

Title of Meeting:	Governing Body Meeting		Agenda Item: 9.3
Date of Meeting:	21 December 2021		Session (Tick)
Paper Title:	Paper Title: Quality and Clinical Governance Committee Key Messages		Public X
•			Private
			Workshop
Responsible G	Soverning Body Member Lead	Report Author and	Job Title
Kate Kennady, Lay Member for PPE and Chair		Kate Kennady, Lay Member for PPE and	

of the Quality & Clinical Governance Committee | Chair of the Quality & Clinical Governance

Committee

Purpose			
(this paper			
if for)			

Decision	Discussion	Assurance	Information
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Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.

Executive Summary

The Quality and Clinical Governance Committee has been established to provide oversight on any quality or equality impact relating to all commissioned services through its review and monitoring of quality surveillance metrics that may indicate an adverse impact on quality or safety and therefore require further mitigation to be considered.

The Committee provides assurance to the Governing Body that any risk to equality and quality has been appropriately mitigated and how continuous improvement will be monitored. The Committee also monitors safeguarding and overseas the development of and approve policies relating to HR and Corporate.

The following assurance report details key topics discussed at recent meetings.

Recommendations

The Governing Body is asked to receive the report as assurance.

Monitoring

An assurance report on key topics discussed at the Quality and Clinical Governance Committee will be brought to each Governing Body meeting.

Any statutory / regulatory / legal / NHS Constitution implications	The Quality and Clinical Governance Committee is accountable to the Governing Body and is required to provide key messages from its meetings.	
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.	
Communication / Public & Patient Engagement	Key Messages are published with the Governing Body Papers.	
Financial / resource implications	None identified.	
Significant Risks to Consider	No significant risks to consider.	
Outcome of Impact Assessments completed	Not applicable.	

Kate Kennady, Lay Member for Patient and Public Engagement and Chair of the Quality and Clinical Governance Committee

Quality and Clinical Governance Committee Key Messages

The committee was quorate. There were 15 attendees in total, 8 of whom were attending to present papers. There were no conflicts of interest declared.

Key items discussed and minuted:

Items approved:

- The Minutes from the 7 October 2021 were approved as a true and accurate record of the meeting.
- The Tier 3 and Tier 4 Weight Management policies
- Continuous Glucose Monitoring

All other agenda items were noted and received assurance as listed below:

- Fast Track Policy
- IFR Policy (QIA/EQIA to follow and to be approval virtually post meeting
- Receipt of Internal Audit Reports
- Significant Risk Review
- ICS Quality Framework
- COVID-19 Update
- 0-19 Healthy Child Monitoring
- Quality, Patient Safety and Performance Update by Exception
- Adult CHC Report & EOL/Fast Track
- Serious Incidents Report Q2
- LeDER Report
- Children's and Young Persons Report
- Mental Health including TCP Update Report
- Safeguarding Adults Reports:
 - a. NYSAB Annual Report
 - b. North Yorkshire CCG & Vale of York CCG Safeguarding Adults Annual Report 2020-21
 - Addits Affidal Report 2020-21
 - c. MAPPA Annual Report 2020-21
- PREVENT Guidance & Training (Adults and Children) 2021-24 for Primary Care

Key issues to highlight:

- TEWV quality and performance monitoring continues. Financial support has been provided to support and mitigate workforce issues. Recruitment programme continues. NYCCG staff continue to support TEWV with any issues.
- System pressures Work has commenced to find solutions and mitigations to the system
 pressures. There are significant pressures across the whole care system with recruitment,
 general staffing, and staff retention. There continues to be a high level of staff sickness absence
 either with C19+ and non-C19 related illnesses. Staff burn-out is also a significant issue. These
 issues continue to affect the patient flow in acute settings.
- CHC Work continues with partners and Local Authorities to provide care packages for those in need. It has been reported that several domiciliary care providers have handed back care packages to the LA as they continue to have staffing and other issues in care settings. A number of administration staff have now left the employment of the CCG and this has impacted on the number of DST assessments being arranged. However, the team has been restructured to ensure the assessments are carried out in a timely manner.

- Children's Services there is a lack of availability for out of area placements and some children have been placed in resource centres until a suitable placement can be found.
- The Tier 3 and Tier 4 Weight Management policies have now been approved and this concludes the work of the Policy Harmonisation Group.
- Vaccination programme formal notification is awaited that all adults 18+ will be offered a
 booster vaccination within three months of their second dose. Concerns have been noted
 regarding the deliverability of this programme due to some site closures.
- ICS Quality Framework due diligence work has started, and a report will be presented to the Audit Committee in readiness for the ICS in April 2022.
- The next meeting of the QCGC will take place 3 February 2022 and this will be the final meeting before the disestablishment of the CCG. Any outstanding approvals will be administered virtually before the end of the financial year.