

# Meeting of Governing Body

Date: Tuesday 4<sup>th</sup> December 2018

Time: 1.30pm

Location: The Vassall Centre, Gill Avenue, Downend, BS16 2QQ

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## Agenda number: 7.1

### Report title: Quality Strategy

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Report Sponsor: Anne Morris, Director of Nursing & Quality

#### 1. Purpose

The purpose of this paper is to describe the process undertaken to develop the Quality Strategy for Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG). The draft quality strategy will be subject to discussion at the Governing Body seminar on 4 December 2018.

#### 2. Recommendations

The Governing Body is asked to

- note the plan for discussion at the seminar on 4 December 2018
- Recommend the strategy is published on the CCG website following the seminar for further public consultation and consultation with our stakeholders prior to final amendment for Governing Body Approval at beginning of February 2019.

#### 3. Executive Summary

The plan for development of the quality strategy and the key priorities contained within it, was approved at the Governing Body held 3<sup>rd</sup> July 2018

##### 3.1 Patient Representatives

Letters of invitation were sent across the health community to a range of patient organisations across BNSSG to seek patient and carer representatives to help develop the strategy including:

- Healthwatch
- Voscur
- VANS
- The Care Forum
- Patient Participation Groups

- Improving the Patient Experience Forum S. Gloucestershire
- Equalities groups
- Charities such as Age Concern and Age UK

The CCG received 14 applications from patient and carer representatives and all applicants were selected.

### 3.2 Workshops

Two workshops have been held with the patient and carer representatives. An initial workshop was held on 21<sup>st</sup> August 2018. The focus of the workshop was to set the scene for the strategy including discussion on “working together”. It was agreed from this meeting that the majority of work would take place through email exchange with information on aims, principles and the work plan being sent out for comment.

A second workshop was held on 18<sup>th</sup> October 2018. The focus of this workshop was to develop the work plan and copies of this were circulated in advance of the meeting. Following group work, it was agreed to include a section “What will this mean for me” for each element of the work plan.

Feedback from the workshop was held with the quality team portfolio leads to further develop the work plans with their teams.

### 3.3 Next Steps

As part of the consultation the quality strategy will be taken to the seminar session at the Governing Body on 4 December 2018. Following this the plan is to amend the strategy with the feedback obtained and place a copy on the CCG website for comment from the public, commissioners and stakeholders as well as the patient and carer representatives. It is proposed that the consultation period last for 3 weeks with the final version being brought back to Quality Committee on 24<sup>th</sup> January 2019 for approval to Governing Body for publication.

## 4. Financial resource implications

There are no specific financial resource implications in this paper.

## 5. Legal implications

There are no specific legal implications in this paper. The requirement to secure assurance and continuous improvement in the quality of our commissioned services is detailed in the NHS Constitution.

## 6. Risk implications

The Quality Improvement Board will ensure senior leadership and a collaborative approach is given to quality improvement across the healthcare system. Escalation of identified risks, issues and associated actions will be reported to the BNSSG CCG Quality committee and by Trusts through internal governance processes.

## **7. Implications for health inequalities**

The aim of the quality strategy is to reduce health inequalities through identification and focus on key priorities to achieve continuous quality improvement and improve patient outcomes. The CCG will engage with patients, the public, stakeholders and commissioners through engagement events to ensure that the key priorities meet this aim.

## **8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

In developing this Quality Strategy, the Equality Impact Assessment (EIA) screening process has been completed. A full EIA was deemed not required as this document focuses on the development of a strategy for monitoring and measuring the quality of services provided for patients and the public and not on the delivery of direct patient/public services care.

## **9. Implications for Public Involvement**

The quality strategy has been developed in consultation with patient and carers. To ensure wide consultation, the strategy will be published on the BNSSG CCG website and shared with commissioners and stakeholders.