NHS
Vale of York
Clinical Commissioning Group

Item 17.1

Minutes of the Quality and Finance Committee held on 20 August 2015 at West Offices, York

Present

Mr David Booker (DB) - Chair	Lay Member
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Tim Maycock (TM)	GP Governing Body Member, Joint Lead for Primary Care
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
Mrs Tracey Preece (TP) – for items1 to 4 and 6	Chief Finance Officer

In Attendance

Mrs Karen Hedgley (KH) – for item 9	Designated Nurse, Safeguarding Children
Mr Paul Howatson (PH)	Senior Innovation and Improvement Manager
Ms Pat Penfold – for item 10	Quality Manage, Professional Lead, Yorkshire and Humber Commissioning Support
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Mark Hayes (MH)	Chief Clinical Officer

The agenda items were considered in the following order.

1. Apologies

As noted above.

2. Declarations of Interest

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests. DB requested that members identify any specific interests that may arise during the meeting.

3. Minutes of the meeting held 23 July 2015

The minutes of the meeting held on 23 July were agreed, subject to amendment at Q38 of the follow-up schedule to read '…to be informed that, in view of the absence of impact data, the GP in the Emergency Department…'.

The Committee:

Approved the minutes of the meeting held on 23 July 2015 subject to the above amendment.

4. Matters Arising

QF23 Primary Care Co-Commissioning: RP confirmed that the first formal meeting of the Quality and Finance Committee Part II meeting would be 10.45am to 12.15pm on 17 September in a similar format to Governing Body meetings in public; the Part I meeting would be 9am to 10.30am. The focus would be on finance, performance and the Better Care Fund. An internal planning meeting was taking place on 2 September which would include setting the agenda and ensuring alignment of the Primary Care Strategy.

QF38 System Resilience Group Scheme Continuation 2015/16: AP reported that, following discussion with York Teaching Hospital NHS Foundation Trust, they had agreed to provide additional information, as at the end of August, to demonstrate impact on emergency activity from the GP in the Emergency Department scheme. MA-M requested that the information provided in this regard included assurance that the CCG was not being double charged for A and E attendances.

A number of matters were noted as completed, agenda items or outstanding.

The Committee:

Noted the updates and ongoing work.

6. Finance, Activity and QIPP

TP requested that members note the Finance and Activity section of the report circulated and tabled a detailed draft financial recovery plan for which she sought a number of areas of agreement. She reported on discussion with the Area Team and the requirement for submission of a recovery plan by the end of August that provided a level of assurance that the CCG would fully address its financial challenge and thus avoid a potential turnaround team being brought in. TP explained that to achieve this a turnaround type approach had been implemented and a full review of all areas of spend was currently taking place. She highlighted that addressing the in year financial position created tensions both with the CCG's vision and maintaining relationships with primary and secondary care and the local authorities. TP additionally advised that she was in contact with organisations from where there was the potential to learn from similar experience of identifying savings and noted that a number of other CCGs across the North were now also in a similar financial position.

In regard to the deterioration in the financial position TP explained that the activity forecast was based on the overtrade to date in year and then profiled forward based on previous years' activity. The £1.2m previous unmitigated risk in the financial plan had assumed complete delivery of the £7.1m Better Care Fund schemes. However, activity through the acute trust was considerably above both contract and that assumed from the Better Care Fund. The current position was that, in addition to the original £1.2m unmitigated risk, there was a £7m financial pressure and £2.5m to £3m of activity growth to be bridged.

TP reported on the ambition to ultimately develop a system wide recovery plan but emphasised the requirement for the CCG to achieve in year financial balance. The

draft recovery plan identified a total £18m gross financial risk. Mitigations were assessed as: agreed/high confidence, confidence in value or outcome but not finally agreed/confirmed, value to be confirmed or action required but moderate confidence, value to be confirmed and higher risk due to agreement needed from partners, considered but negligible, or to be considered, not yet quantified. The schemes would also be numbered and prioritised. TP noted that if all the risks and contingencies came through when adjusted there would be a small amount of headroom in the current figures and this would deliver the plan.

In terms of measures to address the challenge TP initially focused on the Better Care Fund highlighting that nationally CCGs' contribution to this had been with the aim of reducing emergency activity. As this was not being achieved she proposed that this health money could not be passed to social care in the pooled budgets. TP detailed potential clawback from the City of York Council and North Yorkshire County Council social care protection monies; clawback from the East Yorkshire Better Care Fund was immaterial in this regard due to the level of its commitment. Discussion included recognition of the impact that such action would have on local authority budgets, the fact that all the schemes currently delivering within the City of York Council Better Care Fund were health led, and the integration pilots. In regard to the latter TP noted that potential roll out of the Selby integration pilot had been provisionally accounted for from the clawback and emphasised the intention of addressing the financial challenge but also supporting development of the integration pilots at pace and scale. She highlighted that discussion with the local authorities would be open and in the context of the change in the CCG's financial position, with the aim of maintaining relationships, and recognising the whole system financial challenge.

Members discussed the integration pilots noting that it had always been recognised that these would not deliver in year. FB noted that the Priory Medical Group pilot had managed growth down by half but that this had not had an impact on actually reducing activity below previous levels. In respect of the Selby integration pilot MA-M described a potential model of incentivisation, rate and payment method to be agreed, to reduce non elective activity via a block investment with York Teaching Hospital NHS Foundation Trust; any additional non elective activity savings would be to the benefit of the pilot. He also noted that the Better Care Fund schemes had been remodelled and on this evidence non elective admissions could be expected to reduce by 4.9%, not the 11.7% as per the plans submitted in the City of York Council Better Care Fund.

Following detailed discussion of concerns, particularly from the clinicians, members supported TP and MA-M informing City of York Council and North Yorkshire County Council that the CCG could not invest in the Better Care Fund to the amount in the original plan.

In respect of potential measures relating to York Teaching Hospital NHS Foundation Trust TP reported that agreement in principle had been reached for a worsening of their financial position in year provided that it did not have a cash impact for them. The process for such an agreement would be through discussion between NHS England and Monitor. In regard to the financial recovery plan £3m penalties had been estimated, which was in line with York Teaching Hospital NHS Foundation Trust's quarter one calculations, and there was a potential further amount based on the system wide plan, agreeing a forecast outturn and the assumption that non elective activity remained at

current levels. RP expressed concern at the CCG relying on external support and the impact that this approach would also have on the local authorities and primary care.

TP noted a further potential saving across main York provider contracts through agreement if suspension of the 18 week referral to treatment performance target was to be considered. Members discussed this in the context of it being a constitutional target and with particular concern relating to quality and safety of patient care, increased demand on primary care, the Quality Premium, and impact on 2016/17.

Members supported working with York Teaching Hospital NHS Foundation Trust to agree a financial position. This could have the effect of increasing their deficit position and had been acknowledged as a potential outcome by the Trust, but would need cash support. Members also supported the imposition of all penalties but did not support suspension of the 18 week referral to treatment performance target.

In respect of prescribing TP recognised the evidence of good practice across the CCG but noted the year to date £165k overspend. She requested acceleration of existing work or implementation of control measures to address waste and ensure adherence to guidance. This was discussed in the context of the fact that the CCG was one of the lowest funded in the country. SOC also noted that additional Commissioning Support staff would be required in order to achieve further potential savings.

Members supported in principle investigation of further potential prescribing savings.

Further discussion included consideration of savings related to clinical thresholds, Referral Support Service activity and potential contribution from Public Health.

DB emphasised the need for all options and associated implications to be presented to the Governing Body for consideration.

The next steps were for the draft financial recovery plan to be further developed and presented to Senior Management Team, TP and MA-M to respectively progress discussions with York Teaching Hospital NHS Foundation Trust's Director of Finance and the local authorities, and discussion at the Governing Body on 3 September. Consideration would also be given to appropriate engagement with the Council of Representatives.

TP left the meeting.

FB highlighted that a prioritisation process was required for consideration of all current projects. She also emphasised capacity issues and sought clarification of the system wide work taking place in the context of the financial recovery plan. MA-M responded that achievement of financial balance by the CCG was paramount.

In respect of QIPP FB highlighted Appendix C in the report, the first presentation of a Covalent Project Report to the Committee, which provided a standardised format for clear assessment of each scheme. FB noted that the Covalent reports were being further developed in terms of finance and risk impact and that updates were autogenerated. This would help inform prioritisation at the September workshop. PH added that the narrative would in future comprise exception reporting with details of the schemes being incorporated in an annex comprising a Covalent report.

Members agreed to provide feedback on aspects of the Covalent report outside the meeting to enhance clarity and lead responsibilities and additionally requested that future reports include a key to explain the symbols.

The Committee:

1. Noted the Finance, Activity and QIPP.
2. Supported development of the recovery plan in terms of:
    - Informing City of York Council and North Yorkshire County Council that the CCG could not invest in the Better Care Fund to the amount calculated.
    - Requesting that York Teaching Hospital NHS Foundation Trust increase their deficit position and that all penalties be imposed.
    - Supported in principle further potential prescribing savings.
3. Welcomed the inclusion of the Covalent Project Report.

7. Safeguarding Children Report

KH attended for this item

KH presented the report which provided an update on the CCG's statutory responsibilities regarding Safeguarding Children for quarter one of 2015/16 in respect of North Yorkshire, City of York and East Riding of Yorkshire Safeguarding Children Boards, Child Protection and Care Quality Commission Children Looked After and Safeguarding Reviews. Included within the report were the Safeguarding Children Annual Report 2014/15, North Yorkshire Safeguarding Children Board June 2015 Briefing, East Riding Safeguarding Children Board June 2015 Newsletter, the NHS Vale of York CCG Safeguarding Children Policy, pledges by both the Specialist Nursing Team for Looked After Children and the Designated Professionals emanating from a number of consultations to seek the views of children in respect of their health assessments, and June 2015 briefings relating to Care Quality Commission Children Looked After and Safeguarding Reviews. KH reported that evidence required for a Care Quality Commission inspection was on the CCG's shared file drive and MC was being kept fully informed in this regard.

KH noted that the Safeguarding Children Annual Report for 2014/15 described progress against the 2013/14 and 2014/15 strategic plans for the Designated Professionals. Progress against the strategic plan for 2015/16, included in the report, would form the basis of future reports to the Committee. She additionally sought members' views as to whether the Annual Report should be presented to the Governing Body.

In respect of the report to the North Yorkshire Safeguarding Children Board by the Designated Nurse in relation to the Lampard Report into allegations against Jimmy Savile within the NHS, KH advised that the need for addendums to the policies had been identified via the York Teaching Hospital NHS Foundation Trust Governance Group. KH would keep MC informed in this regard.

KH noted that she had taken on the role of Chair of the Serious Cases Group a subgroup of the City of York Safeguarding Children Board which had been restructured. The restructure of the Board Business Unit was now taking place.

KH highlighted in relation to Child Protection that all GP practices in England would be required to submit information under the Enhanced Dataset when treating patients with Female Genital Mutilation. She noted that the Nurse Consultant for Primary Care was offering ongoing Safeguarding Children training to practices.

In response to clarification sought about Safeguarding Children KH reported in respect of data on Child Protection Plans and categories that work was taking place to enhance early intervention work and systems and processes to address unmet need; referrals were in the main from the health and education sectors. She agreed to include comparative referral data on CCGs with a similar demographic to NHS Vale of York CCG in future reporting. MC confirmed that there was a data base of GPs and clinicians who were up to date in regard to Safeguarding Children and that the Nurse Consultant for Primary Care was undertaking a training needs analysis for primary care. SOC highlighted that locums should be included in this.

KH confirmed that, having been in post for six months, she felt confident in progress. She also advised that the training needs analysis being undertaken by the Nurse Consultant for Primary Care would emanate in a pragmatic approach to training methods.

MC additionally confirmed that a greater degree of assurance around Safeguarding Children governance had been established.

The Committee:

1. Confirmed that assurance had been provided from the 3rd Safeguarding Children Report and noted the progress made over the last year to the safeguarding children agenda, particularly around services for children and young people who are looked after.
2. Requested the inclusion of comparative Child Protection referral data from CCGs with a similar demographic to NHS Vale of York CCG.
3. Noted progress around actions in response to consultations with children and young people who are looked after.
4. Noted the preparations for a Care Quality Commission Children Looked After and Safeguarding (CLAS) Review.
5. Requested that the Safeguarding Children Annual Report be presented at the next meeting of the Governing Body.

KH left the meeting.

10. Infection Control Annual Report

PP attended for this item

PP presented the report which described the CCG's compliance against both mandatory and local healthcare associated infection objectives and any key infection prevention and control issues for 2014/15 on a monthly basis. She highlighted the key messages and exceptions detailed.

In respect of clostridium difficile the total 89 cases meant that the CCG's target of no more than 90 cases had been met. The only acute provider from whom the CCG commissioned services where performance was significantly over target was South Tees Hospitals NHS Foundation Trust with 75 cases against a target of no more than 45; the lead commissioner was working with clinicians in this regard. PP referred to the root cause analysis findings for some of the community acquired infection cases noting that the majority of these patients had been prescribed antibiotics in the 12 weeks preceding infection. She advised that the new service specification included enhanced requirements for the root cause analysis process to enable identification of whether cases related to antibiotic prescribing. Root cause analysis reports had been received in respect of 21 cases at York Teaching Hospital NHS Foundation Trust. Processes were currently being strengthened with a more collaborative approach to reviewing infections acquired both in the acute and community settings.

PP reported that five cases of MRSA, against a zero performance target, had been attributed to the CCG; four had been community acquired and one subsequently attributed to a "third party". One case had been assessed as unavoidable and lessons were being learnt from the other cases. As a result of a successful appeal by York Teaching Hospital NHS Foundation Trust the one case attributed to them had, due to patient non compliance with treatment, been attributed to a "third party". Work was ongoing to address an issue at York Teaching Hospital NHS Foundation Trust in regard to non compliance of non elective MRSA screening.

Cases of MSSA and E.coli attributed to the CCG at York Teaching Hospital NHS Foundation Trust had risen against local performance thresholds. The former related in the main to the Renal Unit where a specialist nurse had now been appointed; no care issues had been identified relating to the latter. One community CPE case had been reported in quarter 4 and was being managed within the community.

In respect of quarter 1 of 2015/16 PP reported that York Teaching Hospital NHS Foundation Trust had exceeded their trajectory for MRSA and there had been a significant increase in clostridium difficile with 21 cases at York Teaching Hospital NHS Foundation Trust, against a target of no more than 48 cases, and 20 community cases. She noted a national trend for increased clostridium difficile partly due to issues with the flu vaccine in 2014/15 and associated antibiotic prescribing. PP reported that work was taking place with York Teaching Hospital NHS Foundation Trust, including commissioning of detailed independent review of their infection prevention and control processes, to address clostridium difficile and MRSA concerns. The report of the independent review was not yet available.

SOC highlighted the need for root cause analysis of all cases to enable issues to be addressed and emphasised the need for GPs to be engaged in this process with particular reference to antibiotic prescribing. He additionally noted a forthcoming GP education meeting in October on antibiotic prescribing.

In terms of previous issues relating to root cause analysis processes at York Teaching Hospital NHS Foundation Trust PP advised that a collaborative 'no lapse in care' approach was now being implemented which would establish a higher degree of assurance.

The Committee:

Noted the Infection Control Annual Report for 2014/15, and in particular the key messages and exceptions.

PP left the meeting

5. Quality and Performance Assurance Report

MC presented the first iteration of the revised format report which, in accordance with feedback from members, provided a greater focus on narrative with a pathway approach describing current performance, issues and impact on performance and mitigating actions. She noted that the report would continue to evolve based on feedback from the Committee.

In respect of Yorkshire Ambulance Service MC reported that publication of the Care Quality Commission Quality Report was expected on 21 August. She noted that unvalidated data of performance against the Red Combined eight and 19 minute response times indicated a deterioration to the position reported with staffing being the main area of concern. The CCG was working with Yorkshire Ambulance Service to address performance issues. Handover times had improved but were off target with the main unresolved issue being patient flow at York Teaching Hospital NHS Foundation Trust.

The Accident and Emergency four hour performance target was not currently being met but was on trajectory for achievement by September. AP highlighted the Urgent Care Practitioners' non conveyance rate of 60%. RP additionally referred to guidance from NHS England in respect of winter resilience which described nine high impact interventions that would be used as a checklist.

MC noted an improvement in diagnostics validated data, 97.8% against the 99% target of diagnostic tests within six weeks, and noted that a Serious Incident had been declared on the Scarborough Hospital site due to a CT scanner being down. In regard to the issue of York Teaching Hospital NHS Foundation Trust not supporting the CCG's request to introduce electronic referrals for all scans due their IT systems, SOC reported on discussion at the Planned Care Working Group. He sought and received a mandate from the Committee that all diagnostics should be by electronic referral. MC advised that lack of implementation of the electronic Falls Tool had been escalated through the Contract Management Board and that a timeline had now been established in this regard.

In respect of the increase from 94.1% in May to 94.7% in June against the 92% 18 week referral to treatment performance target MC explained that the main areas of concern were ophthalmology and maxillofacial, the latter relating mainly to complex dentistry.

MC referred to discussion at the recent Governing Body meeting regarding achievement of all cancer 31 and 62 day referral to treatment performance. She noted a positive update in respect of stroke and referenced the previous discussion with PP in relation to the current issues with healthcare associated infections. MC reported that, in

addition to the Serious Incidents reported which mainly related to falls and pressure ulcers, there had been two further Serious Incidents.

Work was taking place to understand fluctuations in Improving Access to Psychological Therapies figures.

The Patient Experience Update included the Friends and Family Test, National GP Survey, Out of Hours, and an issue at York Teaching Hospital NHS Foundation Trust of a lack of interpreter services. In response to concerns raised by members relating to the Out of Hours Service MC agreed to provide information for the next meeting.

Members welcomed the clarity of the new format of the report. MC noted that the Governing Body would receive information on trend analysis and impact of key performance indicators. Additionally, detailed information was available to members on request.

The Committee:

1. Noted the Quality and Performance Assurance Report.
2. Requested a report on concerns relating to the Out of Hours Service.

8. Corporate Risk Update Report

RP referred to discussion of a number of the main areas of risk under earlier agenda items. She noted risk relating to services from Yorkshire and Humber Commissioning Support and, in particular, the impact of a reduced Business Intelligence service. The associated risks were being managed through continuing dialogue, maintaining a register and escalation to the Transition Board as appropriate.

Work was ongoing in respect of the risk regarding reporting of Serious Incidents at York Teaching Hospital NHS Foundation Trust and quality within primary care. In regard to the former MC clarified that assurance was required of the embedding of lessons learnt.

The Committee:

Noted the corporate risks and events identified that may impact delivery of the corporate objectives.

9. Better Care Fund Dashboard

FB reported concerns regarding delays to development of the Better Care Fund Dashboard and associated Business Intelligence capacity but noted that work was taking place to improve the data. Whilst recognising the achievements, such as the integration pilots and Urgent Care Practitioners, it was complex to attribute success or failure across the system to delviery of schemes.

FB noted in particular that the Priory Medical Group integration pilot was having an impact and that the Urgent Care Practitioners continued to have impact on a number of aspects of non conveyance to A and E; lessons learnt were being shared with other ambulance staff in this regard. FB also reported that the Street Triage scheme,

currently being delivered by Leeds and York Partnership NHS Foundation Trust, was seeing about 80 referrals a month and contributing to preventing admissions. Consideration was required within the prioritisation process as to whether the volume and activity warranted continuation of the c£200k investment. FB advised that PH was working with the current and new mental health and learning disability providers in respect of the mental health schemes.

FB referred to the discussion at item 6 and reiterated that all current Better Care Fund schemes were being led by or instigated by health. She proposed, and members agreed, that development of the Better Care Fund Dashboard be deferred in order to both align the requirements with the outcome of the prioritisation workshop in September and to support addressing the concern about staff capacity. Ongoing monitoring of the individual schemes would continue.

In response to AP seeking clarification about development of a Single Point of Access emanating from the Street Triage scheme PH explained that this was being discussed with the Adult Services Lead for Tees, Esk and Wear Valleys NHS Foundation Trust as it had been within their bid for the contract.

The Committee:

Noted the update and agreed that development of the Better Care Fund Dashboard be deferred until the outcome of the September prioritisation workshop, whilst ongoing monitoring of individual schemes continued.

11. General Commissioning Policies

SOC presented the report, which emanated from the ongoing Clinical Effectiveness and Research Committee review and refresh of CCG policies, in respect of:

- Rhinoplasty / Septorhinoplasty
- Ganglion Surgery
- Hirsutism
- Functional electrical stimulation
- Gastro-electrical stimulation (GES, also known as Gastric neuromodulation)

SOC apologised that since circulation of the papers he had been advised confirmation was required from Yorkshire and Humber Commissioning Support as to whether these were the correct versions of the policies. Members discussed potential for costing implications and patient numbers, particularly in the context of item 6 above.
It was agreed that SOC would inform TM outside the meeting of any changes in the policies when the correct versions had been received. Subject to TM's assurance and any change not being significant the recommendations were supported. Additionally, clarification would be sought as to whether clinical policy recommendations required reporting to the Governing Body.

The Committee:

1. Approved, subject to there being no significant changes and to TM being assured of any change, the following recommendations:

   i. Rhinoplasty / Septorhinoplasty not to be commissioned unless exceptionality criteria were met.
   ii. Ganglion Surgery not to be commissioned unless exceptionality criteria were met.
   iii. Hirsutism not to be commissioned unless exceptionality criteria were met.
   iv. Functional electrical stimulation to be commissioned via application to the Individual Funding Request Panel.
   v. Gastro-electrical stimulation (GES, also known as Gastric neuromodulation), a new policy, to be commissioned via application to the Individual Funding Request Panel with the requirement to fulfill specific criteria.

2. Requested that any significant change in the correct version of the policy be reported at the next meeting.

Post meeting note: The Governing Body at its June 2015 meeting 'approved the delegation for approval of clinical guidelines relating to the Referral Support Service or changes in line with clinical policy to the Quality and Finance Committee where the financial impact would be up to £500k and there was no significant reputational risk or identified impact.'

12. NICE Summary Guidance for June and July 2015

In presenting this item SOC explained that NHS Sheffield CCG had established a process for collating NICE guidance and sharing the information with Yorkshire and Humber Commissioning Support. He sought and received support for the format presented, nominating a member of the CCG to consider each piece of NICE guidance, and noted that NICE Technical Appraisals were processed through the Medicines Commissioning Committee. Members supported this approach but requested that a follow up process be established.

RP noted that the CCG's Horizon scanning process would be resumed when the new Strategy and Assurance Manager took up post.

The Committee:

1. Approved the NICE summary sheets with the recommendations of who should consider the guidance.
2. Requested that MC and SOC through the Clinical Research and Effectiveness Committee establish a follow up process.

Additional Finance Item

MA-M referred to a request from NHS England regarding a national Doctor and Dentist Review Body recommendation for an uplift of £1.66 per weighted patient for PMS practices which was not currently included in their baseline payment. He advised that

this equated to £158k across the patch and confirmed that it was included within the CCG's allocation. MA-M explained that this payment was nationally negotiated for GMS practices but was technically discretionary and locally negotiated for PMS practices.

The Committee:

Supported the £1.66 uplift per weighted patient for PMS practices in respect of the Doctor and Dentist Review Body's recommendation.

13. Key Message for the Governing Body

- Review of financial position and submission of recovery plan by the end of August
- Assurance regarding Safeguarding Children and Annual Report to be presented to the Governing Body
- Early national indications of incidents of healthcare associated infections

The Committee:

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

14. Next meeting

9.00am to 10.30am on 17 September 2015, followed by a Part II meeting from 10.45am to 12.15pm.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 20 AUGUST 2015 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF19	18 December 2014	Integrated Quality and Performance Exception Report	• Lessons learnt report from the Yorkshire Ambulance Service MAJAX to be presented	OS	Ongoing
QF33	21 May 2015	Strategy for Use of Patient Related Outcome Measures and Shared Decision Making Tool in NHS Vale of York CCG	• Progress report on embedding of PROMS	SOC	19 November 2015 meeting
QF34	21 May 2015	Safeguarding Children Report	• Request for Child Protection information to be provided to identify the CCG footprint and by proportion of children subject to child protection compared with children in each area of the CCG and nationally. • Request that sections of Child Protection review documentation highlight areas that required GP input.	KH KH	As soon as possible As soon as possible

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF38	23 July 2015	System Resilience Group Scheme Continuation 2015/16	• York Teaching Hospital NHS Foundation Trust to be informed that without evidence of impact of the GP in the Emergency Department scheme it would not continue to be supported	AP	
	20 August 2015		• Update to be provided at next meeting	AP	17 September 2015
QF39	20 August 2015	Safeguarding Children	• Comparative Child Protection referral data from CCGs with a similar demographic to NHS Vale of York CCG to be included in future reporting	KH	
			• Safeguarding Children Annual Report to be presented to the Governing Body	MC/MS	1 October 2015 meeting
QF40	20 August 2015	Quality and Performance Assurance Report	• Information to be provided on concerns relating to the Out of Hours service	MC	17 September 2015
QF41	20 August 2015	NICESummary Guidance	• Follow up process to be established by the Clinical Research and Effectiveness Committee	MC/SOC	