NHS
Vale of York
Clinical Commissioning Group

Item 14

# Chair's Report: Quality and Finance Committee

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| Date of Meeting | 22 September 2016 |
| Chair | David Booker |

## Areas of note from the Committee Discussion

The Committee:

- Welcomed improved reporting on a number of financial parameters but noted this confirmed a worsening financial outturn
- Identified a need for continuing work at high level to improve relationships and partnership responsibilities within the local health economy
- Approved the Community Podiatry procurement
- Approved the policy on Primary Care Rebate Schemes

## Areas of escalation

The Committee will maintain challenge regarding the requirements of the Improvement Plan and monitor the success of the additional resource that has been engaged to achieve balance.

## Urgent Decisions Required / Changes to the Forward Plan

The Committee will continue to focus on performance and finance to meet NHS England Legal Directions.

NHS
Vale of York
Clinical Commissioning Group

# Minutes of the Quality and Finance Committee held on 22 September 2016 at West Offices, York

**Present**

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| Mr David Booker (DB) - Chair | Lay Member |
| Mr Michael Ash-McMahon (MA-M) - for item 8 | Deputy Chief Finance Officer |
| Mrs Michelle Carrington (MC) | Chief Nurse |
| Dr Arasu Kuppuswamy (AK) | Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member |
| Dr Tim Maycock (TM) | GP Governing Body Member, Lead for Out of Hospital Care |
| Mrs Tracey Preece (TP) | Chief Finance Officer |

**In attendance**

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| Mrs Laura Angus (LA) - for item 10 | Lead Pharmacist |
| Mrs Anna Bourne (AB) – for item 11 | Senior Procurement Lead |
| Mrs Sheenagh Powell (SP) | Lay Member and Audit Committee Chair |
| Mr Keith Ramsay (KR) – part | CCG Chair |
| Mrs Helen Rees (HR) | Assistant Head of Finance, NHS England |
| Ms Michèle Saidman (MS) | Executive Assistant |
| Mrs Lynette Smith (LSm) | Head of Corporate Assurance and Strategy |
| Ms Lindsay Springall (LSp) - for item 11 | Senior Delivery Manager |
| Mrs Angie Walker (AW) – for item 11 | Deputy Head of Contracts |

**Apologies**

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| Mrs Fiona Bell (FB) | Deputy Chief Operating Officer |
| Mrs Helen Hirst (HH) | Interim Accountable Officer |
| Dr Shaun O'Connell (SOC) | GP Governing Body Member, Lead for Planned Care and Prescribing |
| Dr Andrew Phillips (AP) | GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer |
| Mrs Rachel Potts (RP) | Chief Operating Officer |

The agenda was discussed in the following order.

## Apologies

As noted above.

## Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in relation to the business of the meeting. All declarations were as per the Register of Interests, however consideration would be given at item 10 Policy on Prescribing Rebate Scheme in respect of a potential for TM to declare an interest. At that time it was agreed that TM was not required to declare a personal interest.

## 1. Minutes of the meeting held on 18 August 2016

The minutes of the meeting held on 18 August were agreed.

**The Committee:**

Approved the minutes of the meeting held on 18 August 2016.

DB reported that NHS England had requested further clarity of actions with associated identified responsibility and timescale within the minutes.

## 2. Matters Arising

*Financial Arrangements for Mental Health Out of Contract Budgets:* In respect of the pressure from high cost care packages resulting from the closure of Peppermill Court in York, TP reported on discussion with Colin Martin, Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust, around a number of areas, including high cost packages and out of contract packages of care. She noted that, although the contract with Tees, Esk and Wear Valleys NHS Foundation Trust was an outcomes based contract, they were working to ensure patients were in the right place, providing support to try and reduce costs of Section 117 and continuing healthcare packages - incorporated in the continuing healthcare action plan at item 9 – and were also supportive of managing the year end position.

All items on the matters arising schedule were either agenda items or had been completed.

**The Committee:**

Noted the updates.

**'Good News'**

In response to DB requesting a 'good news story' LSm reported on improved performance at York Teaching Hospital NHS Foundation Trust. Performance against the Emergency Department four hour target, with Friday and Saturday performance over 16 - 18 September exceeding the 95% target Yorkshire Ambulance Service handover times on the York Hospital site at 18 September had been 74% against the 100% target, an improvement on the 70% reported at item 6.

## 3. Turnaround Plan - Financial Performance Report

In presenting the month 5 report TP explained that, following discussion with NHS England and a full review, the CCG was now forecasting a year end deficit of £17.34m, an adverse variance of £3.99m against the planned deficit of £13.35m. The net unmitigated risk had reduced to £4.16m from £8.6m reported in month 4. All risks and mitigations were detailed from the persepctive of potential outturn and were described as risk adjusted positions in line with those used by NHS England. TP provided clarification on a number of the risks.

TP reported on a meeting of Chief Finance Officers from across the York locality when discussion had included the need for NHS England and NHS Improvement to reach agreement for a two to five year aligned planning approach. Whilst recognising the challenge for York Teaching Hospital NHS Foundation Trust in respect of the Sustainability and Transformation Fund control total, members discussed in detail the requirement for the whole health economy to work collaboratively to reduce activity, including non elective activity, avoidable readmissions and excess bed days. TP highlighted the impact on the out of hospital strategy and the fact that c£15m had been identified as a "cost of failure" in this regard. *(Post meeting note: terminology now 'system opportunity cost' for clarification)*

TP reported that the System Leaders Group, which Phil Mettam had now joined, was considering development of a two year investment and risk / gain share model but such an arrangement would not be in place for the current financial year. TP noted that both York Teaching Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust were ahead of their 2016/17 plans. She emphasised that support for the CCG from the whole health economy in year would require intervention by NHS England and NHS Improvement, noting that local discussions were taking place in this regard.

TP referred to the Governing Body's decision on the Commissioning Statement for Hip and Knee Joint Replacement Surgery and the proposed BMI threshold explaining that NHS England had required this to be paused due to the timing which had coincided with the CCG being placed under Legal Directions. It had become apparent that because of the Directions there was a concern that if NHS England endorsed a particular approach they risked this being seen as national policy. MC and SOC were working with the NHS England Joint Medical Directors to review the position.

In terms of the year to date TP noted the financial position was £6.5m behind plan. She clarified a number of the reasons and also explained that the CCG had reached a risk share agreement with City of York Council for the Better Care Fund at £1.2m, 50-50 for each of the two organisations. TP noted that NHS England had been consulted prior to signing the Section 75 agreement which removed the opportunity to only make the minimum contribution to the Better Care Fund.

TP informed members that, since issuing the report, further information indicated a £20.5m risk adjusted forecast deficit.

Members welcomed the increased accuracy of forecasting the financial position but expressed concern at the potential £20.5m deficit noting that the requirement to repay this would impact on the CCG's five year plan. TP referred to the Governing Body's consideration of all possible opportunities for savings noting that any areas of implementation would be managed through NHS England due to the Legal Directions. She also assured members that she was in regular discussion with NHS England regarding the in-year position.

Members discussed concerns that the CCG's focus should be on changing the system but instead time was being spent on the in-year position over which there was little control due to the Legal Directions and the work required by NHS England and NHS Improvement.

TP noted that the Partnership Commissioning Unit had proposed a number of actions to reduce continuing healthcare costs in-year.

**The Committee:**

1. Welcomed the increasing accuracy of forecasting accepting that this worsened the financial position.
2. Noted with concern the deteriorating unmitigated risk, currently at £4.2m, which the Financial Recovery Plan aimed to address.
3. Agreed to request that the incoming Accountable Officer, Phil Mettam, be asked to address at the highest level the continuing evidence that the local health economy, particularly York Teaching Hospital NHS Foundation Trust, was not collaborating to ease the position of the CCG.

## 4. Turnaround Plan – QIPP Update

TP reported that work was continuing to develop a consistent format and process for QIPP reporting that accurately reflected progress. This was a priority for the Programme Management Office and would include Red, Amber, Green assessment both in terms of delivery and finance.

Work was under way to assess potential savings opportunities following discussion in a number of forums which included a Programme Delivery Steering Group workshop and Senior Management Team, the latter in response to Phil Mettam's challenge to identify "£1m worth" of proposals. Themes had emerged which were being collated for prioritisation in-year where possible and to inform the 2017/18 QIPP. These included: work with care homes; contracting; aspects of the Partnership Commissioning Unit work in respect of continuing healthcare, out of contract placements and Section 117; review of the payment and clinical model of the Ambulatory Care Unit; review of the Urgent Care Practitioners; and work with pharmacists. TP also noted that PricewaterhouseCoopers (PwC) were assisting development of the CCG's Financial Recovery Plan which would be informed by their work on the Humber, Coast and Vale Sustainability and Transformation Plan, RightCare and learning from other CCGs.

Members discussed the RightCare data noting the impact from the fact that the allocation formula was currently based on deprivation therefore the CCG could not afford patient expectations and demand. SP noted she had requested that Internal Audit ensure all potential RightCare opportunities were being utilised. TP confirmed that RightCare methodology was embedded in the workstreams. She noted that the RightCare information was complex but highlighted the £5m in respect of MSK as the biggest opportunity, also advising that the CCG benchmarked well in terms of some outcomes. TP agreed to arrange for an update report on RightCare for the next meeting and on an ongoing basis.

TP reported that the next draft of the Sustainability and Transformation Plan was due in mid October. As PwC were also working on this they would ensure the CCG's plan was aligned. She added that contracts were required to be signed before Christmas highlighting the overall benefit of the current work for planning.

**The Committee:**

1. Noted the QIPP report and the ongoing work to further develop the approach.
2. Requested a report on the CCG's performance against the RightCare comparators for the next meeting.

## 5. Improvement Plan incorporating Financial Recovery Plan

TP explained that PwC were working with the CCG to meet the tight timescale for the Improvement and Financial Recovery Plan in response to the Legal Directions. The submission date was 29 September and the Plan would be presented at the Part II Governing Body meeting on 27 September for sign off.

TP reported that daily meetings were taking place in developing the Plan which was also required to include actions relating to the recommendations of the PwC Capacity and Capability Review report of January 2016. In response to TM enquiring about clinical input in the Plan LSm explained that the working group did not include a clinician but had involved AP and noted that, although it was a financial plan, information pertaining to all the programme areas had been discussed in various forums. If availability permitted attendance by a clinician at any of the daily editorial meetings would be welcomed.

**The Committee:**

Noted the approach to developing the Improvement and Financial Recovery Plan recommending clinical input as a matter of urgency.

## 6. Quality and Performance Intelligence Report

MC referred to the report which provided narrative against key quality and performance measures as at September 2016 with most validated data relating to July 2016. She noted that, whilst there had been a seasonal increase in calls during the summer, Yorkshire Ambulance Service Red 8 minute performance across the Vale of York had improved at 70.2% against the 75% target. MC also noted that, following recruitment to staffing vacancies, new rotas would be introduced in October.

In respect of Yorkshire Ambulance Service handover times MC reported improvement at 74% week ending 4 September on the York Hospital site. Work was taking place on development of a collaborative plan to address outstanding issues with handovers.

Performance against the Emergency Department four hour target had been 92.7% against the 95% target, the best performance since July 2015 and achieving the Sustainability and Transformation Fund trajectory. This improvement had resulted from collaborative working. TP additionally reported that she had raised a formal request at the York Contract Management Board for information on the Ambulatory Care Unit as approximately two thirds of the activity was direct GP referrals but there had been no corresponding reduction in A and E admissions. She asked that the Committee request a formal report on the new service model following the Finance and Contracting Team review of the Ambulatory Care Unit activity. Members noted that this was the right clinical pathway but there were concerns about the contracting arrangements of part fixed and part variable costs.

MC referred to concerns raised at the Governing Body about out of hours rotas. She noted that staffing levels had increased and assured members that this was not a systemic problem.

Achievement of diagnostic tests within six weeks had decreased slightly at 98.7% against June performance of 99%. York Teaching Hospital NHS Foundation Trust had met the 99% target but the CCG's overall performance was impacted by issues at Hull and East Yorkshire Hospitals NHS Trust and Leeds Teaching Hospitals NHS Trust.

In respect of 18 week referral to treatment the CCG had not achieved the Incomplete target on an aggregate level in July 2016 for the first time in over three years, however York Teaching Hospital NHS Foundation Trust had achieved the Sustainability and Transformation Fund trajectory at 92.03% against a 92% requirement. The CCG did not achieve the referral to treatment target and on investigation there were single number patients affected across 44 other providers in July 2016.

The CCG benchmarked well in terms of cancer performance. All cancer targets had been achieved in July 2016 with the exception of 62 day treatments following urgent GP referral which was narrowly missed at 84.5% against the 85% target. This represented 13 patients being in breach of the 62 days. With regard to cancer MC also referred to the recent concern about dermatology two week waits noting that the directorate manager had requested GPs comply with the requirement for referrals to be accompanied by a photograph.

MC highlighted the detailed information on delayed transfers of care noting improvement at York Teaching Hospital NHS Foundation Trust on both sites but an increase at Tees, Esk and Wear Valleys NHS Foundation Trust. Assurance had been provided by the Partnership Commissioning Unit that the latter related to market availability for difficult to place patients. MC additionally noted that the Partnership Commissioning Unit was undertaking work on a potential commissioning model for complex patients.

Information on Healthcare Associated Infections was published quarterly. The main issue as a CCG was four reported cases of MRSA bacteraemias at York Teaching Hospital NHS Foundation Trust at week ending 11 September against a zero trajectory for 2016/17.

In respect of Serious Incidents MC reported that the information on Marie Stopes International was a national incident. Progress was being made with the action plan but there had been little impact locally. MC was awaiting a response from York Teaching Hospital NHS Foundation Trust following the issuing of a pre-performance notice in light of a number of Never Events relating to surgical procedures and ongoing lack of assurance regarding addressing the concerns and the management of serious incidents in general.

MC reported on discussion with the Council of Representatives and at Senior Management Team regarding Improving Access to Psychological Therapies and increasing primary care dementia coding.

With regard to patient experience MC additionally referred to responses received as a result of the ongoing work to reprovide services currently provided at Archways and the Governing Body's support for the Commissioning Statement for Hip and Knee Joint Replacement Surgery. In respect of the latter comments had been virtually evenly divided between support and opposition. A holding response had been sent to comments in light of the current pause on implementation requested by NHS England.

**The Committee:**

1. Noted the Quality and Performance Intelligence Report,
2. Requested a report from the York Contract Management Board following its review of the Ambulatory Care Unit activity.

## 7. Quality Assurance Strategy

In presenting the Quality Assurance Strategy MC noted that the revised draft incorporated comments from the Committee's Quality meeting in June. She advised that Phil Mettam supported the strategy and would write the Foreword prior to presentation for approval by the Governing Body at its November meeting. In the meantime a public facing version would be developed.

MC explained that the strategy aimed to provide an overview and methodology for gaining assurance about services commissioned by the CCG within available resources. The CCG's commissioning statements, published on the website, included information about compliance with NICE guidance. DB noted that key performance indicators would enable measurement and that the strategy would be reviewed following implementation.

MC requested any further comments from members for consideration prior to publication for the Governing Body meeting.

**The Committee:**

Recommended approval of the Quality Assurance Strategy by the Governing Body.

*MA-M joined the meeting*

## 8. Evaluation and Recommendations: System Resilience Schemes

MA-M presented the report which, as requested at the Committee's August meeting, provided further analysis and evidence of the qualitative and quantitative impact of the System Resilience Schemes since the original consideration. He explained that, following initial review by the System Resilience Group, the financial cost of continuing the schemes was £864k in total for 2016/17. The analysis of specific scheme impact was complex due to a number schemes aiming to impact the same area. The impact assessment had been undertaken as far as possible, taking a prudent approach and, if necessary, providing a range of financial impact. In overall terms the schemes were break even with a potential overall return on investment at the top of the assessment range. The detailed appendices on the schemes aimed to provide information on activity and financial value since the pilot stage; Arc Light was the only scheme for

which the metrics did not enable a financial saving to be identified, although there were significant qualitative benefits.

MA-M explained that the £864k was not currently funded within the CCG's planned expenditure. The schemes had originally been within the Better Care Fund pooled budget but as a result of the arbitration panel decision this was no longer the case.

*KR joined the meeting*

Members sought and received clarification on the schemes and associated impact. Following detailed discussion it was agreed that for 2016/17 the schemes should continue as currently, but for 2017/18 onwards they should be jointly commissioned on a collaborative basis, ideally through the Better Care Fund or as part of the contracting arrangements with the Provider Alliance, and funded through moving the "cost of failure" in the system; the Integration and Transformation Board was identified as the appropriate forum for decision making. The only exception was Age UK Escorted Transport which should be incorporated within the Patient Transport Service. The CCG would therefore give notice that the future roles and funding of the schemes would be reviewed via the Integration and Transformation Board and discussion with the Provider Alliance. The CCG would maintain the current contracts until 31 March 2017; thereafter new funding arrangements would be implemented on the basis of an integrated approach.

**The Committee:**

1. Agreed that the current arrangements for the System Resilience Schemes would be maintained until 31 March 2017 after which time they would be incorporated in the Better Care Fund, Provider Alliance or ceased.
2. Agreed that the Age UK Escorted Transport scheme be incorporated in the Patient Transport Service.

*MA-M left the meeting; AB, LSp and AW joined the meeting*

## 11. Community Podiatry Procurement

LSp referred to the Committee's approval at the previous meeting to progress with the procurement of Community Podiatry Services. The report provided an update and requested that members review and approve the draft service specification, financial model and Invitation to Tender (ITT) procurement documentation, in order to allow the project team to proceed to the ITT stage of the procurement process on 23 September 2016, in line with the procurement timetable as agreed by the Committee in August.

LSp noted that the service specification had been informed by service user engagement and was based on best practice. Three organisations had responded to the request for expressions of interest. LSp confirmed that clinical thresholds would be included as appropriate on the service specification.

In response to assurance sought relating to the joint procurement with and led by NHS Scarborough and Ryedale CCG, AW explained that they would be the host commissioner but a collaborative financial arrangement would be signed relating to

financial responsibility. In terms of contract management any concerns on the part of NHS Vale of York CCG would be raised with the new provider in the same way as current collaborative arrangements.

AB advised that she would be involved in the procurement process, including consensus and moderation meetings.

From a clinical perspective TM welcomed the fact that the procurement would provide a standardised service that was more efficient. LSp also noted that an independent GP had reviewed the service specification.

With regard to a communications plan following the procurement LSp proposed that, during the mobilisation, a work programme would be agreed with the current and new providers to ensure patients were informed of the changes. AW added that the requirement for signposting information for patients was included in the ITT documentation.

Following a number of areas of clarification, members agreed the recommendations as presented subject to addition to the service specification that, in the event of a breach to key performance indicators, a penalty would be applied after the first three months of the contract.

**The Committee:**

1. Agreed the service specification subject to addition of application of a penalty in the event of a breach to key performance indicators after the first three months of the contract.
2. Agreed the financial model.
3. Agreed progression to the ITT stage of the procurement process.

*AB, LSp and AW left the meeting; LA joined the meeting.*

**10. Policy on Primary Care Rebate Schemes**

TP highlighted that, following consideration by the Committee, the Policy on Prescribing Rebate Schemes would be presented at the Audit Committee on 28 September and subsequently the November meeting of the Governing Body for ratification. TP noted that the policy could be implemented before ratification if approved and confirmed that, as the CCG was under Legal Directions, it would also be discussed with NHS England, who were aware that it was on the CCG's QIPP list.

LA explained the development of the policy noting that if approved Internal Audit would be asked to undertake a full review three months after implementation. She also noted Internal Audit had requested the addition to the policy since its circulation of reference to measures to address potential conflict of interests. LA reported that many CCGs either already had in place or were implementing similar rebate policies without challenge and assured members that prescribing decisions would not be influenced by such a policy. These decisions were made purely on the basis of the clinical and cost effectiveness of medicines and were based on the true price, not the rebate price; the proposed rebate scheme was a financial, not a prescribing, policy.

LA responded to clarification sought by members. She emphasised that neither she nor TP would meet with pharmaceutical company representatives and that pharmaceutical representatives were not permitted to promote or discuss rebates with GPs. Individual rebates would be considered by the Medicines Management Team and checked against the CCG's policy and formulary.

Members discussed concerns about the potential perception of conflict of interests and assurance that prescribing decisions were based purely on clinical evidence. TP emphasised that the policy aimed to ensure that the CCG obtained best possible value for prescribed medication. Following further clarification the policy was approved subject to incorporation of a number of amendments under Accountability, Conflicts of Interest and Use of Rebates prior to consideration by the Audit Committee and discussion with NHS England in the context of the CCG being under Legal Directions.

**The Committee:**

Approved the Policy on Primary Care Rebate Schemes subject to a number of amendments prior to presentation at the Audit Committee on 28 September and discussion with NHS England.

*LA left the meeting*

**9. Reviews: Mental Health Out of Contract Budgets and Continuing Healthcare and Funded Nursing Care Budgets Action Plan**

In presenting this item TP referred to Neil Lester's (NL) reports presented at the August meeting of the Committee noting that these would also be presented to the Audit Committee on 28 September. TP additionally noted that the North Yorkshire Chief Finance Officers had met with Jon Swift - Director of Finance, NHS England North (Yorkshire and the Humber) – in respect of continuing healthcare across North Yorkshire and that Richard Mellor, Chief Finance Officer at NHS Scarborough and Ryedale CCG, had been asked to lead on implementation of action.

TP advised that many of the action points discussed at the pan-North Yorkshire CCGs meeting on 18 August were already being implemented. She noted that as a result of these developments with effect from month 6 financial performance reports would provide greater assurance of the reported positions in respect of Continuing Healthcare/Funded Nursing Care and Mental Health Out of Contract expenditure; it would also support future financial planning.

NL had developed a benchmarking model and was providing training for the Partnership Commissioning Unit; quarterly reports would be provided for the four CCGs; and there was the potential for a QIPP. A post to support Joint Funded Nursing Care had been approved but not yet recruited to. TP also referred to concerns about capacity and sickness levels in the Partnership Commissioning Unit noting that there had been some improvement.

TP advised that NL would update the action plan prior to his departure from the CCG on 30 September and that through the Audit Committee Internal Audit would be asked to monitor implementation. QIPP opportunities would be progressed separate from the monthly reporting.

In terms of replacing NL TP reported that a new band 8a post of Deputy Head of Finance would be recruited; interim arrangements to the end of the financial year were being considered. TP also reported that the North Yorkshire Chief Finance Officers had requested consideration of capacity in the context of the Partnership Commissioning Unit.

TP confirmed that both the information provided by the Partnership Commissioning Unit and communication between the teams had improved. She noted that the Partnership Commissioning Unit capacity required consideration for the longer term. MC added that Nancy O'Neill – Director of Collaboration at NHS Airedale Wharfedale and Craven, Bradford City and Bradford Districts CCGs – who was currently providing support to the CCG, was working on the longer term improvement plan.

**The Committee:**

1. Noted that the recommendations and action plans were being implemented and would be monitored by Internal Audit.
2. Expressed appreciation to NL for his detailed reporting on Mental Health Out of Contract Budgets and Continuing Healthcare and Funded Nursing Care budgets.

## 12. Corporate Risk Report

In presenting this report LSm noted a slight improvement in the risk associated with the Better Care Fund as a result of the Section 75 Agreement. However, six events with serious impact had materialised: failure to achieve the 67% dementia coding target in General Practice, lack of locally based adult acute mental health in-patient services, failure to manage Partnership Commissioning Unit areas of spend, failure to fulfill Continuing Healthcare fast track packages, and failure to meet the Urgent Care Constitution four hour A and E target.

LSm reported that the CCG's quarter 1 assurance meeting with NHS England under the Improvement and Assessment regime had taken place on 15 September. She noted in respect of the indicators that the CCG's diabetes performance was being clarified, cancer performance was in the top quartile and a number of other indicators were in the lowest quartile range.

In response to clarification sought by DB, LSm noted that assurance about the Partnership Commissioning Unit was provided by the report at agenda item 9 but she could not report any assurance on progress of development of the Vale of York Clinical Network. LSm agreed to request a report on behalf of the Committee in respect of the latter.

**The Committee:**

1. Received the corporate risk update report as at 16 September 2016.
2. Requested a report on progress of development of the Vale of York Clinical Network.

## 13. Key Messages to the Governing Body

The Committee:

- Identified a need for continuing work to improve relationships and partnership responisiilbity within the local health economy.
- Approved the Community Podiatry procurement.
- Approved the Policy on Primary Care Rebate Schemes

**The Committee:**

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

## 13. Next meeting

9am on 20 October 2016

**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE**

**SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 22 SEPTEMBER 2016 AND CARRIED FORWARD FROM PREVIOUS MEETINGS**

| Reference | Meeting Date | Item | Description | Responsible Officer | Action Completed/ Due to be Completed by (as applicable) |
|---|---|---|---|---|---|
| QF60 | 22 September 2016 | Turnaround Plan – QIPP Update | • Report on the CCG's performance against the RightCare comparators for the next meeting. | TP | 20 October 2016 |
| QF61 | 22 September 2016 | Quality and Performance Intelligence Report | • Report from the York Contract Management Board following its review of the Ambulatory Care Unit activity. | TP | 20 October 2016 |
| QF62 | 22 September 2016 | Corporate Risk Report | • Progress of development of the Vale of York Clinical Network. | LS | 20 October 2016 |