

Quality Committee

Minutes of the meeting held on 26th July 2018 at 2.00pm, at South Plaza

Minutes

Present		
Alison Moon	Independent Registered Nurse (Chair)	AMoo
Anne Morris	Director of Nursing & Quality	AMor
Dr Peter Brindle	Medical Director – Clinical Effectiveness	PB
Dr Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Lisa Manson	Director of Commissioning (For items 5.1, 5.4, 6 onwards)	LM
In attendance		
Cecily Cook	Deputy Director Nursing and Quality	CC
Bridget James	Associate Director Quality (Patient Safety)	BJ
Marie Davies	Associate Director Quality (Patient Experience)	MD
Louise Fowler	PPI Programme Lead	LF
Julie Henderson	Designated Nurse for Looked After Children	JHe
Rebecca Cross	Strategic Commissioning Manager (Children), (For item 4)	RC
Ali Ford	Head of Children and Maternity (For item 5.4)	AF
Jo Hartland	Head of Research and Development (For item 8)	JHa
Lucy Powell	Executive PA to Director of Commissioning (Note taker)	LP
Apologies		
Dr Nick Kennedy	Independent Secondary Care Doctor	NK
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Debbie Campbell	Head of Medicines Management	DC
Dr Martin Jones	Medical Director – Clinical Effectiveness	MJ

	Item	Action
01	Welcome and Apologies	



	Item	Action
	<p>Alison Moon welcomed everyone to the meeting.</p> <p>Apologies were noted as above. It was confirmed that Dr Nick Kennedy and Sarah Talbot Williams had provided comments on the papers.</p>	
02	<p>Declarations of Interest</p> <p>Alison Moon noted that as a Trustee of St Peter's Hospice, she would declare an interest in their quality account statement and not participate in the discussion. Cecily Cook informed the Committee that the St Peter's Hospice quality account statement had not yet been received and so would not be discussed at the meeting.</p>	
03	<p>Minutes of Meeting 24 May 2018</p> <p>The Committee reviewed the 24th May 2018 minutes noting that the amendments had been made to the section on UHB on hold patients. It was agreed that these minutes were ready for inclusion in the Governing Body papers.</p> <p>The Committee noted that the 21st June 2018 minutes required further review as they had not been circulated with the papers. It was agreed to send any comments to Kat Tucker.</p> <p>3.2 Action Log</p> <p>19.04.18 Item 3.2.4 – Peter Brindle noted that he had not attended the clinical oversight group but that Anne Morris had raised the issue of stroke TIA pathway capacity at the meeting as well as to North Bristol Trust (NBT). Alison Moon noted that the pathway performance needed to be monitored. The Committee agreed to close this action and open an action to ensure that the stroke TIA pathway was monitored through the performance report.</p> <p>19.04.18 Item 7.1.2 – Cecily Cook noted that the issues of delayed reporting in radiology had been discussed at the NBT patient risk committee. Anne Morris noted that that issue had been resolved and the Committee agreed to close the action.</p>	<p>All</p> <p>PB</p>



	Item	Action
	<p>24.05.18 Item 3.2.2 – Anne Morris noted and informed the Committee that the numbers had reduced. This action was closed.</p> <p>24.05.18 – Item 4.2 – The Committee were informed that local independent sector hospitals had been rated “good” by CQC and there had been no other concerns raised. It was agreed to close this action. Alison Moon queried the recent publicity concerning the Huntercombe Group poor CQC reviews, noting that the Brain Injury Rehab Unit (BIRU) in Bristol was part of the Huntercombe Group. Cecily Cook gave assurance that the BIRU CQC rating was ‘good’ This action was closed.</p> <p>24.05.18 Item 4.3 – Marie Davies explained that the briefing regarding the approach to Independent Sector Hospitals would be presented to the Quality Committee in September with the final version presented to the Governing Body in October.</p> <p>24.05.18 Item 4.5 – Meeting has been arranged for the 4th August 2018 involving Lucy Muchina to discuss the need for up to date data. Work is also ongoing with the Safeguarding Boards regarding this issue. Marie Davies highlighted the Local Workforce Action Board dashboard which was shared with the Committee which highlighted the provider vacancy numbers. Update to be provided at the next meeting.</p> <p>24.05.18 Item 6.3.2 – Bridget James noted that the Care Homes organogram was currently too complex to be shared in its current form. Alison Moon asked that the document be shared with Committee members at the August Quality Committee.</p> <p>24.05.18 Item 6.7.1 and 6.7.2 – Marie Davies explained that Nick Kennedy Chaired a joint QIA/EIA panel in New Devon and a visit was being planned for CCG staff to attend the panel to aid development of a joint EIA/PPI/QIA tool for control centre use. The Committee agreed that the principles behind the tool should be presented to the Committee in September with the draft product to be presented in October.</p> <p>24.05.18 Item 7.1.1 – The Committee noted a performance improvement for fractured neck of femur due to the work by orthogeriatricians and physiotherapists rather than laminar flow. It was agreed to close this action.</p> <p>24.05.18 Item 7.1.2 – It was noted that the Fractured Neck of Femur work had not been presented at Commissioning</p>	<p>MD</p> <p>MD</p> <p>BJ</p> <p>MD</p> <p>LM</p>



	Item	Action
	<p>Executive. Lisa Manson agreed to pick up and add to the September agenda for Commissioning Executive.</p> <p>24.05.18 Item 8.2.1 – The diabetic foot pathway information had been provided and this had been added to the risk register. The action was closed. The Committee discussed the national diabetes audit and Alison Moon asked who would be analysing the data on behalf of the CCG. Jeremy Maynard agreed to discuss this with Andy Newton, the managerial lead for diabetes.</p> <p>21.06.18 Item 4.1.1- Amendments were made to the Governing Body paper. This action was closed.</p> <p>21.06.18 Item 4.3.1.1 – Cecily Cook noted that an email had been sent to Deborah El-Sayed regarding AWP and connecting care. Alison Moon requested that the date of AWP data sharing with Connecting Care be circulated to the Committee before the action was closed.</p> <p>21.06.18 Item 4.3.1.2 – Draft within action plan was noted as a clerical error, the action was closed.</p> <p>21.06.18 Item 4.4.1 – Cecily Cook noted that the paper regarding Looked After Children would be presented to the Governing Body and that this paper could be used as the briefing paper for Julia Ross. It was agreed to review the paper presented at the Quality Committee at this meeting, and amend for Governing Body.</p> <p>21.06.18 Item 4.4.2 – It was noted that the Looked After Children update paper would be presented at this meeting. This action was closed.</p> <p>21.06.18 Item 4.5.1 – It was noted that the Adult Serious Case review outcomes would be within the next quarterly report. The action was closed.</p> <p>21.06.18 Item 4.5.1.1 – The Committee discussed the Adult Serious Case review noting that the update will be presented to the Quality Committee in August and following this meeting presented to Governing Body in September.</p> <p>21.06.18 Item 7.1 – It was confirmed that Datix had been launched. The action was closed.</p> <p>21.06.18 Item 7.2 – Lisa Manson updated this as part of the performance report item and the action was closed.</p>	<p>JM</p> <p>CC</p> <p>JH</p> <p>CC</p>



	Item	Action
04	<p data-bbox="292 344 598 383">Regulatory Updates</p> <p data-bbox="292 432 759 470">4.1 Quality Surveillance Group</p> <p data-bbox="292 517 606 555">CCG CAHMS Report</p> <p data-bbox="292 602 1206 972">Anne Morris updated the Committee on the issues related to the Quality Surveillance Group and CAMHS paper presented. It was highlighted that the Quality Surveillance Group had a running programme of deep dive topics, and in this instance the CAMHS paper had been presented to the Quality Surveillance Group without CCG director sign off. Anne Morris explained that she had contacted NHS England to inform them that no one from BNSSG CCG or the Local Authorities would be able to attend the meeting following a date change.</p> <p data-bbox="292 1021 1185 1310">The Quality Committee raised concerns that the paper had been presented to NHS England without scrutiny through CCG governance processes. The Committee also held concerns regarding the quality of the paper. Alison Moon noted that should the paper have come to Quality Committee, she would have requested that the paper highlight the mitigations to the risks contained within the paper.</p> <p data-bbox="292 1359 1190 1648">Rebecca Cross explained that following presentation of the paper to the Quality Surveillance Group, she had outlined the future investment plan for CAMHS This had been well received by the Quality Surveillance Group. However, the Committee noted that the paper in isolation did not represent the current situation around CAMHS and further elements of the strategy should have been included.</p> <p data-bbox="292 1697 1201 1986">Rebecca Cross advised that a Healthwatch report commissioned by NHS England on BNSSG CCG CAMHS had also been presented to the Quality Surveillance Group. Rebecca Cross noted that the Healthwatch report had been based on old data and was not relevant to current services. The commissioning and use of this survey was also raised as a concern by the members of the Quality Committee.</p>	



	Item	Action
	<p>The Committee requested Anne Morris discuss the deep dive forward planner with the Quality Surveillance Group and membership of the Quality Surveillance Group now that NHS England changes have taken place.</p> <p>It was agreed that Rebecca Cross would discuss the Healthwatch Survey in terms of the Mental Health Strategy with Deborah El-Sayed.</p>	<p>AMor</p> <p>RC/AMor</p>
05	<p>Quality & Performance Report</p> <p>5.1 Quality and Performance Report</p> <p>Lisa Manson presented the Performance part of the report noting that the data related to month 2. There was a 3.2% increase in A&E attendances for UHB and NBT with a reduction in attendance at Weston Hospital. However, the data was skewed and work was ongoing to investigate.</p> <p>It was noted that for month 2 the Acute Trusts were performing above their recovery trajectories for 4 hour wait standards and RTT performance was on plan. The 62 day cancer standard performance was noted as challenging partly due to the fire at the Haematology and Oncology Unit in May but also due to Weston Hospital focusing on patients waiting in excess of 104 days.</p> <p>The Committee was informed of 5 cases of MRSA and the multi-agency response to these cases was highlighted. It was noted that the Improvement Oversight Board would be reviewing the system response. Alison Moon queried whether an independent review of the MRSA position potentially by Public Health England would be helpful? Anne Morris believed there was wider work to be considered in terms of short term targeted projects rather than further review. Lisa Manson and Anne Morris highlighted the difference in the cohort of patients with MRSA in UHB and NBT. Alison Moon asked that the detailed MRSA action plan be presented at the next meeting.</p> <p>Lisa Manson updated the Committee on the call stacking at SWASFT noting that the pressure was due to the number of</p>	<p>CC</p>



	Item	Action
	<p>incidents across the SWASFT footprint. It was noted that although conveyances had increased the number of contacts had reduced which was reducing some of the impact.</p> <p>Peter Brindle highlighted that cancer performance appeared to have worsened and outlined some of the issues but noted that the staff and processes behind cancer diagnosis and treatment were working very hard, so the worsening performance needed further investigation. Lisa Manson noted that with the exception of the 2 week wait standard the other performance indicators were measured per patient and so any performance issues must lie with patient flow rather than a diagnosis. The referral of patients measured against the 2 week wait indicator was noted as a separate issue which would require a different approach to manage. Lisa Manson assured the Committee that actions were being taken to improve performance.</p> <p>Alison Moon queried the number of diagnostic breaches at NBT and asked that the maximum wait time be included in the report. Anne Morris noted that harm reviews were ongoing for the patients concerned, and currently no harm had been identified.</p> <p>The Committee discussed the 4 hour A&E standard noting that the Acute Trusts had reported some challenging days this month despite overall improved performance. Lisa Manson noted that the breaches were not associated with lack of beds but rather with increased levels of attendance on those days. The Committee discussed surge management and the levels of staffing in the Emergency Departments. Lisa Manson informed the Committee that during some events within the BNSSG area, extra ambulances and staff would be deployed. However, the recent surges had not been related to specific events and so further work needed to be undertaken to predict surges throughout the year so the correct workforce model could be applied and mapped into surge planning. Bridget James noted that a Root Cause Analysis was ongoing relating to the low 4 hour wait performance at NBT on specific days and recommendations would be developed following the review.</p> <p>Marie Davies presented the quality part of the report noting that further content has been added for serious incidents and never events. Further information on the safety thermometer had also</p>	



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	<p>been added but Marie Davies noted that as the thermometer was no longer clear in the NHS Standard Contract the providers were reporting this data differently. Anne Morris explained that the CCG was still collecting and analysing this data albeit in a different format.</p> <p>Alison Moon noted the changes to national reporting for healthcare acquired infections and asked that this be added to the report. Alison Moon also asked that more information regarding infection control indicators be included within the report.</p> <p>Alison Moon highlighted the improvement to the AWP delayed transfers of care.</p> <p>Anne Morris noted that one never event had occurred at NBT in July relating to oxygen and air connectors. Anne Morris informed the Committee that this had been reviewed and a 72 hour report completed following the “swarm”. Alison Moon asked that at the Quality Committee in August, the Committee receive an update on the never event.</p> <p>The Committee accepted the report.</p> <p>5.2 Safeguarding Children Quarterly Report</p> <p>This item was deferred to the August committee as the papers had been withdrawn.</p> <p>5.2.1 Safeguarding Training Matrix</p> <p>The Committee was informed that following the creation of BNSSG CCG, the safeguarding team have created a safeguarding training matrix outlining the level of safeguarding training that each role needs to fulfil the statutory training requirements.</p> <p>Julie Henderson highlighted that the recommendation for Governing Body members was safeguarding level 1 to be completed with bespoke training to be arranged as part of a seminar session. Alison Moon noted that some Governing Body clinicians will have already undertaken training as part of their</p>	<p>CC</p> <p>MD</p>



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	<p>clinical role and asked that this be considered when discussing training needs.</p> <p>Alison Moon asked when the training would be expected to be completed by and Julie Henderson explained that the CCG would expect 90% compliance by the end of the financial year.</p> <p>Peter Brindle queried what the thresholds were for the levels of training and it was explained that roles with face to face contact with patients would require level 2 training.</p> <p>Peter Brindle noted that best practice considered more training to be beneficial for staff but highlighted the requirement of time to undertake the training and noted that part time staff and some clinical staff would need to use substantial amounts of working time to undertake the training. It was clarified that the training could be undertaken online through the training website and all members of staff would have to complete one course, training level 1, 2 or 3 depending on role. Marie Davies noted that statutory training was measured for compliance and that safeguarding training was included in this. Jeremy Maynard asked whether the levels of compliance for the CCG were the same as those expected by the CCG of the providers. Julie Henderson confirmed this was correct.</p> <p>Alison Moon suggested that the directors review the matrix for their directorates if they wish to. Julie Henderson agreed to send the matrix to the directors.</p> <p>Alison Moon suggested Julie Henderson contact Sarah Carr to arrange a seminar session for the bespoke training for the Governing Body.</p> <p>The Committee agreed the approach outlined in the paper.</p> <p>5.3 Looked After Children Update</p> <p>Julie Henderson presented the update and asked for comments, highlighting that her new role as Designated Nurse for Looked After Children would begin on the 1st August 2018.</p>	<p>JH/CC</p> <p>JH/CC</p>



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	<p>Alison Moon stated that the action from the last committee meeting was to bring back a more detailed action plan and this had not happened. It was noted that the paper needed information regarding current performance levels and an associated action plan. Anne Morris highlighted that the Bristol, North Somerset and South Gloucestershire CCGs had different ways of working and that a statement of action to address these differences had been outlined in the paper. Alison Moon challenged that the actions outlined did not have timescales attached, and added that the Governing Body would want to see evidence of actions taken immediately to address gaps and support performance improvement as well as medium and long term strategic actions. Alison Moon highlighted that Sarah Talbot-Williams had also challenged on the lack of mitigating actions included in the report and had commented that the pace of change and ambition for change did not feel urgent enough.</p> <p>It was noted that the paper was due to go to the Governing Body in August, but in the absence of a plan of actions being seen by the Committee, it was agreed Anne Morris would decide outside of the meeting whether the August date was achievable. It was agreed the paper needed a clear action plan and amendments prior to going to the Governing Body.</p> <p>5.4 SEND Quarterly Report and Action Plan</p> <p>The Committee welcomed Ali Ford to the meeting for this item. Ali Ford updated the Committee on the current status of the SEND inspections across BNSSG. It was noted that the South Gloucestershire written statement of action had been approved by the Governing Body and the North Somerset written statement of action was currently being drafted and would be presented at the October Governing Body meeting for approval.</p> <p>Ali Ford explained that Bristol Local Authority had not yet been inspected and work was ongoing on the SEND self-evaluation tool as well as a SEND strategy to be published by January.</p> <p>Alison Moon asked whether one BNSSG plan could be applied to the three Local Authorities. Ali Ford confirmed that three plans would be required, separately developed for each Local Authority, to take into account local need and variations. It was</p>	<p>JH/AMor</p>



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	<p>explained however that there were some aspects of the strategy where the CCG could implement one process across the three Local Authorities. Lisa Manson noted that the investment for SEND was consistent for each Local Authority area. Ali Ford explained that a regional SEND group had been developed which would involve BNSSG CCG and the three Local Authorities.</p> <p>It was agreed that the paper would be presented to Quality Committee prior to Governing Body for final review.</p> <p>The Committee received the report.</p> <p>5.5 Quality Account Statements</p> <p>Alison Moon commended the high quality of the quality account statements noting that there were no statements from Sirona and St Peter's Hospice. Marie Davies informed the committee that Sirona had not historically completed an annual quality account.</p> <p>Marie Davies noted that following development of the quality account statements improvement priorities had been identified across the providers, it was highlighted that the themes across the providers were different with no similar issues across the area. Alison Moon asked whether the improvement priorities were as expected by the CCG. Cecily Cook indicated that the CCG had discussed with the providers where there were perceived gaps. It was noted that the ambition for the providers was to align priorities across the system.</p> <p>Bridget James described the engagement process for identifying priorities at UHB as an example of good practice, highlighting the public and stakeholder engagement approach undertaken.</p> <p>Alison Moon observed that there was no mention of performance indicators such as harm free care in the context of pressures in unscheduled care, A&E performance and 12 hour trolley waits specifically at NBT included in the priorities. The Committee discussed the differences between quality and performance data.</p>	<p>AF/LM</p>



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	<p>Cecily Cook described the process for measuring quality and noted that it would be beneficial for the commissioners of services to input into the quality account statements. Marie Davies informed the Committee that the intention is for commissioners to be more involved in future statements. Marie Davies also noted that lessons learned from the process had been recorded and better timelines and support by the CCG for providers were suggested as improvements for next time.</p> <p>The Committee noted the Quality Account statements.</p> <p>5.6 Primary Care Quality and Performance Report</p> <p>Bridget James presented the report noting that work was ongoing to develop, a useable dataset of primary care data by September. It was highlighted that the most recent data reported in the primary care report was from quarter 12017/18 and that the data may no longer be correct for some practices due to practice mergers. Refreshed data was soon to be released. Bridget James noted that where the Friends and Family Test returns had not been received the practices had been contacted and the CCG would assist practices to access the system if they were unable to.</p> <p>Bridget James highlighted the work with the Medicines Management team noting that the report highlights last year's position and the plans for the future including practice guidance on antibiotic prescribing to support a reduction in C Difficile.</p> <p>Bridget James highlighted the CQC reports noting that the one practice within BNSSG rated as 'requires improvement' had recently been re-inspected. The CCG will review the report against the previous one once published. The CCG had also reviewed the individual CQC domains to identify any that are rated as either 'inadequate' or 'requires improvement'. There were only two practices who had ratings of requires improvement. One has recently been re-inspected and the CCG will review once the report is published, and for the other a quality visit is planned to the practice.</p>	<p style="text-align: center;">BJ</p>



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	<p>Meetings had taken place with NHS England regarding serious incident guidance and Bridget James noted the CCG quality team will look at producing simplified guidance with examples to support reporting by practices.</p> <p>Peter Brindle asked what significant reduction meant in terms of the antibiotic prescribing levels noted in the report. Bridget James agreed to clarify with the Medicines Management team.</p> <p>Louise Fowler asked how patient involvement was measured in the practices. Bridget James highlighted the Patient Participation Groups and noted that some of these groups worked very well. Anne Morris noted that the Practice Nurse Network had discussed rolling out self-help schemes throughout practices and had queried whether the Patient Participation Groups were the best method for this work. Alison Moon noted that at the Primary Care Commissioning Committee there was a high level of interest from the committee around the level of engagement with patients.</p> <p>The Committee discussed referral variation within Primary Care and whether there was capacity within Practices to provide the focus on quality. Jeremy Maynard noted that some Practices may be too small to provide this level of detail; Marie Davies noted that this is where work by the CCG, Practices and other providers needed joining up. Alison Moon noted that the Primary Care Commissioning Committee would be reviewing the referral data in detail in order to support the localities.</p> <p>Alison Moon noted that no risks were identified within the paper and highlighted the risks associated with the report including the age of the data and the support needed for practices and potential cultural changes to reporting and quality improvement for Practices.</p> <p>Jeremy Maynard suggested a Quality Primary Care Network to develop a quality governance process and lead for Primary Care.</p> <p>The Committee noted the report.</p>	<p style="text-align: center;">JM</p>

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06	<p>Risk Registers</p> <p>6.1 Mental Health Risk Register</p> <p>Bridget James presented the report to the Committee noting that the latest risk register received by the CCG was from March 2018. Alison Moon highlighted the risk relating to EPRR and asked how the CCG can gain assurance that this risk is being mitigated against. Lisa Manson noted that risks relating to EPRR would have a separate process for monitoring and also highlighted the Key Lines of Enquiry which were completed by providers and used by NHS England for assurance purposes. It was suggested that a request for the latest version of the Risk Register be picked up through the AWP contract meetings.</p>	BJ
07	<p>Audit Reports</p> <p>7.1 CHC Audit Action Plan</p> <p>Anne Morris updated the Committee on the CHC audit noting that the actions recommended from the audit would inform some of the work on the current CHC review. Work was ongoing with the Local Authority on the review and recommendations would be made as part of this work.</p> <p>It was noted that the action plan along with the reconciliation of the review would be presented to the Commissioning Executive Committee and Quality Committee in September and the Governing Body in October.</p>	AMor
08	<p>Annual Reports</p> <p>8.1 Research and Evidence Team Annual Report</p> <p>Jo Hartland presented the report which highlighted the successes of the research and evidence team and included case studies of work undertaken.</p> <p>Alison Moon commended the report which was very clear and informative, sharing the contribution of the team to the CCG core business.</p> <p>Alison Moon noted that clinical trial recruitment was low for the CCG. Jo Hartland noted that that work was ongoing with the</p>	



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	<p>Clinical Research Network, whose role it was to recruit for trials. The CCG supported this process and had suggested to the Clinical Research Network that they engage with GP practices for recruitment. Jo Hartland noted that the current clinical trials did not require such large numbers for recruitment as previous studies.</p> <p>The Committee thanked Jo Hartland for the report and approved the report to be published and presented to the Governing Body.</p>	
09	<p>Papers for information only</p> <p>9.1 Mendip House Review Briefing</p> <p>The Committee accepted the briefing.</p> <p>9.2 Patient Experience</p> <p>Marie Davies noted that the report data was from quarter 4, and explained that the report format would be amended for 2018/19. The report described the views of patients through PALs, Complaints, GP feedback and MP letters. The report outlined the triangulation of themes across all these routes of patient contact. Marie Davies explained that following analysis of the report, the website would be updated to contain further information as requested by the GPs.</p> <p>Anne Morris highlighted that the CCG would be looking at including patient experience data from across BNSSG to include the Acute Trusts and also include instances of positive feedback to develop best practice.</p> <p>Alison Moon referenced section 9 of the report: the actions taken following the feedback, and asked that on developing the report for quarter 1, this section be further emphasised.</p> <p>9.3 Infection Control Annual Report</p> <p>Anne Morris noted that the report would be presented to Governing Body as part of the action plan on infection control, noting that this report related to the three CCGs, Bristol, North Somerset and South Gloucestershire prior to the merger. The Committee agreed to provide comments on the report to Cecily Cook prior to the report being presented to the Quality Committee in August.</p>	All

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	<p>9.4 Maternity Dashboard</p> <p>Alison Moon requested that the maternity dashboard be included as part of the performance report rather than a report for information. Alison Moon suggested that the report required comments on assurance for the Quality Committee including the risks. It was agreed that the maternity dashboard will be part of the performance report by September and then provided quarterly.</p>	AF/LM
10	<p>Committee Work Plan</p> <p>The Committee accepted the work plan.</p>	
11	<p>Any Other Business</p> <p>Alison Moon commented on the new National Quality Board guidance for acute trusts relating to learning from deaths that had been released. Anne Morris outlined the plan following the guidance noting the need for the plan to fit alongside other plans such as those from the LeDeR review.</p> <p>Alison Moon asked whether the acute trusts could be asked for their response to the guidance.</p>	<p>AMor</p> <p>MD</p>
12	<p>Review of Committee Effectiveness</p> <p>Alison Moon noted that it was helpful that Sarah Talbot-Williams and Nick Kennedy had provided comments in their absence. The Committee noted that some of the items in section 9, for information only, felt rushed and agreed that items should be considered for information only if no discussion was required.</p> <p>Alison Moon closed the meeting and thanked everyone for their contribution.</p>	
	<p>Date of next meeting:</p> <p>Thursday 23 August 2018</p>	



	Item	Action
	2pm – 5pm Conference Room, South Plaza, Bristol	

Lucy Powell
Executive PA to Director of Commissioning
31st July 2018

