

Quality Committee

Minutes of the meeting held on Thursday 25 June at 14.30 – 16.30, on Microsoft Teams

Minutes

Present		
Alison Moon	Independent Registered Nurse (Chair)	AM
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Nick Kennedy	Independent Secondary Care Doctor	NK
Peter Brindle	Medical Director, Clinical Effectiveness	PB
Helena Fuller	Deputy Director of Commissioning (Contracting & Procurement)	HF
Rosi Shepherd	Executive Director of Nursing & Quality	RS
Apologies		
Ben Burrows	Clinical Lead	BB
Lisa Manson	Director of Commissioning	LM
Martin Jones	Medical Director, Commissioning & Primary Care	MJ
In attendance		
Lesley Le-Pine	Interim Quality Lead Manager	LLP
Sarah Carr (Item 5)	Corporate Secretary	SC
Andrea O'Connell (Item 6.4)	Independent Consultant, CHC Transformation Programme	AOC
Angela Stephen (Item 6.4)	Designated Nurse, Looked After Children	AS
Rebecca Dunn (Item 7.1)		RD
Anne Fry (Item 7.2)	Head of Children's Safeguarding (Designated Nurse)	AF
Freda Morgan	Executive PA (Notes)	FM

	Item	Action
01	<p>Apologies</p> <p>Apologies as noted above</p> <p>Due to Covid, most regular attendees who were not committee members were stood down. Members discussed if there was anyone who should be invited to attend in future. RS said that Michael Richardson will be starting on 10 August as Deputy Director, Nursing & Quality and he should be invited to attend future meetings.</p> <p>ACTION: FM to add Michael Richardson to Quality Committee circulation.</p>	FM

	Item	Action
02	<p>Declarations of Interest</p> <p>None Declared</p>	
03.1	<p>Minutes of Meeting held 21 May 2020</p> <p>The minutes were agreed as an accurate record.</p> <p>ACTION: RS to review if any elements should be for closed minutes only.</p>	RS
03.2	<p>Action Log</p> <p>The action log was discussed and updated.</p> <p>ACTION: FM to arrange meeting for RS/LM and Chris Burton to discuss outstanding concerns around the Spire, before 24 July 2020.</p> <p>ACTION: RS/HF to bring an update paper on rectopexy to August Quality Committee.</p>	<p>FM</p> <p>RS</p>
	<p>Matters Arising</p> <p>The committee discussed progress with the LVMR investigation at NBT.</p> <p>RS has had discussions with Deborah El-Sayed, to review a set of work programmes, including the children's, Mental Health and LD and Autism work programmes to ensure consistency of approach and exec leadership across these work programmes. Strategic multi-agency programmes will fit in with this piece of work.</p> <p>STW asked if primary care and practices would be part of this work, to review the way they work with chaotic patients. RS said that she has been working with Primary Care, Local Authorities, Sirona and the CHC team during the Covid outbreak. There is an ambition to establish place-based MDT working which is being built through Covid working, and needs to be embedded longer term. Primary Care Leads are being put in place for all care homes, and virtual ward rounds are to be held for the most vulnerable clients.</p> <p>STW noted that when patients are unable to manage chaotic behaviour or communicate, advocacy works well in following through, and suggested this could be part of the MDT approach.</p>	

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	<p>SC confirmed there is no specific paper coming to Governing Body in July on the effects of Covid-19 on the BAME population, but some elements will be covered in PB's paper on recovery.</p>	
04	<p>Chair's Introduction</p> <p>AM asked if there were any matters of concern not included on today's agenda.</p> <p>RS mentioned the vulnerability of care providers and the increased expectation of the CCG to be involved in patient safety in this sector. A paper is being produced through the IPC Strategic Cell, detailing what resources are required to support this. RS is also looking at system IPC governance, as currently this is focused on acute hospitals and is not fit for purpose with Covid as endemic.</p> <p>AM asked what assurance will be brought to Quality Committee. RS said the Gold Command Cell are discussing how to work as a system around care provider resilience, and she is expecting a transformation programme to be set up for the care provider sector.</p>	
05	<p>Risks and Mitigations</p>	
05.1	<p>Corporate Risk Register</p> <p>SC presented the Corporate Risk Register. The Audit Governance and Risk Committee discussed the Silver Command Risk Register, and SC said she hoped the today's paper would answer some of the questions asked about Covid and Care Home risks previously been discussed at Quality Committee. It was agreed at the Audit Governance and Risk Committee not to append the Silver Command Risk Register to this paper. Their opinion was that if there were questions, assurance around these risks would be given by the Executive Team members attending Governing Body.</p> <p>SC confirmed that at the time of drafting the Corporate Risk Register for this committee, there was nothing on the Silver Command Risk Register scoring above the threshold for inclusion, and therefore these risks were not included.</p> <p>RS said the Silver Command Risk Register is reviewed on a weekly basis in the Bronze and Silver cells, and transition to the corporate risk register is unlikely as these risks are mitigated very quickly.</p> <p>AM said it was important to have assurance there is a good system in place where risks are regularly reviewed.</p> <p>RS confirmed Silver Command is chaired by Sarah Truelove (Deputy CEO and Chief Financial Officer, BNSSG) and Christina Gray (Director of Public Health,</p>	

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	Bristol City Council). This is a multi-agency meeting and partners review the risks together. Each cell is also asked to review their risks on a weekly basis.	
05.2	<p>Governing Body Assurance Framework (GBAF)</p> <p>SC presented this item.</p> <p>The June meeting of Governing Body included a seminar discussing risks and the GBAF. A paper is due to come to the July Governing Body regarding objectives, and the work being carried out by the Executive Team on risks. SC highlighted that these will not be new risks; all risks discussed have already been brought to the attention of Governing Body and committees, along with the mitigations in place.</p> <p>AM thanked SC for her papers and invited questions.</p> <p>With regard to the corporate risk register, AM asked if the Quality Committee should be concerned that MRSA had been separated out into a single high risk; is this our biggest IPC risk, and what has changed to make the value now 16? RS said she has asked James Bayliss (Lead Quality and HCAI Manager) to review this risk, and that she is checking the grading.</p> <p>ACTION: RS and LLP to review the MRSA risk score.</p> <p>NK said it would be interesting to see the Silver Command risks rated at 16 or above, that occur during the month between meetings, even if they have now been mitigated. It was agreed that a summary of these risks would give assurance that all risks are taken into account and mitigated.</p> <p>ACTION: RS/HF to look at the risks which have been managed through the Command and Control structure during the preceding month and bring a summary to Quality Committee for review.</p> <p>AM noted the risk on capacity in the Nursing & Quality Directorate has not been updated since February 2020 and the imminent work on establishing strategic objectives for 20/21.</p>	<p>RS/LLP</p> <p>RS/HF</p>
06	<p>Discussion Items</p>	
06.1	<p>Quality & Performance Report</p> <p>HF presented the performance report. As in previous months, it has not been possible to collate updated performance. Key areas were as follows:</p> <ul style="list-style-type: none"> • The impact of Covid-19 has led to a reduction in activity across various areas and an increase in long waits. • Total referrals are below the year to date plans. 	

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	<ul style="list-style-type: none"> • Outpatients and follow-ups also show a reduction against plan • Overall 4 hour performance improved in April to 94.3%, which is better than national average • Planned Care total list size decreased in April • 52ww has worsened <p>NBT has the greatest number of breaches with the most affected areas being Trauma & Orthopaedics (T&O) and Gynae, and for UHB the most affected areas were T&O and Cardiology.</p> <p>For patient safety assurance, all patients re reviewed by a clinical review panel to ensure they are treated in priority order, and the best use is made of capacity, including the independent sector.</p> <p>Routine diagnostic tests have been halted due to Covid, and due to reduced efficiency and workforce, diagnostics are unable to return to 100% capacity, and can only currently manage urgent and cancer testing. It is recognised that this is a challenge, and the independent sector is being used to support.</p> <p>All cancer activity was paused, and 62 day treatment and referral times worsened. Rates are starting to recover, and are being closely monitored by the Cancer Cell. The endoscopy list is being restarted, and additional capacity has been secured in the independent sector to support recovery.</p> <p>The key focus moving into phase 3 is to balance the available system capacity with Covid patient demand and to reopen services in a planned way.</p> <p>RS presented the Quality Report.</p> <p>The IPC team carried out training to care providers during May, achieving the national requirement of offering training to all 291 care homes in the BNSSG area. Praise has been received at national level for the way in which Melanie Ingham rolled this out, and Melanie gave a presentation on this last week to Ruth May (Chief Nurse for England). The next stage in the training rollout is to ensure all there is a trained trainer in each Primary Care Practice by the end of next week.</p> <p>Large providers have taken a changed approach to a number of reporting areas, including complaints. Both NBT and UHBW triage all complaints, investigating those which are significant, and informing those at a lower level that the service will be paused, inviting them to come back if they want further investigation. We are not aware of any negative feedback received.</p> <p>Along with national guidance, a light touch is being applied to the SI review process, only taking significant incidents to full scrutiny. We are working with providers on next steps, to get a rapid closedown of lower level incidents and more learning from significant incidents. There is currently a backlog due to staffing issues over the first three months of Covid.</p> <p>There has been an increase in pressure injury reporting, and both acute trusts are investigating if this could be in relation to proning in ICU.</p>

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<p>Mortality reviews were discussed at length at Quality Surveillance Group, and there is wider system work taking place to understand harm reviews.</p> <p>There has been significant legislative requirement about what is delivered in CHC. The CHC team have a strong performance against national requirements, performing at the upper end in terms of metrics for delivery and financial benchmarking is now where it should be. Credit should be given to the team for what they are delivering. A wider transformation piece for this team is happening following the in housing in February, and a paper on this is going to Executive Team next week.</p> <p>There has been an increase in End of Life Fast Track referrals, particularly In Somerset. RS is seeking assurance as to whether this is due to Covid.</p> <p>NK commented that proning should not cause pressure injuries, as patients should be turned regularly, however there could be issues if there are large numbers of patients and staff inexperienced in proning.</p> <p>ACTION: RS to investigate further the reasons for the increase in pressure injuries</p> <p>NK praised achievement in rolling out the training to care homes. RS said there had been input from the fire service and St Peter's Hospice.</p> <p>NK asked if there were now structures set up that can be used for input into care homes. RS said a training task force has been set up. There are still some care homes who have declined to engage. These have been given another chance; if they still decline, RS or Anne Clarke (South Glos) will call, and following that there will be contact from CQC if there is still no engagement.</p> <p>An incident management team is meeting in each Local Authority, with a member of the Nursing & Quality Team and a public health commissioner to review all care homes each week. Where vulnerability or outbreak is identified, a specific targeted piece of work is then being undertaken with that care provider.</p> <p>STW asked if there was any learning as to why these homes are declining the offer. RS said often this was because they had in house training which covered off these areas. Incident Management Team conversations are being held so there is the level of detail to validate this. There are also homes which are part of large chains, and those chains are being asked for assurance.</p> <p>STW commented on the Cancer 2ww performance slide, and noted the difference in performance between UHBW and NBT. She asked if this was due to the different cancers the two Trusts dealt with, or diagnostics, or another reason.</p> <p>ACTION: HF to confirm the reason for the difference in Cancer 2ww performance between NBT and UHBW.</p>	<p>RS</p> <p>HF</p>

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	<p>PB said typically the most challenging areas have been dermatology and urology, both which are owned by NBT, and have their own reasons why they are a particular challenge.</p> <p>HF added that there is additional demand on dermatology due to some patients from Somerset also being supported by BNSSG.</p> <p>AM had asked the following regarding the performance report:</p> <ul style="list-style-type: none"> • Whether there is confidence that clear governance is in place for all quality and safety elements of the work being carried out by the independent sector. • Whether there is confidence in medical review panels taking place at specialty level, with evidence of a consistent and good outcome • If referrals are now back at pre-Covid levels, and if not, what we are doing as commissioners on a wider level <p>PB said there are some areas in hospitals which will have greater capacity than others, and he is meeting with Acute medical directors and COOs this afternoon to discuss the issue of addressing productivity issues. He will take NKs comments to this meeting.</p> <p>AM said that high performing organisations should already have taken a comprehensive approach to provide assurance to their own Boards.</p> <p>AM noted the Executive Summary still does not include anything about Quality. She praised the work with care providers around IPC, and noted wider recognition for this.</p> <p>AM asked about assurance on Serious Incidents on 72 hour reporting. Some immediate actions may not be clear at 72 hours, and she asked if there was assurance that the system to be established around Serious Incidents captures what is needed.</p> <p>Action: AM/RS to meet to discuss harm reviews</p>	<p>AM/RS</p>
06.2	<p>COVID 19 update including recovery plans and return to BAU</p> <p>PB updated. There is a lot of work happening on Health Inequalities. We are aware that Health Inequalities already present before Covid may have worsened. There will be new groups that have also been adversely affected, possibly by economic consequences. This is being understood by using national data, supplemented by local data where relevant, and a number of proposals are being set up to take to the Executive Team to address this. The impact of Covid needs to be used to make practical changes, and it is important to focus resources on those people who are most in need.</p>	

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	<p>A suggestion was raised at the System Gold Call, to consider setting up an expert group of representatives, to hold decision makers to account on these issues, and to support in development in improving this area.</p> <p>Large waiting lists are being prioritised on clinical urgency and length of wait, but there may be a more sophisticated way of weighting waiting lists to address health inequalities.</p> <p>The Silver Command Call this morning included the suggestion to drill down on a particular condition, eg: diabetes, with particular ethnic groups, and in general as a risk factor of Covid, as a piece of targeted work around reducing inequalities in diabetes.</p> <p>A collection of proposals is being worked out to give assurance to colleagues that we are responding.</p> <p>The other main assurance issue concerns productivity, which, in a range of areas including diagnostics and procedures, is currently at between 30-70% of pre-Covid levels. Work to address this is being broken down into three ways:</p> <ol style="list-style-type: none"> 1) How to improve efficiency. Currently we are running three hospitals with blue/green/amber with many waiting lists for multiple services. Is there efficiency to be gained in the way services are structured? 2) Value of work. There are some investigations which we are in the habit of doing, but which are low value and prevent higher value work being carried out. 3) Which patients to prioritise, which goes back to the earlier point on Health Inequalities. <p>There is also work being carried out to amplify the good practices that have been picked up through Covid.</p> <p>AM thanked PB for his update.</p> <p>PB said a more comprehensive update will be presented at Governing Body.</p> <p>NK thanked PB for his update, and commented that if we could do all of these suggestions successfully there would be an extraordinary transformation. He asked if there is capacity to do all or this, and how will these be prioritised by the system. NK has experience in carrying out impact assessments, and offered support to work with PB on these.</p> <p>NK asked if there was another way of looking at the value of work, by looking</p>

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	<p>at what the highest value work is that can be carried out with the capacity available? This is what Devon CCG are planning to do with diagnostics.</p> <p>PB welcomed NK's offer of support, and suggested he contact Adwoa Webber directly, as she is holding that work.</p> <p>ACTION: NK to contact Adwoa Webber with offer of support in carrying out impact assessments.</p> <p>STW asked, regarding high and low value procedures, how to ensure as a system that judgements are not made on quality of life, particularly around disability. Is there a system in place to give assurance of valued judgement?</p> <p>PB said it is not about making a judgement of who deserves the service, but the value of the service itself; how it would change their management. However, the point is well made about the judgement made of people's value. This is one of the reasons why it would be helpful to have a slightly detached expert group who can support, advise and challenge, and fits in with ensuring there is a comprehensive approach to impact assessment when looking at protected characteristics and other disadvantaged groups.</p>	<p>NK</p>
<p>06.3</p>	<p>Committee Effectiveness Report and review of ToR</p> <p>Lesley Le-Pine presented.</p> <p>AM thanked LLP for producing the paper. Based on the six respondent survey findings, there is a general feel that the team has worked effectively together. The weakness is that objectives of the committee are not agreed as clear, and there is room for some improvements which are already being worked on, such as the length of papers.</p> <p>AM agreed that membership and attendance needs review, also the timing of the meeting. ToR for this committee were attached, and AM asked members if they had any comments.</p> <p>STW said she found this a valuable committee, giving time for discussion, and feeding into other committees.</p> <p>AM said members should feel safe to say if the discussion is straying off topic, and as chair, she will support.</p> <p>NK said the quality of committee discussions has improved in the last year, but the committee does need to focus on time.</p>	

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	<p>AM noted that actions need to be closed prior to the meeting where possible.</p> <p>AM asked if members had any comments on the ToR, and suggested these may need to change to state that a deputy can be in attendance.</p> <p>RS asked if the deputy would be a representative of a member to ensure quoracy.</p> <p>ACTION: RS to discuss quoracy with SC, and whether a deputy would ensure quoracy if they were attending to represent a member.</p> <p>AM noted this is a non-executive, executive led assurance committee, and while it is good to have deputies in attendance to represent executives, there is a need to avoid this being the default position.</p>	RS
06.4	<p>Looked After Children Appreciative Enquiry Report and first outline of Action Plan</p> <p>Andrea O’Connell and Angela Stephen presented.</p> <p>AM welcomed having this level of report to the committee.</p> <p>There is a need now to look at what has been learned during Covid, and how this impacts on the way we work with young people.</p> <p>AO’C said the review was at the end of January, with the report in early March. Discussions have been held with Sirona regarding the report. These were delayed due to Covid, however a very successful discussion was held last week.</p> <p>The report was narrative-based, and a summary slide has been included to help focus in terms of the work needed.</p> <p>Key findings concerned the collaboration between the CCG, Sirona and Local Authorities – without all three organisations working together, the care pathway can be compromised.</p> <p>The report highlighted good work that is going on at strategy meetings and corporate parenting boards, including collaboration, but also recognised there is not an equitable service across BNSSG. Sirona took over all LAC services from 1 April 2020 and replaced the databases, so some of the findings can be updated.</p> <p>A system-wide vision for LAC Is very important, and a workshop is being held on 10 July to agree a vision and 3-4 priority areas. Key areas to focus on include improving relationships, ensuring clear vision, ensuring a good data</p>	

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<p>source with the ability to audit and work more closely with children and young people to deliver the service they need. AOC is putting together an overarching action plan.</p> <p>RS said she would be keen to close down the Contract Performance Notice for Sirona around performance, and for AWP around Serious Incidents. She would hope to agree a good plan going forward to help provide a good service for young people.</p> <p>AS said the team is growing and there is capacity for a training service to develop specialist elements of the service and integrate findings for Serious Case Reviews and Rapid Reviews. She has been working on developing services for children out of area, to ensure there is a comparable and safe service.</p> <p>AM asked what criteria were to be used to agree the priority actions. She asked if the right people were attending the workshop to agree these.</p> <p>AO'C said the discussion last week with Sirona focused on what those actions should be as a system, to have the greatest impact on LAC across the system, and which can be made in the shortest time.</p> <p>AM said sometimes the findings were not clear on whether what was working well was for all or individual partners.</p> <p>AO'C said the report is split into three different sections focussing on the different teams that were in place prior to Sirona taking over the service. She tried to condense this into the paper brought to Quality Committee however some of the nuances may have been lost.</p> <p>STW said this report showed a real focus and effectiveness in moving forward a service which has been of concern to Quality Committee, and thanked AOC and AS for their work. She asked about the methodology up to this point, and whether the patients/person's voice has been heard during the process.</p> <p>AOC said the more detailed report has good examples of where different parts of the system were engaging with children and young people. However there is not a collective consistent approach across the whole of BNSSG. This could be put forward as a key area, to ensure a consistent approach to engaging young people.</p> <p>RS recommended ensuring the voices of young people were heard in this report.</p> <p>NK said this was a useful piece of work to give greater understanding of the issue, and asked what an Appreciative Enquiry report involved.</p> <p>RS explained there had been recognition that there wasn't a strong working relationship, and the aim of the Appreciative Enquiry was to review this, with a view to look at the positives to take an asset based approach, rather than a deficit based approach, focusing on disagreement.</p>	

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	<p>RS said having a single Director of Nursing is one of the benefits of moving to a single community provider and will help improve relationships.</p> <p>LLP said she knows from talking to AS that there has been some amazing changes, and that capturing these stories will demonstrate the achievements made.</p> <p>RS said there is a need to bring a balance of positive and more challenging stories. AM agreed, and said that an accurate report is necessary, not just focussing on good stories.</p> <p>STW said that from work she has done with organisations such as One25, a lot of street workers are from LAC backgrounds, which is an example of the challenges. Connecting in health assurance and support looking wider than health can give a sense of the impact on young peoples' lives. She added that it would be good to have a clear timescale for this work.</p> <p>AM requested an update following the 10 July workshop to be brought to the July Quality Committee.</p> <p>ACTION: LAC Workshop Update to be added to forward planner for July Quality Committee, to include priorities and clear timelines.</p> <p>AS said there is a lot of collaborative work going on at present. At the Designated Nurses Peer Forum there was discussion about sharing system developments. There are also plans to work with the police and Social Care to recognise worrying signs and link into quick advice and help.</p> <p>HF asked if, recognising a number of committees and contractual meetings have been stood down, whether someone from the Commissioning Directorate should be invited to the workshop.</p> <p>ACTION: FM to liaise with AOC/AS to ensure someone from Commissioning is invited to the LAC workshop.</p> <p>The Committee would like to review these priorities and their progress on a regular basis. RS suggested this could be included in the Quality & Performance Report.</p>	<p>FM</p> <p>FM</p>
07	<p>Items for Comment</p>	
07.1	<p>BNSSG Stroke Programme</p> <p>RD was welcomed to the meeting to present this report. AM thanked RD for a good, high quality report.</p>	

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07.2	<p>Safeguarding Adults and Children Q4 Report</p> <p>AF was welcomed to the meeting to present this report.</p> <p>RS asked the committee if there is still an expectation to receive this quarterly report, as there is also now a monthly safeguarding update included in the Quality & Performance Report.</p> <p>AM said that assurance is needed to understand systems in place and learning from experience. STW added that as well as outcomes and improvements, there is a need to understand the implication on other services provided by the CCG.</p> <p>RS said that the improvements will be included in the Quality & Performance Report.</p> <p>NHSE require a SAAF (Safeguarding Adults Assurance Framework) and SANN (Safeguarding Adults National Network) report to be completed, which shows safeguarding activity across BNSSG, and RS suggested bringing this to the committee.</p> <p>AF asked what if anything has changed during Covid. RS said we will not fully know the hidden harm that has occurred during Covid for some months yet, and possibly not until children are back at school, so it would be helpful to bring back that information once it is known.</p> <p>AF said it is also important for the committee to understand the important risks.</p> <p>RS suggested future reports to include a tracker with cases and outcomes, the latest SAF submitted to NHSE, and for the Quality slides to include a good quality summary of safeguarding work.</p> <p>NK asked whether the update on Liberty Protection Safeguards referred to in the report had been received. AF said this has been on pause due to Covid. An announcement was due in the autumn. The safeguarding team are aware it will have an impact, and are preparing as best possible, but have had no further updates from the government.</p>	
07.3	<p>Quality Incentives (CQUINS) – year end report</p> <p>RS presented.</p>	

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	<p>AM queried whether the targets set for Independent Sector were more easily achieved than those set for NHS providers potentially making it more difficult for NHS providers to achieve their payments.</p> <p>RS suggested this could be something to discuss in the next contracting round, to present more challenge to achieve. This would tie into conversations about the independent sector and MDT.</p> <p>CQUINs have been paused for Q1 2020/21, however HF confirmed the CQUINs have been agreed. Therefore it will not be possible to re-look at CQUINs for the independent sector for 2020/21. However NK noted there is now an opportunity to formulate something for next year.</p> <p>NK asked if the reason independent providers are achieving their targets is due to the allocation of more resource and focus, as they are more commercially minded, and if so, is this something the NHS could learn from?</p> <p>AM suggested including proposed CQUINs for 2021/22 on the forward planner for discussion in November.</p> <p>ACTION: FM to add Proposed CQUINs for 2021/22 to the forward planner for the November Quality Committee.</p>	<p>FM</p>
07.4	<p>LeDeR Steering Group Activity Summary report</p> <p>Lesley Le-Pine presented the report that is going to LeDeR steering group this afternoon.</p> <p>RS asked for clarification between Covid and non-Covid deaths, and if there was a pattern according to the time of year. LLP has a comparison chart, and it was agreed this would be discussed further at this afternoon's LeDeR Steering Group meeting.</p> <p>AM said that the Quality Committee will need to see this data at future meetings. There is now a LeDeR slide in the Quality & Performance Report, which can update on the status of this work.</p>	
08	<p>Items for Information</p>	
08.1	<p>Minutes – LeDeR Steering Group</p> <p>Noted for information</p>	

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09	<p>New Risks Identified</p> <p>None identified.</p>	
10	<p>Any Other Business</p> <p>AM asked if the Mental Health Homicide Review action plan with AWP could be added to a future agenda. RS said publication of this has been delayed due to Covid, and is currently sitting with NHSE. It has not been delayed by AWP.</p>	
11	<p>Review of Committee Effectiveness</p> <p>Did the meeting run to time - No. Discussed possibility of extending to 3.5 hours, with a break</p> <p>Did the right people attend - Discussed above</p> <p>Were action items assigned where appropriate to the right people - Yes</p> <p>Were all items given sufficient time to discuss - Yes</p> <p>Were all members able to contribute – Yes</p> <ul style="list-style-type: none"> • Has the meetings business contributed to the organisation’s aims and objectives in terms of: <ul style="list-style-type: none"> ○ Strategy - Yes ○ Planning - Yes ○ Governance - Yes <p>Were any of the items inappropriate for this committee - No</p> <p>Did the meeting receive the administrative support that it needed - Yes</p>	
	<p>Date of next meeting:</p> <p>Thursday 23 July 2020 13.00-16.00 on MS Teams</p>	

Freda Morgan
Executive PA
26 June 2020