

## Quality Committee

Minutes of the meeting held on 21<sup>st</sup> March, at 14:00 – 17:00, 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 Jeremy Maynard	Clinical Corporate Lead for Quality	JM
<b>In attendance</b>		
Bridget James	Associate Director Quality (Patient Safety)	BJ
Aurelius Wright	Executive PA	AW
Marie Davies	Associate Director Quality (Patient Experience)	MD
Gareth Ellaway	Safeguarding & Quality Manager (Agenda item 7.7)	GE
Helena Fuller	Deputy Director of Commissioning (Contracting & Procurement)	HF
Joanna Topps	Principal Medicine Optimisation Pharmacist (Agenda Items 4.1, 4.3, 5.1, 6.1, 6.2, 7.3 and 7.7)	JT
James Bayliss	Lead HCAI & Quality Manager (Agenda Item 6.2 and 7.3)	JB
Jenny Thompson	Lead Quality Manager	JT
Jane Bryant	Independent Consultant (Staffing Review)	JBt
<b>Apologies</b>		
Lisa Manson	Director of Commissioning (All items except 3.1)	LM
Dr Peter Brindle	Medical Director – Clinical Effectiveness	PB
Dr Martin Jones	Medical Director (Primary Care and Commissioning)	MJ
Cecily Cook	Deputy Director of Nursing and Quality	CC
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Dr Nick Kennedy	Independent Secondary Care Doctor	NK

	Item	Action
01	<p><b>Welcome and Apologies</b></p> <p>Alison Moon (AM) welcomed everyone to the meeting. Members then introduced themselves as there were new attendees present.</p> <p>Apologies are noted above.</p>	
02	<p><b>Declarations of Interest</b></p> <p>No new declarations of interests were noted at this meeting.</p>	
03	<p><b>Minutes of Meeting 21<sup>st</sup> February, 2019</b></p> <p>Page 3, action 24.01.19 Item 4.3 (1) in the open version of the minutes was amended. Minutes (open and close version) were approved as an accurate record of the meeting with the above amendments.</p> <p><b>3.2 Action Log</b></p> <p>18.12.18 Item 6.6 (1) – Niema Burns (NB) to contact Human Resources to address the issues of lack of demographic disclosures for recruitments undertaken outside of NHS jobs. Action remained open.</p> <p>24.01.19 Item 4.3 (1) – Bridget James (BJ) noted further revision of the risk register had not been completed. However, assurances are provided by work that is ongoing with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) to reduce patient harm, and the overall update of the risk registered. Action deemed closed.</p> <p>24.01.19 Item 5.1 (2) – Marie Davies (MD) informed the Committee that the Maternity Dashboard will be incorporated into the Quality and Performance Report on a quarterly basis commencing in April with the help of the Acute Delivery team. Action deemed closed.</p> <p>24.01.19 Item 7.2 (1) – MD to present Patient Related Outcome Measures (PROMs) Annual Report update to the Committee in April 2019 with further information of how data will be used. Action remained open.</p>	<p><b>NB</b></p> <p><b>MD</b></p> <p><b>MD</b></p>



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	<p>24.01.19 Item 7.4 (1) – MD to provide further information regarding the areas which are not achieving the complaints response time. Action remained open.</p> <p>24.01.19 Item 7.4 (2) – Patient Experience Q3 Report was deferred to March 2019 due to all cases not been uploaded to Datix to enable the reports to be run. Action closed.</p> <p>24.01.19 Item 7.5 (3) – Jeremy Maynard (JM) to provide an update to the National Diabetes Audit report to the Committee in April after the outcomes data is published. Action remained open.</p> <p>24.01.19 Item 7.6 (1) – MD noted contact has been made with Simon Polak, Associate Director of Nursing, Devon to meet and discuss the update for EIA/QIA Tool/Strategy with full governance processes which will be presented to the Committee in April 2019. Action remained open.</p> <p>24.01.19 Item 7.7 (1) – JBG noted the paper regarding the CCG's view of a single Executive Board and process on the new Safeguarding Arrangements for Safeguarding Children was deferred to April. JBG shared that all partners have met, which resulted in the decision being made to maintain an Executive Board in each BNSSG's area, with the addition of a Regional Board across BNSSG. Action remained open.</p> <p>24.01.19 Item 7.9 (1) – Cecily Cook (CC) informed the Committee that the E.coli audit is being undertaken by providers, and a report will be presented to the Committee in May 2019. Action remained open.</p> <p>24.01.19 Item 7.9 (2) – MD informed the committee of ongoing discussion regarding the possibility of an electronic version of the Catheter Passport being incorporated into EMIS within primary care. Further updates will be given in April. JM questioned whether there was an available template to print the passport. MD noted printed copies will be made available to practices and Practice Nurses will have access to copies. Action remained opened.</p> <p>21.02.19 Item 4.1 (1) – The arrows on the risk register relate to the change from the previous update and not from the original risk rating. Action regarded closed.</p> <p>21.02.19 Item 4.1 (2) – Claire Thompson (CT) noted all commissioning directorate risks updated and request for target risk column to be completed. Action closed.</p>	<p><b>JM</b></p> <p><b>MD</b></p> <p><b>JBG</b></p> <p><b>CC</b></p> <p><b>CC/MD</b></p>



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	<p>21.02.19 Item 4.1 (3) – BJ noted that the Nursing and Quality Directorate Risk Register is reviewed monthly, and feeds into the Corporate Risk Register as needed. Action: Closed.</p> <p>21.02.19 Item 4.2 (1) – BJ noted issue had been shared with Sarah Carr (SC); however the specific issues will be addressed with the risk owners and SC in person. Action closed.</p> <p>21.02.19 Item 4.3 (1) – CC to follow up with the community providers regarding the possibility of risks scored over 15. Action remained open.</p> <p>21.02.19 Item 5.1 (1) – The Legionella paper was taken to the closed session of the PCCC by Bridget James and is on the agenda for March's Quality Committee together with the Primary Care presentation. Action: Closed.</p> <p>21.02.19 Item 5.1 (2) – JM with Paulette Nuttall (PN) to follow up regarding the connections between quality surveillance returns from practices under the Local Enhanced Services (LES) and the quality of care in care homes.</p> <p>21.02.19 Item 5.1 (3) – BJ informed the Committee that a Care Home quality meeting is scheduled next week and further discussion and review will be completed held, and a paper on Care Home Governance will be presented to the Committee in April. Action remained open.</p> <p>21.02.19 Item 6.1 (1) – CT noted changes had been made to the narrative in regards to RTT Incomplete Pathway of the Quality &amp; Performance Report before it's tabled at the March meeting of Governing Body. Action regarded closed.</p> <p>21.02.19 Item 6.1 (2) – MD noted changes had been made to the narrative regarding the closure of an old Contract Performance Notice (CPN) and the reissued of a new CPN at University Hospital Bristol (UHB) NHS Trust. Action closed.</p> <p>21.02.19 Item 6.1 (3) – MD noted further narrative which speaks to the assurance reported received from North Bristol Trust (NBT) in regards to the additional 3 never events reported had been added to the report. Action regarded closed.</p> <p>21.02.19 Item 6.1 (4) – MD noted further narrative which speaks to actions being taken by BNSSG to resolve the issues regarding the discrepancy between data provided by Sirona and the Local Authority for Looked After Children was added to the report before it was presented to Governing Body. Action: Closed.</p>	<p style="text-align: center;"><b>CC</b></p> <p style="text-align: center;"><b>JM / PN</b></p> <p style="text-align: center;"><b>BJ</b></p>



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	<p>21.02.19 Item 6.1 (5) – Changes were made to the presentation of the dates shown in the graphs in regards to never events reported for all 3 trusts across the same time period within the Quality &amp; Performance Report. Action regarded closed.</p> <p>21.02.19 Item 6.1 (6) – James Bayliss (JB) noted the discrepancy in data presented for Cdiff within the Quality &amp; Performance Report and the Quarter 3 Healthcare Acquired Infection (HCAI) relates to PHE records where the case is either (1) continuing infection (2) BNSSG patient receiving treatment outside the area (3) case unknown. Action deemed closed.</p> <p>21.02.19 Item 6.1 (7) – BJ noted a written update was provided to Governing Body in March. Investigation is still in progress and further update will be provided to the Quality Committee on completion. Action regarded closed.</p> <p>21.02.19 Item 7.1 (1) – The item was listed on the agenda for discussion. Action closed.</p> <p>21.02.19 Item 7.2 (1) – CC to follow up with the safeguarding team and then update the committee in regards to the reason South Gloucestershire had not gone live for CP-IS. Action remained open.</p> <p>21.02.19 Item 7.2 (2) – The presentation on Child and Adolescent Mental Health Service (CAMHS) was shared with members of the Quality Committee. Action: Closed.</p> <p>21.02.19 Item 7.2 (3) – CC and JM to present a written update to the committee regarding the safety concerns of patients at the Priory Hospital. Action remained open.</p> <p>21.02.19 Item 7.3 (1) – JBG noted improvement had been noted regarding the status of Statutory Mandated and safeguarding training for Weston. MD noted additional narrative to be added to the Quality and Performance Report. Action: Closed.</p> <p>21.02.19 Item 7.5 (1) – Transition Policy was emailed to members of the committee. Action: Closed.</p> <p>21.02.19 Item 7.8 (1) – CC to review and address safeguarding issues noted in the South West Ambulance Service Foundation Trust (SWASFT) 999 report. Action remained open.</p> <p>21.02.19 Item 7.8 (2) – Changes were made to the South West Ambulance Service Foundation Trust (SWASFT) 999 report</p>	<p></p> <p></p> <p></p> <p></p> <p><b>CC</b></p> <p></p> <p><b>CC / JM</b></p> <p></p> <p></p> <p><b>CC</b></p>



	Item	Action
	before it is tabled at Governing Body in March to give clarity to the actions needed. Action: Closed.	
04	<p><b>Risk and Mitigations</b></p> <p><b>4.1 Corporate Risk Register (CRR)</b></p> <p>AM noted the addition of 2 new risks; risk of failure to recover 52 week wait performance and risk of medication &amp; medical device supply issues due to EU exit. Helena Fuller (HF) noted improvement had been observed in January, lessening from 37 to 25 but, the trajectory of 9 was not achieved. However, further reduction is projected for April also. Joanna Topps (JT) noted regional panels have been created to manage medicines in regards to EU exit and medication shortage protocols have been established.</p> <p>AM queried what assurance is given regarding 52 week wait and recommended an assurance paper on 52 week wait in April 2019.</p> <p>Members of the committee highlighted missing risks. AM noted a member of the Corporate team will need to attend scheduled committee meeting and a complete CRR to be presented at each meeting.</p> <p>The committee noted the Corporate Risk Register.</p> <p><b>4.2 Governing Body Assurance Framework (GBAF)</b></p> <p>AM questioned whether new strategic objectives will be added from 1<sup>st</sup> April or will the current objectives continue into the new year. JBG noted the current objectives will continue.</p> <p>The committee noted the Governing Body Assurance Framework.</p> <p><b>4.3 Acute Risk Register</b></p> <p>MD presented this item.</p> <p>MD highlighted the addition of 3 new risks from NBT. UHB added 2 new risks. MD noted Weston General added 2 new risk to the register.</p> <p>JBG questioned whether the lack of named doctor for safeguarding and the risk score of 6 should be listed on the</p>	<p>HF</p> <p>BJ</p> <p>MD</p>



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	<p>register due to coverage being provided by the locum consultant. AM recommended MD to follow this particular risk.</p> <p>JM noted the absence of diabetic foot risk from Weston General and queried whether assurance was given and whether the risk was downgraded. BJ noted North Somerset Community Partnership (NSCP) and Weston, the two service providers are working together, and no further incident had been raised and the risk had been reduced.</p> <p>AM noted further assurance and clarity is needed regarding actions being taken to mitigate the risk listed by NBT and UHB, and questioned whether the CCG would have known about the risks if it was not noted on the register. HF noted this would have been picked-up through contract performance meetings and Integrated Contract Quality &amp; Performance Management Group (ICQPMG).</p> <p>HF questioned whether there was a consistency approach to risk scoring across the system. Committee members noted that this was not the practice.</p> <p>The committee noted the Acute Risk Register.</p>	
05	<p><b>Regulatory Updates</b></p> <p><b>5.1 Quality Surveillance Group (QSG)</b></p> <p>MD presented this item.</p> <p>MD informed the committee that a meeting was held on 6<sup>th</sup> March, and a presentation on Methicillin resistant staphylococcus aureus (MRSA) bloodstream infections in people who inject drugs in Bristol, North Somerset, and South Gloucestershire area was given by Dominic Mellon, Consultant in Health Protection, and recommended a second tailored presentation to the Quality Committee. AM concurred and recommended the item to be added to the committee's work plan.</p> <p>BJ noted an update presentation given by the Healthcare Safety Bureau into Maternity Incidents. MD noted the presentation had not been received but, will be shared with the committee.</p> <p>AM noted NK queried whether there was a process embedded to investigate GP incidents and serious incidents in primary care. BJ noted that there is a process; serious incidents are reported on STEIS and other incidents or significant events are shared by</p>	<p><b>AW</b></p> <p><b>MD</b></p>



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	<p>the provider. JBG questioned whether themes and trends are reported into the Quality Committee. JM noted the reporting is completed through the quality report, and the main theme had been vaccination. AM noted STW questioned what plans are now in place to address this issue. JB noted not enough data is available to triangulate; however, further work with data stream is ongoing.</p> <p>Recommendations were made for MD to follow up with CC regarding the process of selection of the voluntary sector partners for MRSA project by the CCG.</p> <p>The Committee noted the update.</p>	<p><b>MD</b></p>
06	<p><b>Items for Approval</b></p> <p><b>6.1 Quality &amp; Performance Report</b></p> <p>Helena Fuller (HF) presented the Performance section of the Performance &amp; Quality Report</p> <p>HF highlighted 62 day referral to treatment time which worsened in January and failed to achieve the trajectory and 2 week wait performance failed to achieve the 93% national standard and monthly trajectory linked to breast specialty at NBT. Total numbers of referrals have increased due to consultant to consultant referrals. JBG queried whether there are standard operating procedures in place regarding consultant to consultant referrals. JM noted there are policies in place.</p> <p>HF noted non-elective admissions remained above plan for the year. JBG queried whether long wait within elective have a direct impact on non-elective and questioned whether assurance of no harm to patients are given. Members of the committee were informed that harm reviews were undertaken by clinicians to ensure patients were not deteriorating whilst waiting for treatment.</p> <p>AM recommended a follow up regarding the remit of the BNSSG focus group in relation to planned care diagnostics.</p> <p>MD presented the Quality section of the Performance &amp; Quality Report</p>	<p><b>HF</b></p>



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	<p>MD highlight another never event reported at UHB; a site visit is currently being planned. Deterioration in emergency department 4-hour performance had been noted. However, assurance was given after a site visit was conducted and an audit of 12 patient notes revealed safety checks were fully completed. AM-queried whether previous visits had been conducted at Henderson Ward and Skylark. JB noted the planned visit mentioned in the report had been conducted. AM recommended an update to the narrative prior to April's Governing Body session.</p> <p>AM recommended a remedial plan regarding outstanding serious incidents at AWP and other providers. MD informed the committee that a report on the backlogs of serious incidents is ongoing; a year end presentation will be presented to the committee.</p> <p>AM questioned whether assurances and mitigations was given by the workforce plans presented by providers to address vacancies. MD noted vacancies are being filled by temporary (agency and bank) staffing and assurances are noted based on the level of care received by patients, and safer staffing report recently introduced. MD noted providers also report through the quality sub groups and providers Integrated Quality and Performance Management meetings (IPR's) AM recommended additional narrative to support the data presented for BNSSG Nursing Workforce.</p> <p>BJ noted assurances were received and improvement in quality is also noted at AWP. In addition, internal process reviews are being conducted by AWP. Review of the health and safety action plan is still in progress. BJ highlighted an improved response around FFT. AM questioned whether there was cause for concerns regarding the gradual increase in AWP delayed transfers of care. BJ noted updated unverified data shows a downward trajectory</p> <p>The Committee noted the Quality and Performance Report.</p> <p><b>6.2 Quarter 3 Healthcare Acquired Infection (HCAI) Report (E.coli Deep Dive Report)</b></p> <p>James Bayliss (JB) presented this item.</p> <p>JB noted there are continuous challenges around MRSA. However, highlighted an improvement for quarter 3. JB noted further work is ongoing which looks at the views and experiences of those who inject drugs, the views of healthcare staff, and the</p>	<p><b>MD</b></p> <p><b>MD</b></p> <p><b>MD</b></p>



	Item	Action
	<p>reviewing activities and what the latest evidence says about treatments. JB noted a reduction in CDiff in quarter 3, while noting acute cases are often due to extended or repeated courses of antibiotics, and an increase number of haematology and oncology patients. JB informed the committee that an increase number of hospital acquired case will be reported due to changes within the guidance that comes into effect in April. The changes in guidance also introduce a new category, Community Associate Healthcare Associated. JB noted the current system threshold for year ending is 309; however, the new threshold will be set at 201. AM queried the rationale for the reduction. JB to follow up and feedback to the committee</p> <p>JM questioned whether GP input was still being received. JB noted that this was ongoing. However, a revision of the questionnaire completed by GP will be performed in relation to the guidance.</p> <p>JB noted above average achievement targets set by NHS England were achieved for E.coli but, no reduction nationally in cases reported, and majority of the cases are community portioned. JB noted a revision of 250 cases for quarter 2 and half for quarter 3 is almost completed for E.coli premium. Data set review was requested from providers.</p> <p>JBG queried whether the total number of reported E.coli cases was 521 or 545. JB noted the difference of 24 cases across the period links to PHE records where the case is either continuing infection, BNSSG patient receiving treatment outside the area, and cases unknown. AM recommended additional narrative within future reports which speaks to the difference.</p> <p>AM recommended additional narrative which speaks to actions being taken in regards to the 53% of MRSA non-drug users for next quarter report.</p> <p>AM queried what actions were being taken by South Gloucestershire Council to achieve zero cases of MRSA. JB noted a number of persons had relocated from the South Gloucestershire to Bristol area. JB further follow up on the variation.</p>	<p><b>JB</b></p> <p><b>JB</b></p> <p><b>JB</b></p> <p><b>JB</b></p>



	<b>Item</b>	<b>Action</b>
	<p>AM queried whether a notification timeline to Governing Body was established in regards to changes to CDiff and MRSA for 19/20. JBG recommended an addition to the Primary Care report.</p> <p>AM questioned whether the number of antibiotics prescribed in primary care to be equal to or below the England 2014/15 mean was accurate. JT noted this was correct and a 5 year baseline is typically used.</p> <p>The committee noted the Q3 HCAI report.</p>	<b>CC</b>
07	<p><b>Items for Discussion</b></p> <p><b>7.1 Patient Experience Q3 Report</b></p> <p>MD presented this item.</p> <p>MD highlighted the Customer Services Team received a total of four hundred and sixty one (461) contacts across a range of feedback mechanisms including complaints, compliments, advice and liaison enquiries during quarter 3 (2018/19) with monthly increases. Raising awareness of Customer Services, trends and themes discussed, and improvement of reporting database were actions taken as a direct result of feedback. JBG recommended cross referencing compliments and feedback received by NHS choices and care options websites for quarter 4 report. MD noted ongoing work with the communications team to add care opinions</p> <p>AM noted that STW questioned whether feedback was given to providers and what is the process to check whether agreed changes are made. MD note Customer Services team work closely with the portfolio leads. AM to email STW additional comments and questions to MD.</p> <p>Jane Bryant (JBt) queried the absence of out-of-hours complaints, concerns and compliments. BJ noted the information is reported directly to providers.</p> <p>The committee noted the patient experience q3 report.</p> <p><b>7.2 Safer Staffing Level</b></p> <p>The Safer Staffing Level was deferred to due to time constraints the April 2019 meeting.</p>	<p><b>MD</b></p> <p><b>AM</b></p>



	Item	Action
	<p><b>7.3 Opioid Prescribing Assurance Report (Gosport Independent Panel Report)</b></p> <p>JT and JB presented this item.</p> <p>JT noted the assurance report highlighted opioid usage without appropriate clinical indication, opioids combined with other drugs in high doses, prescription and administration of drugs contravened guidelines, and continuous opioid usage for patients admitted for rehabilitation or respite care, and other prescribing and administering of drugs which were highlighted in the Gosport Independent Panel's report.</p> <p>AM queried whether primary and hospices are in scope. JT noted GP Practices and Any Qualified Providers (AQP) could be in scope but, further discussion and review will be needed to give a well-defined answer. JT noted a conversation with a Safety Office within one of the acute provider pharmacy revealed audits have not been completed to show activities types completed or not-completed. JT noted the level of assurance needed is also unknown. AM questioned whether examples from other systems exist. JT noted this was not known but, will follow up with other CCGs.</p> <p>AM noted additional guidance is needed from NHS England. JBG recommended a further meeting to include JT, JM, JB, one of the Associate Directors of Quality within the Nursing &amp; Quality Directorate and NHS England within a 6 week timescale to discuss the ways in which further assurances can be sought from providers, closure of existing gaps, and streamlining procedures.</p> <p>The committee thanked JH and JB, and noted the Opioid Prescribing Assurance report.</p> <p><b>7.4 Child and Adolescent Mental Health Service (CAMHS) Assurance report for Safeguarding Children's Boards (SCB)</b></p> <p>The CAMHS Assurance report was deferred to the April 2019 meeting.</p> <p><b>7.5 Learning Disabilities Mortality Review (LeDeR) Steering Group Terms of Reference (TOR)</b></p> <p>BJ presented this item.</p> <p>BJ noted the second LeDeR Steering group was held. Previously suggested changes with the ToR was noted and accepted with</p>	<p style="text-align: center;"><b>JT</b></p>



	Item	Action
	<p>the addition of LeDeR Steering Group Governance Organogram. However, the group still have questioned regarding reporting mechanism. AM questioned whether the Peer Reviewers Group reports directly into the LeDeR Steering Group. BJ noted the Review/Operational Group is a not governance group. JBG recommended an operational group ToR should be drafted for the Review Group.</p> <p>The committee noted the report.</p> <p><b>7.6 Learning Disabilities Mortality Review (LeDeR) Steering Group Activity Summary Report</b></p> <p>BJ presented this item.</p> <p>BJ highlighted the current position regarding the number of reviews undertaken. BJ noted 55 notifications had been received; 12 cases have been reviewed and closed; 27 cases have been allocated to a reviewer, and 16 cases are awaiting allocation to a reviewer. However, 11 of the 16 cases awaiting allocation were allocated to a reviewer after the publication of the summary report. BJ noted a decrease in the number of reviewers; however, a buddy system is set up for new reviewers.</p> <p>AM queried whether representatives for persons with learning disabilities are invited to meetings. Jenny Thompson (JT) noted links with MENCAP had been established, and 15 volunteer apprentices were identified.</p> <p>The committee thanked BJ and JT noted for the activity summary report.</p> <p><b>7.7 Looked After Children (LAC) Health Assessments</b></p> <p>Gareth Ellaway (GE) presented this item.</p> <p>GE highlighted concern had been raised regarding the delivery of health assessments for Looked After Children (LAC) across Bristol and South Gloucestershire by Sirona. GE noted a 2 year decline in performance and no assurance had been given by the provider to meet the national performance target of 90%, and as a result a CPN was issued to the provider on 15<sup>th</sup> February, 2019 and a remedial action plan requested. GE informed the members of the committee that Sirona had noted demand increase, under-resourcing of the service, and untimely completion of initial health assessment due to late notification from Bristol City Council as contributing factors for inadequate performance. GE noted that the report showed no decrease in funding for the service and</p>	<p><b>BJ</b></p>

	Item	Action
	<p>previous achievement of performance target. MD informed the committee of planned follow up meetings with Sirona to discuss governance and oversight, business cases and to assist with performance improvement. MD suggested a remedial action plan paper to be presented to the committee in May.</p> <p>AM queried whether the community contract procurement had a single looked after children provider and whether a decision had been made by BNSSG CCG to have a separate service. JBG noted that this had not been discussed. BJ questioned whether the procurement was adults only, which was noted to be the case.</p> <p>AM noted the comments made by Nick Kennedy (NK) and STW in support to seek an improvement in performance by Sirona.</p> <p>JM queried the benchmark for North Somerset in comparison to Bristol and South Gloucestershire. GE noted North Somerset in comparison to Bristol and South Gloucestershire is better resource and in North Somerset review health assessment of pre-schoolers are performed by Health Visitors.</p> <p>The committee noted its support, thanked GE and noted the LAC report.</p>	<b>MD</b>
08	<p><b>Items for Information Only</b></p> <p><b>8.1 Review of Committee Effectiveness</b></p> <p>The Review of Committee Effectiveness report was deferred to the April 2019 meeting.</p>	
09	<p><b>Committee Work Plan</b></p> <p>The committee noted the work plan.</p>	
10	<p><b>Any Other Business</b></p> <p>AM noted the following reports; CAMHS Assurance report for SCB, Review of Committee Effectiveness report and Safer Staffing Level report are deferred to April's meeting.</p> <p>AM highlighted the 7 minute late start of the committee meeting and 25 minutes spent on the action log. AM recommended meeting with JBG to discuss the agenda for April.</p>	<b>AM / JBG</b>



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	Item	Action
11	<b>Review of Committee Effectiveness</b>	
	<b>Date of next meeting:</b>  <b>Thursday, 25<sup>th</sup> April, 2019 at 14:00 – 17:00</b> <b>Conference Room, 4<sup>th</sup> Floor, South Plaza</b>	

**Aurelius Wright**  
**Executive PA**

**April 2019**

