

**WOLVERHAMPTON CCG**

**Governing Body - Tuesday 8<sup>th</sup> March 2016**

**Agenda item 11**

<b>Title of Report:</b>	<b>Executive Summary from the Quality &amp; Safety Committee</b>
<b>Report of:</b>	Dr Rajshree Rajcholan – GP Lead Quality
<b>Contact:</b>	Manjeet Garcha
<b>(add board/ committee) Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
<b>Public or Private:</b>	This Report is intended for the public domain
<b>Relevance to CCG Priority:</b>	CCG is committed to ensuring the highest of Quality for all services commissioned.
<b>Relevance to Board Assurance Framework (BAF):</b>	Delivery of commitments and improved outcomes; a key focus of assurance of how well the CCG delivers improved services, maintains and improves clinical quality and ensures better outcomes for patients.
<b>Domain 2b: Quality</b>	



**Key issues of concern for noting**

Key Issue	Level	Comments	Detail on page
Board Assurance Framework and Risk Register	Business as usual	No Concerns, all risks are managed as per requirement  Staff training currently being planned to use Datix and update risks	
Escalated issues	Escalated	Action: SBAR to Chief Nurse and MD in December concerning <ul style="list-style-type: none"> <li>• Delayed diagnoses</li> <li>• Delayed treatment</li> <li>• NEs</li> <li>• Sub-optimal care (transfer of patient)</li> </ul> On-going scrutiny for confidential leaks, improvement in December not sustained  Pressure Ulcers – increase in grade 3 & 4s including community- close observation  Further Assurance: CQRM agenda March 2016 (Feb meeting was internal commissioners only)	6  7  8
Health Acquired Infections- CDiff	Escalated	Increasing incidence of Cdiff, trust has failed its 2015/16 target- close observation January improvement needs to be sustained.	9
Never Events	downgraded	NE RCAs received and reviewed, assurance on actions taken received.	7
Falls	downgraded	Improvements seen in number of falls causing serious harm. CCG will maintain focus	8



Performance Improvement notices impacting on Quality	Escalated	Meetings with RWT held regularly and action plans agreed. More detail will be covered by the Finance and Performance paper.	
Workforce- RWT Risk Register	Escalated	RWT Nursing and consultant recruitment issues are impacting on Quality and Patient Safety	14
NHS Safety Thermometer	Red/Amber	Close monitoring and correlation with wider intelligence in progress- awaiting assurance	10
BCP Provider Performance:-		Remedial action plans in place, monitoring via Quality & Contract Review Meetings.	11-12
Safeguarding training	Red/Amber	Is in line with trajectory, but close scrutiny at quarterly reviews.	
Early Intervention Service CPA Mandatory training	Red/Amber	Progress is being made and remains under scrutiny.	
CQC Inspection Report	Amber	Rating 'requires improvement' for RWT. Action Plan completed March 2016, however the Trust is still awaiting the final report.	12
HONOS	Downgraded	All actions completed and closed.	12
7 day services	Downgraded	All actions on track and closed.	
CQC General Practice	Downgraded	Practice has had a re inspection, have achieved good overall.	12
Mortality	Green	Within expected limits, some data cleansing and audits being conducted.	12
Nice Assurance	Downgraded	Formal correspondence received	



		from MD at RWT that internal processes have been aligned. Improvements seen in NICE TAG implementation. Further assurance will be monitored by NICE Assurance Group.	
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## 1. BACKGROUND AND CURRENT SITUATION

The CCG's Quality and Safety Committee meet on a monthly basis.

This report is a material summation of the Committee's meeting on 9<sup>th</sup> February, 2016 and any other issues of concern requiring reporting to the Governing Body since that time. In addition, the presenter of this report will provide a verbal update on any key issues that have come to light since this report was written and about which the Committee decided needed be escalated to the Governing Body.

## 2. PURPOSE OF THE REPORT

- 2.1 To provide assurance to the Governing Body that the CCG Quality and Safety Committee continues to maintain forensic oversight of the Clinical Quality and Patient Safety in accordance with the CCGs statutory duties.
- 2.2 The Governing Body will be briefed on any contemporaneous matters of consequence arising after submission of this report at its meeting.

## 3 CURRENT SITUATION

### 3.1 Weekly Exception Reports

Weekly Exception Reports were introduced in 2014 to highlight key areas of concern which may attract media attention, may be an organisational reputation threat or a heads up alert is required before the next formal meeting. In the last few weeks the key concerns raised were:

- RWT Final CQC Report is still awaited (is now much later than expected, CQC acknowledge that there is a delay in their process).
- Walsall Health Care NHS Trust- CQC report rated 'inadequate' media attention.
- Junior doctor's strike was managed by RWT with minimum disruption to services.
- 2 Confidential leaks were reported, both are being investigated
- One treatment delay was reported, initial 48 hour report has been shared with the CCG and the full investigation report is being awaited.



### 3.2 Board Assurance Framework (BAF) and Red Risk Register Update

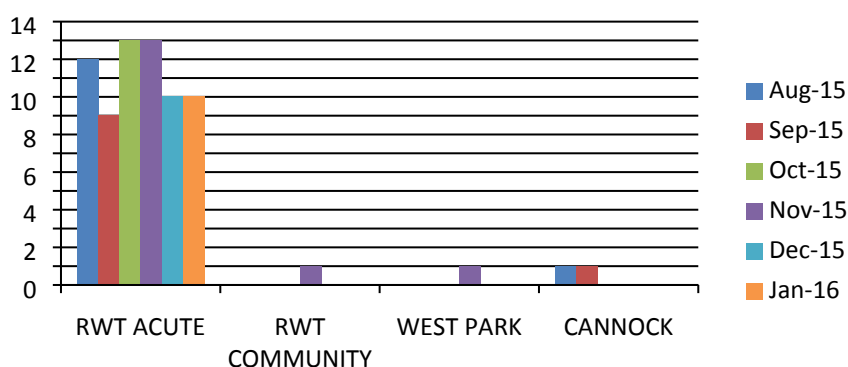
It was agreed at a previous Governing Body meeting that quarterly updates on the BAF and Red Risk Register will be incorporated into the Quality and Safety Executive Summary. The next update is scheduled to be presented in May 2016.

## 4. THE ROYAL WOLVERHAMPTON NHS TRUST

### 4.1 Serious Incidents (SIs)

10 new Serious Incidents were reported by RWT in January 2016, and they were all from RWT site.

**RWT All SI's (Excl PU's)**



Key trends seen over a six month period which were escalated to the trust in December 2015:

- Sub optimal care of patient transferred to another hospital
- Delay in diagnosis/delay in commencing treatment
- Patient identifiable data loss

Assurance sought – These items were discussed in detail at the January CQRM, the Trust have undertaken a review and found the following:

- Most incidents occur in A&E/radiology.
- Human factors are an issue in these departments.
- No one member/team/professional group are causing this effect.
- Excess use of locum staff in A&E is compounding on the issue.

Actions agreed:

- Focussed work on human factors with an external provider.

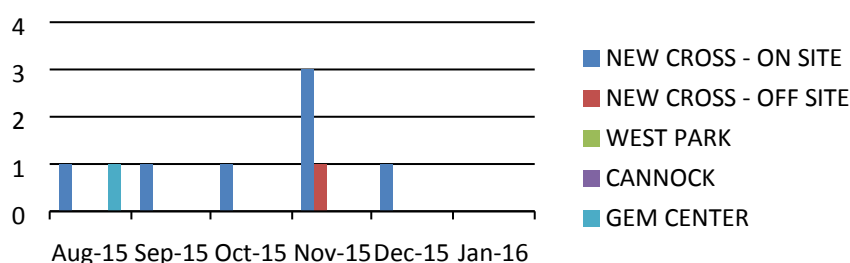


- Concerted effort to recruit to the consultant vacancies, the Trust has already contacted a ‘head hunter’ company.
- Nurse recruitment/retention/attrition and sickness, full report was requested for the next CQRM. This is covered in more detail in the workforce section of this section 4.13.
- Further assurance on the impact of the previous initiatives i.e. Assurance is also required about how arrangements for shared learning have been implemented from the: Radiology Discrepancy Meetings, General Surgery Governance Meetings, Grand Rounds and Sharing synopsis of RCA’s with all clinical directorates.
- February CQRM was cancelled due to RWT not having enough executives available; a full report is scheduled for the March meeting.

### 4.2.1 Confidential Breaches

Following a disappointing surge in November, there were zero incidents reported in January. The Trust has held an IG week in January for all new and existing staff, including specific groups as junior doctors, overseas nurses and staff from other sites. An increased awareness may show an increase in reported incidents, this will be monitored closely.

**Confidential Breaches - RWT Last 6 Months**



### 4.3 Never Events

One Never Event was reported by RWT in January 2016. A wrong tooth was extracted in 2014 and not discovered till January 2016. Full duty of candour has been applied and an investigation is in progress. In the current year there have been four NEs reported by RWT.

Assurance will be given at the March CQRM re changes made to the running of ophthalmic clinics in response to findings of the RCAs for the previous NEs.



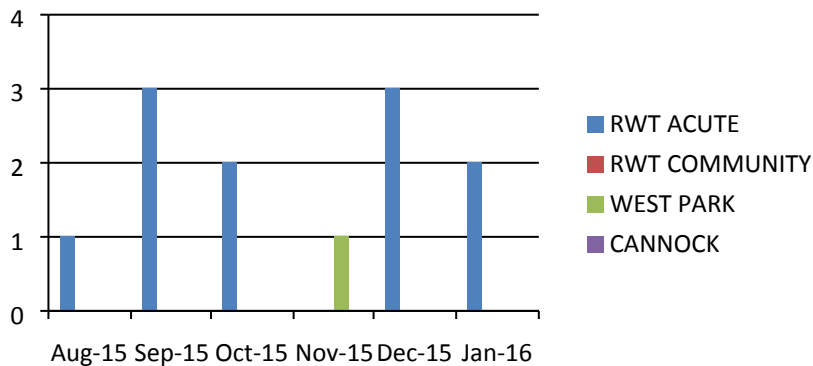
#### 4.4 Slips Trips and Falls

The Trusts Fall's Group was re-launched in October. Full reports are received at the monthly Patient Safety Improvement Group and there has been a reinvigorated effort to drive an increased falls awareness which is supported by the Chief Nurse. Falls is also a priority for the Trust in the Sign Up to Safety Campaign.

Assurance – the Deputy Chief Nurse advised CQRM in January that the Falls Prevention Group are reviewing Safer Staffing on wards Vs. patient 1:1 observations. There has been a reduction of falls month on month and the Trust is reporting below the National average. There are also local workshops and national events taking place in which Trust champions will be attending and reporting back.

2 slip/trip/falls incidents meeting the SI criteria were reported by RWT in January 2016. This is a sustained improvement over the last six months and is being monitored closely. In January, the Chief Nurse reported that an improvement had been seen in the new AMU, this is a more spacious environment and the nurses are based in the bays to undertake their paper work; thus allowing for improved supervision.

**Slip/Trip/Falls - RWT - Last 6 Months**



#### 4.5 Pressure Ulcers Grade 3

As discussed and agreed with NHS England Area Team, a new approach is needed. A new local health economy wide project is being launched, TOR has been agreed and first meeting was on 25<sup>th</sup> February 2016, chaired by Dr Dan De Rosa. Led by the CCG this will include and require all key health and social care stakeholders to make



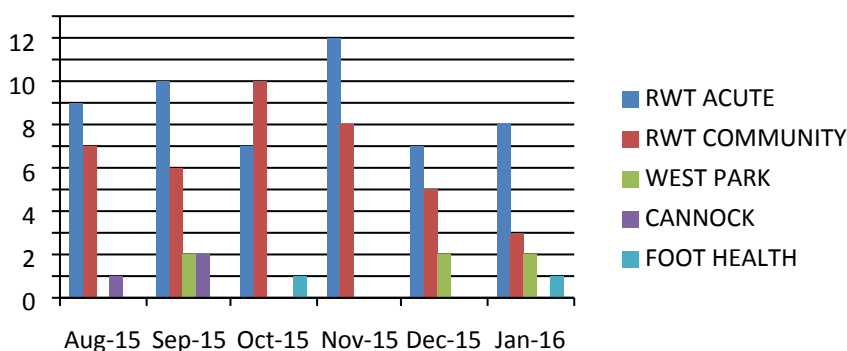


sustainable improvements. CCG Q&SC will receive regular updates and Governing Body will be appraised of any exceptions.

14 Grade 3 pressure ulcer incidents were reported by RWT in January 2016.

6 Grade 3 pressure ulcer incidents were reported by the Community and 8 reported by the Acute Trust. A trend has been observed in foot health services and this is currently being investigated.

### G3 Pressure Ulcers - RWT Last 6 Months



Zero grade 4 pressure ulcers were reported for the same time period.

#### 4.6 Health Care Acquired Infections Clostridium Difficile- escalated to Level II

The Trust has breached the number of CDiff cases for 14/15 and on-going assurances have been sought.

Key themes - January assurance meetings include:

- There have been no MRSA Bacteraemia cases reported within the quarter.
- C Difficile objectives are challenging for Wolverhampton and the Trust has breached its yearend target; 65 actual V target of 35. However, the concerted efforts have resulted in a reduction in the number of cases of CDiff in January which was 7. All 7 were externally unavoidable i.e. met the national minimum standards of care for hand, environment hygiene and no breaches in prescribing. As seen on page 10 chart, January 2016 has been the best performance against Cdiff since October 2014.
- Fidaxomicin is now in use for first recurrences and Human Probiotic Infusion (Faecal Transplant) is also available. Three cases successfully undertaken since pilot in 2014.
- 21 cases have been deemed **avoidable** up until the time of writing this report



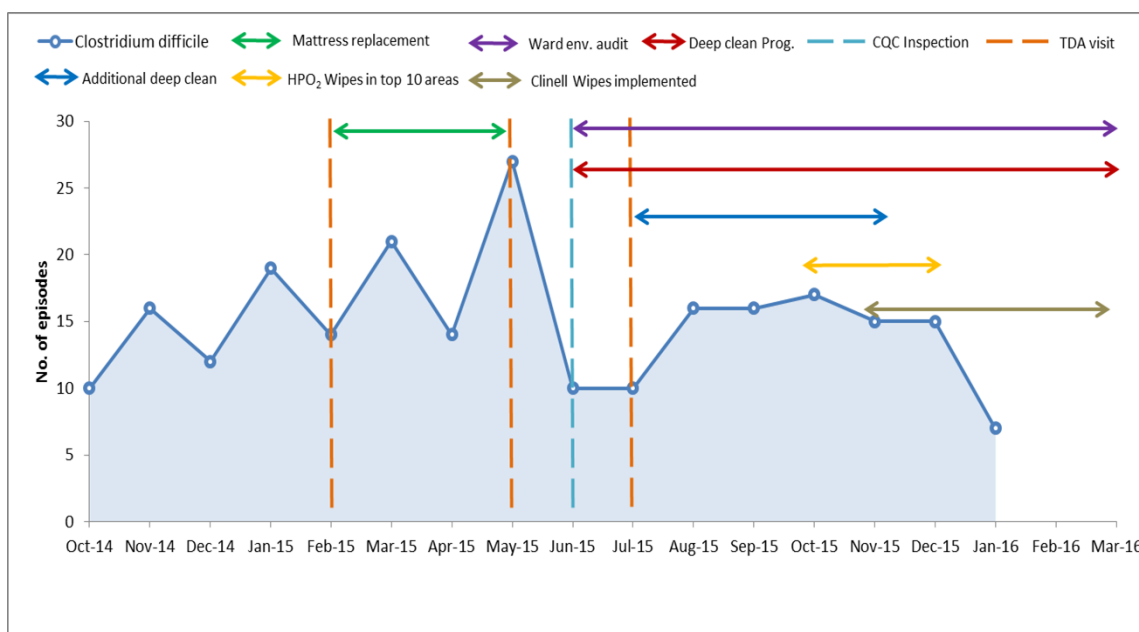
- There have been isolated cases of norovirus since the last quarterly report; all have been managed as per incident protocol.
- It had been reported that influenza ‘flu’ is circulating in Wolverhampton and there is a programme of see and treat with isolation, Tamiflu injection and monitor.
- The Trust wide HCAI action plan was shared, a review of antimicrobial prescribing guidelines will be undertaken by Dr David Jenkins, Consultant Medical Microbiologist at Leicester Royal Infirmary in April 2016.

**Assurance**

- Time to isolate has improved
- Treatment delay had decreased.
- HPV use 100% on discharge
- Time between cases improving
- Areas of most concern are currently being targeted
- The CDI rate remains high and exceeds control limit on SPCC funnel plot against region. Though early, there is some improvement seen in January.

CCG attend the monthly Infection Prevention & Control Group meeting and action plans are monitored closely to challenge impact, in addition all quality visits have a specific section on HCAI to ensure that ward audits, hand hygiene and patient comments are taken into account.

Action progress plan against positive cases can be seen below with plan to keep actions live post March 2016. See chart below for cumulative progress.



#### **4.7 West Midlands Quality Haemoglobin Disorders Review**

This was a follow up review visit in December 2015 following an initial visit in 2014. There were no immediate concerns identified and some general recommendations have been made to strengthen relationships across the network localities. The report is available on the WMQRS website.

#### **4.8 Quality - Performance Indicators are discussed in full detail in the CCG Finance and Performance Paper.**

#### **4.9 NHS Safety Thermometer**

Harm free care for December was 94.87%. This is an improvement over the last few months, it is important to consider this in conjunction with other data which may also be of concern i.e. increase in pressure ulcers, increase in HCAs and other alerts which could be of significance.

Action: The CCG Quality and Safety Team undertake a robust triangulation of all the data and intelligence from the wider system to then make a decision as to the level scrutiny which needs to be given. Currently, the scrutiny is high due to the number of escalations to level 2.

Assurance: data from several sources were triangulated and action taken to escalate these concerns to level 2. All issues were discussed at the January CQRM and further reports are expected at March CQRM for improvements to be demonstrated. All actions are reported back to Q&SC and Governing Body will be kept apprised of the exceptions.

#### **4.10 Birmingham and Black Country Provider on going and escalated issues**

##### **a) Safeguarding Training**

Remedial action plan performance in line with trajectory, now subject to monitoring at quarterly intervals until closure of the plan that is anticipated post December 2016.

##### **b) HONOS**

All actions achieved, Remedial Action Plan closed. Escalation downgraded February 2016.

##### **c) Early Intervention Service**



Patients continue to receive appointments within 5 working days, however don't always choose to accept or attend. Monitoring continues via CQRM to ensure all reasonable actions are being taken including liaison with a mental health provider who is performing well in this area.

**d) CPA**

There is a rate of 93.9% compliance and continual improvement. The dashboard shows as green, but there is a target of 95% on the trajectory. To be reviewed in January with a view to close but the RAP was not received in time. Difficulties in maintaining contact with some patients i.e. homeless. This was discussed and further narrative to be provided. To be reviewed February CQRM.

**e) Seven Day Services**

All outstanding actions complete and good progress is being made with on-going work. This RAP has been closed and deescalated.

**f) Mandatory Training Compliance**

This continues to perform well since the infection prevention improvement plan was closed down late 2015. Monitoring at divisional and trust level takes place at each quality review meeting, exceptions are provided and assurance provided.

#### **4.11 Regulator concerns**

The Governing Body has previously been appraised about the CQC inspection at RWT. The Trust has appealed its position of 'requires improvement' and a response from CQC is anticipated early in the New Year. In the meantime, a full and very comprehensive action plan is in place, has been discussed at CQRM and has been shared with the group. Good progress has been made and all actions are due to be completed by March 2016.

A General practice previously rated as 'inadequate' has recently been rated as overall 'good'. Two other are being supported to improve from 'requires improvement'.

BCPFT CQC report is currently awaited.

#### **4.11.1 Primary Care Joint Commissioning Committee**

Governing Body/  
Quality & Safety Committee Exec Summary MG/08 March 2016

Page 12 of 20



The Primary Care Liaison Group has now morphed into The Primary Care Operational Management Group, this group met for the first time on February 16<sup>th</sup> 2016. One of its key roles will be to continue to monitor CQC concerns in Primary Care. The one medical practice, which was rated as 'inadequate' has made significant progress and improvements were noted by the very recent CQC visit. It is now rated overall 'good' whilst some improvements in safety domain are being monitored. Two other surgeries rated as 'require improvement' are currently working to their action plans. As part of the improving quality in primary care initiatives, the CCG will be considering what other support we can give and how this will be delivered and monitored.

Assurance – it has been agreed that there will be a monthly report from the PCOMG to the Primary Care Joint Commissioning Committee (PCJCC) to monitor areas of escalated concern.

#### 4.12 Mortality

The Trust and CCG Mortality Review Groups met in October 2015 and January and February 2016. There is on-going work with audits and further discussions are planned for next meeting in New Year to agree a way forward to capture and analyse avoidable primary care deaths. The first of these meetings chaired by NHSE was held on 2nd February 2016. Work has commenced to improve mortality governance and WCCG is represented on the group and wider Tri partite Clinical Forum, first meeting is scheduled for March 22<sup>nd</sup> 2016.

There is currently one Dr Foster Mortality Outlier Alert; Chronic Kidney Disease (CKD) open and the Trust have submitted their data for review and have had a response that whilst the data is valid there will be a period of observation. The CCG will be kept apprised of progress and outcome and will take appropriate action.

The Trust Mortality Review Assurance Group met on 27<sup>th</sup> January and the February meeting was cancelled. Key areas discussed in January included:

- HSCIC data processing issues- delayed response from HSCIC
- Senility Audit feedback of the 31 cases reviewed using the NCEPOD grading tool; 26 were graded as good practice, 2 as room for improvement, 1 as less than satisfactory but deemed that death was not preventable and 2 not enough information. An action plan has been agreed by the Trust Mortality Review Group which is presented to the assurance group which is also attended by CCG and Public Health.



- MBRRRACE- UK Report (Jan- Dec 2013) published December 2015. A first National (UK) Report into perinatal deaths for 7 years. It provides valuable comparative data which has been lacking. It also makes adjustments to mother's age, socio economic deprivation based on mother's residence and ethnicity. It also adjusts for multiple pregnancy and gestation. A very detailed presentation was presented by RWT obstetricians and action plans currently being worked to by the risk management midwives.

Assurance – whilst assurance was given re the system and processes in place and the sign off by other regulators i.e. CQC, the Regional Network. The discussions concluded that assurance should be sought from an 'expert' for objectivity. This will be actioned immediately.

- Report of Neonatal Mortality Data was presented by a neonatologist. This includes all babies born at The Royal Wolverhampton NHS Trust BUT died anywhere in England in their early (0-7 days) or late (8-28 days) of life. Results of a clinical case review of 21 cases from 2013 were shared along with 9 cases from 2014. There is a marked reduction in the 2013 to 2014 figures.

Assurance - In 2013 an Infant Mortality Scrutiny Panel Review was setup in Wolverhampton with membership from the local health economy; this was presented to WCC Cabinet in July 2015 and favourably received by Councillor Darke. WCCG profiles for 2015 are now available and a further piece of work is planned. In the meantime to strengthen the work already undertaken at RWT, an external audit was supported to be undertaken.

#### **HED/HSMR (Oct 14- Sept 15)**

HED/HSMR index is at 111, an increase in last Quarters rolling 12 month position of 107. This is being explored with the Trust via clinical notes reviews.

The HED/HSMR has increased for other circulatory conditions, other perinatal conditions and chronic renal failure. These areas have not changed and it is being explored with the Trust as to how their mortality plan is prioritising these areas of improvement.

#### **HED/SHMI (Oct 14- Sept 15)**

HED/SHMI index is at 101 and not an outlier. Over the last 12 month period no obvious upward or downward trends have been observed.





RWTs overall SMHI for Q2 15/16 is 95. At a local health economy level this compares well with other West Midlands providers.

#### 4.13

#### Workforce

Following recent concerns regarding failing safer staffing numbers for various wards at RWT, an extra ordinary meeting was held on 28<sup>th</sup> January 2016 chaired by the TDA. The CCG Chief Nurse attended. The Trust gave an outline of current developments and challenges for recruitment including:

- Retention
- Impact on quality on areas of low fill rates and how this is managed
- Early capture of new graduate
- Local recruitment timelines
- Overseas recruitment timelines
- Workforce strategy direction
- Risks and mitigations
- Impact on recruitment following acquisitions of new site
- Planning assumptions reflection and going forward to next planning round.

Assurance- the Trust has addressed this challenge from various angles and gave detailed descriptions of the various initiatives in place. TDA and CCG have requested further assurance on how quality and safety of patients/staff is being maintained especially in the areas of low fill. This assurance will be sought at the next CQRM and the TDA will follow up at the March QSG meeting.

In addition, this issue has been escalated. Issues were raised at NHSE Directors of Nurses (provider and commissioner) meeting and an extraordinary meeting has been convened with Ms Jane Cummings, Chief Nurse of England in March 2016. This meeting will address recruitment of local students, changes with HEE rules for bursaries, overseas recruitment and the high failure rate of overseas nurses passing the IELTS test requirement which is impacting on immigration.

The CCG is undertaking a Primary Care Workforce Analysis from March till July/August 2016. This will enable the workforce work stream of the Primary Care Strategy to be progressed.

## 5.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST



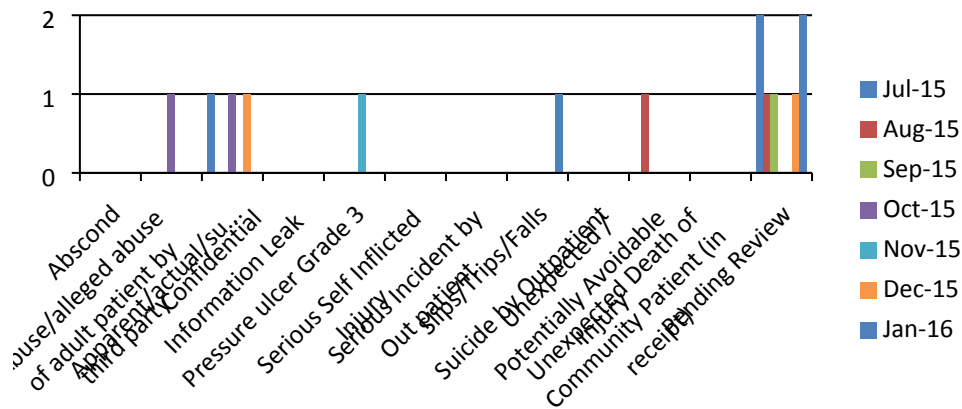
**5.1 Serious Incidents**

- Level of Concern as of 31<sup>st</sup> January 2016
- 

Black Country Partnership	
Month	Concern Level and Actions
January 2016	<b>Level 1 – Business as Usual</b>

Two new SI's were reported by BCPFT in January 2016:

**BCPFT All SI's - Last 6 Months**



**5.1.2 Never Events – zero reported**

**5.1.3 Falls – one incident reported**

**5.1.4 Numbers of Overdue SI's – zero**

**5.1.5 Overdue National Patient Safety Alerts (NPSA) – nil that we are aware of.**

**5.2 NHS Safety Thermometer**

BCPFT's harm free care rate for December 2015 was 99.39%.

**5.3 Items to Note from Clinical Quality Review Meeting**

Governing Body/  
 Quality & Safety Committee Exec Summary MG/08 March 2016





The theme of the quality review meeting which took place in January 2016 was Mental Health Services and the agenda covered:

- Serious incidents – all are scrutinised individually
- Medication incidents have increased; include prescribing errors identified by Modern Matron spot checks, immediate actions taken and action plan implemented.
- Long-term sickness is an issue and the Trust are reviewing policies and staff surveys
- Retention of staff, vacancy rate is 118.5 fte

It was agreed that the following items were to be escalated and be monitored at CQRM:

- I. CQC visit in November 2015, initial reports suggest that there were no serious safety concerns, minor issues were addressed immediately the full report will be available late January/early February.

#### 5.4 Safeguarding - Children

The Wolverhampton City Multi Agency Safeguarding Hub (MASH) had a 'soft' opening on Tuesday 5<sup>th</sup> January 2016. The CCG and other health stakeholders as RWT, BCP and Public Health met to agree the representation from health into this very important development. WCCG are funding 2 band 7 nurses who will be employed by RWT and BCP to be members of the core team at the MASH. In addition the CCG are recruiting 2 band 3 administrators to support the work of the health professionals. The CCG remains committed to this important development and are key members of the strategic and operational groups. The Governance arrangements for the MASH Service Level Agreements have been covered in the Chief Operating Officers Report.

The CCGs contribution to the Children's and Adults Safeguarding Boards for 15/16 was and in line with the expansion of the work to include; CSE, FGM, PREVENT this funding has been increased to £78.000 for 16/17 and recurrently.

#### 5.5 Safeguarding - Adults

The usual work for safeguarding adults continues and is monitored at Q&SC monthly. One key area of concern which has been escalated with the Local Authority Safeguarding Team is the delay in getting MCA/DoLs (Mental capacity and deprivation of Liberty Assessments) undertaken in a timely manner. The CCG has asked for a remedial action plan to identify trajectory of when the delayed assessments will be completed and on-going plan for more referrals received.



The Quality Nurse Advisors Roles have now been made substantive; this affords more security to the roles and enables a robust plan for improving quality of care in care homes across Wolverhampton.

Assurance- Following staff changes in the safeguarding teams at RWT and BCPFT recently, the interim Safeguarding Lead at RWT has made some changes to strengthen processes. He is reviewing the capacity and capability of the team and administrators that support the work, undertaking an activity analysis and wider review is planned for June. This will be undertaken by the CCG and the services of an external independent reviewer will be considered to offer the review some independent objectivity. Chief Nurses at both Trusts are engaged with the CCG Chief Nurse to ensure that quality standards for all safeguarding are being met appropriately.

## 6.0 Clinical View

The statutory duty of the CCG is to ensure the quality of services commissioned on behalf of the population of Wolverhampton is fit for purpose. The CCG strives to ensure the services it commissions are achieving minimum standards of clinical quality as defined by regulatory requirements, contractual requirements and best practice. The Quality Team engages with Secondary Care Consultant, Nursing professionals and GP colleagues.

## 7.0 Quality and Safety Committee

At the Quality & Safety Committee Meeting held in December, information from Quality Review Meetings held during the month of October and November were considered. Minutes of this meeting are available for information on the agenda.

Minutes from associated groups were also considered and discussed, all in accordance with the committee's terms of reference.

Items for escalation have been reported at the front of this report.

## 8.0 Patient and Public View

Patient Experience is a key domain within the Clinical Quality Framework and therefore forms part of the triangulation of various sources of hard and soft intelligence considered by the Quality & Safety Committee.

## 9.0 Risks and Implications

### 9.1 Key Risks

- Quality & Risk Team and nominated Board Members
- Risk of litigation has resource implications as well as organisation reputation risk



#### **10.0 Quality and Safety Implications**

- Provides assurance on quality and safety of care, and any exceptions reports that the Governing Body should be sighted on.

#### **11.0 Equality Implications**

EIA not undertaken for the purposes of this report, however, all commissioned services are planned and evaluated with an emphasis on impact on all users.

#### **12.0 Medicines Optimisation Implications**

- Medicines Optimisation ensures that the right patients get the right choice of medicine at the right time.
- The goal is to improve compliance therefore improving outcomes. Monitoring of this is undertaken by the medicines safety officer.

#### **13.0 Legal and Policy Implications**

- Risk of litigation has resource implications as well as organisation reputation risk. Risk of failure to meet organisational statutory responsibilities.
- Impacts on Quality Strategy, Patient and Public Engagement Strategy, CCG Board Membership, Quality and Safety Committee.
- Clinical Quality and Patient Safety Strategy has been refreshed & currently being consulted upon.

#### **14.0 Recommendations**

For **Assurance**

- **Note** the action being taken.
- **Discuss** any aspects of concern and **Approve** actions taken
- **Continue** to receive monthly assurance reports

**Name:** Manjeet Garcha  
**Job Title:** Director of Nursing & Quality  
**Date:** 22<sup>nd</sup> February 2016



**REPORT SIGN-OFF CHECKLIST**

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>M Garcha Dr Rajcholan</b>	
Public/ Patient View	<b>Pat Roberts</b>	
Finance Implications discussed with Finance Team	<b>NA</b>	
Quality Implications discussed with Quality and Risk Team	<b>Report of Q&amp;RT</b>	
Medicines Management Implications discussed with Medicines Management team	<b>David Birch</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>Juliet Herbert</b>	
Information Governance implications discussed with IG Support Officer	<b>Michelle Wiles</b>	
Legal/Policy implications discussed with Corporate Operations Manager	<b>NA</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Manjeet Garcha</b>	<b>22/02/2016</b>

