Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Quality Committee

Minutes of the meeting held on 21 January 2021 at 0900-1230 on MS Teams

Minutes

Present		
Alison Moon (Chair)	Independent Registered Nurse	AM
Rosi Shepherd	Executive Director of Nursing & Quality	RS
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Michael Richardson	Deputy Director of Nursing & Quality	MR
Peter Brindle	Medical Director, Clinical Effectiveness	PB
Lisa Manson	Director of Commissioning	LM
Nick Kennedy	Independent Secondary Care Doctor	NK
Apologies		
Ben Burrows	Clinical Lead GP	BB
In attendance		
Sarah Carr (item 5)	Corporate Secretary	SC
Sandra Muffett	Head of Clinical Governance and Patient Safety	SM
Lesley Le-Pine	Interim Quality Lead Manager	LLP
Heidi Buck	Quality Systems & Surveillance Manager	HB
Freda Morgan (notes)	Executive PA to Director of Nursing & Quality	FM

	SM	**Action**
01	**Welcome and Apologies** Apologies as noted above. SM was welcomed to her first meeting. SM will hold authorship of the Quality Report on RS behalf in future Due to current system pressures it was agreed to focus today's meeting on issues of highest concern, and release members to system duties. Members were requested to direct questions on other items to the author or report sponsor.	
02	**Declarations of Interest** STW is chair of Open Storytellers, part of BILD, which will be delivering the Oliver McGowan mandatory training.	

	SM	Action
03.1	**Minutes of Meeting** The minutes were agreed as an accurate record.	
03.2	**Action Log** The action log was updated	
03.3	**Matters Arising** An escalation framework for Covid Pressures is in place. Most significant pressures are on AWP in terms of outbreaks due to the patient cohorts. The new testing regime has improved identification of outbreaks. Proposals have been taken through Clinical Cabinet for another 70 nursing home beds across the system There is a daily conversation about workforce and staffing ratios. The new interim Chief Nurse at UHBW, Deirdre Fowler, is looking at UHBW staffing ratios to ensure consistency across the system. The initial requirements regarding Ockenden assurance have been received from Trusts. This will be discussed at the Local Maternity System (LMS) chaired by Helen Blanchard, Chief Nurse at NBT, and which RS also attends, to ensure depth of assurance is received, particular around patient experience. NHSE have requested a further submission. Both Trusts are taking their submissions through internal governance.	
04	**Chair's Introduction** AM asked if there were any issues of concern not on the agenda today.	
05	**Risks and Mitigations** **05.1 Corporate Risk Register** **05.2 Governing Body Assurance Framework** The CRR and GBAF were noted. Due to this being a shortened risk based meeting, members were asked to refer to any risks and issues during the Quality and Performance Reports.	
06	**Items for Discussion**	
06.1	**Quality & Performance Report**	
06.1.1	**Quality Report** RS noted excellent progress on LeDeR reviews completion to deadline. MR said the first Never Event from NBT in this reporting year has been reported. No harm has been reported to the patient and an investigation is	

	SM	Action
	underway. The February QSG will focus on Single Item Serious Incidents and Never Events. AM requested this to include discussion on identification of themes and a focus on the effectiveness of the systems and processes in place regarding near misses. It was noted there has been no improvement in C.Diff. MR reported the APMOC meeting has agreed to change the community formulary so Clindamycin is only to be used for penicillin allergy. Martin Williams and Elizabeth Jonas are leading training on this. This will bring BNSSG back within NICE guidance. Post meeting note: Clarification from APMOC has been provided to MR that APMOC's decision for Clindamycin to only be used for penicillin allergy but with a C.diff risk assessment still has some divergence from NICE guidance. Full rationale of the decision has been provided to MR and documented at APMOC. MR will update the February committee.	
06.1.2	**Performance Report** LM presented the report. ED performance was challenged prior to the current Covid peak. The number of over 52 week waiters has increased, predominantly at UHBW and NBT. There is some improvement on the IAPT service, but numbers remain high and additional actions are in place to mitigate this. The core challenge for SWASFT is the ability to respond to Category 1 and 2 calls. There have been significant challenges with ambulances handover delays, which has led to SWASFT being unable to deploy other resources. This has resulted in a call stack of unanswered calls, impacting on performance delivery and patient experience, with a risk of patients deteriorating in the ambulance whilst queuing. There is also a loss of productivity due to having to clean ambulances to meet Covid requirements. Actions and mitigations are in place, including holding areas being stood up in UHBW and NBT to support ED. RS said that to date no patient safety issues have been raised on STEISS as a result of this but that the quality team are in regular dialogue with both acute Trusts to seek assurance The Funded Care team have been deployed to support discharge activity which has resulted in a reduction in the "Green-to-Go" list. Staffing levels are under pressure due to an inability to fill through agency. Military personnel have been deployed into understaffed areas in the front line	

	SM	Action
	including general duties and some medical staff. Oxygen supply is being tested on a weekly basis by providers. There were concerns about the availability of non-invasive ventilation last week but these have been alleviated.	
06.2	**COVID-19 update – current system escalation level and associated risk** Modelling of the predicted peak was shared. Acuity in hospital is more significant than the first wave, and the profile of patients is younger. Emerson's Green Treatment Centre has been set up as a mini-cancer hub to extend the range of cancer support provided at this site. The Spire and Nuffield are running P2, P3 and P4 surgery. Senior medical contact is in place daily within each provider to prevent admission where possible. Discussions are ongoing with clinical leads about what can be communicated to patients and primary care to enable support of people at home. Additional residential care capacity is being purchased. Sirona currently have twice the number of expected community cases and are only taking "red" referrals. A review of staff is being carried out to identify where staff can be deployed most effectively, particularly in community settings. Routine outpatient appointments are only being cancelled if there is benefit in doing this. A workforce review has been carried out to ensure only those that need to be vaccinating are vaccinating, and others brought back into workforce. Some school nurses have been pulled to cover extreme sickness. Children's services are only being affected as a last resort due to the impact on children during the first wave. Acute Trusts are reporting greater number of patients with a longer than 14 day stay. Average length of stay is expected to increase from 6 days to between 10 and 11. NK noted the increased survival rate is also reflected in the extended length of stay. He asked if oximetry at home had changed anything clinically and if it was good at identifying people earlier. PB said early pilots have produced a range of evidence suggesting this is the case, but evidence is still being collected for the national rollout cohort. NK asked if Emerson's Green is being upgraded to be able to take HDU level patients and if there is capacity for other activity or cancer patients from other areas? LM said we are a regional importer, and patients will be pulled through from NBT. The Spire and Nuffield are also able to take elective activity. Surgeons are taking as much as they feel clinically safe. NK asked if there was assurance that prioritisation across organisations and specialities is being appropriately and fairly carried out. LM said daily clinical prioritisation meetings are being held, with attendance from all clinical directors, in order to be clear what is being agreed. NBT have cancelled all P3 and P4	

	SM	Action
	activity requiring inpatient beds, and are trying to maintain some daily case flow. Both centres are regional transfers. The only area this doesn't apply is interventional radiology, as they are the vascular centre for the region. AM asked how many acute beds have been closed for social distancing. LM said originally 160 beds were lost across all providers. More recent guidance that social distancing is not necessary in blue wards, as patients are already infected, has enabled some beds to be brought back into use. The main challenge is the loss of beds due to outbreaks. Am asked if medically stable for discharge patients could be moved into the private sector. LM said this is not part of the nationally agreed surge framework. The Covid response for primary care will be updated to the closed session of the Primary Care Commissioning Committee on 26 January.	
06.2.1	**Themes on Nosocomial Infection (following December QSG) and IPC Board Assurance Frameworks** The December QSG looked in detail at the first Weston outbreak, and provider learning across the system. A key action was for all partners to gain assurance for themselves and their own Boards, as well as for the system, that they were compliant with the 10 point action plan for IPC. Since the QSG met, the new variant has arisen. Notable in the second outbreak at Weston is that transmission is in the community rather than through staff. The IPC Strategic Cell has now been stood up to meet weekly to have oversight. Assurance has been received that all providers are still compliant with the 10 point action plan. AWP is most at risk due to the challenge in managing social distancing within their patient group. The main risk remains maintenance of compliance. The other major concern is the new variant which plays out in different ways, and the rapid spread of this amongst patients. AWP has been mitigating this by blue and amber patients following different pathways upon admission. The Trust is very concerned about the outbreak in Fromeside. It is difficult to contain outbreaks in secure units. Trusts are redoing Board Assurance Frameworks and taking these through internal governance. RS is looking at reported deaths of patients who died subsequently to hospital	

	SM	Action
	acquired Covid, as our only visibility of this is through STEISS. This will be discussed with Trusts to ensure a consistent approach to reporting and understanding the impact of Covid.	
06.2.2	**Harm Review Samples from Acute Trusts: Quality Assurance Report** MR updated. Samples of harm reviews have been received from UHBW and are still awaited from NBT. The UHBW sample is being reviewed for quality assurance. MR has asked providers for their view on the approach to harm suggested in the letter from NHSE/I (item 6.6 at the December Quality Committee). Providers have said that in extremis they are going by that letter, but have assured that they are making lists of patients in order to conduct harm reviews at such a time as this is possible. There is a need to ensure both Acute providers are doing this in a consistent way. AM noted the need to understand as a system when we will comply with the guidance in the letter, and focus on ensuring prioritisation is in place for those who need care first, and then monitoring of harm. RS said these discussions are taking place across the system. There has been an increase in the number of P3 beds in community settings, and these patients need a support plan or assessment, and to be considered as part of the recovery plan. It was agreed that a further paper on harm reviews will be presented to Quality Committee in March, with an interim verbal update in February.	
06.3 06.4 06.5 06.6 06.7	**Learning Disability & Autism Programme Update** Report deferred **LeDeR Steering Group Activity Summary Report** Report noted **Oliver McGowan Action Plan Update** RS informed the committee that this paper had been reviewed that morning by the LeDeR steering group and would be going onto Governing Body **LD Annual Health Checks** **SAR Learning Brief** Reports noted.	
07	**Items for Information** **07.1 Looked After Children Quarter 2 Report and Action Plan** **07.2 Minutes: LeDeR Steering Group** **07.3 Minutes: Pressure Injury Programme Board** Items noted	

	SM	Action
08	**New Risks Identified** None discussed	
09	**Any Other Business** The mass vaccination programme has been very successful. The South West is a high performing area in the country.	
10	**Review of Committee Effectiveness** Due to the amended priorities and timing of this meeting, this item was not discussed. Members agreed there had been good discussion on the most important priority areas in this shortened meeting due to COVID-19 system demands.	
06.7	**Date of next meeting:** Thursday 18 February 2021 0900-1230	

Freda Morgan
Executive PA
21 January 2021

Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Quality Committee

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Present		
Alison Moon (Chair)	Independent Registered Nurse	AM
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Michael Richardson	Deputy Director of Nursing & Quality	MR
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Lisa Manson	Director of Commissioning	LM
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Sarah Carr	Corporate Secretary	SC
Heidi Buck	Quality Systems & Surveillance Manager	HB
In attendance		
Lesley Le-Pine	Interim Quality Lead Manager	LLP
Freda Morgan (notes)	Executive PA to Director of Nursing & Quality	FM
Mark Hemmings	Head of Children's Transformation (SEND) (item 6.5)	MH
Debbie Campbell	Deputy Director, Medicines Optimisation (item 6.3 and 6.4)	DC
James Bayliss	Lead Quality and HCAI Manager (item 6.3)	JB
Vicky Daniell	Customer Services Manager (item 6.7)	VD

	Item	**Action**
01	**Welcome and Apologies** Apologies as noted above.	
02	**Declarations of Interest** STW is chair of Open Storytellers, part of BILD, which will be delivering the Oliver McGowan mandatory training.	
03. 1	**Minutes of Meeting** The minutes were agreed as an accurate record.	

	Item	Action
03. 2	**Action Log** The action log was updated	
03. 3	**Matters Arising** MR updated on the prescribing of Clindamycin for cellulitis. The BNSSG system is now more in line with national guidance on the use of Clindamycin, but is not fully aligned. A further update will follow during item 06. 3 (HCAI Quarter 3 Report). PB said he has reviewed the rationale for the use of Clindamycin and is assured.	
	Chair's Introduction AM asked if there were any issues of concern not on the agenda today.	
05	**Risks and Mitigations** **05. 1 Corporate Risk Register** **05. 2 Governing Body Assurance Framework** **05. 3 BNSSG Silver Command Call Risk Register** Some of the risks on the risk register have had wording and scoring changed since the last meeting. Risks are reviewed within each of the senior leadership teams as part of the directorate review, and the SRO of those risks then reviews the risk from a service perspective. PB updated that risk 11 (Delays in Cancer Pathways) has been temporarily reduced as assurance has been received from providers that this is being managed and no new or additional risks have been flagged. Other cancer risks have been aligned and there is a possibility the risk score will increase again following further reviews. There has been no change to the risk on health inequalities. Further understanding is needed on how particular cancers are being affected by COVID-19. Work to triangulate data has highlighted lung cancer as accounting for a lot of the gap in premature death by deprivation. This has resulted in targeted campaigns to recognise that GP practices remain open. More work is needed to highlight particular geographies and groups, and on understanding the reasons people are not presenting.	

	Item	Action
	Breast referrals have returned to pre-COVID-19 levels, but there is an increase in referrals for breast pain as opposed to those who fit the 2ww Cancer pathway. Cancer is one of the priority services for recovery and a balance is needed between the effect on patients, and the ability and support staff will need for their own recovery. The committee noted the new risks added to the risk register, but did not believe these risks would sit with Quality Committee. The GBAF was noted, noting the updates in red. AM commented it was positive to see the cancer risks aligned in one place. PB said the risk register is used as a key part of the team work plan. The Silver Risk Register was noted for information.	
06	**Items for Discussion**	
06. 1	**Quality & Performance Report**	
06. 1. 1	**Quality Report** MR presented the report. STW noted AWP are carrying out peer vaccinating, and asked if this could outreach into other areas where there is a lower take up. LM said that peer vaccination is being carried out for flu and not for COVID-19. This is partly to do with the storage issues of the COVID-19 vaccine which has meant a more hub and spoke model has been needed. A group has been set up to look at how best to reach hard to reach groups for COVID-19 mass vaccination, and has identified locations for mobile vaccination units, the first one at a mosque in Central Bristol. STW asked how the needs of people with Learning Disabilities are being met. LM said that Cohort 6 includes people with Learning Disabilities within the criteria for clinically vulnerable. Additionally, some people with Learning Disabilities have already been vaccinated as part of the vaccination programme for nursing and residential care. MR thanked STW for noting the AWP peer flu vaccination programme, as they had worked hard on this and it is a good peer model. LM noted that whilst it had been agreed for AWP to have access to rapid testing, it had not been possible to implement this for a Mental Health provider.	

	Item	Action
	NK asked if there was further information on the rise of C. Diff incidence at NBT. MR said this is still being investigated. NK noted the number of Serious Incidents in NBT in January was higher than normal. MR said this was due to reporting of hospital onset COVID-19 infections occurring close together associated with the current wave and the particularly infectious variant. Staff infection and onward transmission has been low, which could suggest indeterminate community onset, but this is not proven. AM asked for a paper to come to a future meeting to provide further understanding of Liberty Protection Safeguards (LPS) and any associated risks. **ACTION: MR to bring a paper to a future Quality Committee on LPS and associated risks.** AM asked whether the action for a paper to illustrate the Looked After Children (LAC) capacity review was a new item, and if it was previously discussed, for detail of timescale. She also requested information on positive actions being taken regarding the number of children going missing. . **ACTION: MR to seek clarification on the LAC actions in the Quality Report** AM noted general metrics show pressure in all services. She asked that future reports include detail on when improvement is expected to be seen, how the system is addressing duty of candour for nosocomial infections, and assurance that a system is in place to minimise impact on patients in mixed sex breaches. AM asked if there was ambition as a system, as well as reviewing serious incidents, to take “near misses” and learn before something adverse happens. MR said the patient safety strategy this year includes a plan to look at “near misses” more commonly titled now as no-harm incidents and always events as part of patient safety incident reports and thematic reviews. Partners at the recent Quality Surveillance Group had shown good commitment to this. LM said mixed sex breaches have only happened in extremis, and on the basis of decisions taken at director level.	**MR** **MR**

	Item	Action
06. 1. 2	**Performance Report** LM presented the report, and updated current performance. Performance in January has been low. Cancellation of operations on the day is likely to continue, particularly urgent cancer appointments which may require an ICU bed. As in the first wave where there was a shortage of anaesthetic drugs, clinical assessments have been made, on a needs basis, by senior surgeons and medical directors as to which operations take place. There are concerns as to the impact on 62 day wait performance and 31 day performance. All routine outpatients and diagnostics appointments have been stood down so staff can support ICU as we move into surge capacity. Mutual aid in ICU has been offered to the Severn network and wider parts of the country. There has been an increased uptake of IAPT referrals. The key challenge is to ensure prioritised patients are seen with confidence they will not be cancelled going forward as services recover their levels of activity. NK asked if local services were prioritised over regional, or if prioritisation is on a clinical basis with robust oversight? LM said P2 work is being prioritised on a clinical basis. It is not appropriate to prioritise local over regional, as this may be the only centre patients can come to. P3 and P4 services for children were undertaken up until mid-January, when some of the children's wards were turned over to the adult hospital. P3 and P4 services have been maintained in independent sector providers, as restrictions in the national contract prevent that bed base being otherwise utilised. The core challenge is the balance between specialisms that can only be carried out in the two acute hospitals, versus what can be carried out in the independent sector, whilst recognising challenges across the system both in terms of capacity in ICU, and the current bed base. PB noted Cancer 2-week wait figures have improved at UHBW and worsened at NBT. NBT performance is in part due to more remote referrals rather than GP examinations, as previously detailed, and also that NBT redesigning the breast pathway in preparation for the new 28 day standard. LM said an audit is being carried out to investigate whether the increase in referrals is due to fewer face to face appointments in primary care.	
06. 2	**COVID-19 update – current system escalation level and associated risk** LM updated on the number of COVID-19 positive patients in hospitals, which includes patients in ICU from other areas due to mutual aid. The number of COVID-19 positive patients in acute hospitals, including ICU, has reduced from the peak. The peak for this wave was on 19 January, and the	

	Item	Action
	peak for P1 patient support in homes was last Monday, with the peak for P2 expected this Monday, and for P3 next Monday. This will impact on the local authorities over the coming weeks. Modelling has been updated and community staff reprioritised. Support in P3 has been challenged due to other provider issues, including outbreaks in homes which are preventing admission or discharge. The CCG is working with Local Authorities to focus on discharges and managing community referrals. Length of stay has increased for COVID-19 patients, due to more acute presentation, but there are fewer patients requiring ICU beds. It is expected this will create a greater degree of demand in the community and a longer term impact on those individuals. The most significant challenge is the workforce. The programme of work to recover and support staff will be crucial. The MACA support from the military, which has been well received, ends tomorrow. Sirona are now experiencing higher levels of non-COVID-19 related sickness, which reflects the pressure moving to community providers. Active recruitment is underway for mass vaccination, to enable more staff to move back to their day jobs and support hospital hubs. Clinical ratios are being reviewed across all vaccination positions. STW asked if there was anything to be learned from the training of the military services. LM said both the Workforce Cell and the military are carrying out lessons learned exercises, which will be picked up through the Workforce cell. There are varying levels of fatigue and pressure within the workforce, and this is being taken into account by the Workforce Cell during recovery planning. , recognising that staff wellbeing will also have potential impact on patient care.	
06. 3	**HCAI Quarter 3 Report** James Bayliss and Debbie Campbell were welcomed to the meeting to present. Case reviews are still in the process of being reinstated with secondary care for a number of reasons, including that IPC resources at the CCG are still deployed to the IPC cell. There has been a 25% reduction in MRSA. It is believed this is partly due to homeless people being moved off the street and into emergency	

	Item	Action
	accommodation where they have good access to hygiene facilities. Injecting drug use has not stopped but the feeling is that it may be with less frequency, and in a less pressured environment. The Chlorhexidine pilot has been approved, and will launch in April. There has been a reduction in E-Coli. Interventions by providers over the last 12 months will feed into the improvement plan for 2021/22. It is understood there will be a catheter/UTI CQUIN for 2021/22. MSSA has reduced by almost 20%. This may be related to a reduction in related activity and providers have been asked to share recent MSSA detail. Themes arising from the deep dive into C. Diff were presented to the Primary Care Operational Group (PCOG) last month, and PCOG have agreed to support practice based work for community onset C. Diff cases. A tool for this is being developed, and is anticipated to launch in April or May. Use of Clindamycin as an alternative for patients with a penicillin allergy, has been discussed at the Area Prescribing Medicines Optimisation Committee (APMOC) and further guidance is to be issued. There needs to be a focus on education around antibiotic use in cellulitis as a whole, and risk stratifying patients for C. Diff, and this has been added to the antibiotic guidance. Based on advice, it has been agreed keep Clindamycin as a second line option for those allergic to penicillin, alongside the risk stratification tool, and to review this in 6-12 months' time. NICE has issued a draft consultation on the management of C. Diff which is about to close. There were 28 Serious Incidents reported this quarter related to COVID-19 deaths. Education on antibiotic use in Cellulitis will be across the board, and not just to Primary Care. PB noted the additional guidelines on use of Clindamycin refer to health care contact in last 60 days, and asked that this be more detailed, to specify if this is any health care contact. James Bayliss will feed this back to Liz Jonas who has been involved in drawing up the guidance. PB noted a graph in the report showing an increase in C. Diff in BNSSG, disproportionate to national levels, and commencing around the start of the pandemic. He asked if there is an equivalent graph showing the rise in clindamycin prescribing during that time. DC said she would investigate this.	

	Item	Action
	ACTION: DC to investigate if there is a graph to show levels of clindamycin prescribing	**DC**
06. 4	**Opioid Audit Results – Gosport Assurance Audits** DC was welcomed to the meeting to present this report. Audits are still awaited from UHBW and these are expected in early April. Reports from other providers show positive results with some recommendations to act on. General Practice has given good assurance, and also has some recommendations to act on. Both BNSSG CCG and the Trusts carry out monthly monitoring. AM noted that Sirona was also outstanding. DC said that Sirona will carry out their own audit but assurance can be drawn from the fact they provide a service for GP patients. AM asked if hospices were included. DC said there is a recommendation to pick up findings from hospices, but they have not been asked for an audit. NK noted the assurance levels were around 90%, and asked if this is a good standard? DC said that the aim of the audit was to gain assurance that opioids are not being inappropriately prescribed. The figure of 90% was taken based on the fact that 100% is not necessarily achievable, but at 90% it would be evident if anything inappropriate was happening. **ACTION: DC and PB to advise what the standard should be for the opioid prescribing audits, and whether this will be an annual event** **ACTION: DC to report back to Quality Committee once the UHBW Gosport audit is completed.** The report and progress was noted. An update is to follow on UHBW's results and the parameters of what an annual event would involve.	**PB/DC** **DC**
06. 5	**SEND Quarter 3 Report** MH was welcomed to the meeting to present this report, a summary version of which will be presented to Governing Body with the Children's Services report. There are now associated designated clinical officers in place, so statutory responsibilities are now being met around the responses from Local	

	Item	Action
	Authorities' on health input. There is however a general feeling that this capacity needs to be increased and a business case is being developed to secure this over time. The areas of most concern from a service point of view are community paediatrics referral to treatment time, and autism diagnosis, which has been an ongoing problem. STW asked how the ambition will be maintained. MH said the onus for this will be on the partnership boards. There are good relationships with the parent/carer forum, who monitor and challenge, and give feedback on service. Each board has their own strategy and review their vision regularly. A business plan is being put together for 2021/22, and arrangements are similar to those in other local authorities. LM added that whilst there has been a consistent children's service across Bristol and South Gloucestershire, SEND inspections have identified differences in the areas, and while we continue to make improvements across all services, there will be a drive to improve in terms of SEND. As we return to business as usual, SEND reporting will form part of the children's updates. AM asked if the risk around community paediatrics referral to treatment times was being addressed through Sirona contract meetings. LM said this has arisen due to the pandemic. In Phase 1 a lot of staff in children's services were diverted to support adults. This was not the case in Phase 2. The autism pathway is challenging, an autism hub has been put in place, and the number of autism referrals is increasing both locally and nationally. There is a regional task group looking at potential solutions.	
06. 7	**Customer Services & Complaints Quarter 3 Report** VD was welcomed to the meeting to present this report. AM thanked VD and her team for a greatly improved report. PB added that the team do a great job, and this is demonstrated in a very thorough report. The Fertility policy is being refreshed, and is expected to be signed off in August or July. PB noted that EFR make up the majority of complaints, and asked if it would be possible to include an idea of the trajectory for these. VD said that all	

	Item	Action
	areas have a fluctuating number of complaints, so it may not be easy to see a pattern. PB asked if the pie chart showing 66% very dissatisfied or dissatisfied was typical for all CCGs, and for this to be picked up in future reports. LM said the role of the EFR team is to ensure consistent application of policies, and so any complaints in this area will need to be distinguished between complaints about the decision, and complaints about the way the team have responded. PB said that if the trajectory shows increasing number of complaints that are inconsistent with other CCGs, we would need to understand why, but if we are receiving fewer complaints, then that may support the CCG practices MR said that there is a weekly meeting with the Customer Services team to review complaints, and any immediate safety returns are taken back to providers. NK asked about the wellbeing of the staff team. VD said that although the current situation has been challenging, there has been good feedback this quarter, and the collaboration with other teams has made the difference to enable a more comprehensive report. There has been good support within the team, and from VD's line manager. STW noted the low response rate on declaration of protected characteristics. She asked to note that this area needs more focus, and asked if this could then feed back into the broader debate on health inequalities. AM asked for narrative to be added to the pie chart on page 17, to provide context. It was agreed that more time should be given on the agenda for the next Customer Services and Complaints report. VD and her team were thanked for this report.	
07	**Items for Information** **07. 1 Minutes: LeDeR Steering Group** LM requested rewording on the final paragraph, as this could be construed as criticism of JCVI guidance on mass vaccines which was not the case. **ACTION: LeDeR Steering Group minutes to be reworded and redistributed as discussed at Quality Committee, with a request to partners to delete the previous version**	**AM / LLP**

	Item	Action
08	**New Risks Identified** None identified	
09	**Any Other Business** **Ockenden Report** MR updated. A Maternity Services assessment and assurance tool is being completed by providers and is going through their internal governance processes. Following this, a report will come to committee outlining levels of provider assurance **ACTION: MR to provide an update report on Ockenden to a future Quality Committee** **Research and Evidence Committee** NK asked about the future of the Research and Evidence Committee following the restructuring of the clinical research and effectiveness teams. He has asked John Cappock and Sarah Truelove where the financial statements should go, and is awaiting a response. He asked what the future remit of this should be, and where this committee should report into. PB said the Research and Evidence Committee had reported into Quality Committee in the past, as it had been responsible for research governance; however the Health Research Authority is now responsible for governance of the committee function. It was agreed that the Research and Evidence Committee should no longer report into Quality Committee. It was agreed that the executive officers should decide which committee would be most appropriate. **ACTION: PB to discuss with executive officers which committee would be most appropriate for the Research and Evidence Committee to report into in future**	**MR** **PB**
10	**Review of Committee Effectiveness** It was agreed this had been a good meeting, with appropriate discussion.	
06. 7	**Date of next meeting:** Thursday 25 March 2021 0900-1230	

Freda Morgan
Executive PA
21 January 2021