

## Quality Committee

Minutes of the meeting held on Thursday 24 October 2019 at 14h00 – 17h00 at Board Room,  
Lower Ground Floor, South Plaza

### Minutes

<b>Present</b>		
Alison Moon (Chair)	Independent Registered Nurse (Chair)	AM
Rosi Shepherd	Interim Associate Director of Nursing	RS
Bridget James	Associate Director Quality (Patient Safety)	BJ
Nick Kennedy	Independent Secondary Care Doctor	NK
Debbie Campbell	Deputy Director (Medicines Optimisation)	DC
Lou Fowler	Partnership & Engagements Manager	LF
Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Sarah Talbot Williams	Independent Lay Member (Patient & Public Engagement)	STW
Lesley Le-Pine	Interim Quality Lead Manager	LLP
Peter Brindle (part)	Medical Director – Clinical Effectiveness	PB
<b>Apologies</b>		
Lisa Manson	Director of Commissioning	LM
Claire Thompson	Deputy Director of Commissioning (Planning & Performance Improvement)	CT
Martin Jones	Medical Director (Primary Care and Commissioning)	MJ
Marie Davies	Associate Director Quality – Patient Experience	MD
Helena Fuller	Deputy Director of Commissioning (Contracting & Procurement)	HF
<b>In attendance</b>		
Jo Hartland	Insert organisation	JH
Niall Mitchell	Senior Exceptional Funding Requests Manager	NM
Gary Dawes	BI Manager - Performance	GD
Freda Morgan (notes)	Executive PA to Director of Nursing & Quality	FM

	<b>Item</b>	<b>Action</b>
01	<p><b>Welcome and apologies</b></p> <p>AM welcomed everyone to the meeting.</p> <p>It was noted that the meeting was not quorate in terms of decision making until Peter Brindle arrived</p>	

Item	Action
	<p>AM reminded the group of the timescale for submitting papers, and the necessity to ensure all members have enough time to read any papers submitted. It was noted the performance report was particularly late this month and last. Noted that due to the late submissions this month, not all members will have had the opportunity to read papers in depth.</p> <p>Apologies were noted as listed above.</p> <p>AM asked if there were any risks or concerns not on today's agenda. RS noted that AWP work has changed how the level of risk is being reviewed. This will be picked up in the Quality Report which will also cover the risk summit at Weston.</p>
02	<p><b>Declarations of interest</b></p> <p>None arising</p>
03	<p><b>3.1 Minutes of September 2019 meeting</b></p> <p>Amendments to the September 2019 meeting minutes were noted and minutes updated, with additional actions listed below.</p> <p>Discussed the need to be clear what can go in the public domain, and what should be retained in "closed" minutes.</p> <p><b>ACTION: BJ to review September minutes, and mark items that are not to be in the public domain. Closed and Open minutes to then be produced, with closed items highlighted on the closed set of minutes.</b></p> <p>Noted that some actions on the existing action log are unclear.  <b>ACTION: FM to review action log and ensure all actions are clearly set out.</b></p> <p>Page 2  Action Log Item 20.06.19 4.2 (2). AM believes there was an action here to go back to executive review. Agreed this action should lie with Julie Thallon (Interim Director of Quality). Action log to be amended.</p> <p><b>3.2 Action Log</b></p> <p>AM requested that updates for the action log be sent to FM in advance of the following meeting, so the updated action log can be uploaded to boardpacks. This will save time spent in the meeting reviewing the action log.</p>

Item	Action
<p>24.01.19 7.6 (1) To be added to meeting to November, and <b>close</b></p> <p>23.05.19 7.2 (1) There was a Governing Body seminar last month on the Mental Health Strategy. LM and Emma Moody attended and spoke about the contracting side of Mental Health. <b>UPDATED ACTION: FM to obtain a report from CT to circulate with these minutes.</b></p> <p>23.05.19 7. (1) Item agreed <b>closed</b></p> <p>23.05.19 7.8 (1) Report moved to November. BJ confirmed key performance indicators to be included in the performance report on a quarterly basis (due to small numbers). Agreed to <b>close</b> as on forward planner for November.</p> <p>20.06.19 4.2 (2) Action to be amended to sit with Julie Thallon. To be kept <b>open</b> as executive action.</p> <p>20.06.19 6.3 (1) CC has confirmed to BJ that this has been updated. Agreed <b>close</b></p> <p>20.06.19 6.6 (1) CC has discussed with MJ and there are plans to discuss with new DoN. DC has had a conversation with Public Health England; DC is SRO across the system, so needs to make links and have discussions, and would like support from the Quality Committee linked to this. RS is linked into the SW HCAI network and offered to co-work with DC. DC mentioned an event on 7 November to check RS is also invited to. Agreed to <b>close</b></p>	<p><b>FM</b></p>
<p><b>ACTION: DC to check RS invited to HCAI event on 7 November</b></p> <p>25.07.19 7.7 (1) Action in transition as Lucy Jones and Jan Baptiste-Grant have both left. <b>UPDATED ACTION: RS &amp; LLP to hand over to Rob Hayday in Corporate when customer services move directorate.</b></p>	<p><b>DC</b></p> <p><b>RS</b></p>
<p>25.07.19 7.11 (1) RS has had a verbal update from Adwoa Webber. Figures are better than originally thought and will be picked up through acute care collaboration in the five year system plan. AM requested PROMS to be brought to Quality Committee 6 monthly. Agreed to <b>close</b></p> <p><b>ACTION: PROMS to be added as 6-monthly item on Quality Committee forward Planner.</b></p>	<p><b>FM</b></p>

Item	Action
<p>21.03.19 7.3 (1) To be added to forward planner. Agreed to <b>close</b></p> <p>22.08.19 3.1 (1) Agreed to <b>close</b></p> <p>22.08.19 3.2 (1) This is a duplicate of a previous action. DC confirmed that assurance in primary care is covered and will be fed back through quarterly reports. Work is being done next year regarding End of Life prescribing. The audit mentioned is an audit of all provider organisations – it has been agreed that the results of the audit will be reported in February. Agreed <b>close</b>.</p> <p><b>ACTION: Opioid Prescribing audit to be added to forward planner for February 2020.</b></p> <p>22.08.19 3.2 (2) Agreed to <b>close</b></p> <p>22.08.19 4.1 (1) The outstanding action concerns the poor CQC rating for CAMHS at Weston, which was confirmed by observations at a subsequent CCG visit. The question from both Quality Committee and Governing Body was whether anything was noted at existing commissioner monitoring. CT had said that CAMHS is a small service within Weston so did not have the visibility in full. GB has asked for a view of what the CCG could have done. <b>Updated action: RS to meet with CT and paper to come to December meeting.</b></p> <p>22.08.19 4.1 (2) 22.08.19 4.1 (3) 22.08.19 4.1 (4) All above actions to be picked up by RS</p> <p>22.08.19 5.1 (7) In progress for November</p> <p>19.09.19 3.1 (1) 19.09.19 3.2 (1) Agreed to <b>close</b> both above actions</p> <p>19.09.19 4.2 (1) NEWS will be picked up in next quarterly update. Sirona risk register deals with adults, and LAC will be picked up in the CCHP risk register. Noted the need to review CCHP risk register at Quality Committee. An update is still needed on the concerns about school nurses and NSCP respiratory failure. <b>Updated action: RS to pick up issues around LAC, MD to be asked to pick up issues from risk register.</b></p>	<p>FM</p> <p>RS/CT</p>

Item	Action
	<p><b>ACTION: CCHP risk register be added to forward planner, and to be brought to Quality Committee along with the community risk register.</b></p> <p>19.09.19 6.1 (1) In progress for December</p> <p>19.09.19 6.1 (2) Noted items in the press this week around medical concerns. BJ to pick up this action going forward</p> <p>19.09.19 7.1 (1) Agreed to <b>close</b></p> <p>19.09.19 7.3 (1) To be added to forward planner for November, and action to be <b>closed</b>.</p> <p>19.09.19 7.4 (1) CT to be reminded of this action</p> <p>19.09.19 7.5 (1) Agreed to <b>close</b></p> <p>19.09.19 7.8 (1) Item on agenda. Agreed to <b>close</b></p> <p>19.09.19 7.9 (1) Action in progress. BJ has booked a meeting with MJ to discuss broader work plan collaborations with Nursing &amp; Quality and Medical directorates around primary care. To be added as an item on forward planner for November, and action to be <b>closed</b></p> <p>19.09.19 7.9 (2) RS and Julie Thallon are doing work on the decision making structure of the Nursing &amp; Quality directorate. This may lead into a wider piece about directorate governance and is a key part of wider governance work being undertaken. <b>Updated action: RS to bring back a report to the December Quality Committee</b></p> <p>19.09.19 7.10 (1) Agreed to <b>close</b>.</p> <p>19.09.19 7.10 (2) RS has met with Jenny Theed at Sirona, clarified the expectations and definitions of what is needed, and that we are expecting a recovery plan. <b>Updated action: RS to follow up with Jenny Theed.</b></p>
	<p>RS</p> <p>FM</p> <p>RS</p> <p>RS</p>

	Item	Action
	<p>Sirona have had an external review around demand and capacity, and it was discussed at the September meeting whether they should be invited to Quality Committee once there is a plan in place that gives confidence that improvement will be achieved. RS said that CPNs have been discussed, and Sirona are sighted on the fact that we are not happy. The committee would like an action plan from Sirona that is ambitious enough to deliver, and for us to see improvement. AM would like this brought back by December 2019 at the latest. RS mentioned there are somethings from Weston to tie in to this as well, eg initial reports for child protection, and this needs to come back as a broader LAC conversation.</p> <p><b>ACTION: RS to look at timelines for Sirona action plan, and add to forward planner to invite Sirona to the December meeting.</b></p>	RS
04	<p><b>4.1 Corporate Risk Register</b></p> <p>The executive summary on the cover paper for this outlines the corporate risk register providing assurance – this needs to include Quality Committee.</p> <p><b>ACTION: FM to ask Sarah Carr to include Quality Committee as requiring assurance from the Corporate Risk Register</b></p> <p>Noted that Jan Baptiste-Grant still has her name against actions and this needs to be changed to Julie Thallon.</p> <p><b>ACTION: FM to request that Nursing &amp; Quality actions to be amended to allocate to Julie Thallon</b></p> <p>Noted that the overspend on CHC has now been added to the risk register. This was already known, and updates provided to the Strategic Finance Committee, but has only now been added to the risk register. The overspend has been flagged up before at Governing Body, and it has also been raised that this is a national issue. The BNSSG spend on CHC is in line with prediction for our population, but not in line with our budget. AM noted to expect discussion on this at Governing Body.</p> <p>JM queried if the named GPs for safeguarding should be included as a risk. BJ confirmed this is on the Nursing &amp; Quality risk register.</p> <p><b>4.2 Governing Body Assurance Framework</b></p> <p>This was last reviewed in September, but there may be some updates needed. Regarding the strategic objective concerning the quality function AM noted it is clear people could not be working harder in terms of capacity. RS said the recruitment is underway and progress is being made towards stabilising the team, and AM said this is good to hear.</p>	<p>FM</p> <p>FM</p>

Item	Action
<p>There is a need to understand the latest review of the controls in place and actions taken.</p> <p><b>ACTION: RS to discuss the latest review with Julie Thallon</b></p> <p><b>ACTION: This needs to be updated before Governing Body with Julie Thallon to replace Janet Baptiste-Grant.</b></p> <p><b>4.3 Mental Health Risk Register</b></p> <p>BJ presented the quarterly update on the Mental Health risk register. It was noted that AWP provide the relevant nursing and quality risks from their corporate register, but due to directorate portfolio changes, there is a slightly different cut every time and it is difficult to compare to previous issues.</p> <p>Issues were noted concerning OPEL 4 and capacity, and looking at structures and vacancies. There is a longstanding issue with the ability to learn from serious incidents – this is still ongoing and a Contract Performance Notice (CPN) is in place regarding that. There are new risks relating to Health &amp; Safety, and the Daisy Unit. There has been a Health &amp; Safety Executive report issued regarding bullying and safety of staff, but there is mitigation in place regarding these areas.</p> <p>ST commented that the Mental Health risk register should be broader than AWP, as Mental Health services are provided by several different bodies.</p> <p><b>ACTION: FM to amend forward planner to read AWP risk register going forward.</b></p> <p>The Daisy Unit was discussed, and BJ was asked to find out if there are any BNSSG patients in this unit and what is being done to mitigate risk to them.</p> <p><b>ACTION: BJ to find out how many BNSSG patients are currently in Daisy unit, and what is being done to mitigate risk to them.</b></p> <p>The AWP issues in the Quality &amp; Performance Report were discussed.</p> <p>GD presented the Performance section of the report.</p> <p>AWP report on three measures. DTOCs are improving. Early intervention is decreasing but still above national standards. Referral to assessment waits has improved to 97% and is maintaining against national standards. There was some comment on ADHD but no data was provided to include in the report.</p> <p>AM commented that the patient experience report mentions complaints on waiting times for ADHD assessment, and there is a need to join up on this. It would be good to know if there is a theme to complaints about ADHD and if anything was done about it.</p>	<p><b>RS</b></p> <p><b>FM</b></p> <p><b>FM</b></p> <p><b>BJ</b></p>

	Item	Action
	<p>AM commended the excellent DTOC results and asked if there was anything put in place in May or June which may have helped? GD said that regular weekly meetings have been held, and the continued focus has helped improve these results. The system has recently been in particular pressure overall, and AWP has been a daily presence on these calls to keep the dialogue open. AM asked GD to note in conversations with AWP that this was pleasing to hear.</p> <p>BJ spoke about the AWP quality slide (slide 37).</p> <p>The ongoing SI issue was noted.</p> <p>A CPN has been put in place for AWP as they are not currently managing serious incidents in a timely manner. A lot has been done to change the process; a central team has been established and is working hard to focus on quality which has improved, but timeliness remains an issue.</p> <p>Issues with Daisy Unit were noted as mentioned above.</p> <p>The issue of engagement with the quality agenda was picked up. There are issues of supplying papers on time, or even at all, and the management of this. It would appear from conversations with the Director of Nursing that some of the areas where we have been asking for assurance, have not been her priority at that point of time. It is also concerning that neither the Director of Nursing or Medical Director have been in attendance at recent meetings.</p> <p>Positive points were also noted. These included greater undertaking of physical health checks in mental health, use of non-contact observation and a better focus on seeing patients in a more rounded way. There are some areas of improvement for AWP, but there remain concerns of general assurance.</p> <p>AM said it would be useful to play in at future meetings what the agreed plans are for support for them to improve.</p>	
05	<p><b>Quality Surveillance Group</b></p> <p>The next meeting is on Wednesday 6 November.</p>	
06	<p><b>6.1 Quality &amp; Performance Report</b></p> <p>Gary Dawes presented the Performance section of the Report</p> <p>Overall performance in August was good. The single BNSSG Performance Recovery Plan is monitored fortnightly to aid in improvement.</p>	



Item	Action
<p>Winter stocktake submission was completed on Friday 18 October. This includes re-estimating the forecast for November. A slight dip in performance is expected for the system, but expect to be slightly improving in March against the operational plan.</p> <p>The total wait list has increased and is worse than trajectory. New clinical standards are in place, which has led to fewer CCGs reporting.</p> <p>52ww performance has improved in August, but failed the trajectory. Following the re-evaluation on Friday, the November position is expected to be 19 and not 0. This is primarily led by the 52ww performance at NBT.</p> <p>Cancer 62 day performance has improved in August. This continues to fail the national standard, but achieves the monthly trajectory. Noted that NBT and UHB have achieved national standards, but not WAHT.</p> <p>Year to date activity in August shows outpatient, planned admissions and A&amp;E attendances all above plan.</p> <p>The new forecast position for Cancer 62 day performance is expected to be worse than the operational plan in November, and by the end of year in March to drop to 79.7%. The good news in the re-forecast is that diagnostics is expected to achieve the operational plan.</p> <p>AM questioned the confidence in recovery in planned care diagnostics when there has been a deteriorating picture for 7 consecutive months since February. GD said he would review the detail on what was submitted for winter refresh and AM requested narrative to be included for next time to explain confidence in improvement.</p> <p>JM said that practices are noting a delay in reporting of results. The Cancer lead is concerned about reporting times for MRI and CT scans at NBT and UHB in particular, as recently it has been taking 6 weeks to get results from scans. GD said that remedial actions are in place.</p> <p>NK commented that to say we are confident to achieve appears to be a big ask. AM suggested changing the narrative before Governing Body as these same questions will be asked.</p> <p>AM asked about the trajectories for 52ww performance. These appear to have been shifted, as a few months ago UHB said they would achieve 0 by October. AM asked how often these have been shifted. GD said this has only happened once. Following the original trajectory there was a programme of work towards the end of August where trajectories were revised as they were failing the original plan. The only other re-iteration was on Friday 18 October 2019 when NHSE wanted the winter stocktake for November and March. AM requested that if trajectories are revised, this needs to be explicit in the paper with reasons why.</p> <p><i>Peter Brindle joined the meeting</i></p>	

Item	Action
<p>BJ presented the Quality section of the report.</p> <p>NK noted that although UHB is rated outstanding, the committee still needs to be aware of safety concerns, as the rating for safety was Requires Improvement.</p> <p>RS mentioned the Weston summit held two weeks ago, which focused on performance though noted the quality implications linked with this. Julia Ross has suggested holding a quality summit. Escalation areas have been visited, and there will be a follow up assurance visit on issues raised. There are plans to close escalation beds by the end of the month and this will reduce agency costs and help support safety. RS visited last week, and everything looked calm and under control. Good work is being carried out around safety which can be learned from. Noted the need to balance concern against the quality work being done.</p> <p>NBT have seen a rise in the number of falls. CC has fed back that this is related to improved reporting rather than an actual increase in falls. It was commented that it may be useful to have a conversation with all providers to ensure all are reporting in the same way, and using the same reasoning to define what is considered injurious or harm.</p> <p><b>6.2 SEND update – WITHDRAWN</b></p> <p><b>6.3 Patient Experience Report</b></p> <p>LLP presented the Patient Experience Report.</p> <p>RS said it is worth noting that the team is going through turnover and so the time frames for responses may therefore be delayed. Recruitment has been successful and the team is due to relocate to the Corporate Directorate once fully staffed again.</p> <p>AM commented from an assurance point of view, that this should be a report on patient experience within the CCG, not on the quality team, and should be an overview of how the CCG has captured patient experience. RS said that the problem is that as the team is small, they are not doing anything broader than managing complaints and customer feedback, so it is up to the CCG to decide what they want patient experience to look like.</p> <p><b>ACTION: LLP to feed back to Rob Hayday, comments made by the committee on the purpose of the Patient Experience Report.</b></p> <p>STW enquired about timescales for response, and asked if these are set in stone, or if the timescale is worked out once a complaint is received. RS said that deadlines can be extended with the complainant's agreement if the timescale is not achievable. STW suggested that timescales be broadened if there is a workforce problem.</p>	<p>LLP/RS</p>

Item	Action
<p>Formal complaints about the CCG have increased 35% from last quarter. RS queried if this is an increase in complainants, or an increase in actual complaints, and LLP said she would investigate.</p> <p><b>ACTION: LLP to find out whether the increase in complaints about the CCG is an increase in actual complaints, or an increase in individual complainants.</b></p> <p>It was noted that MP enquiries have also increased by one third and it was discussed whether this may be influenced by the current political climate.</p> <p>RS suggested a review of the SOP for customer services when the team move to the Corporate Directorate, to review the process around which complaints sit with the CCG and which sit with providers.</p> <p>AM noted that the enquiries about access and waiting times relates to a range of acute specialties, and asked if complaints around long waits were being cross referenced with the clinical validation of providers of people waiting a long time for care? The committee would like to understand what specialties are involved, the length of wait times, and what systems providers are putting in place to ensure patients are not waiting a long time.</p> <p><b>ACTION: JT/RS to ensure future Patient Experience reports on access and waiting times to include details of what specialties are involved, the length of wait times, and what system providers are putting in place to ensure patients are not waiting a long time.</b></p> <p>The report was noted, with encouragement for development given as detailed above, for the report to be more rounded and connections to be made between different parts of the CCG.</p> <p><b>6.4 Annual Quality Report</b></p> <p>BJ presented the report and invited comments for amendment before submission to Governing Body.</p> <p>Amendments suggested as follows:</p> <ul style="list-style-type: none"> <li>• To include Design council in cover</li> <li>• Not underplaying quality input to Healthy Weston</li> </ul> <p><b>ACTION: BJ to make suggested amendments to Annual Quality Report before submission to Governing Body</b></p> <p>AM said it would be useful to see an earlier draft, or the anticipated spine of the report for review. It is too late for comment now, and she suggested some comments to note for next year as follows:</p> <ul style="list-style-type: none"> <li>• Balance between process descriptions and outcome achievements</li> <li>• Difference between describing what is in place and describing what has been achieved and the key risks.</li> <li>• Wider quality aspects from within the CCG from other directorates</li> </ul>	<p>LLP/RS</p> <p>JT/RS</p> <p>BJ</p>

Item	Action
<p>AM praised the idea of producing a report which shows detailed quality aspects. This shows good discipline and takes a lot of effort. AM noted that the last 12 months have not been easy for the team, and asked BJ to feed back praise for the amount achieved, considering how difficult it has been.</p> <p><b>ACTION: BJ to feed back to the quality team praise from AM for achievement during a difficult 12 months.</b></p> <p>It was requested to add the spine for the Annual Report to the forward planner for January or February. The narrative should be in place by the end of March, even if the numbers are not. LLP suggested using the format used by trusts.</p> <p><b>ACTION: FM to add to forward planner to bring the spine for the Annual Report back to the Quality Committee in January/February.</b></p> <p>AM queried the axis of the acute falls/1000 bed days graph on page 22 which does not match the axis of the falls/1000 bed days graph on page 23.</p> <p>STW said that the structure of the report can be considered in January. RS noted the importance to understand the purpose and audience. AM suggested the cover sheet should be the executive summary. STW said it also needs to highlight the gaps and challenges, and be open about that for the future. RS said that observations made at NHSE looking at annual reporting was how the level of risk and challenge in the system is framed to be honest, and to explain what is being done about it.</p> <p>AM said that for next year it would be good to consider quality leadership in the system.</p> <p><b>6.5 Health Protection Committee Report</b></p> <p>AM noted the bottom of page 4 refers to CCGs coming together and changes in leadership to pose challenges for health protection in Bristol. She queried why the change in leadership at the CCG has posed a challenge? She also queried if Lisa Manson was happy about what is said about EPRR.</p> <p>AM noted the reference in the report to TB continuing to be a risk, and phase 2 primary care latent TB testing. She asked if we are assured that we are achieving latent TB objectives, and what we are doing in our assurance role with providers.</p> <p><b>ACTION: RS to confirm we are assured that we are achieving latent TB objectives and what we are doing in our assurance role with providers, and to confirm Lisa Manson is happy about what is said about EPRR.</b></p> <p>The group discussed whether this report would be of interest to Governing Body, and would they need to have sight of it. STW suggested it should go next year with a covering sheet to ensure our message is included. It was</p>	<p><b>BJ</b></p> <p><b>FM</b></p> <p><b>RS</b></p>

	Item	Action
	<p>also suggested that next year whoever attends needs to ensure that the quarterly report to Quality Committee for HCAI captures HCP as well.</p>	
<p>07</p>	<p><b>7.2 Research &amp; Evidence Strategy Update</b></p> <p>JH presented and summarised her report, signposting to links on the CCG hub.</p> <p>The current strategy runs to the end of the year, and the team are now thinking about writing a new strategy for next year, taking into account changes in processes.</p> <p>AM noted the challenges, and praised good achievements. She noted the research capability funding achievement which funds posts that help us to commission better. She asked JH to pass on congratulations to the team.</p> <p>PB asked for some examples of how we can invest within the tight rules to manage spend on things that are here and now. JH gave the following examples:</p> <ul style="list-style-type: none"> <li>• the evidence review</li> <li>• GP evidence and clinical lead for clinical effectiveness</li> <li>• researchers in residence</li> <li>• the team that looks after RCF</li> <li>• investment in the population health management drive working with Richard Woods.</li> </ul> <p>PB also mentioned investment in a post to help understand the needs of the population today and what it will be like in 5, 10 years' time – using an actuarial approach to help match planning.</p> <p>PB spoke about the evidence repository. He said what is needed is a broader repository of intelligence and information which is easily accessible and searchable. The start is around evidence summaries, and the vision is to extend more broadly.</p> <p>PB added his thanks to JH and her team.</p> <p><b>7.3 Thematic Review of Safeguarding</b></p> <p>RS presented this report, and passed on apologies from the Safeguarding Team who are all at a training event.</p> <p>Lucy Muchina was thanked for writing this report.</p> <p>The audit is to be repeated in 12 months' time to demonstrate learning.</p> <p>The committee had the following comments:</p> <ul style="list-style-type: none"> <li>• To review how the audit was done</li> </ul>	

Item	Action
<ul style="list-style-type: none"> <li>• The report needs to articulate that it covers adults and not children</li> <li>• Absolute numbers need to be included on the pie charts.</li> <li>• To ensure actions are completed</li> </ul> <p><b>ACTION: RS to feed back to Lucy Muchina comments on the report as detailed above.</b></p> <p><b>7.4 Friends and Family Test</b></p> <p>LLP presented the report.</p> <p>There has been a nationally changed format for the FFT, which simplified questions and removed the timings for feedback, with the aim of encouraging patients to give feedback at times that suit them, rather than being chased to provide responses. Changes to be implemented in 2020 and will be picked up with providers in Quality Sub Groups.</p> <p>Responses will need more analysis as it is harder to analyse free text.</p> <p>LF queried the phraseology of the question “And why did you say that”.</p> <p>STW said that it is interesting to see if removing the deadline brings a different perspective to responses, and questioned whether the outcomes will be as reliable as there will be a mixture of immediate responses, and responses 3 months later. LF said it is also interesting to see if this affects the level of complaints. LLP said there may be a drop-off in responses as people have moved on.</p> <p>AM said that providers should use real time feedback and not just rely on FFT. STW mentioned that GPs also use FFT, and LF said FFT is one of the measures in the integrated frailty service.</p> <p><b>7.4 Liberty Protection Safeguards</b></p> <p>RS presented the report as the author, Paulette Nuttall, is attending a meeting on this subject.</p> <p>Legislation relating to changes in the Mental Capacity Act went through in May for enactment in October 2020. This will have an impact on our providers.</p> <p>Coordination will need to be put in place quickly, and a local impact assessment undertaken to understand the meanings of the new legislation. One big change is that it applies to 16 and 17 year olds, and so work will need to be undertaken across children and adults services, in particularly in collaboration with local authorities and linking with primary care.</p> <p>AM commented that providers are worried about this and saying they do not have resources. She has heard commissioning responses saying the</p>	<p><b>RS</b></p>

Item	Action
<p>resources are in local authority systems. There is a need to get assurance of where the resources lie and what they look like.</p> <p>RS said the expectation is that there will be more people subject to LPS than are on DOLs at the moment. The legislation is also changing who can undertake assessments. There will be an impact across the system, and this is subject to both local and national debate at present. This may need to go on the risk register at some point, but the BNSSG impact assessment needs to be completed first. JM said it is also causing concern to GPs. RS said there has been a very strong debate on where GP skills lie, and where specialist skills will be needed.</p> <p>AM asked when we will need to see something back here in terms of assurance, to ensure a long lead into the implementation date. RS said she would like to discuss the outcomes of today's meeting with colleagues first.</p> <p><b>ACTION: RS to speak to colleagues, and advise the right time for an update to be brought to Quality Committee about the changes, implementation, mitigation and gaps brought about by LPS.</b></p> <p>PB asked for clarification of who is responsible from a CCG commissioning perspective, as all providers have a commissioner. RS said BNSSG CCG will be the responsible body for CHC patients, and providers for their own patients. The Local Authority will be the responsible body for independent hospitals, and some of their commissioned care. AM said it may be worth teasing that out a little more, as we will have a briefing paper in November for independent providers.</p> <p>RS noted a set of guidance is being produced by the Department of Health &amp; Social Care, and regulations need to go through parliament, so further legislation needs to be passed before this can be enacted. The sense from national meetings is that it is unlikely to hit the October 2020 implementation date as the regulations have not yet been written. There is still, however, a need to plan for October 2020.</p>	<p>RS</p>
<p>08</p> <p><b>8.1 Safeguarding Governance Group Minutes</b>  <b>8.2 LeDeR Steering Group minutes</b>  <b>8.3 Design in the Public Sector Final Report</b></p> <p>All above reports noted.</p> <p>It was noted that the LeDeR Steering Group minutes are still in draft form as they have not gone back to the group yet for ratification.</p>	
<p>09</p> <p><b>Any Other Business</b></p> <p>The group noted thanks for CC for all the work she has done. The amount of work and leadership on specific areas has been huge.</p>	

	Item	Action
	AM said that from both a personal and a committee point of view, she wanted to thank CC for all she has done, and wishes her well with what she does next.	
10	<p><b>Review of Committee Effectiveness</b></p> <ul style="list-style-type: none"> <li>• Did the meeting run to time YES</li> <li>• Did the right people attend YES</li> <li>• Were action items assigned where appropriate to the right people</li> <li>• Were all items given sufficient time to discuss YES</li> <li>• Were all members able to contribute YES</li> <li>• Has the meetings business contributed to the organisation's aims and objectives in terms of: <ul style="list-style-type: none"> <li>○ Strategy</li> <li>○ Planning</li> <li>○ Governance</li> </ul> </li> <li>• Were any of the items inappropriate for this committee</li> <li>• Did the meeting receive the administrative support that it needed – NO</li> </ul>	
	<p><b>Date of next meeting:</b></p> <p>Thursday 21 November 09h00 – 12h30 CCG Conference Room, 4<sup>th</sup> Floor, South Plaza</p>	

**Freda Morgan**  
**Executive PA to Director of Nursing & Quality**  
**25 October 2019**