

## Quality Committee

Minutes of the meeting held on 25<sup>th</sup> July, at 09:00 – 12:30, at South Plaza,  
Marlborough Street, Bristol BS1 3NX

### Minutes

<b>Present</b>		
Alison Moon	Independent Registered Nurse (Chair)	AM
Janet Baptiste-Grant	Interim Director of Nursing & Quality	JBG
Dr Peter Brindle	Medical Director – Clinical Effectiveness	PB
Lisa Manson	Director of Commissioning	LM
Dr Nick Kennedy	Independent Secondary Care Doctor (On the phone for Agenda item 6.1 only)	NK
<b>In attendance</b>		
Bridget James	Associate Director Quality (Patient Safety)	BJ
Aurelius Wright	Executive PA	AW
Cecily Cook	Deputy Director of Nursing and Quality	CC
Sarah Carr	Corporate Secretary (Agenda item 4.1 and 4.2)	SC
Paulette Nuttall	Head of Adult Safeguarding (Agenda item 7.5)	PN
Lucy Jones	Customer Services Manager (Agenda item 7.7)	LJ
Alison Ford	Head of Children and Maternity (Agenda item 7.1)	AF
<b>Apologies</b>		
Dr Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Dr Martin Jones	Medical Director (Primary Care and Commissioning)	MJ

	Item	Action
01	<p><b>Welcome and Apologies</b></p> <p>Alison Moon (AM) welcomed everyone to the meeting. Apologies were noted above.</p> <p>Comments and questions noted by the chair from Sarah Talbot-Williams (STW) and Nick Kennedy (NK).</p>	
02	<p><b>Declarations of Interest</b></p> <p>AM declared a declaration of interest in relation to the agenda item 7 on Quality Accounts as she is a trustee of St Peters Hospice.</p>	
03	<p><b>Minutes of Meeting 25 July, 2019</b></p> <p>Closed action on page 5 and any other business was removed from the minutes. With these changes the minutes of the last meeting were approved as an accurate record of the meeting.</p> <p><b>3.2 Action Log</b></p> <p>24.01.19 Item 7.2 (1) – Cecily Cook (CC) noted Patient Reported Outcome Measures (PROMS) annual report was listed on the agenda for July 2019. Action deemed: Closed</p> <p>24.01.19 Item 7.6 (1) – Bridget James (BJ) noted a meeting had been held and members discussed support to be given to individuals completing projects and a joint panel approach to review the completed projects. Terms of reference are being drafted and will be presented to the committee in September 2019. Action deemed: Open.</p> <p>21.03.19 Item 4.3 (2) – CC noted results from a recent national audit, which identified North Bristol Trust (NBT) as an outlier for Early Inflammatory Arthritis (EIA) wait times. Mitigations in place include 2x new nurses commenced in the last 6 weeks and will start providing clinics in August; a full time Consultant is returning from maternity leave in September, and a band 7 pharmacist recruitment is commencing. There are clinic booking changes to increase EIA capacity. Action deemed: Closed.</p> <p>21.03.19 Item 7.3 (1) – Peter Brindle (PB) noted a meeting had been held; however, due to members of staff being ill the action had not been progressed since. PB questioned whether James</p>	BJ



	Item	Action
	<p>Bayliss who was working with Joanna Topps could progress the action and give an update in her absence. CC agreed to follow up with James Bayliss and give an update to PB. Action deemed: Open.</p> <p>25.04.19 Item 6.1 (1) – Paper provided. Action deemed: Closed.</p> <p>25.04.19 Item 7.3 (1) – No update received. Action deemed: Open.</p> <p>23.05.19 Item 4.2 (1) – CC noted a follow up in regards to BCH’s compliance with new legislation had been completed and the Clinical Director is conducting a review of the risk. Action deemed: Closed.</p> <p>23.05.19 Item 7.2 (1) – Lisa Manson to present to the Quality Committee a progress update in regards to the standard operational protocol in perinatal mental health services, and discuss with Deborah El-Sayed regarding the potential of a Governing Body seminar presentation. Action deemed: Open.</p> <p>20.06.19 Item 4.1 (1) – Claire Thompson and NK reviewed and noted no evidence of increasing risk score, but remains a high risk. Claire Thompson noted that there had been a hope of national funding to support NCSO and it was clear this would not materialise hence high risk. Action deemed: Closed.</p> <p>20.06.19 Item 4.2 (1) – Sarah Carr (SC) noted the recent review of the Quality committee’s effectiveness was added to the controls section of the ‘Quality: Governance and Systems objective’ as an assurance measure. This was completed prior to being presented at Governing Body in July. Action deemed: Closed.</p> <p>20.06.19 Item 4.2 (2) – AM to meet with Jan Baptiste-Grant (JBG) to discuss further controls, mitigating actions, gaps in assurance regarding the quality: governance and systems objective, and the current capacity issues within the Nursing and Quality directorate. Action deemed: Open.</p> <p>20.06.19 Item 4.3 (1) – CC noted the CCG provides specialist safeguarding supervision to the designated safeguarding officers at Priory. There is one for each ward. NHS England is responsible for monitoring appropriateness and timeliness of policies as this is a specialised commissioned service; CCG supports NHS England. Action deemed: Closed.</p>	<p><b>PB / CC</b></p> <p><b>MJ</b></p> <p><b>LM</b></p> <p><b>AM / JBG</b></p>



	Item	Action
	<p>20.06.19 Item 5.1 (1) – CC noted the report into the Quality deep dive at Weston General Hospital had been deferred to the August 2019 committee meeting. Action deemed: Open.</p> <p>20.06.19 Item 5.1 (2) – CC noted further details will be provided in the Performance and Quality report. Action deemed: Closed.</p> <p>20.06.19 Item 6.1 (1) – no update received. Action deemed: Open.</p> <p>20.06.19 Item 6.1 (2) – LM noted the draft single action plan created to address out of area placement had been sent to NHS England. Action deemed: closed</p> <p>20.06.19 Item 6.2 (1) – LM noted BNSSG does not currently perform well against the stroke national audit programme and relevant measures have been added to the quality report. This is one of the drivers for the reconfiguration work. The audit measures will be amongst the other outcomes measured in the formal evaluation of the change. The methodology for the evaluation is being developed in partnership with the Stroke HIT and led by UWE. Action deemed: Closed.</p>	<p><b>CC</b></p> <p><b>MJ</b></p>
04	<p><b>Risk and Mitigations</b></p> <p><b>4.1 Corporate Risk Register (CRR)</b></p> <p>Sarah Carr (SC) presented this item.</p> <p>The committee noted the Corporate Risk Register and thanked SC.</p> <p><b>4.2 Governing Body Assurance Framework (GBAF)</b></p> <p>SC presented this item.</p> <p>SC highlighted the updates to the Quality: Governance and Systems objective. These included the engagement of clinical leads in the prioritisation of complaints and the addition of quality priorities for 2019/20 to be submitted to Governing Body, in the mitigating actions section.</p> <p>AM queried the status of the quality staff capacity review. JBG noted the review had been completed and presentation made to the Executive Team; however discussion is ongoing. JBG noted all the options proposed in the presentation, which required an increase in funding to the Nursing and Quality Directorate.</p>	



	Item	Action
	The committee thanked SC and noted the Governing Body Assurance Framework.	
05	<p><b>Regulatory Updates</b></p> <p><b>5.1 Quality Surveillance Group</b></p> <p>JBG presented this item.</p> <p>JBG noted NHSE/I raised concerns regarding the deterioration in performance against the ED 4-hour target at NBT. Arrangements are being made with NHSE/I and BNSSG CCG to conduct a quality visit to take place on Friday 26<sup>th</sup> July 2019</p> <p>AM questioned when the Quality Committee will be expected to see briefing papers on the single items QSGs. JBG noted a date cannot be given until the meetings are held. AM recommended highlighting issues in the quality and performance report that will be covered in the single item QSG, currently not covered in the report.</p>	
06	<p><b>Items for Approval</b></p> <p><b>6.1 Quality &amp; Performance Report</b></p> <p>LM presented the Performance section of the Performance &amp; Quality Report.</p> <p>LM highlighted A&amp;E 4 hour performance improvement compared to April; however noted performance is still below the 80% target and the national average. LM noted this performance is driven by staffing level within departments and establishment staffing level. LM noted all ED departments are carrying out ED safety checks on patients.</p> <p>LM noted planned admission waiting list had increased but RTT performance is no longer the planning indicator. LM noted 52 weeks performance for planned treatment worsened, increasing from 18 to 19. However, processes are now in place to manage 52 week waits. LM noted deterioration had been noted in 62 day referral to treatment time for BNSSG cancer patients. However, UHB continued to achieve the national standard and their monthly trajectory. Two (2) week wait performance continued to worsen driven by underperformance of breast and skin. Stability is expected particularly with the merger of breast service for the BNSSG area.</p>	



	Item	Action
	<p>PB noted it's hard to implement changes as there are no clear understandings why 2 week wait referrals for cancers are increasing, but noted additional work being progressed to provide assurance. NK queried the reason for patients not accepting appointments given in 2 weeks at NBT. LM noted this may be due to messages patients received at the point of referral and not collecting data in regards to patient choice. NK noted demand had been highlighted as driver for A&amp;E and cancer referral performance; however, questioned whether the committee will be provided with meaningful answers and whether changes can be expected. LM noted a front door deep dive with SWASFT had been undertaken at NBT which reviewed the appropriateness of care given to patients along with other ongoing review and changes to ease performance drivers. However, noted no specific answers are yet present to impact performance.</p> <p>AM noted the overall downward trend in urgent care – A&amp;E waits and questioned whether the actions LM noted are the right ones to address this decline. LM noted that there are numerous issues within the system to address, but said that the focus was on bed flow, ICB, and on backdoor improvements. PB queried why ambulance traffic to NBT had increased. LM noted this in part is due to patient demographics and NBT being a major trauma centre. LM noted she could give reassurance that there was a single system plan but not assurance that this will deliver performance in line with trajectory. LM to check the linkage between the actions delivering the expected impact on performance delivery.</p> <p>NK noted there was confidence that the commitment and plans put in place to eliminate long waits by October 2019 and questioned whether there were additional resources being put in place in regards to 52 weeks for planned treatment. LM noted a review of patients waiting over 40 weeks had been put in place to avoid the 52 week threshold.</p> <p>AM questioned the fall in diagnostics at WAHT and whether there was confidence that performance will improve by the end of quarter 3 as noted and whether recruitment had begun. LM noted recruitment is ongoing but also noted a question of appropriate referrals had been raised. AM queried whether the narrative explains the ongoing work being undertaken to address diagnostic issues.</p> <p>CC presented the Quality section of the Performance &amp; Quality Report.</p>	<p style="text-align: right;">LM</p> <p style="text-align: right;">LM</p>



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	<p>AM queried whether patients were still being warded in non-clinical areas. CC noted this had been discontinued and a policy had been developed and escalation wards are now used. However, a further follow up will be completed. AM queried whether a physical walkabout of providers' escalation areas had been completed. CC noted this had been conducted over the past year but not in recent months.</p> <p>CC highlighted 3 trolley breaches reported at WAHT. AM queried whether there was any evidence from either the quality or performance side which noted that the leadership at WAHT had become disengaged. CC noted this had not been observed and WAHT is working closely with UHB. LM noted difficulties recruiting middle management roles at WAHT, which contributes to the resilience. However, noted this did not suggest the leadership was disengaged.</p> <p>CC noted WAHT Care Quality Commission (CQC) report had been published and the Trust has been issued with a warning notice.</p> <p>AM questioned whether there was a common working definition of falls in use. CC noted this had not been completed and work is ongoing, and a presentation will be made to the committee in September.</p> <p>AM recommended an update position on the current and backlog numbers of serious incidents and when these will be cleared to be included in future reports.</p> <p>LM highlighted the current stroke performance which shows the percentage of time spent on acute stroke unit and the high risk TIA patients starting treatment within 24 hours. LM noted a system review is currently being conducted and a proposal will be subsequently published. AM queried whether NBT currently provide stroke care. CC confirmed that they do; however, noted the data had not been provided this quarter. AM questioned whether the individual Trust's grade for stroke was known. CC noted this was not known, but this had been requested. AM queried the completion date of the stroke review being conducted. LM noted she is unaware but a follow up will be completed.</p> <p>The committee noted the Quality and Performance Report.</p>	<p style="text-align: center;"><b>CC</b></p> <p style="text-align: center;"><b>LM</b></p> <p style="text-align: center;"><b>LM</b></p>
07	<p><b>Items for Discussion</b></p> <p><b>7.1 Special Educational Needs &amp; Disability (SEND) Report</b></p>	



	Item	Action
	<p>Alison Ford (AF) presented this item.</p> <p>AF noted that there were no legislative changes made, but advance warning had been given for the re-inspection of South Gloucestershire SEND in the second week in September. A 10 day notification will be given prior to the inspection. AF also highlighted a possible inspection of Bristol on or after South Gloucestershire's. AF highlighted ongoing work with the CCG SEND Group. This included the SEND Joint Commissioning Strategy and the planned autism diagnosis waiting list initiative. However, AF noted there is a gap between action and impact which might have an effect on assessment.</p> <p>AM questioned whether inspectors were realistic with the given timelines and in their assessment. AF noted national results are showing this is not the case. AM questioned WAHT additional work was being progress to secure approval prior to re-inspection. AF noted a review of Dorset's process to demonstrate impact is ongoing and a review of an area which had been successful and progressing well. AM queried whether 6 weeks was enough time to prepare for the re-inspection. AF noted work began over Easter with all partners, which included Position Statements being drafted for each area and collation of evidence.</p> <p>AF noted challenges in North Somerset. A third monitoring visit by the Department for Education (DfE) and NHSE representatives highlighted a lack of sufficient health service progress and visibility within the area. A meeting is being organised with representative from both departments and the CCG to discuss the way forward. AM noted previous updates had not made the current position clear and questioned whether this was expected.</p> <p>AF highlighted a draft SEND strategy, draft SEND joint commissioning strategy, and draft shared outcomes framework being developed in Bristol. However, the risk of zero compliance for Education Health &amp; Care Plan (EHCP) timeliness exists but an action plan had been created to address the risk. BJ queried the ownership of the risk. AF noted the risk sits with the transformation directorate. AM queried whether Governing Body should be sighted on the current SEND update prior to the re-inspection. LM noted a notification paper to Governing Body can be provided in September.</p> <p>The committee noted the SEND report and thanked AF.</p> <p><b>7.2 Compliments, Patient Enquiries and Complaints Policy</b></p>	



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	<p>JBG presented this item.</p> <p>JBG highlighted changes to the policy identifying that face to face meetings can only be arranged by the CCG for complaints that are about the CCG directly or are being coordinated by the CCG. JBG also gave clarity about acknowledgments which will be shared with the complainant within 3 working days, the recent audit recommendations, and the clarity regarding learning identified as a result of a complaint which will be communicated in the response letter provided by the CEO.</p> <p>AM noted STW was content with the policy. AM commended the changes made and the committee supports the document going to Governing Body.</p> <p>The committee noted the report and thanked JBG.</p> <p><b>7.3 Commissioning for Quality and Innovation (CQUIN) Quarter 4 and End of Year Performance</b></p> <p>BJ presented this report.</p> <p>NK noted the poor performance by the providers in regards to the scores for improving the health and wellbeing of staff. LM noted that this is a specific measure on specific questions from the staff survey and not a matter of not caring for staff.</p> <p>AM queried whether quarterly updates will be presented to the committee. BJ noted that this will be completed going forward. PB queried the committee's role regarding the presentation of CQUIN report to the Quality Committee. BJ noted this was for assurance in relation to the quality improvement providers are achieving.</p> <p>The Committee thanked BJ and noted the report.</p> <p><b>7.4 EIA/QIA PPI Panel Terms of Reference – Verbal Update</b></p> <p>BJ presented this item.</p> <p>BJ informed the committee a meeting had been held and members discussed support to be given to individuals completing projects and the plan to hold a joint approach panel to review the completed projects. Terms of reference are in draft, but not yet completed and further follow up will be completed.</p>	



	Item	Action
	<p>AM noted the committee need to receive the governance process for assurance. AM recommended a complete presentation of the terms of reference in September 2019.</p> <p>The committee noted the update.</p> <p><b>7.5 Safeguarding Children and Adults' Annual Report</b></p> <p>Paulette Nuttall (PN) presented this report.</p> <p>PN highlighted key achievements which included working with partners on the new children's safeguarding arrangements, new legislation and statutory guidance for child death overview panel (CDOP) and learning disabilities mortality review (LeDeR) programme. PN highlighted organisational safeguarding and training compliance as areas of concern. However, noted plans are in place to address the organisational training compliance rate. JBG queried when the committee would see the internal training compliance action plan. PN noted the training matrix for both adults and children had been finalised and informed members that the associated action plan will be presented to the committee in September.</p> <p>BJ questioned whether the Quality Committee should be seeing the full report instead of an executive summary. PN noted based on the extensiveness of last year's annual report an executive decision was made to create an executive summary along with the routine annual report. AM queried whether there were additional achievements not listed in the executive summary and questioned whether some of the achievements noted were actually achievements or business as usual. PN noted the annual report contained additional supportive narrative which further addresses the achievements made.</p> <p>AM noted the implementation of the Wood Review recommendations for safeguarding children was not listed as a priority for the 2019/20. PN noted this would be business as usual. AM questioned whether the committee should review the full report prior to its Governing Body presentation. Members present agreed that the committee should see the report in August prior to its submission in September.</p> <p>STW noted the executive summary report is clear and it is easy to see the achievements and the priorities for the future. It does show at a quick glance how much work is being co-ordinated by the team. However, in many areas it is rather lacking in statistics or other forms of illustration. She noted that where figures and</p>	<p><b>BJ</b></p> <p><b>PN / CC</b></p> <p><b>PN / CC</b></p>



	Item	Action
	<p>illustration of issues are made it makes the point come alive in a way that much of the rest of the report doesn't.</p> <p>The committee decided to see the full report in August prior to its presentation to Governing Body in September.</p> <p>The committee thanked PN and noted the report.</p> <p><b>7.6 Care Home Quality Group Terms of Reference</b></p> <p>BJ presented this report.</p> <p>BJ noted a Care Home Quality Group had been established to review quality issues within care homes. The group is made up of colleagues from all three local authority and CCG colleagues and the governance is provided by the Quality Committee. AM questioned the responsibilities of Senior Performance Improvement Manager and Head of Performance Integrated Care as it was not noted within the ToR. BJ noted this will be added. BJ noted the group had developed a care home quality dashboard which is supported by the BI team and the Head of Performance - Integrated Care is a core member of the group.</p> <p>LM questioned whether local authorities have processes in place to review quality concerns relating to residential care homes and whether we are duplicating any existing process and taking on responsibilities of the local authorities. BJ noted each local authority has their own quality assurance processes, but that information is shared across BNSSG which is important where providers have homes within different LA areas.</p> <p>AM recommended an organogram and further clarity before the Quality Committee can approve the ToR.</p> <p>The committee did not approve the ToR and recommended additional work and thanked BJ for the work to date.</p> <p><b>7.7 Patient Experience Report Q1</b></p> <p>Lucy Jones (LJ) presented this report.</p> <p>LJ highlighted the top five themes identified during Q1 which include requests for general information, most of which were related to the community hearing provision and general commissioning issues. There were 71 contacts made, 15 of which related to Healthy Weston, 31 to the future of GP practices of which 24 related to contacts for waiting times for appointments and quality of clinical care and the rest relating to exceptional</p>	<p style="text-align: center;"><b>BJ</b></p>



	Item	Action
	<p>funding requests. AM commended the improvements made to the report, particularly in themes highlighted in the report.</p> <p>STW noted the report states that there is no inequalities/discrimination in the complaints policy, but when the data is reviewed it is not clear if there are any groups of protected characteristics impacted. STW queried whether data can be provided in future report to include groups of protected characteristics. LJ noted that information is not captured; however, a questionnaire had been sent out to customers for feedback.</p> <p>LM suggested the addition of lessons learnt to the report particularly relating to transition arrangements of policies. PB questioned whether there were comparable figures with other CCG's customer services team in regards to data being captured. LM suggested comparison between Dorset with similar service reconfiguration. LJ noted a follow up will be completed.</p> <p>The committee noted the Patient Experience Report Q1 report and thanked LJ.</p> <p><b>7.8 Provider Quality Accounts</b></p> <p>CC presented this report.</p> <p>AM noted there was no focus in the commissioner's statement to providers relating to quality impact associated to failing constitutional standards.</p> <p>PB suggested a condensed presentation for next year. LM recommended members of the committee agree on key areas from the committee's perspective to be presented in next year's report.</p> <p>The committee noted the Provider Quality Accounts.</p> <p><b>7.9 BNSSG CCG Quality Strategy Priorities 2019/20 Work Plan</b></p> <p>CC presented this report.</p> <p>PB recommended CC meets with a member of the Clinical Effectiveness team to restructure the statements made on the CCG values as it relates to quality and value base healthcare.</p>	<p>LJ / JBG</p>

	Item	Action
	<p>AM recommended a review of the strategy and the addition of any additional outcomes which may have not been mentioned within the report.</p> <p>The committee noted the quality strategy work plan and thanked CC.</p> <p><b>7.10 Learning Disability Mortality Review (LeDeR) Review Assurance Process</b></p> <p>BJ presented this item.</p> <p>BJ noted additions were made to the quality assurance portion of the process which makes the local process slightly different from WAHT was set-out nationally. BJ highlighted the implementation of a clinical case review panel which will operate as the Local Area Contact in undertaking the Quality Assurance process of the reviews, enhancing the process and providing a more robust quality review process. BJ noted the panel had met twice and 5 cases had been reviewed so far.</p> <p>AM noted the importance of the committee receiving this level of assurance. AM questioned if there were any risks. BJ shared the focus of the reviews is to seek assurance in regards to persons with learning disabilities getting the best care possible and in cases when this is not so that learning is identified and recommendations for improvements made. AM queried whether further clarity is needed regarding cases that are discussed by the multi-agency review. BJ noted that currently there is not enough guidance on the LeDeR platform and this decision is made by the reviewers. JBG noted a national review of the process will be conducted by NHSE/I.</p> <p>LM questioned whether a process was in place or being used to attain quality assurance of the reviewers' judgement. JBG noted completed cases are presented at the LeDeR Steering Group and assurance is assessed and whether there are any discrepancies. BJ shared this was the role of the clinical case review panel to review. AM recommended a further follow up at the LeDeR Steering Group scheduled later today.</p> <p>The committee noted the LeDeR Review Assurance Process report and felt more work was required to provide assurances before presentation to the Governing Body.</p> <p>The committee thanked BJ.</p>	<p style="text-align: center;">CC</p>



	Item	Action
	<p><b>7.11 Patient Reported Outcome Measures (PROMS) Report</b></p> <p>CC presented this report.</p> <p>CC informed the committee that PROMS will focus on hip and knee replacement surgeries for the period of April to September 2019. CC noted North Bristol Trust (NBT), Weston Area Health Trust (WAHT), Care UK and the Spire are all participating. CC noted the response data was significantly low; however, other than noting whether we were above or below the national average it was difficult to gather any additional information from the data.</p> <p>PB queried WAHT the previous response/return rate was 6 months ago and questioned whether there was any obligation for providers to have an acceptable response rate. CC noted a comparison between the response rate between the current and previous PROMS session had not been completed. PB queried the process for collecting the data. CC noted a questionnaire is given to patients and it is returned at the patients' discretion.</p> <p>AM noted the data; however, further assurance is needed. AM recommended CC work with the clinical effectiveness team to provide a briefing on how providers are being encouraged to increase their response rate in 6 months.</p> <p>The committee thanked CC and noted the PROMS report.</p> <p><b>7.12 Never Event Summit Update</b></p> <p>CC presented this report.</p> <p>The committee noted the update and thanked CC.</p>	<b>CC / PB</b>
08	<p><b>Items for Information</b></p> <p><b>8.1 Pressure Injury Programme Board Minutes</b></p> <p>The Committee noted the minutes of the Pressure Injury Programme Board.</p> <p><b>8.2 LeDeR Steering Group Minutes</b></p> <p>The Committee noted the minutes of the LeDeR Steering Group.</p>	
08	<p><b>Committee Work Plan</b></p>	



	Item	Action
	The committee noted the work plan.	
09	<b>Any Other Business</b>	
10	<b>Review of Committee Effectiveness</b>  Members agreed to focus on this at the next meeting.	
	<b>Date of next meeting:</b>  <b>Thursday, 22<sup>nd</sup> August, 2019 at 1400 – 1700</b> <b>Conference Room, 4th Floor, South Plaza, Marlborough Street, Bristol BS1 3NX</b>	

**Aurelius Wright**  
**Executive PA**  
**July 2019**

