of the patch would go to Pontefract or Leeds Hospitals so this data would also need to be captured.

MH queried what would be expected from practices if information was circulated to them. JM agreed and suggested a covering statement to clarify the intention of the information.

In relation to patient attendance after 48 hours and times of attendance - peak times between 10am and early evening, both of which showed high levels of activity - LB confirmed that she was working with AP around this.

RP questioned the level of detail presented to the Committee and suggested a brief summarising core dashboard with supporting detailed information, with SOC as Planned Care Lead and AP as Unplanned Care Lead for the System Resilience Groups supporting narrative within the report. JM agreed that this was still work in progress. SOC agreed that as the data was still being gathered it should be reviewed as the report contained information and the Committee had scrutiny of this. SOC commented that having two or three members reviewing the data was not sufficient for CCG accountability.

KE commented that NHS England were concerned about A and E attendance and breaches. KE queried when there would be a robust analysis of what was happening and why. MA-M commented that there needed to be an established baseline as there were several schemes which would impact on A and E and unless there were clear baselines and data for these schemes the Committee could not measure improvement and the cumulative effect.

AP commented that in relation to A and E waiting times between January and April 2014 York Teaching Hospital NHS Foundation Trust had achieved their target when helped with Winter Pressures funding; once this funding had stopped performance had dropped therefore proving that schemes did work. DB asked if feedback was given to the relevant practices on numbers of unnecessary attendees. JM confirmed that there was no direct feedback or regular analysis.

LB commented with regard to Yorkshire Ambulance Service (YAS) it had always been understood that the 'Red 2' 8 minute targets were problematic however within Quarter 1 of 2014/15 it appeared to be the 'Red 1' 8 minute delays that had been problematic. LB confirmed that the data for July was still un-validated and that she was working with the lead commissioner for YAS to explore and monitor recovery of these targets for YAS and NHS Vale of York CCG in line with the system resilience work. This work would feed into the Unplanned Care Working Group; BC was involved in this. The funding for the recovery remained separate and sat at lead commissioner level. AP commented that he was disappointed with YAS and the £2m Resilience Funding footprint across eight CCGs however currently there was no funding directed at improvements in the Vale of York. MAM commented that the investment was based on the lowest CCGs and as a provider this would ensure that they increased performance against the overall provider target.

KE commented that NHS England was meeting with lead commissioners across North, South and West Yorkshire as they were concerned about performance. BC confirmed that at the last meeting with YAS Commissioners had rejected the action plan. KE confirmed that YAS had been asked to review their action plan as they were not achieving what had been expected and they were to provide a revised plan. LB confirmed that she was receiving a weekly update from the lead commissioner with regard to this action plan and recovery plans.

SOC queried whether this data would go to the Governing Body and become public. LB commented that data would need to be clearer before it was provided to the Governing Body. RP observed that she would expect to see Ambulance response times and actions to improve performance. SOC noted that there was no real improvement. LB confirmed that there would be an exception report.

DB queried whether it would be possible to look at another supplier when the current contract ended. KE stated that discussions had occurred with YAS who had been working with other suppliers to support their activity. LB stated that St John's Ambulance were one of the sub contactors. BC confirmed that the CCG had initiated a review of transport services and confirmed that locally System Resilience Funding was available to support specific YAS projects.

AP commented that the breaches should be looked at by geographical area. LB confirmed that this had been done in past. JM commented that there should be clarity as to why performance was deteriorating. LB agreed that further intelligence was required.

Planned Care - LB confirmed that the first meeting of the System Resilience Planned Care Working Group was due to take place on 17 September 2014 and would start working through activity and recovery plans related to referral to treatment (RTT), diagnostics and cancer work. LB commented that June's data showed the target of 26 MRI cases was now at 33. Following investigation the reason for the breach was due to long term sickness and capacity issues due to increase in referrals. LB said that she was working with SOC around this.

SOC commented about the breaches for cystoscopy. LB said when she had enquired about this target threshold York Teaching Hospital NHS Foundation Trust were working at minimum and maximum acceptance thresholds of between 20 to 40; 34 was within this threshold. However, she agreed that this was not acceptable.

LB confirmed that from 1 August 2014 the Breast Screening Unit had been amalgamated at York (rather than having two sites, York and Scarborough). The breaches had been due to long term sickness and resource issues in relation to consultants. BC confirmed that the Innovation and Improvement Team was reviewing diagnostics and mobile solutions to offer more capacity. LB commented there was also a suggestion from York Hospital that activity levels had increased, in which case this needed to be understood. BC commented that work was being scoped.

SOC observed that information suggested there was opportunity to review GP access to diagnostics and in particular highlighted orthopaedics and neurology. He confirmed that neurology would be included in the RSS so this would give clear access to analyse and achieve a better pathway.

RP queried timescale for improvements in diagnostic waiting times and if the York Teaching Hospital NHS Foundation Trust had given any indication of whether there was capacity available. LB confirmed that within some specialties consultants had been found and some long term sickness issues were being resolved. However resource capacity was a national issue. She commented that Breast Screening waiting times and MRI should improve by the end of October 2014. JM requested that the figures be reviewed as in terms of performance over the past year it showed that only one month had dipped. SOC commented that overall numbers only showed a small proportion of the total diagnostics being done.

In regard to Breast Symptoms two week waits LB said this performance would be included within the Planned Care Working Group recovery plans and she and Fiona Bell were due to meet with Dr Joan Meakins, GP Cancer Lead, to further this work. KE queried when the target should be achieved. LB stated that York Teaching Hospital NHS Foundation Trust had suggested October 2014 although this may not achieve until Quarter 3. JM questioned there not being many

reasons given. LB confirmed that there was an action plan in place in line with the system resilience work and would check the exact date that it was expected to achieve target.

The Committee:

Noted the Quarter 1 Integrated Quality and Performance Report and ongoing work.

6. Finance, Activity and QIPP

MA-M presented the report which described the financial position and activity performance as at July 2014. He confirmed that allocations had not changed, but that the CCG had received notification that Operational Resilience monies would be released in Month 6. He commented that all providers had been informed and to work on the basis that funding would be provided. MA-M commented that there was minimal risk as the Area Team had given assurance that the funding would be provided and there was flexibility within the plans to change if required. KE confirmed that the funding would come through so long as providers delivered RTT. She commented when RTT was delivered then the additional funding would be received.

MA-M confirmed currently the York Teaching Hospital NHS Foundation Trust contract was under trading, primarily within Planned Care, but that there would need to be careful monitoring with regards to the £1.4m which the Trust were getting for RTT. MA-M confirmed there should be no financial risk to us.

MA-M indicated that the Year to Date (YTD) Programme Costs were £16k overspent with a reduced surplus of £682k against a target of £698k. This was offset by the underspend of £265k in Running Costs. JM queried the underspend and MA-M explained that this was achieved as a result of the budget setting exercise funding the staffing structure for the full year. RP commented that even with full complement of staff this was covered within costs. MA-M confirmed that next year there would be a requirement for a 10% reduction in running cost so all figures factored this in to ensure the budget was running at 90% of the current Running Costs allocation.

Acute Services – MA-M reported that there was a £440k underspend as at end of Month 4. York Teaching Hospital NHS Foundation Trust was now £1.1m under. This partly related to elective orthopedic work and was offset by over performance in the same area with Ramsay and Nuffield. The undertrade had not been due to the phasing of contract adjustments and QIPP which had been profiled over the remainder of the year. The QIPP impact expected to Month was 9% with £2.9m savings in the remaining nine months.

Mental Health Services – MA-M confirmed that the adverse movement on Mental Health Out of Contract placements had been flagged as a risk last month by the Partnership Commissioning Unit (PCU). He confirmed that the CCG had now received assurance from the PCU that this was the last of the historic issues

relating to lack of process and database for correct recording of all packages that were in place.

Primary Care – MA-M confirmed that since the report had been written there had been further work around prescribing and the underspend. The report had been issued with the original phasing profile provided nationally. This was updated twice yearly and the most recent one had not been taken into account. Had this been applied there would have been a reduced level of underspend. MA-M confirmed that the actual forecast was an underspend of £1.2m however it was too early to establish if this was a trend and therefore it was only included as a benefit of £700k. With the update MA-M reported the YTD position would be worse than reported but there was still an underspend.

QIPP

MA-M confirmed that work continued on a number of schemes and BC advised that new schemes were being identified. MA-M reported that Initial Viability Assessments were going to Senior Management Team on a weekly basis to ensure accurate scoping was carried out to assess relevant saving potential.

Integration Pilots – MA-M confirmed that the Joint Delivery Group noted that progress was good around multi disciplinary team work. Selby was running slightly behind Priory Medical Group at present but there was a dedicated project resource which should assist in processing this. MA-M also confirmed that the visit by the NHS Accelerate Team the previous week had gone well, however it would be approximately three months before any decision was received.

BC confirmed that the Out of Hours service was out to tender and that the process was running to schedule at present.

Psychiatric Liaison – BC confirmed that this was progressing well. A Band 7 was now in post.

Paediatrics – MA-M reported that this project had slipped, partially due to capacity issues. He confirmed that there was a meeting with York Teaching Hospital NHS Foundation Trust in September to discuss areas for improvement.

Minor Injury Training for Paramedics – MA-M confirmed that there was still difficulty with obtaining feedback from YAS. AP advised that this was being followed up through Urgent Care Working Group at present.

Community Contract – MA-M confirmed that work was being undertaken with York Teaching Hospital NHS Foundation Trust to progress this.

MA-M explained that the QIPP information showed the key schemes both transactional and transformation being delivered at present. The table showed the individual schemes. He indicated that a RAG rating had also been included. MA-M confirmed that this information was being inputted to Covalent together with the RAG rating. The Community Contracts work would impact on next year so a decision around reporting and unidentified gap needed to be bridged. MA-M

stated that future information needed to include contingencies and have a more realistic way to show forecast. RP commented that it was important not to lose focus on the delivery of those projects agreed.

JM queried the Community Contract gap of £1.2m with a £19m budget, but which had been identified as a cost of £20.2m. MA-M said that the York Teaching Hospital NHS Foundation Trust had explained that the difference was from the cost of actually running the services in light of the application of the national efficiency target and non-delivery of Cost Improvement Programme. A review had started within York Teaching Hospital NHS Foundation Trust. AP queried Hospice at Home RAG rated as red/red. MA-M confirmed that at the Joint Delivery Group it was noted that this was now progressing. With regard to the options paper provided by Polly Masson it was noted that the majority of these would impact for April 2015. BC confirmed that she was working with Polly Masson on where to scope and that it was about identifying projects with the most value for money. JM queried if reference was given to reasonable impact. DB commented that some savings may take time to show and that some would not necessarily work.

RP suggested that the Governing Body Workshop in September be used to continue the debate about schemes, Finance and QIPP contingencies. MA-M commented that all QIPP from last year would gain full effect this year. JM agreed that there should be a contingency discussion at the Governing Body Workshop in September as data would be slightly more progressed. MH commented that care should be taken around changing and to ensure that any savings were real.

The Committee:

1. Noted the Finance, Activity and QIPP report.
2. Agreed that the Governing Body be asked to review QIPP performance at the September workshop.

7. NHS Vale of York CCG Assurance – Corporate Risk Register

RP reported on updated risk registers with 20 identified “red” risks. RP confirmed that a number of the risks had been covered earlier in the dashboard and finance reports. In terms of Innovation and Improvement risks these largely related to the Better Care Fund and integration; there were no major changes. AP queried why out of hours was shown as red/red. BC explained that there was no way of mitigating the risk of no provider until a bid had been received and the closing date was 3 September 2014. RP commented that the out of hours procurement process was on track but in terms of risk it would remain at red. MA-M noted that the year-end Community Public Dividend Capital could be removed.

RP commented that the Covalent system would streamline the process and that any training issues would be covered by Pennie Furneaux. LB commented that safeguarding adults and children could be altered to amber as candidates had now been short listed for interview on 24 and 25 September 2014.

The Committee:

1. Noted the “red” risks identified in the report, the current risk trends and the ongoing work to further develop the information.
2. Noted that training on Covalent would be provided by Pennie Furneaux.

8. Better Care Fund

MH reported that John Ryan was currently attending a meeting with North Yorkshire to write the Better Care Fund refresh; submission to NHS England was required by 19 September 2014. MH confirmed that there had been calls with the Area Team to assess confidence in plans and ability to deliver the refresh submission by 19 September 2014. RP confirmed that this would remain as red in the risk register.

The Committee:

Noted that the Better Care Fund update.

9. York Local Safeguarding Children Board Update

SW attended for this item

SW explained that the purpose of his attendance was to understand the Quality and Finance Committee’s role in relation to quality assurance and safeguarding and how to work smarter to ensure reporting mechanisms between the Safeguarding Board and the Committee. He commented that there was currently duplication of reports across various organisations and bodies yet it was still difficult to get clear information.

SW explained that his current work as the Independent Chair of the Local Safeguarding Children Board (LSCB) was around reviewing the membership of this Board and exploring the various committee structures underneath i.e. how the Board operated to provide clear strategic leadership and direction.

SW explained that he had also met with Leeds and York Partnership NHS Foundation Trust. He felt that there were opportunities being missed where all parties could work together better. The LSCB Annual Report for 2013/14 was due to be published and this would reflect an accurate picture of the work that had been undertaken in 2013/14. He commented on the new priorities for the LSCB for this year which included domestic violence and neglect.

SW explained that the CCG had a primary responsible role on the LSCB which was to provide health assurance to the LSCB. Currently all key providers and commissioners sat on the Board. SW said that he had discussed the Board make up with the designated leads. He suggested that the current LSCB Executive Group should become the Delivery Group and indicated that any Board member must be sufficiently senior to be able to make decisions.

LB confirmed that she had been working with SW as to how the CCG should directly feed into and provide assurance to the LSCB. Following potential discussions around committees and standing agenda items with CA she felt that there should be a quarterly report to the Quality and Finance Committee and to the LSCB, with Section 11 provider audits incorporated to give a more focused assurance report. LB commented that there was difficulty getting data particularly in relation to health visitor child protection planning.

AP queried around what safeguarding children incidents related to and how detection was undertaken for reporting. SW explained that there were now collective factors around this process. He explained that the Police and Social Care were trying to bring together a Front Line Process. This would then be discussed with education, health etc to get a fuller picture of events around a particular child. SW explained that there would need to be investment in time around the understanding of what front line practice and resource was needed. There would also be national work around information for front line inspectors. In relation to health capacity and resource LB commented that NHS Vale of York CCG would be employing a Deputy Designated Safeguarding Children Nurse. Whilst this team member was embedded in the CCG they would matrix work with the Safeguarding Children's Team and designated nurses who were employed for the whole of North Yorkshire and York and employed by NHS Scarborough and Ryedale CCG. LB confirmed that there was sufficient operational capacity as Dr Nigel Wells who would soon be in post would cover the work of the GP Safeguarding Lead, giving Children's Safeguarding greater resilience. SW said that he would welcome the opportunity to attend the Quality and Finance Committee in the future and that he would be agreeable for LB to provide a short feedback from the Safeguarding Board to the Committee to create dialogue.

SOC queried if data was available on health visitor numbers. SW said that it was not but it was recognised as an issue and had been raised with the Local Authority.

The Committee:

1. Noted that LB would provide regular updates from the Local Safeguarding Children Board.
2. Noted that LB would produce a quarterly Safeguarding Report.

10. Safeguarding Children

Annual Report 2013-14

LB commented that this annual report covered the work undertaken by the Designated Nurses and Safeguarding Team for 2013/14. It provided safeguarding assurance to the Committee that the annual plan set by CCGs for 2013/14 had been actioned. JM queried that there was no position statement within the report. LB explained that her report at item 10.2 was the Designated Professionals report and as such was the position statement. She confirmed that within the report there were accounts of lessons learnt from serious case reviews and actions related to clinical updates including reporting mechanisms.

DB sought clarification regarding funding of the medical advisor. LB confirmed that this was tripartite funding between the CCG, York Teaching Hospital NHS Foundation Trust and City of York Council. This was only for York; the North Yorkshire medical advisor role was not paid for here.

JM queried if suicide was a regional issue and if there were any local action plans. LB confirmed that she was aware that in North Yorkshire there was a Suicide Prevention Group. There had been discussion around a suicide prevention post to sit alongside the safeguarding team for adults, however more clarity was needed in relation to the work of this post holder and the outcomes expected and as such the post was rejected. LB explained that City of York Council Safeguarding Adults Board and Public Health were sighted on suicides.

Designated Professionals Report

DB referred to “End of Year Training Figures” in the report which appeared very low, especially in regard to Level 2, and queried whether the aim should be for 100%. LB confirmed that this had been noted and as such she was requesting Section 11 audit information from all providers (action planning to date) which included training. Once received she would work to resolve with the provider as well as reporting this to the Committee and Local Safeguarding Children Board.

The Committee:

1. Noted the Safeguarding Children Annual Report 2013/14.
2. Noted the Designated Professionals Report.

11. Utilisation of GP IT Funding

DS attended for this item

DS went through the report about the changes and current position regarding GP IT funding and the recommended actions to utilise those funds.

DS explained the three options available to the CCG. He confirmed that the model was developed to support general practices on N3, and the contract for telephony with York Teaching Hospital NHS Foundation Trust would terminate in 18 months. He explained that there were better and more affordable options available.

JM explained there needed to be a clear understanding of the network as most practices within York were multi-site so relied on this. DS confirmed that they were on track to get all practices on the same nationally funded infrastructure. MH queried whether practices were able to access N3 as this was nationally funded so not at a local level. JM said that as most practices across the York area were multi-site the network would be vital. DS confirmed that they were on track to get all practices on the same nationally funded infrastructure so there was no need for a locally funded network.

Members discussed the issue of telephony within York Practices and the removal costs of networks. DS confirmed that the N3 telephone solution had been upgraded and had improved. MA-M confirmed that if the move was made to N3 then there would be flexibility to add packages on at a later date.

JM queried the current IT strategy. RP commented that at present there was no strategy but that it was needed. JM commented that he had a vested interest in which option was chosen and felt that as there had been no discussion and as there was no strategy he would not feel comfortable moving to another system with no proven track record.

DS went on to explain that some equipment was up to eight years old and could be improved. DS commented that the Area Team did not support Wi-Fi as a priority (announced 15 August 2014). The allocation from the CSU would go to NHS England and the issue of Wi-Fi would be put back to 2015/16 with the funding being used to get practices up to speed. DS suggested that surplus funding be spent on core GP IT support.

AP queried if all systems would “talk” to each other. DS explained that a more strategic view was to look at portal solutions. He explained that there was no national programme for IT and currently it was being reviewed in the Better Care Fund context and the IT sub group which would report to the Collaborative Improvement Board.

DS confirmed that practices were responsible for telephone services as part of their contract.

MH commented that due to the funding being cut for the services for GP IT, practices would be in a worse situation if funding was not spent on GP IT now. JM proposed that there should be a CCG strategy for telephony and also the CCG should play some role in assisting practices with suppliers.

MH commented that NYNET was now unsustainable and suggested that practices were asked if they needed new telephony as a collective or independently. SOC agreed that there would be a benefit from practices doing this together but that it was not the CCG's role to provide this service. JM commented that the CCG role was to facilitate discussion and guide practices.

DB agreed that the need for an overall strategy was obvious. JM commented that the Primary Care Working Group had an IT element to it which Tim Maycock and Emma Broughton covered.

MH confirmed that the decision required at this meeting was whether to spend £130k to improve the current systems.

MH agreed for GP practices to have discussion around telephony.

The Committee:

Agreed that the first step with regards to this was to spend £130k in line with the proposals outlined by DS.

12. Minutes from other meetings

The Committee:

1. Received the minutes of the York Contract Management Board held on 24 June 2014.
2. Received the minutes of the Leeds and York Partnership NHS Foundation Trust Contract Management Board held on 18 June 2014.
3. Received the minutes of the Yorkshire Ambulance Service Contract Management Board held on 27 May, 24 June and 29 July 2014.
4. Programme Delivery Steering Group held on 9 September 2014.

13. Next meeting

9am on 18 September 2014.

**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE
(PREVIOUSLY FINANCE AND PERFORMANCE COMMITTEE)**

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 21 AUGUST 2014 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PF10	23 January 2014	Procurement of the Elective Orthopaedic Service, currently provided at Clifton Park Hospital	Alan Maynard or Keith Ramsay, conflicts of interest permitting, to be asked to provide assurance during the procurement process	AB	
PF13	20 February 2014	Francis Report: Assurance for NHS Vale of York CCG one year on	Further report to May meeting	LB	22 May 2014 Deferred to 18 September 2014
2014/15					
QF6	22 May 2014	Quality and Performance Dashboard	Discussion of clinical support for the Referral Support Service to take place at Collaborative Improvement Board	RP	29 May 2014
	17 July 2014		Update on recruitment to be provided at next meeting	SOC	21 August 2014
	21 August 2014		Update on recruitment	SOC	18 September 2014

QF8	22 May 2014	QIPP	Access to fortnightly flash reports to be arranged for JM	FB	21 August 2014
	17 July 2014		JM to be included in email circulation of flash reports	FB	
QF10	19 June 2014	Infection Prevention and Control	<ul style="list-style-type: none"> • Monthly reports to be provided at formal meetings of the Committee • Requirements for GPs relating to clostridium difficile recording on death certificates to be included in Medicines Management Newsletter 	LB/SP	21 August 2014 meeting
				LB/SP	Reported as completed 17 July 2014
QF11	17 July 2014	Quality and Performance Report	<ul style="list-style-type: none"> • Member of Healthwatch to be invited to present <i>Discrimination Against Disabled People in York report</i> • A&E attendance numbers to be included in report 	LB	18 September 2014
				LB	21 August 2014
QF12	21 August 2014	Finance, Activity and QIPP	<ul style="list-style-type: none"> • Governing Body to be asked to review QIPP 	RP	4 September 2014
QF13	21 August 2014	York Local Safeguarding Children Board Update	<ul style="list-style-type: none"> • Regular updates from the Local Safeguarding Children Board to be provided. 	LB	

			<ul style="list-style-type: none">Quarterly Safeguarding Report to be provided	LB	
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