

**WOLVERHAMPTON CCG**

**PRIMARY CARE COMMISSIONING COMMITTEE**  
**1<sup>st</sup> October 2019**

<b>TITLE OF REPORT:</b>	Primary Care Quality Report
<b>AUTHOR(s) OF REPORT:</b>	Liz Corrigan
<b>MANAGEMENT LEAD:</b>	Yvonne Higgins
<b>PURPOSE OF REPORT:</b>	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	Overview of Primary Care Activity
<b>RECOMMENDATION:</b>	Assurance only
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	Providing information around activity in primary care and highlighting actions taken around management and mitigation of risks
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	



## 1. BACKGROUND AND CURRENT SITUATION

### PRIMARY CARE QUALITY DASHBOARD

RAG Ratings: 1a Business as usual; 1b Monitoring; 2 Recovery Action Plan in place; 3 RAP and escalation

Issue	Comments	Highlights for August 2019	Mitigation for September 2019	Date of expected achievement of performance	RAG rating
<a href="#">Serious Incidents</a>	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	One incident referred to PPIGG Another potential SI identified	One further incident to be reported to PPIGG	31 <sup>st</sup> October 2019	1b
<a href="#">Quality Matters</a>	All issues being addressed by appropriate teams at the CCG and trust that has raised the issue. For review at PPIGG as relevant	Five incidents open, three are overdue and have been chased, three relate to IG breaches re: blood forms, one to inappropriate referral and one to staff behaviour	12 open quality matters There have been several clinical incidents noted that are being followed up One incident is due to be reported to PPIGG	31 <sup>st</sup> October 2019	1a
<a href="#">Escalation to NHSE</a>	Four incidents due to be reviewed at PPIGG from Quality Matters	One incident referred to PPIGG awaiting outcome	One incident to be reported to PPIGG previous incident to be managed at CCG level	31 <sup>st</sup> October 2019	1b
<a href="#">Infection Prevention</a>	IP audit cycle has recommenced for 2019/20	Eight practices audited, every practice improved from previous annual audit. Issues identified relate to waste management, environment and PPE.	Five practices audited all practices have either maintained good rating or improved	On going	1a
<a href="#">Flu Programme</a>	Flu planning meetings have recommenced for 2019/20 flu season	Sufficient vaccine is available in the city but MHRA rules will not be relaxed this year. Monthly CCG/PH meetings have recommenced. Monthly NHSE teleconferences have commenced	Flu vaccines are due to be delivered from middle of September onwards with QIV being delivered from late September	31 <sup>st</sup> March 2020	1b



<a href="#"><u>Vaccination Programme</u></a>	Vaccination programmes continue to be monitored	There are plans to add MMR uptake to collaborative contracting visit agenda as an ongoing item and to share data with locality managers	Work continues to monitor uptake via contract visits and Immform with quarterly meetings with NHSE	On-going	1b
<a href="#"><u>Sepsis/ECOLI</u></a>	Planning continues around training for practices in reduction of gram negative infection – collaboration with IP team, prescribing and continence teams. Some practices have still not identified a sepsis lead and this is being chased.	Ongoing work against action plan	Ongoing work against action plan – training for nurses due to take place in November	30 <sup>th</sup> November 2019	
<a href="#"><u>MHRA</u></a>	No issues at present.	No further update	No further update	None at present	1a
<a href="#"><u>Complaints</u></a>	No issues at present – quarterly report due July 2019	Seven complaints received in Q4 <ul style="list-style-type: none"> <li>• 6 closed 1 open</li> <li>• 2 relate to the same practice</li> <li>• 4 not-upheld; 1 partially upheld; 1 upheld</li> </ul> Themes include: <ul style="list-style-type: none"> <li>• Prescriptions</li> <li>• Communication</li> <li>• Clinical treatment and errors</li> <li>• Staff attitude –this area the number of complaints has significantly reduced</li> </ul>	No new complaint data at present	On going	1a
<a href="#"><u>FFT</u></a>	Slightly lower uptake in July, most probably due to summer holidays	In July 2019 <ul style="list-style-type: none"> <li>• 6 practices did not submit</li> <li>• 2 submitted fewer than 5 responses</li> </ul> Uptake was 2.2% compared with 0.9% regionally and 0.5% locally.	In August 2019 (July data) <ul style="list-style-type: none"> <li>• 2 practices did not submit</li> <li>• 3 submitted fewer than 5 responses</li> </ul>	On-going	1a



		Practices have been reminded to nominate someone to upload their data if the main person is on leave. Full report to be provided next month	Uptake was 2.0% compared with 0.8% regionally and 0.6% nationally. Triangulation with GP survey data to take place		
<a href="#"><u>NICE Assurance</u></a>	No actions at present – next NICE meeting in August 2019	Next meeting in September	Awaiting new information	None at present	1a
<a href="#"><u>Collaborative contracting visits</u></a>	All practices now complete new cycle to commence in October 2019	All practices now complete, 5 action plans outstanding (minor issues only). Template reviewed again for new cycle from October.	New cycle to begin in October 2019	On going	1b
<a href="#"><u>CQC</u></a>	Monitoring of practices and support continues.	Three practices now have a requires improvement rating, these are being supported by CCG Quality and Primary Care teams	CQC have identified practices due for inspection in the next quarter and work with CCG around this. Telephone follow up continues for other practices CQC share outcomes and concerns	On going	1b
<a href="#"><u>Workforce Activity</u></a>	Work continues to promote primary care as a desirable place to work and to promote current programmes	GP strategy launch planning continues – venue now Himley Hall. GPN retention plan work streams under development.	GPN retention programme steering group set up. NHSE have invited STP to work with them at national level.	On-going Strategy 3 <sup>rd</sup> October	1a
<a href="#"><u>Workforce Numbers</u></a>	Awaiting NHS Digital workforce data release.	No change to status – data available but this is from September 2018 which is not new data.	No change in status	On-going	1b
<a href="#"><u>Training and Development</u></a>	None flagged at present	Further flu training will be held in September Spirometry training is due in September and December	Spirometry and MERIT training has commenced – this will be managed by training providers.	On-going	1a



		Immunisation training for HCAs will be available c/o Training Hub MERIT Diabetes training is being provided by pharma PMP will include immunisations and cytology	Immunisation training for HCAs has been provided by Dudley Training Hub. PMP continues. Non-clinical training continues.		
<a href="#">Training Hub/HEE/HEI update</a>	To continue monitoring, risk reduced and closed.	Sandwell CCG are now providing Training Hub cover, GPN facilitation remains with Dudley TH no issues noted	Nancy Szilvasi is now in post to support Wolverhampton and Walsall. Move towards one lead hub with spoke hub to support continues	On-going	1a



## 2. PRIMARY CARE QUALITY REPORT

### 2.1. PATIENT SAFETY

Measure	Trend	Assurance/Analysis																
Serious Incidents	<p>N/A – not enough data to display a graph/trend</p> <p>There has been one serious incident so far this year – unexpected death that was investigated by NHSE and closed. A second vaccine fridge incident has been identified recently – this does not meet the threshold and will be managed by West Midlands Screening and Immunisation Team</p>	<p><b>Incidents:</b></p> <ul style="list-style-type: none"><li>One vaccine incident being monitored.</li><li>All incidents are reviewed by serious incident scrutiny group</li><li>Incidents are also reviewed by NHSE PPIGG group</li></ul>																
Quality Matters	<p><b>QM Themes 2019-20</b></p> <table><caption>QM Themes 2019-20 Data</caption><thead><tr><th>Theme</th><th>Count</th></tr></thead><tbody><tr><td>IG Breach</td><td>2</td></tr><tr><td>Referral issue</td><td>1</td></tr><tr><td>Clinical</td><td>4</td></tr><tr><td>Refusal to see patient</td><td>1</td></tr><tr><td>Safeguarding</td><td>2</td></tr><tr><td>Delayed diagnosis</td><td>1</td></tr><tr><td>Staff behaviour</td><td>1</td></tr></tbody></table> <p>September</p> <p>■ IG Breach   ■ Referral issue   ■ Clinical   ■ Refusal to see patient ■ Safeguarding   ■ Delayed diagnosis   ■ Staff behaviour</p>	Theme	Count	IG Breach	2	Referral issue	1	Clinical	4	Refusal to see patient	1	Safeguarding	2	Delayed diagnosis	1	Staff behaviour	1	<ul style="list-style-type: none"><li>There are currently 12 open Quality Matters (QM)</li><li>3 Quality Matters were closed in August</li><li>0 open QMs are overdue.</li><li>One incident is due to be referred to PPIGG – IG breach.</li></ul> <p>QM is monitored daily by quality team and discussions are held with contracting and governance when required.</p>
Theme	Count																	
IG Breach	2																	
Referral issue	1																	
Clinical	4																	
Refusal to see patient	1																	
Safeguarding	2																	
Delayed diagnosis	1																	
Staff behaviour	1																	



	<table><tr><th>Monthly Variance</th><th>August</th><th>September</th><th>Percentage</th></tr><tr><td>New issues</td><td>4</td><td>2</td><td>40%</td></tr><tr><td>Open issues</td><td>2</td><td>10</td><td>62%</td></tr><tr><td>Overdue issues</td><td>2</td><td>0</td><td>13%</td></tr><tr><td>Closed issues</td><td>4</td><td>3</td><td>30%</td></tr></table>	Monthly Variance	August	September	Percentage	New issues	4	2	40%	Open issues	2	10	62%	Overdue issues	2	0	13%	Closed issues	4	3	30%	
Monthly Variance	August	September	Percentage																			
New issues	4	2	40%																			
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Escalation to NHS England	<div><div>Escalation to NHSE</div><table><thead><tr><th>Month</th><th>Series1</th><th>Series2</th><th>Series3</th><th>Series4</th></tr></thead><tbody><tr><td>August</td><td>1</td><td>0</td><td>0</td><td>0</td></tr><tr><td>September</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table></div>	Month	Series1	Series2	Series3	Series4	August	1	0	0	0	September	0	0	0	0	<ul style="list-style-type: none"><li>One incident is due to be reported to PPIGG but has not been at present</li></ul>					
Month	Series1	Series2	Series3	Series4																		
August	1	0	0	0																		
September	0	0	0	0																		

## 2.2. INFECTION PREVENTION

Measure	Trend	Assurance/Analysis
IP Audits	<p>New audit cycle commenced – please see attached IP audit report with proposed dates and current audit status/comparison with 2018/19 (Appendix 1) – please note red cells in column E relate to blank values.</p> <p>Main issues identified relate to:</p> <ul style="list-style-type: none"> <li>Refurbishment needed</li> </ul>	<ul style="list-style-type: none"> <li><b>IP Audit Ratings:</b> Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%.</li> <li>Work will continue with RWT IP team in regards to addressing themes and trends.</li> </ul>



	<ul style="list-style-type: none"> <li>• Sinks need replacing</li> <li>• Blinds need replacing</li> <li>• PPE should be wall mounted</li> <li>• Carpets in situ need removing</li> <li>• Equipment e.g. couches and fabric chairs need replacing</li> <li>• Mandatory training needs to be up to date</li> <li>• Cleaning audits should be available</li> <li>• Toilets need refurbishing</li> <li>• Replacing wooden skirting boards</li> <li>• General de-cluttering</li> </ul>	
<b>MRSA Bacteraemia</b>	One community case identified in June but no indication of origin e.g. GP, in data – no additional cases noted.	<ul style="list-style-type: none"> <li>• Unclear origin of MRSA from June, no further cases</li> <li>• No other areas of concern to report.</li> </ul>
<b>Influenza vaccination programme</b>	<p>The delay in QIV (under 65) flu vaccine is not as marked as previously thought but risk identified and recorded on register</p> <p>Flu season in Australia is currently earlier than usual with more cases identified but has now plateaued.</p> <p>Local plans around marketing, delivery and monitoring of vaccinations in collaboration with Public Health and GP/pharmacy partners now underway.</p>	<ul style="list-style-type: none"> <li>• Flu planning group met on September 2<sup>nd</sup>.</li> <li>• WM teleconference held on 12<sup>th</sup> September (see additional notes)</li> <li>• Bi-weekly meetings being held between CCG and public health.</li> <li>• Flu Fighters comics have been shared across the Black Country currently with Vaccination UK to be distributed with consent forms and letters</li> <li>• Work to make delivery across PCNs possible being developed by NHSE.</li> </ul>
<b>Vaccination programme</b>	<p>MMR uptake continues to be monitored</p> <p>Work to be undertaken around pertussis uptake in pregnant women</p>	<ul style="list-style-type: none"> <li>• To continue to work with PH around uptake.</li> <li>• To work with colleagues across the Black Country (particularly Dudley who have a very good uptake) to share good practice.</li> <li>• To feedback and receive data from regional screening and immunisation board.</li> </ul>
<b>Sepsis</b>	No data at present	<ul style="list-style-type: none"> <li>• Training for practice nurses is arranged for November 2019.</li> </ul>





## 2.2. MHRA Alerts

Measure	Trend	Assurance/Analysis																									
MHRA Alerts	<div><p>MHRA Alerts</p><p>■ Field safety notice ■ Device alerts ■ Drug alerts</p></div> <table><tr><th></th><th>Aug</th><th>Sept</th><th>Total</th><th>Percentage</th></tr><tr><td>Field safety notice</td><td>1</td><td>1</td><td>23</td><td>70%</td></tr><tr><td>Device alerts</td><td>0</td><td>0</td><td>2</td><td>6%</td></tr><tr><td>Drug alerts</td><td>0</td><td>1</td><td>8</td><td>24%</td></tr><tr><td></td><td></td><td></td><td>33</td><td></td></tr></table>		Aug	Sept	Total	Percentage	Field safety notice	1	1	23	70%	Device alerts	0	0	2	6%	Drug alerts	0	1	8	24%				33		No concerns to report at present
	Aug	Sept	Total	Percentage																							
Field safety notice	1	1	23	70%																							
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Drug alerts	0	1	8	24%																							
			33																								



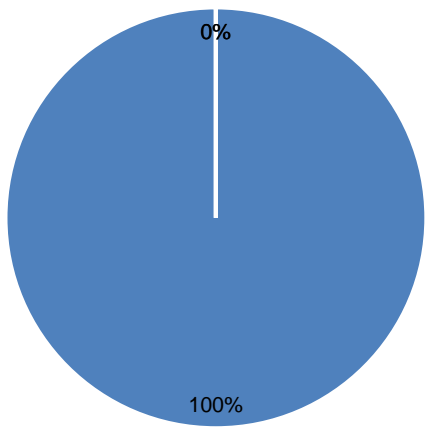
## 2.3. PATIENT EXPERIENCE

Measure	Trend					Assurance/Analysis
Complaints						No new complaints data available at present – awaiting Q3 data from NHS England.
Friends and Family Test	Percentage	June	July	West Midlands	England	<ul style="list-style-type: none"> <li>Uptake remains significantly higher than regional and national uptake.</li> <li>Total non-responders 5 practices (no data, zero data or suppressed data) – still significantly lower than regional and national average. All practices have been contacted.</li> <li>Uptake is reviewed on a monthly basis by the Quality Team and Primary Care Contract Manager.</li> <li>For highest and lowest uptake the locality managers have been advised.</li> <li>Full report attached as appendix 1</li> </ul>
	Total number of practices	40	40	1358	6996	
	Practices responded	85.0%	95.0%	65%	61.0%	
		34	37			
	No submission	15.0%	5.0%	35.0%	39.0%	
		6	2			
	Zero submission (zero value submitted)	0.0%	0.0%	N/A	N/A	
		0	0			
	Suppressed data (1-4 responses submitted)	5.0%	7.5%	14.9%	12.8%	
		2	3			
	Total number with no data (no/zero submission and suppressed data)	20.0%	12.5%	44.7%	46.8%	
		8	5			
	Response rate	2.2%	2.0%	0.8%	0.6%	



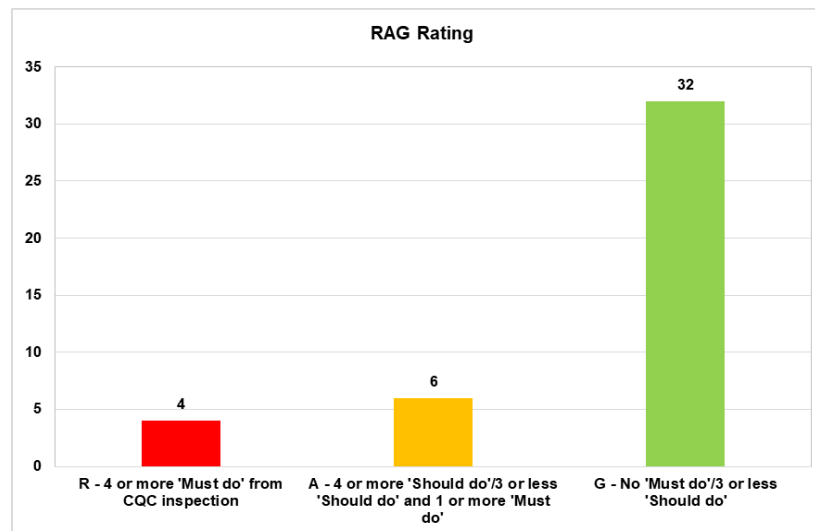
## 2.4. CLINICAL EFFECTIVENESS

### NICE Assurance – Updated Quarterly

Measure	Trend	Assurance/Analysis
<b>Collaborative Contracting visits</b>	 <p>■ Practices visits completed ■ Practices visits booked ■ Outstanding visits</p>	<p>Visit schedule for this cycle is now complete – new cycle due to commence in October with visits discussed at Primary Care Operational Management Group and undertaken due to intelligence shared.</p> <p>Slightly amended template including a section on celebrating good practice and sharing examples of good documentation. Flu activity and MMR uptake will also be included.</p>



## CQC ratings



CQC continue to liaise with CCG to support the inspection process. Three practices in total for Wolverhampton have a requires improvement rating assurances have been provided by those sites. Two have had a revisit, one is being supported by CCG team.

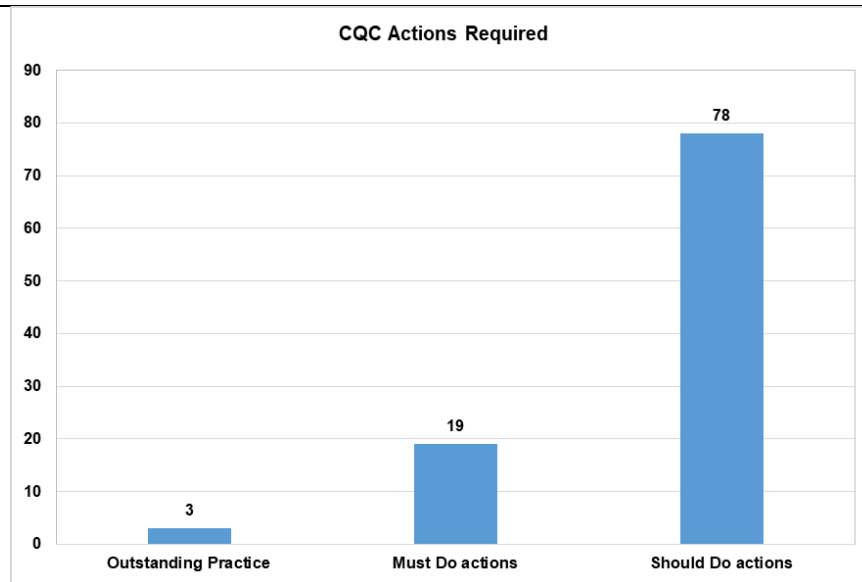
Outstanding actions are managed by inspectors via 3 monthly virtual or face to face review.

Inspections by year:

2014 – 2  
2015 – 2  
2016 – 13  
2017 – 13  
2018 – 9  
2019 – 3

Several practices are due an inspection due to changes in provider and next inspections have been shared with CCG for discussion.





CQC Ratings by Domain	Overall	Safe	Effective	Caring	Responsive	Well-led	People with long term conditions	Families, children and young people	Older people	Working age people (including those recently retired and students)	People experiencing poor mental health (including people with dementia)	People whose circumstances may make them vulnerable
Outstanding	0	0	0	0	0	0	0	0	0	0	0	0
Good	39	35	40	41	41	39	39	39	39	39	39	39
Requires Improvement	3	7	2	1	1	2	3	3	3	3	3	3
Inadequate	0	0	0	0	0	1	0	0	0	0	0	0
	42	42	42	42	42	42	42	42	42	42	42	42

## 2.5. WORKFORCE DEVELOPMENT

### 2.5.1. Workforce Activity

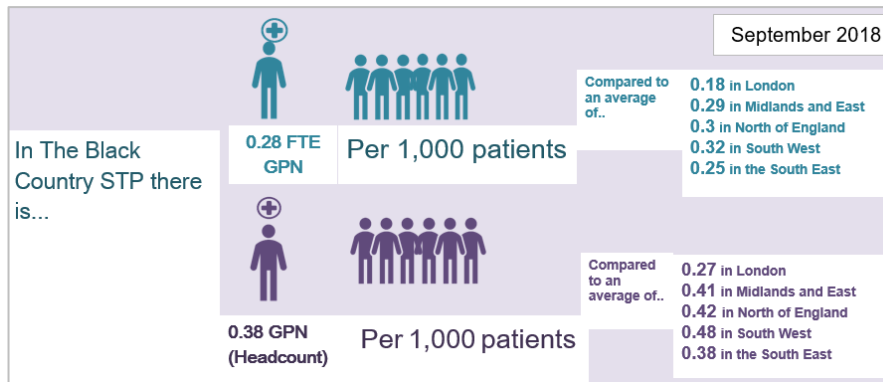
Measure	Assurance/Analysis
<b>Recruitment and retention</b>	<ul style="list-style-type: none"> <li>STP project manager and project support in post to support GP and GPN retention programme alongside other workforce work streams</li> <li>GP retention programme continues – mentorship, first fives, pre-retirement and portfolio careers work streams underway, mid-career work to commence</li> <li>The practice nurse retention programme has received funding approval at STP GPFV board level – steering group for work streams has been set up. STP has been invited to participate in the national pilot programme which includes additional support. Invitation to speak at a national event.</li> <li>HCA apprenticeship programme has 5 staff who have commenced or due to commence and one practice who is interested in larger scale HCA training and the employment of business and administration apprentices and upskilling HCAs to NAs – additional training to support this to commence</li> </ul>
<b>GPN 10 Point Action Plan</b>	<ul style="list-style-type: none"> <li>Action 1, 2, 4, 5, 7, 8, 9 and 10: GPN strategy has been approved launch currently being arranged. This now forms part of STP Primary Care Strategy.</li> </ul>



	<ul style="list-style-type: none"> <li>• Action 1: Work experience pilot ran between 1st and 5th July with Public Health, CCG and Pharmacies. Good feedback from all parties, evaluation has been shared to extend next year.</li> <li>• Action 2, 4 and 10: Digital Clinical Supervision pilot, has now finished but the sessions are continuing in Wolverhampton face to face and via Skype with technical problems persisting.</li> <li>• Action 4: GPN Strategy supports GPN involvement in PCN boards at strategic level and leadership programmes such as Rosalind Franklin.</li> <li>• Action 3: there are currently 17 practices and the CCG itself offering student nurse placements with another three expressing an interest, but there is some movement of mentors due to job changes.</li> <li>• Action 4: nurses are due to commence Fundamentals of General Practice Nursing in January.</li> <li>• Action 5: Further work is being developed to promote the Return to Practice programme via Futureproof.</li> <li>• Action 7: Nurse Education forum continues on a monthly basis with plans to develop this further next year to include HCAs - a change in venue should be noted due to increased costs at current venue. Planned sessions include Cytology, Frailty and hydration, COPD, cancer care reviews, pain management, complaints and serious incident training and wound care.</li> <li>• Action 9: The CCG can support 3 Nursing Associate apprenticeships with backfill in primary care, comms have been developed and circulated - no candidates at present despite active recruitment.</li> <li>• Action 9: HCA apprenticeships programme has commenced with two candidates started in April and 4 further candidates identified as part of a pipeline programme in one practice, recruitment continues.</li> <li>• Action 10: The Nurse Retention plan has now been collated with work streams being planned as part of the GPN Strategy – task and finish group to meet on 19<sup>th</sup> September, funding agreed and invitation to take part in national programme</li> <li>• All Actions - GPN Strategy Launch will take place on 3rd October at Himley Hall in Dudley.</li> </ul>
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## 2.5.2. Workforce Numbers

Measure	Trend	Assurance/Analysis
<b>Workforce Numbers</b>	<p>No data at present – awaiting figures from NHS Digital</p>  <p><b>In The Black Country STP there is...</b></p> <p><b>GP Data:</b>  0.28 FTE GPN Per 1,000 patients  Compared to an average of...  0.18 in London  0.29 in Midlands and East  0.3 in North of England  0.32 in South West  0.25 in the South East</p> <p><b>GPN Data:</b>  0.38 GPN (Headcount) Per 1,000 patients  Compared to an average of...  0.27 in London  0.41 in Midlands and East  0.42 in North of England  0.48 in South West  0.38 in the South East</p> <p>September 2018</p>	<p>Figures taken from NHS Digital data are for September 2018 with the next update due imminently. Local figures are monitored via dashboard</p>

## 2.5.3. Training and Development

Measure	Assurance/Analysis
<b>GP</b>	<ul style="list-style-type: none"> <li>GP retention programme continues</li> <li>Work continues around portfolio careers programme with a number of candidates expressing and interest</li> <li>Work undertaken with trainees around preferred place of work and aspirations</li> </ul>
<b>Nurse/HCA/Nursing Associate</b>	<ul style="list-style-type: none"> <li>CCG GPN Leads meeting hosted by Wolverhampton CCG with rolling chair (currently with Worcestershire CCG)</li> <li>Strategy launch booked for 3<sup>rd</sup> October – good uptake already, speakers confirmed</li> <li>Practice Makes Perfect continues.</li> <li>Cytology training arranged for October in collaboration with CRUK, RWT and PHE</li> <li>Apprenticeship programmes are up and running – HEE keen for NA apprenticeships to be expanded considerably</li> <li>Spirometry training commenced with 15 candidates</li> <li>Uptake for sponsored places being monitored – 2 for specialist practice and potentially 4 for Fundamentals in January</li> <li>Funding for all GPN retention programmes identified</li> </ul>





	<ul style="list-style-type: none"> <li>Funding for NMP and HCA training identified</li> <li>Additional funding available for newly qualified nurses and new to general practice nurses</li> </ul>
<b>Other professionals</b>	<ul style="list-style-type: none"> <li>HEE have JDs available for all new primary care roles</li> <li>There are varied models of employing new roles within PCNs being proposed from maintaining current provision and buying cover, to direct employment to a proposed social enterprise model</li> <li>Pharmacist networks under development.</li> <li>Two Physicians Associates in post with two more to follow</li> <li>Staff side discussions underway c/o HEE around new roles particularly paramedics re: concern over capacity in WMAS</li> </ul>
<b>Non-clinical staff</b>	<ul style="list-style-type: none"> <li>GPFV training continues</li> <li>Care navigation training being developed further to include signposting to non-GP professionals in practice</li> <li>Personalised care training being rolled out</li> <li>Practice resilience training is available at STP level.</li> <li>PMs have requested their own forum be developed</li> <li>Work continues across the STP to ensure equality of opportunity for development</li> </ul>

#### 2.5.4. Partnership Update

	<b>Exceptions and assurance</b>
<b>Black Country Training Hub</b>	<ul style="list-style-type: none"> <li>Sandwell TH now providing cover for Wolverhampton and Walsall CCGs with two project managers in post</li> <li>Training Hubs actively working with PCNs to identify workforce and training needs</li> <li>Digital Nurse Champion project continues – third cohort to commence in September TH lead</li> <li>Digital work undertaken with video by Doreen Tipton and other videos to follow</li> <li></li> </ul>
<b>LWAB/HEE</b>	<ul style="list-style-type: none"> <li>LWAB money – 25% ring fenced for primary care</li> <li>HEE exploring group consultations.</li> <li>Development around training hubs continues.</li> <li>Work around digital leadership and nurse champions continues.</li> <li>Work around population health management commenced with links with PHE</li> <li>Joint working with BSOL being considered</li> <li>Volunteering work being explored</li> </ul>
<b>Higher/Further Education</b>	<ul style="list-style-type: none"> <li>Fundamentals starting in January in Wolverhampton and September in BCU</li> </ul>



- |  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• SP degree starting in September – 2 candidates</li> <li>• ACP – no candidates this year</li> </ul> |
|--|---|

### 3. CLINICAL VIEW

N/A

### 4. PATIENT AND PUBLIC VIEW

N/A

### 5. KEY RISKS AND MITIGATIONS

All risks addressed through Quality and Safety, Primary Care and Workforce Risk registers.

### 6. IMPACT ASSESSMENT

#### 6.1. *Financial and Resource Implications*

N/A

#### 6.2. *Quality and Safety Implications*

Report is also delivered to Quality and Safety Committee – quality implications are addressed via this group.



**6.3. Equality Implications**

N/A

**6.4. Legal and Policy Implications**

N/A

**6.5. Other Implications**

N/A

**Name: Liz Corrigan**

**Job Title: Primary Care Quality Assurance Coordinator**

**Date: 23/07/2019**

**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.**

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	



Any relevant data requirements discussed with CSU Business Intelligence	N/A	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Yvonne Higgins</b>	<b>20/09/2019</b>

