

WOLVERHAMPTON CCG
Governing Body
11th July 2017

Agenda item 12

Title of Report:	Executive Summary from the Quality and Safety Committee
Report of:	Manjeet Garcha Director of Nursing and Quality
Contact:	Manjeet.garcha@nhs.net
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
Public or Private:	This report is intended for the Public Governing Body
Relevance to Board Assurance Framework/Strategic Objectives:	<ol style="list-style-type: none"> 1. Improving the quality and safety of the services we commission 2. Reducing health inequalities in Wolverhampton 3. System effectiveness delivered within our financial envelope

Key areas of concern are highlighted for the Governing Body below:

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

Key Issue	Comments	RAG	Page in report
Mortality	Raised SHMI/HSMR. Action plan in place, Trust has commissioned independent coding, diagnostic, palliative and case note reviews. Internal practices strengthened.		9
Urgent Care Provider	Improvement Board convened, action plan in place. 6 weekly meetings. Immediate improvements for PREVENT training, paediatric training and patient flow monitored.		11
Maternity Performance Issues	No specific quality issues identified however, key performance indicators on maternity dashboard a concern which could impact on quality and safety. NHSE escalated at QSG		10
Step Down care home provider	Quality and health and safety concerns. Escalation meeting convened. Step down currently suspended		12
Increased number of NEs 16/17	Trust had 5 NEs last year. This is being closely monitored this year to ensure that the significant learning from those events is being embedded and having impact. National scrutiny of some London Trusts with 5 or more NEs in last year.		8
RWT safeguarding level 3 training	Both adults and children training remain under the required levels.		15
Safety, experience and effectiveness	Continuous scrutiny on PIs, SIs, Falls, FFTs, Surveys, NICE, IPC etc.		3-7

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 held on the 13th June 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 were shared with the Governing Body at the development session on June 27th as there was no Governing Body meeting held in June.

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 in the last 4 weeks

- 1) Step Down activity at a care home provider has been suspended following a poor quality visit. CQC have been notified, a full recovery improvement plan is in place and a directors meeting convened for June 20th.
- 2) Improvement Board has been convened following poor quality and performance outcomes with urgent care provider. The March 2017 CQC inspection report is imminent and the organisation is being fully supported by the CCG Quality Team to monitor progress with the improvement plan.
- 3) Concerns have been raised at RWT re quality of maternity services. Whilst no specific quality patient safety issues have been reported, the maternity dashboard is alerting in several areas to give adequate concerns for escalation. This is in progress.
- 4) The above three issues have been escalated to NHSE at the Quality Surveillance Group Meeting in June. NHSE are included in the membership TOR for the Improvement Board and further detailed reports have been requested at the July QSG meeting
- 5) Oxley Lodge Care Home has voluntarily closed in June. All residents have been placed in other settings, this has been managed by LA and CCG Quality Nurse Advisors have been engaged in the whole process. There has been some social media adverse publicity on this issue.
- 6) Three diagnostic delays SIs were reported by RWT. All are currently being investigated. These were discussed in more detail at the QSC to give assurance of the process and a full discussion was held re the action outcomes required from the Trust.
- 7) Three incidents related to deaths post operatively were reported as 'unexpected deaths'. Whilst they meet the reporting criteria and are being fully investigated, they are not deemed to be related to the surgery itself at this stage.

4.0 ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

The Governing Body is asked to note the following:

- a) **Serious Incidents** (these are the number of SIs reported by RWT and do not include the PIs).
- b) We observed a drop in reported incidents in April which was not in line with usual reporting trends. There is no key factor with this, however, it was noted that it was Easter vacation and the reports may have been delayed. May showed a slightly higher number which may balance the under reporting in April.

Fig. 1

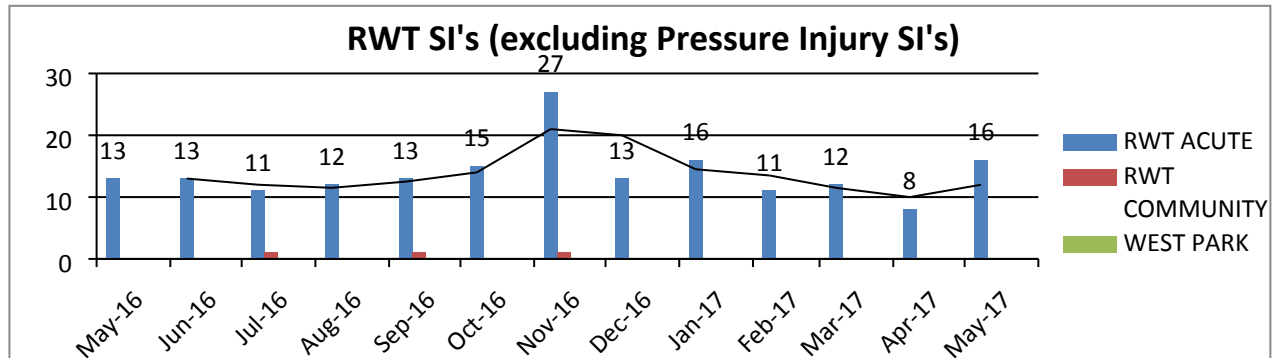


Fig. 2

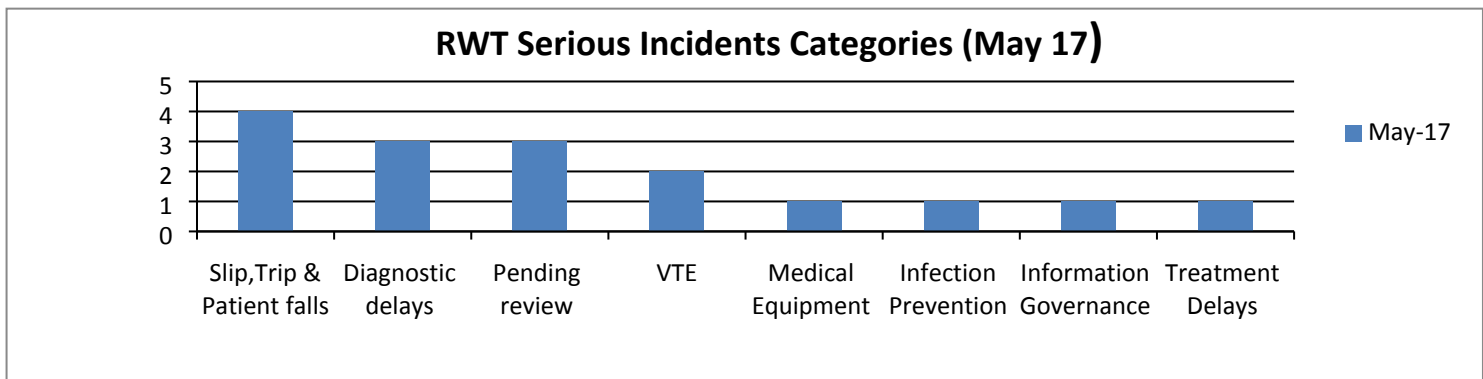


Fig 2 above shows the 8 most common categories reported by RWT. Sixteen serious incidents were reported by RWT in this reporting period. The most common is slips trips and falls. Please refer to section 6.0 for more detailed report on falls.

4.1 INFECTION PREVENTION

4.1.1 MRSA Bacteraemia

RWT have reported zero MRSA Bacteraemia incidents in 16/17 and ytd in 17/18. This is a fantastic sustained improvement due to the forensic and tight screening regimes in place in all admissions portals at the hospital. The audits for these are monitored at the IP meetings and have continued to be at 100% in all elements of the screening protocol.

4.1.2 Cdiff

The 17/18 trajectory for the RWT is nationally set at 35. The Trust has sustained improvements in Cdiff cases

since December last year. Whilst the Trust breached its annual target for 16/17, improvements were seen in Q3 and Q4. Since then the monthly trajectory of 3 or less has been achieved almost consecutively till the end of March. April 2017 has seen a slight increase to 4 and the Trust is reviewing this to identify any breaches in their standards. The CDiff action plan has been completed and the changes are now embedded in antibiotic stewardship, change to disposable mop heads and other multimodal strategies. Audits continue monthly.

Fig 3 Cdiff prevalence in the last 6 months.

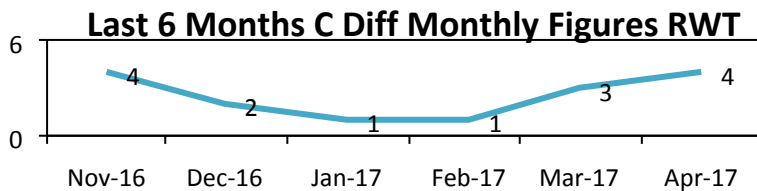


Fig 4 below shows the annual target and monthly trajectory for CDiff positive.

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	TARGET	Variance
3.00 4	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	4	35	1

As demonstrated in Fig 4, the Trust is in breach of its April trajectory by 1 case. This will be discussed at the next Trust IPC meeting on 23rd June 2017. Sustainability actions continue and key changes are antibiotic changes and the scrutiny re compliance in prescribing.

4.1.3 CPE

Four new cases were reported in May. All four were picked up from screen samples from patients who have had recent travel to high incidence or admissions to other hospitals. The Trust continues to progress its plan to develop the business case for the laboratory to cope with the increased demand for sampling.

The growing incidence of CPE is one of national concern, there is some collaborative work with intra hospital transfers as this is recognised as a high risk. RWT have shared their data for CPE since 2012/13:

Breakdown of CPE	Total
2012/2013	2
2013/2014	8
2014/2015	8
2015/2016	12
2016/2017	18
2017/2018 to Date (May)	7

5.0 Pressure Injury (stage 3)

Fig 5 Pressure Injury (stage 3)

Pressure Injuries - RWT Last 6 Months

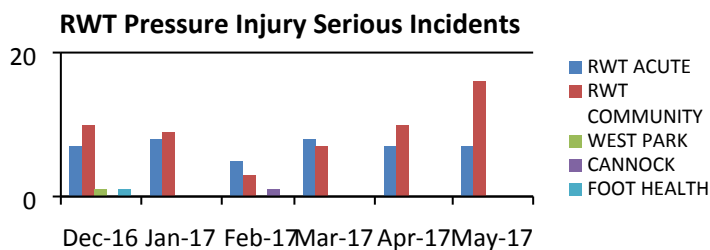


Fig. 6 Pressure Injury Outcomes

Pressure Injury Numbers													
	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Avoidable	16	11	19	10	15	15	19	12	12	11	17	10	7
	30.8%	26.8%	35.2%	28.6%	38.5%	32.6%	43.2%	34.3%	25.0%	26.8%	29.8%	26.3%	16.3%
Unavoidable	36	30	35	25	24	31	25	23	36	30	40	28	36
	69.2%	73.2%	64.8%	71.4%	61.5%	67.4%	56.8%	65.7%	75.0%	73.2%	70.2%	73.7%	83.7%

There was a total of 23 stage 3 pressure injury incidents reported for May 2017 compared to 17 in April. A significant reduction in avoidable pressure injuries has been observed since May 2016 as per Fig 6, however, we continue to monitor and scrutinise all pressure injury incidents especially those classed as 'avoidable'. The CCG attends a weekly pressure injury scrutiny meeting chaired by the Chief Nurse at RWT.

In 2015, the WCCG quality team met with RWT to work collaboratively to develop a city wide pressure injury preventative strategy and to set up a joint pressure injury prevention steering group to plan and deliver this strategy successfully. Over the last two years, this has now evolved into a wider participation group and preventative actions have been developed.

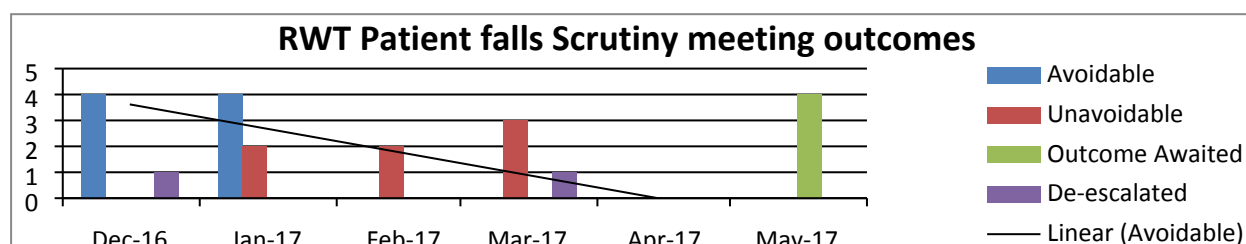
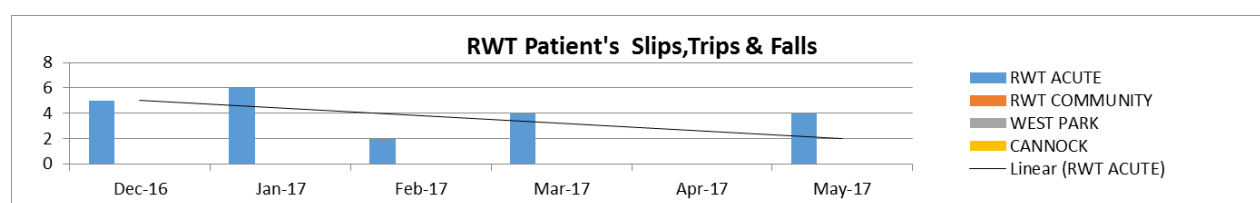
RWT pressure injury preventative actions:

- 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.
- Evaluating a new mattress with improved heel offloading technology in the North East Locality - evaluations in progress
- Table top exercise to compare heel offloading devices planned for June.
- To analyse slide sheet orders and compare incidents to agree a standard slide sheet for moving and handling to prevent shear and friction.
- The Tissue Viability Team has completed a table top exercise to agree the skin protectant for the Formulary. Two products were a challenge to choose between due to very similar cost savings as

well as patient benefits. Therefore a continence exercise was completed by the Lead Nurse. This process confirmed Med honey barrier cream was best for the patient experience and more work is required on continence advice and management as pads contribute to pressure redistribution. A moisture associated dermatitis prevention pathway will be designed and launched in May 2017.

Tissue Viability Lead Nurse is heavily involved with a task and finish group for NHS improvement for definitions and measurements of pressure injuries. A consensus questionnaire was sent out in April. There was a national meeting in May 2017. Once analysed, recommendations will be made on how to define a pressure injury/sore/ulcer and what to measure to improve consistency across England.

6.0 Patient Slip/Trip/Falls RWT Dec 16 to May 17



Zero falls reported in April, followed by 4 in May; all at RWT. No falls have been reported at WPH, Community or Cannock Hospital in the last 6 months. Outcomes are awaited for the May reports; however, no avoidable falls have occurred since January 2017.

Themes emerging from Patient Falls RCA's:

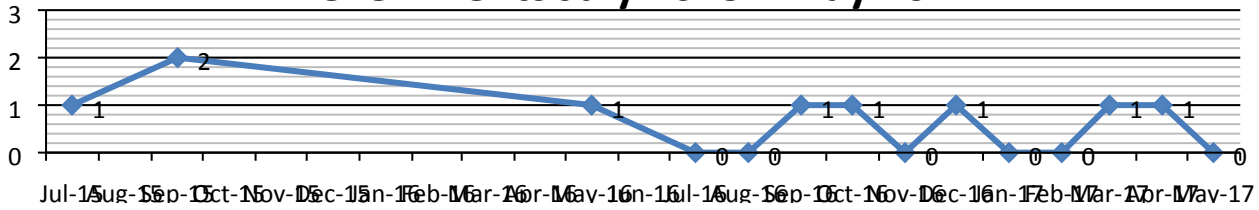
- Delays in patient discharge once medically fit for discharge
- Multiple moves/transfers of patients within hospital
- Patient transfers to inappropriate clinical areas
- Lack of supervision for confused and at high risk of falls patients

Actions:

- Falls prevention and post falls policies has been revised and has been implemented
- Internal and external audits
- Staff training and education
- All clinical staff to ensure medical falls assessment has been completed
- Arm's length and Tag Nursing
- National Falls collaborative project
- Medical training launch for next changeover of trainees

7.0 Never Events

Never Events July 2015 - May 2017



Summary of NEs since July 2015 to May 2017

Jul-15	1	Retained foreign object post-procedure
Sep-15	2	Wrong site surgery x 2
May-16	1	Retained foreign object post-procedure
Sep-16	1	Wrong site surgery
Oct-16	1	Wrong site surgery
Dec-16	1	Retained foreign object post-procedure
Mar-17	1	Wrong implant/prosthesis
Apr-17	1	Retained foreign object post-procedure

In 16/17 the Trust reported 5 NEs (as shaded above) and there has been 1 NE reported ytd in 17/18. Full RCAs have been undertaken and the learning has been shared at a table top review meeting held in January this year. The Trust assured the CCG with the following actions at the meeting and in writing post meeting:

- Human factors training and in addition Professor Matthew Cooke has undertaken an independent review of the ED
- Sign Up To Safety
- National and Local SSIPs are assisting with bringing standardisation practice (across acute and community settings)
- Cardiothoracic surgery management has been moved to within the main theatre management domain
- Implementation of a ‘use ultrasound before surgery’ policy
- Improved HR processes for human factor issues in NEs
- Consent forms reviewed re removal of patients tooth prior to surgery
- Maternity, swab competency training videos used for training
- Learning strategy to consider if staff affected or involved in NEs will share a ‘positive story’
- Single use packs introduced
- Out of date packs reviewed with sterile services/operational staff
- Registrar escalation to consultants strengthened
- NHSI liaising with higher education providers to influence curriculum
- Confirmation bias training for appropriate staff
- Availability of cylinders to be improved in the case of walled oxygen equipment failure

8.0 Mortality

RWTs most recent HSMR and SHMI data is indicating deterioration in their position. There has not been a concern regarding quality of care i.e. increase in SIs or unexpected deaths, no outbreaks of Cdiff or other infections which had not been managed according to protocol and the MORAG have been assured on the outcomes of the case note reviews. However, some significant targeted work is being carried in collaboration with the RWT, CCG, NHSi and the CSU. The Trust has commenced the following actions;

- 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.
- 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.
- 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).
- 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.
- 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. An external company has been commissioned.
- The Trust has commissioned CHKS to undertake a coding review.
- A more comprehensive report has been collated by CSU. The findings have been shared with RWT.
Update from RWT at the May CQRM:
All external and internal reviews are in progress and once analysis is available this will be shared at the mortality review groups. This item remains on the CQRM agenda as a standing item and the Trust have been requested to present mortality information on the monthly Integrated Performance & Quality Report.

9.0 Health and Safety

Q1 Health and Safety Report is being prepared for presentation to SMT and QSC in July. As reported previously the actions identified by the Fire Inspection have now been completed and all documentation has been received by the CCG. The CCG is compliant for Fire Safety and an emergency PEEP (Personal evacuation escape plan) is in place for appropriate staff. As required, Health and Safety Administrator training has been completed by Quality Assurance Officer and the NEBOSH training is on schedule for completion in July by the Head of Quality and Risk.

10.0 EDS2 Compliance

The CCG met its statutory obligation to publish its EDS2 on the CCG website. Following this, work has continued to progress from 'developing' to 'achieving' in several areas. An update report is planned for 11th July 2017.

11.0 Maternity

Since Walsall Hospitals NHS Trust were rated as 'inadequate' by the CQC, there has been an agreement in place that Royal Wolverhampton Hospitals NHS Trust (RWT) will take 500 deliveries from Walsall to ease the pressure and provide a safe service for mums and babies.

Over the last year, this has been monitored closely and some key issues have emerged over a period of time. A brief summary of the key KPIs is demonstrated below:

- a) The number of women booking to give birth at RWT has increased significantly month by month in the last 12 months.
- b) The midwife to birth ratio has deteriorated from 1:29.8 in April 2016 to 1:31 in April 2017
- c) Midwifery sickness rate was 5.3% in April 2016, peaked to a high of 7.3% in March 2017 and the Trust have not provided data for April and May.
- d) Midwifery vacancy rate is 4% which has deteriorated from 2.2% in April 2016. Following an overseas recruitment campaign there were zero vacancies in June and July, however, the overseas midwives have not remained within the Trust and the vacancy rate has continued to decline.
- e) Bookings have increased from surrounding areas as Burton, Dudley, Shropshire including Telford, Walsall (which falls outside of the capped arrangements).
- f) NHSE Quality Surveillance Group has requested a more detailed report in July to review the current escalation rating.

Actions taken by CCG:

- a) Monthly discussion at CQRMs for assurance on actions i.e. recruitment plans, HR activity to address sickness, supervision and support for new staff.
- b) Current escalated Maternity commissioner meetings with RWT.
- c) Escalation to Maternity STP (strategic and operational group meeting on 21st June 2017).
- d) Escalation meetings with RWT to discuss options.
- e) RWT and CCG entry on risk register.

12.0 Annual Quality Accounts

RWT have shared their Quality Account Report for 16/17. This has been extensively reviewed and the CCG Chief Officer has responded with a written and signed statement.

13.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

Serious Incidents

There was 1 SI reported by BCPFT for May 2017. This is currently being investigated by the Trust.

On-going **Pressure Injury SI update**: pressure injury serious incident reported in May 2016 this incident still remains open on the STEIS because WCCG has challenged the outcome of this pressure injury incident as “Unavoidable” by BCPFT. This PI has been discussed by WCCCG Executive Nurse Lead and BCPFT Director of Nursing. The CCG reviewed the RCAs (several iterations) and in the absence of demonstrable evidence that the Trust used all their available resource and policy to prevent this incident from happening again, the SI was allocated to the Trust as ‘avoidable’. A lessons learnt meeting is in the diary for July.

13.1 CQRM theme Adults Services (2nd May 2017)

- It was noted from Quarter 4 reporting that 18 serious incidents had been reported. The highest number of these incidents related to physical and non-physical aggression.
- It was reported that there had been an overall 1.23% increase of sickness absence from February. Themes pertaining to this related to coughs, colds and stress related illnesses. It was noted that the vacancy rate of 12.43% had decreased from 12.73% in the last reporting period.
- It was confirmed that the ageing nursing workforce had been reported as a risk for the organisation and an update on the recruitment retention strategy was requested.
- The organisation recognised a significant theme in complaints regarding staff attitude and were currently looking to roll out communication training for staff.
- As part of the Staff Survey the Trust reported that 49% of staff would recommend the organisation as a place to work. 57% would be happy for a relative to receive care. 82% know who the senior managers are. 92% report violence and aggression. 87% believe equal opportunities for career progression exist.

Recovery Action plans are in place for improving staff sickness, workforce strategy, complaints and staff surveys. This action is escalated at CQRMs.

14.0 OTHER PROVIDERS

14.1 Out of Hours/Urgent Care

- Following signing of contract, the CCG and Provider held the first CQRM in November 2016. Several issues came to light regarding quality and performance of the provider service provision: i.e. no SI reporting policy or reporting systems in place, poor staff awareness of SI reporting and investigating processes; inadequate safeguarding training for front line staff; poor governance at senior level, poor scrutiny at senior executive level, poor response rates for out of hours patients, poor quality of data submitted to the CCG.
- Actions taken by CCG
- Support for staff to get the right systems into place
- Added to CCG Risk Register
- Expert advice and support from key experts at CCG i.e. safeguarding leads, PS leads, urgent care lead
- January 2017 director to director meeting with Provider Chief Executive, Medical Director, CCG AO, Director of Nursing and Head of Quality and Risk. Actions put into place for immediate address
- Actions monitored from Feb to March with poor improvement
- March CQC Inspection (verbal feedback several immediate recommendations but no improvement notice sanction)
- April Improvement Board instigated with executive membership from CCG, Provider, CQC, NHSE Health Watch have expressed interest to attend and have been accommodated.

- Most recent meeting May 31st, extensive action plan in place, CQC report imminent, comms statement in place.
- 6 weekly meetings in diary
- NHSE QSG has requested a more detailed report in July to review the current surveillance rating.

14.2 Step Down provider care home

The CCG currently has a block contract with provider to provide step up and step down beds. Following an early morning quality visit to provider, several concerns were raised re quality of care and health and safety arrangements to safeguard residents at the home. An improvement board is being convened with senior CCG, provider and CQC to address and manage the improvements required. However, on the day of the visit as the concerns were significant, escalated discussions took place at SMT and the service was immediately suspended from admitting any more residents for step down. Following receipt of demonstrable and sustained improvements the suspension will be reconsidered.

15.0 Children and Adult Safeguarding

The Annual Reports for Safeguarding adults and children were presented to and discussed by the QSC in June. Both reports were accepted and both leads congratulated for their continued efforts to ensure that a) the CCG remains competent in its statutory obligations and b) the vulnerable persons of Wolverhampton are safeguarded.

The compliance for mandatory adult safeguarding level 3 was 80% in April and 80% in May. The compliance for mandatory safeguarding children level 3 was 84.3% in April and slight improvement in May at 87.3%.

Both these contractual requirements are monitored via CRM, CQRM and the Trusts Strategic Safeguarding meetings. Training plans are in place and have been shared. Close monitoring continues.

15.1 OFSTED

The judgement of the recent Ofsted inspection of Children's Services in the City of Wolverhampton was published on 31.3.17. The Overall Judgement is Good. This Good judgement places the City of Wolverhampton within the top 20% of councils nationally, and joint 23rd out of the 129 councils to have been inspected under the current framework – there are only two “Outstanding” councils in the whole of the country putting this achievement into context.

15.2 CQC (Safeguarding)

Following the publication of the CQC report of its review of health services relating to safeguarding children and services for looked after children in Wolverhampton, WCCG have developed and submitted an action plan as required to address the recommendations. This is being monitored by WCCG through a Strategic Group and CQC colleagues in the Central Region. Progress of the action plan is monitored at the Local Children Safeguarding Board; several actions are now complete and all stakeholders held accountable via the Strategic Group.

15.3 PREVENT

NHSEs current assessment of Wolverhampton is ‘not a priority’ therefore providers are not required to report to NHSE. However, PREVENT is now in contract for 17/18 contracts and currently are required to report for contractual and performance monitoring. The current RAG rated concerns are VOCARE (this is part of their improvement plan).

15.4 Looked After Children

The Annual Looked after Children Report was presented to the QSC in June. The Committee noted work activity, statutory obligations and time scales, key challenges and future work plan. The City wide initiative to reduce the number of LAC has been successful but slow. Currently there are 635 children placed in LAC compared to 804 in November 2015. The City wide work continues to attempt to reduce these numbers further. The CCG has robust processes in place to assure the Governing Body that initial and review health assessments are timely, of a good quality and commissioned appropriately.

16.0 NHS Funded Health Care Provision

WCCG continues to meet the requirements of the National Framework. Quarterly reports are presented to the QSC for assurance on patient outcomes and poor care. The team work very closely with the Quality team to share concerns.

16.1 Individual Funding Requests

The annual report for IFR 16/17 was presented to QSC in June. During this time period, a total of 177 applications were received and all are processed as per IFR Policy. No formal appeals were received for WCCG, however, challenges and complaints were received which were handled in line with the commissioning policy and or the CCGs complaints policy. The CSU handled 6 FOI requests pertaining to IFRs during the said reporting period. The report was noted for its assurance and transparency.

17.0. Improving Quality in Primary Care

As of 1st April 2017, the CCG has been fully delegated for Primary Care Commissioning. The primary care dashboard is under development and the Improvement Coordinator is managing the transition with particular focus on:

Infection prevention audits: reports will begin to be shared in May.

- Medicines Alerts: health care professionals will be informed about the alerts via the monthly newsletter, in addition by Script Switch messages.
- Friends and Family Tests: more detailed reports are shared at PCCC; however, concerns remain re the 7 practices that continue to not submit. This is being addressed by the new primary care contracts lead.
- Quality Matters: zero new reports in May, however, there are 5 that remain open from March and April. These remain under investigation.
- Formal complaints: zero for the CCG. 10 for NHSE of which the highest number (6) related to clinical treatment.
- CQC new ratings: All Saints and Rose Villas were rated as Good (report published 16th May 2017).
- A comprehensive analysis of primary care workforce has been undertaken, the current PC Strategy and Implementation Plan is being reviewed in light of the TOR being reviewed. This is monitored via the PC Strategy Group.

Name: Manjeet Garcha
 Job Title: Director of Nursing and Quality
 Date: 16th June 2017

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	M Garcha	16 th June 17
Public/ Patient View	Commissioning leads	On going
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team	M Garcha	16 th June 17
Medicines Management Implications discussed with Medicines Management team	D Birch	
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	1-16 th June
Information Governance implications discussed with IG Support Officer	Consideration Applied	On going
Legal/ Policy implications discussed with Corporate Operations Manager	Consideration Applied	On going
Signed off by Report Owner (Must be completed)	M Garcha	20 th June 17