

**WOLVERHAMPTON CCG**

**Governing Body**  
**14<sup>th</sup> March 2017**

**Agenda item 15**

<b>Title of Report:</b>	<b>Executive Summary from the Quality and Safety Committee</b>
<b>Report of:</b>	Manjeet Garcha, Director of Nursing and Quality
<b>Contact:</b>	Steven Forsyth, Head of Quality and Risk
<b>Governing Body 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 confidential due to the sensitivity of data and level of detail.
<b>Relevance to CCG Priority:</b>	This report is intended for the public domain
<b>Relevance to Board Assurance Framework (BAF):</b>	Domains 1, 2, 3 and 4.

**Key issues of concern for noting**

	<b>Level 2 RAPS breached escalation to executives and/or contracting/Risk Summit/NHSE escalation</b>
	<b>Level 2 RAPS in place</b>
	<b>Level 1 close monitoring</b>
	<b>Level 1 business as usual</b>

Key Issue	Level	Comments	Detail on page/RAG
SBAR issues escalated in 2016 Report received, monitor for 3 months	1	<ul style="list-style-type: none"> <li>Delayed diagnoses</li> <li>Delayed treatment</li> <li>Sub-optimal care (transfer of patient)</li> <li>NE Quality Visits 14/11/16</li> <li>Review in May 2017</li> </ul>	4
Pressure Injury Grade 3/4	1	Close monitoring	7
Increased HSMR and SHMI	2	Latest HSMR and SHMI (July15-June16) increased. Full programme of monitoring in place	12
Health Acquired Infections- CDiff	1	Potential risk of increased incidence and potential harm RWT has reached its annual target, monthly CDiff back to trajectory (Nov – Jan) for close monitoring	6
HCAI- CPE and others	2	Mycobacterium chimaera: infections linked to bypass machine, national issue with manufacturer being addressed, local patient look back review in progress CPE, numbers rising as per national picture, improved accountability framework and increased focus	5
Performance Improvement notices impacting on Quality	2	Meetings with RWT held regularly and action plans agreed. More detail will be covered by the Finance and Performance paper.	F & P report
Vocare	2	Vocare issues concerning quality of data and safeguarding cover. Escalated meeting on 9 <sup>th</sup> March	14
Safeguarding	2	RWT designated and named Dr cover for Safeguarding Children, LAC and CDOP is not as robust. Whilst posts are covered and there are no gaps, substantive plans for recruitment are not known. This has been escalated by contract letter sent to RWT on 3 <sup>rd</sup> March requesting immediate assurance BCP interim safeguarding medical cover till March 13 <sup>th</sup> , then substantive Dr coming into role Awaiting final rating from OFSTED 31 <sup>st</sup> March 2017	15
CQC General Practice RWT/BCPFT	1	2 practices are being supported for 'requires improvement' RWT RI plan in place and BCPFT rating is now 'Good'	16

## **1.0 BACKGROUND AND CURRENT SITUATION**

The CCG Governing Body delegates the quality and safety oversight to its Quality and Safety Committee, which meets on a monthly basis. This report is a material summation of the last Committee meeting 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.

## **2.0 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 Clinical Quality and Patient Safety in accordance with the CCG's 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.

## **3.0 CURRENT SITUATION**

### **Weekly Exception Reports**

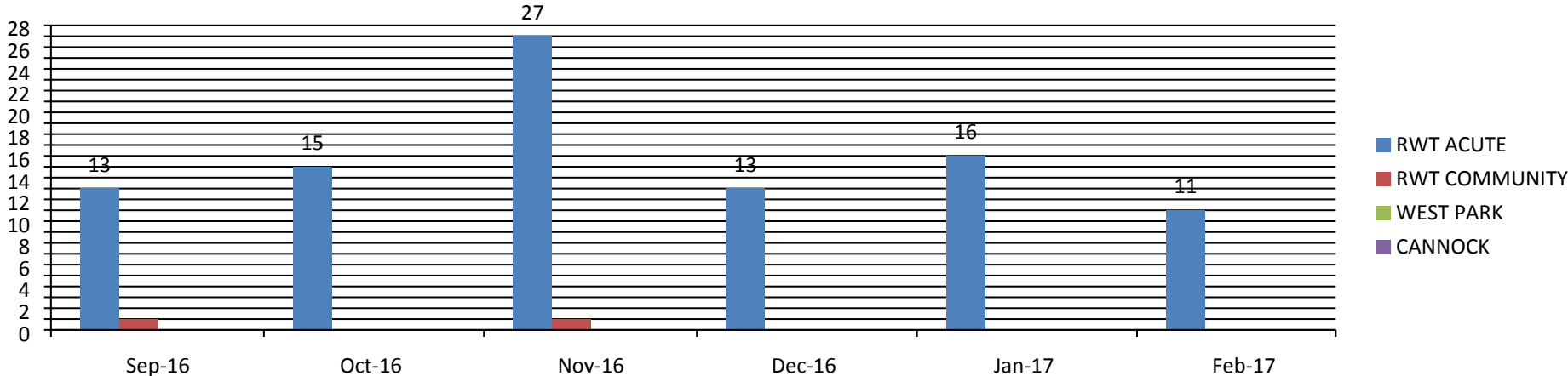
There are two homes in the City that are closed due to staff and resident influenza. The home are maintaining safety and standards of care and the Infection Control Team are advising and supporting resilience.

## **4.0 ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST**

The Governing Body is asked to note the following:

### **a) Serious Incidents**

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



Type Of Incident	Number of incidents
Treatment delay	4
Falls	2
IP	1
Diagnostic Delays	2
Pending Review	2
<b>Total</b>	<b>11</b>

NB. As reported in the February Governing Body Report, the Professor Mathew Cooke Report into findings related to SIs in Emergency Care has been reviewed and an action plan will come to the March CQRM. This will be monitored closely and hence remains amber on page 2 dashboard.

#### **4.1 Infection Control Serious Incidents**

There was one serious incident reported for the HCAI/Infection control. It was reported that a Carbapenemase Producing Enterobacteriaceae (CPE) was detected in a patient's urine specimen and further contact tracing and screening exercise identified a further 3 patients with presumptive CPE. Therefore, it met the criteria for outbreak as defined in the national guidance. The incident was reported as an SI, an outbreak meeting was convened and a full RCA is being undertaken. A further update will be received at the next RWT Infection Prevention Meeting, which the CCG attends.

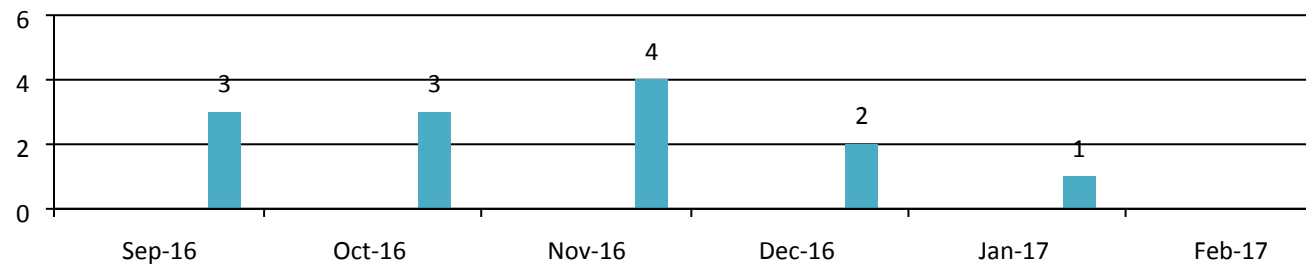
Mycobacterium Chimaera: infections linked to heater cooler units used with cardiac surgery bypass machines have recently received national media attention. As a result RWT have set up a responsive task and finish group to address the issues this raises:

- National address of issue with manufacturer (the company is the world leader for the production of this machine and if contracts are severed or disrupted, it is perceived that this will have severe impact on cardiac surgery worldwide.
- RWT have introduced a local cleaning regime, this has proved challenging as the local cleaning regime is also adding to the problem of the machine.
- A look back exercise has commenced, cohorts of patients have been identified; this entails contact with GP practices, confirmation patient is still contactable and then contact will be made with each patient within the agreed timescale.
- RWT have prioritised this piece of work and the infection control team are leading
- PH are leading on communications with GPs and wider.
- A regular update and assurance of progress with action plans will be sought at CQRMs and infection control meetings in collaboration with NHSE, Public Health and National Medical Safety Alerts systems.

##### **4.1.2 C.Diff Incidence**

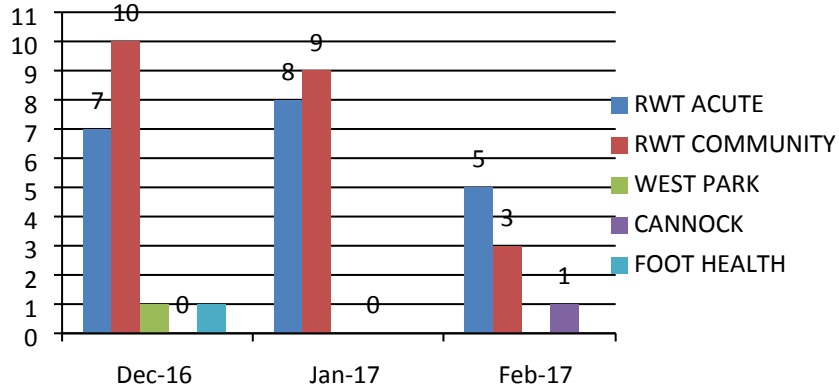
As previously reported the Trust has breached its annual target. However, there has been a significant reduction in C.Diff numbers reported by RWT in the last 5 months; Sept to Jan with the exception of Nov met its monthly trajectory and zero reported for February 2017 (final data sign off is March 15<sup>th</sup>) so this figure may change. The improvements appear to be due to a trust wide collection of activities at all levels which now are having a positive impact.

### Last 6 Months C Diff Monthly Figures RWT

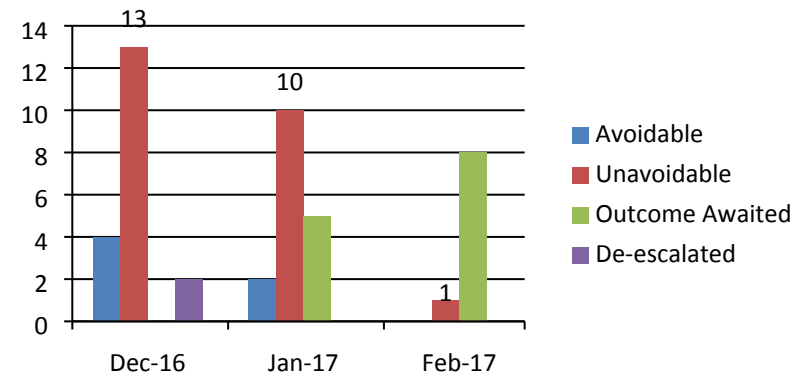


#### 4.1.3 Stage 3 Pressure Injuries, avoidable and unavoidable in the last 3 months

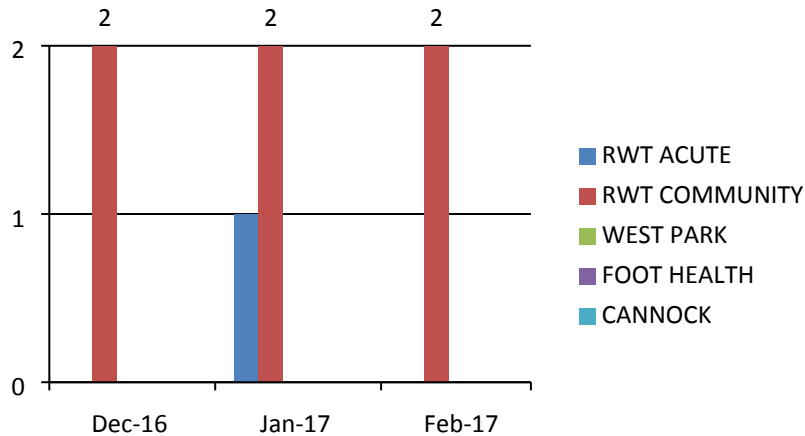
**Stage 3 Pressure Injuries - RWT Last 3 Months**



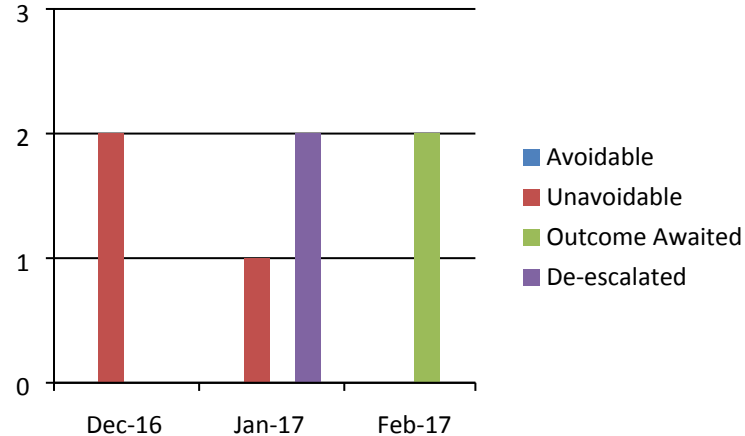
**S3 - U/A Outcomes - Last 3 Months**



**S4 by site Last 3 Months.**



**S4 - U/A Outcomes - Last 3 Months**



- There were 11 Pressure injuries incident reported for February 2017 which is a significant reduction compared to January

2017. 9 incidents reported as stage 3 and 2 incidents were reported as stage 4 pressure injuries.

### Themes Emerging from Pressure Injury RCA's :

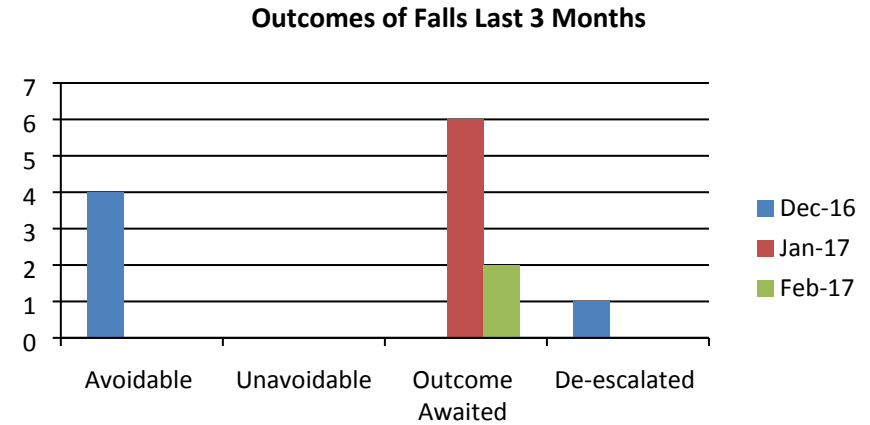
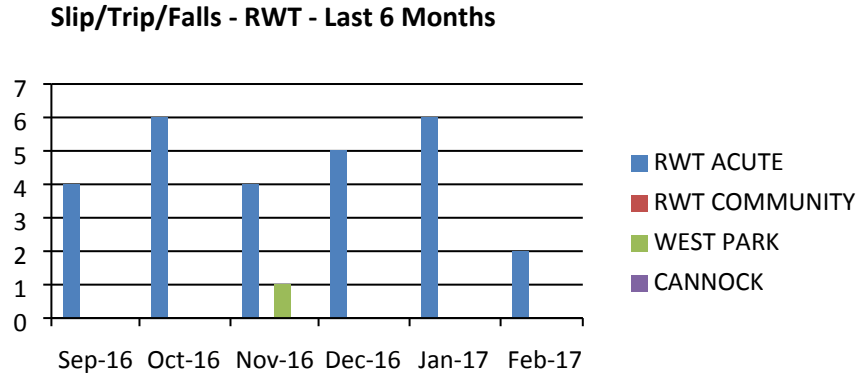
- Failure to assess and escalate pressure injuries in a timely manner
- The avoidable hospital incidents' themes were omissions in recorded interventions or omissions in discharge planning.
- Domiciliary care staff issues, this has been escalated to the LA domiciliary care commissioner and the commissioning manager has been invited to the scrutiny meetings.

### Actions :

- Weekly Pressure Injury scrutiny meetings chaired by RWT Chief Nurse
- Tissue Viability Strategy plans for year 1- reviewing the wound formulary as pathway at a time, which leads to further pathway development. Pathways launched with in Trust, General Practices and Nursing Homes.
- Tissue viability steering group and CCG pressure ulcer steering group are working on further analysis of trends and recommended best practice. Some innovations require business cases to support implementation, particularly to prevent inherited incidents.
- CCG are submitting a business case to support a wound centre of excellence in January, with an aim to improve the patient referral and care pathway within a community setting.
- Table top exercise to compare heel offloading devices planned for June now once procurement have completed cost analysis of the 3 preferred products. This is due to plans required for the wound assessment CQUIN.
- The Tissue Viability Team has completed a table top exercise to compare and agree 2 items for the formulary.
- Reinforce all clinical areas to achieve 100% compliance with manual handling and pressure injury prevention and management training. This is part of the mandatory training requirements which the Trust reports to CQRM.
- Daily walk rounds by ward managers to check the overall documentation for the skin assessment and care delivered to the patients. This is part of the ward dashboards and the ward managers are held accountable at the scrutiny meetings.



#### 4.1.4 Patient Slip/Trip/Falls



There were 2 patient falls which met the serious incidents reporting criteria for February 2017. This is a significant reduction compared to the previous 6 months.

It should be noted that a serious patient fall was discussed at February 2017 RWT accountability meeting. In this incident, an 88 year old patient was admitted to the acute medical Unit at the RWT on 13<sup>th</sup> January 2017 and was later transferred to ward C19. However, this patient sustained a serious fall on ward C19 and subsequently died on 17<sup>th</sup> January 2017. WCCG has been informed that this incident is being investigated by the Royal Wolverhampton Hospital Trust, Local Authority, the Coroner and the Police. The CCG is in regular dialogue with RWT to gain assurances regarding this investigation.

#### Themes emerging from Patient Falls RCA's:

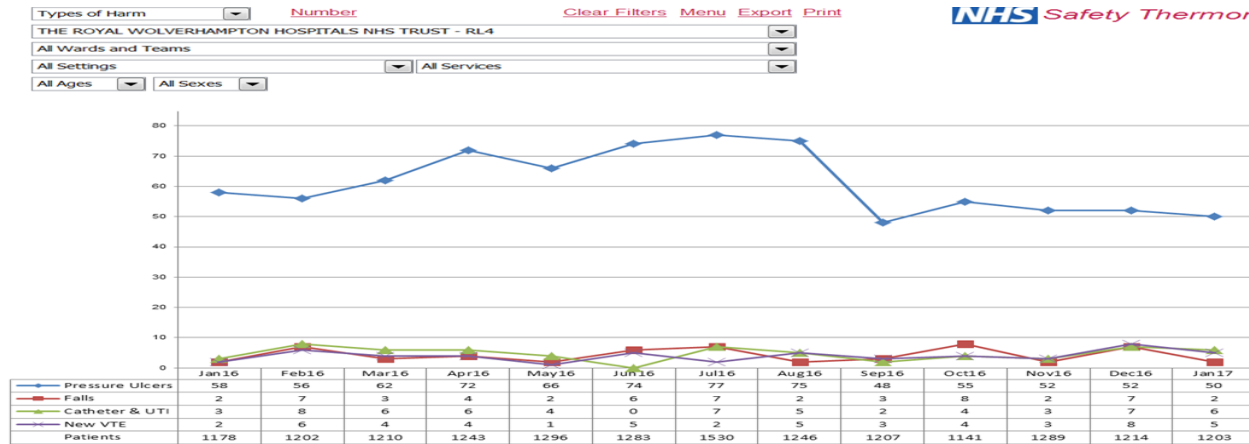
- Delays in patient discharge once medically fit for discharge
- Multiple moves/transfers of patients within hospital
- Patient transfers to inappropriate clinical areas
- Lack of supervision of confused and at high risk of falls patients

**Actions :**

- Falls prevention and post falls policies has been revised and has been implemented
- Internal audits of time and day of falls (there is evidence to suggest that staffing or environment at night is having impact)
- External scrutiny, NHSi National Falls Collaborative
- Staff training and education compliance monitoring
- All clinical staff to ensure medical falls assessment have been completed, this is monitored via ward dashboards and matrons have accountability at the Chief Nurse scrutiny meetings
- Arm's length and Tag Nursing (i.e. Arm's Length is when someone is within arm's length of the patient throughout and Tag Nursing is when there is someone nominated in the vicinity)

**5.0 NHS Safety Thermometer** – RWT recorded 94.85% harm free care for January 2017.

Graph below shows areas of harm.



## 6.0 Never Events

Further to the previous report, there have been no further NEs reported by RWT. The total for the year to date is 4. All 4 have been investigated with comprehensive actions plans in place.

May 2016	Maternity/obstetrics (swab)	1
Sept 2016	Wrong side procedure (wrong heel)	1
Oct 2016*	Wrong side procedure (wrong eye)	1
Dec 2016	Retained Surgical Swab	1
<b>Total 16/17 (ytd)</b>		<b>4</b>

- Wrong side eye injection

## 7.0 Mortality

RWTs most recent HSMR and SHMI data is indicating deterioration in their position. Whilst some significant targeted work is being carried in in collaboration with the RWT, CCG, NHSi and the CSU, the Trust have commenced on the following actions;

1. Ensure that all directorates follow the mortality policy. That all deaths undergo review that the relevant documentation is forwarded to governance /uploaded onto Sharepoint and any deaths graded as potentially avoidable undergo a formal MDT within the designated timeframe with the summary and actions presented to Mortality Review Group. Managing this process will require directorate and Divisional oversight to ensure that the Trust is compliant, and will be supported by Governance.
2. The Trust has been challenged on the “independence” of the case note reviews and advised that the internal directorate reviews currently give poor external assurance. The Trust is arranging some peer review/audit of case records using clinicians from other Trusts. There is no formal process for arranging this regionally or nationally, so it will need local discussions and arrangements.
3. In addition, it has been recommended that the Trust arrange an external review of clinical “pathways” to provide further assurance that these are robust and safe and are not exposing gaps which could cause adverse outcomes. The Trust will review Myocardial Infarction and UGI haemorrhage pathways (these are diagnostic groups which are currently alerting).
4. The Trust will also review their process for palliative care coding. The Trust is suggesting that this has progressively declined since the introduction of the Swan project, perhaps to the detriment of the HSMR, but not so much to the SHMI. Interestingly, in Salford (where the Swan project was developed) their palliative care coding remains high as a percentage.
5. The Trust will need to review notes documentation and coding/ capture of co-morbidities and also review the data submissions more generally compared to peer Trusts. Currently this is being considered.
6. A more comprehensive report is being collated, awaiting business intelligence data from CSU.

**8.0 Health and Safety**

As reported in February, the actions identified by the Fire Inspection have now been completed and all documentation has been received by the CCG. Q4 report will be presented to SMT/QSC in April 2017 and assurance summary provided for the Governing Body.

**9.0 EDS2 Compliance**

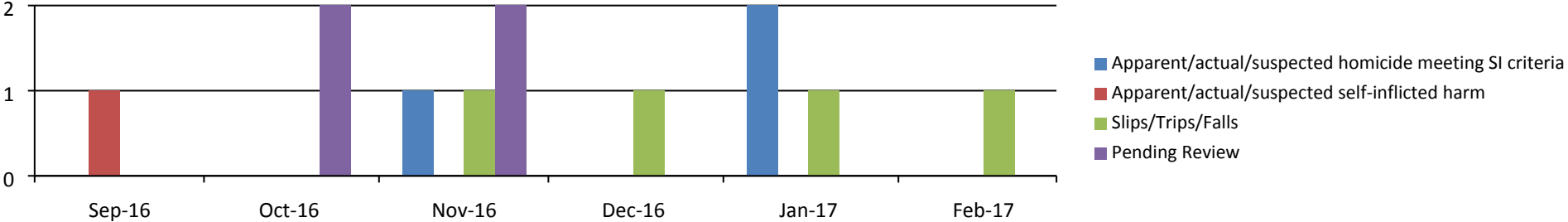
A separate report is presented to Governing Body on 14<sup>th</sup> March 2017, will full assurance of compliance to the EDS2 requirements. The Governing Body will be requested to note and sign off the work for publication by 31<sup>st</sup> March 2017.

**10.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST**

The Governing Body is asked to note the following:

**Serious Incidents**

**BCPFT all SI's Last 6 Months**



**NHS Safety Thermometer** – There is currently no data available for harm free care rates for BCPFT relating to January 2017. This has been queried with the Trust’s Head of Governance and a response is awaited. The Trust’s harm free care rate was 97.53% in December 2016.

10.1 CQC Report – the Trust has now received the final report from the CQC following last year’s inspection. The Trust has been rated as “good” overall which is an improvement on the previous rating. A congratulations letter has been sent to BCPT CEO and Chairman from Dr Dan De Rosa.

10.2 CQUINs Quarter 3, 2016/17 – It was formally agreed that WCCG would withhold monies for the uptake of the flu vaccine CQUIN. The Trust had failed to meet the required milestone of 75% (Trust achieved 60.4%). It should be noted that the Trust achieved all other milestones for Quarter 3 reporting.

## **11.0 OTHER PROVIDERS**

**11.1 Vocare (Out of Hours)** – Vocare have not been reporting SI incidents with the CCG, but this is now improving. Hence, WCCG received 8 incidents within the last week. Subsequently, 5 out of these 8 incidents have been reported as Serious Incidents and 3 have been deescalated as they did not meet the criteria. Vocare will investigate all 8 to see if there is any learning.

Most of the incidents reported to WCCG highlight significant concerns regarding failure to respond to the clinical needs of the patients as per the disposition code.

Contradictory to what was stated at January’s CQRM, it was highlighted at the RAP meeting on February 16<sup>th</sup>, that Vocare does not have a Safeguarding Children’s Level 4 Lead for the organisation. This was addressed immediately and a senior lead was reassigned to the role.

Following a request for Vocare to submit their Adult and Children Safeguarding Training (Levels 1-3) dashboard to WCCG, there is evidence that training compliance falls short of the national and CCG requirements.

**Actions:**

- CCG issued a contract improvement notice.
- Board to Board meeting is agreed for March 9<sup>th</sup> with senior executives from provider and commissioner.
- Monitor through CQRM and Contract Review Meetings.

**11.2 Concordia (Dermatology)** – A CQRM held on 27<sup>th</sup> February was attended by Concordia’s new Contracts Manager Mark Deer. Prior to the meeting Concordia were made aware of a number of issues with regard to reporting requirements for the service as well as an increase in the number of complaints. Concordia apologised for the poor service previously experienced and gave assurance that future reporting would be concise and prompt following a management restructure. It was agreed that future CQRM’s would be bi-monthly rather than quarterly for the foreseeable future.

In addition to the CQRM, WCCG’s Quality Assurance Co-ordinator and Commissioning Manager undertook an announced quality visit on 27<sup>th</sup> February to Castlecroft Surgery, which is one of the sites the Dermatology service operates from. Concordia’s Head of Governance was also in attendance. The visit was undertaken to ensure that the service was safe, effective and providing a positive patient experience and also to review quality assurance systems are in place. Positive discussions took place and a full report will be shared with Concordia by the end of March.

**11.3 Compton Hospice** - An announced quality visit to Compton Hospice took place on 15<sup>th</sup> February 2017 to review the process of managing falls and pressure injury incidents and to gain assurance that these incidents are managed effectively from a quality and safety perspective.

During the visit issues were identified regarding delays in incident reporting and poor management of pressure injuries and falls. All concerns were immediately raised with the Director of Quality and WCCG has requested urgent actions into these identified issues.

A comprehensive action plan has been received as an assurance from Compton hospice and WCCG continues to work closely with the organisation to resolve all issues identified during this visit.

**12.0 CHILDREN’S SAFEGUARDING**

**11.4 OFSTED** - completed their 4 week inspection of Wolverhampton Local Authority and their partner agencies on 9<sup>th</sup> February 2017. The WCCG Designated Professionals for safeguarding children were involved in a number of meetings with the inspectors relating to the work they do as advisors to WSCB and as chairs and members of WSCB committees. The judgement and its findings are due for publication on 31<sup>st</sup> March 2017.

**11.5 CQC** - On Tuesday 14<sup>th</sup> February 2017, CQC published its report of its review of health services relating to safeguarding children and services for Looked after Children in Wolverhampton in July 2016. The action plan to address these recommendations is currently being developed by WCCG and is due for submission to the CQC on 14<sup>th</sup> March 2017. This will be monitored by CQC colleagues in the Central Region, who will determine the appropriate regulatory response. The Strategic Group Meeting which is chaired by the Chief Nurse from WCCG meets monthly to monitor the action plan and assures the Children Safeguarding Board if there are any concerns or escalations.

**11.6 MASH** - The WCCG Safeguarding Children Administration Officers have now commenced in post and are undergoing an induction process to include an understanding of WCCG, LA, GP, BCPFT and the RWT processes and services to ensure they are able to fulfil their role effectively.

**11.7 PREVENT** - The Prevent strategy, published by the government in 2011, is part of the overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the Act this has simply been expressed as “prevent people from being drawn into terrorism”.

The NHS has a statutory responsibility to comply and engage with ‘Prevent’. This involves the formulation of policy and procedure, the training of staff and importantly having appropriate mechanism in place to ensure that concerns are noted and shared.

The Prevent agenda is not a standalone duty but one which dovetails with WCCGs existing safeguarding responsibilities for both adults and children and described within the WCCG Safeguarding Strategy.

The Prevent duty has both strategic and operational requirements for WCCG across three themes:

- Effective leadership;
- Working in partnership; and
- Appropriate capabilities



The WCCG Director for Nursing and Quality is the organisations Prevent Lead with the Designated Nurse Safeguarding Children and due to the Public Health Lead moving to another role, the Director of Nursing has recently taken up the role as the co-ordinator of the operational requirements. This includes:

- Ownership, review and updating of the Prevent Policy.
- Management of Prevent/WRAP training for CCG staff
- Answering queries regarding data/report presented by provider organisations
- Ensuring attendance at regional prevent meetings and Wolverhampton CONTEST Board 1/4 in the absence of the Prevent Lead.
- Attendance at Channel on an "as required" basis. Such requests would come to the WCCG Prevent lead in the first instance.

## **12.0 Adult Safeguarding**

**12.1 Provider organisations** - The WCCG Designated Professionals for Safeguarding Children and Adult are continuing to work together to enable the Safeguarding leads for services commissioned by CCG to understand and provide the required data via dashboards and the Assurance Framework to ensure WCCG is assured that the services have safe and effective safeguarding arrangements. The designated professionals liaise and work with the Head of Quality to address non-compliance.

It has been identified that BCPFT does not have a substantive Named Doctor for Safeguarding Children for Wolverhampton. Following escalation within the organisation interim measures are in place until the substantive post holder commences on 13<sup>th</sup> March 2017.

The WCCG Designated Doctor for Safeguarding Children and Consultant Paediatrician for Unexpected Child Deaths is due to leave the organisation in April 2017. On-going discussions continue to place at Executive level and through contracts to ensure RWT identify a suitably trained and experienced individual to fill the role. RWTs executive lead for safeguarding has given the following information, however, a contract letter has been issued requested more detail of the recruitment plan.

- The Trust has advertised the internal role of named Dr for LAC for 3 consecutive months without any interest. The Trust is reviewing this urgently. The role is covered by the designated Dr but this is not best practice as the two roles are conflicted.
- The job description for the Designated Dr for Safeguarding Children has been sent to the Royal College for approval, this is awaited so advert can be placed, in the meantime, have approached an external candidate who will take this role on an interim basis until a permanent replacement has been secured.

- The CDOP Dr role is currently covered, but the Dr has given his notice to terminate this role. Of the 3 new paediatrician consultants who are commencing with the Trust in April, one of these will take on the CDOP Dr role. The current arrangements will be in place until the new consultant is in place.

## **13.2 Care Homes**

There were 3 pressure injuries presented at CCG Pressure Injury Scrutiny Group in February, 1 unavoidable stage 4 and 2 avoidable stage 3. Action plans of improvement are with the providers alongside support from the QNAT to reduce the risk of recurrence.

In February 2017, The Quality Nurses have participated in 10 Adult MASH strategy discussions of which 4 safeguarding concerns have been escalated for Section 42 investigations; 2 are new SI's (falls with fracture) and 2 are new stage 3 pressure injuries.

There are 2 homes in the City currently suspended. The allocated QNA is working with the homes to facilitate required improvement.

## **13.3 Care Home Quality Indicator Submission**

The Quality Team monitors quality in the care homes via the submissions care homes make. Frequent surveys are undertaken and in January, 26 homes participated. From this survey we have data from which we know that:

- that were 29 separate attendances to A&E and the highest reason for attendance was chest infection. This is an increase of 7 from the December data.
- of the 22 attendances, 22 were admitted. Again an increase of 3 from the December data. The main reason for admission was chest infection, followed by end of life patients.
- there were 11 falls which resulted in either GP attendance or A&E attendance
- 3 service users with one or more pressure injury. The RWT Tissue Viability Team supports care homes for targeted education and training.

## **14.0. Improving Quality in Primary Care**

As of 1<sup>st</sup> April 2017, the CCG will be fully delegated for Primary Care Commissioning. In preparation for this, the Quality Team have met with NHSE colleagues to ascertain the handover. A full handover for Quality is planned for March 20<sup>th</sup> (both Directors of Nursing from CCG and NHSE). The Quality Team are also reviewing what impact this will have on team resource and capacity. This will be kept under review for the first few months to monitor.

#### **14.1 Primary Care Workforce**

This is part of the wider CCG Primary Care Strategy, however, the Workforce and Task and Finish Group are making steady progress. In the last few months the following activity has taken place:

- The Workforce Fayre is still in the planning phase. Two events are being planned; an evening event for GPs and afternoon event for other staff. It is anticipated that this will be late April.
- Nursing Associate training has now commenced. The Primary Care Quality Nurse Co-ordinator will link with the candidates for 12 hours mandatory contact between now and September. 4 nurses from across the City are enrolled.
- Two nurses have commenced the Fundamentals of Practice Nursing Programme, one at Wolverhampton and one at BCU.
- GPFV programmes, including administrator training and practice manager development are due to commence in the next few months.
  
- In anticipation of full delegation, Root Cause Analysis training is being provided for practice staff involved in investigating serious incidents/significant events (times have been shared with PC staff).
- A 2 day a week shared band 7 nurse role has been secured via the Walsall CPEN for workforce development. This role supports the CCG band 7 improving primary care nurse who also covers general quality issues for primary care.

**15.0 BOARD ASSURANCE FRAMEWORK/RISK REGISTER**

**a) Number/Breakdown of Risks on Datix:**

<b>28/02/17</b>	<b>TOTAL</b>
Open Risks	87
Extreme	9
High	47
Moderate	29
Low	2

- Changes have been made to DATIX
- Staff briefings held, staff training sessions planned for March.
- Gov Body Development sessions x3 since November to discuss and reconfirm the new Strategic objectives and aims
- New template for BAF agreed
- Report to Governing Body 14<sup>th</sup> March.
- All Committees to review risks as appropriate, agree actions so risks will now be reviewed monthly
- To be added to all agendas and TOR following advice from Governance Lead.

Work continues on the refresh of the Risk Register and alignment of domains to the CCG’s Board Assurance Framework:

- All risks have been aligned to sub committees of the Governing Body i.e. Quality and Safety Committee, Commissioning Committee, Finance and Performance, Primary Care Joint Commissioning Committee and Corporate (executive group).
- All open risks on the risk register have been reviewed for appropriateness and rating
- The risk register has been aligned to the new NPSA grid  
Governing Body report V1.0  
14 March 2017

## 16.0 RECOMMENDATIONS

### For **Assurance**

- **Note** the actions being taken.
- **Note** the actions taken to address RWT Mortality Alert
- **Note** the actions in relation to the Safeguarding, CQC and LAC Review in July 2016 and the concluded OFSTED Inspection.
- **Note** the contractual action taken with Vocare
- **Note** the actions taken for statutory Health and Safety arrangements for the CCG
- **Note** the actions taken to meet the EDS2 requirements
- **Continue** to receive monthly assurance reports

**Name:** Manjeet Garcha  
**Job Title:** Director of Nursing and Quality  
**Date:** 3<sup>rd</sup> March 2017