



**An independent quality  
assurance review -  
Rotherham Doncaster and  
South Humber NHS  
Foundation Trust**

Author Grania Jenkins

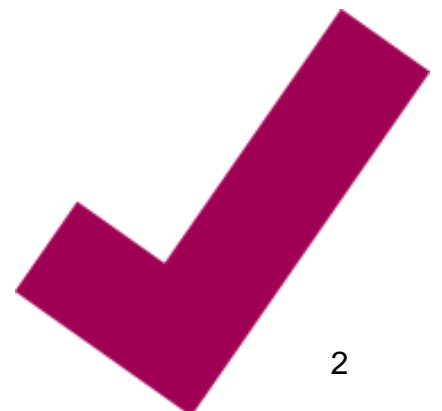
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Sancus Solutions

Lockside Office Park, 8G Lockside Rd, Preston. PR2 2YS

Sancus Solutions' investigation team would also like to acknowledge the contribution and support of staff from Rotherham Doncaster and South Humber NHS Foundation Trust.

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## 1 The incident

- 1.1 In January 2017: Jack<sup>1</sup>, aged eighteen, was arrested and subsequently charged with the murder of a sixteen year old female.
- 1.2 At the time of the incident, Jack was a patient of Rotherham Doncaster and South Humber NHS Foundation Trust's (hereafter referred to as RDaSH) Child and Adolescent Mental Health Services (hereafter referred to as CAMHS).

## 2 Sancus Solutions' investigation

- 2.1 In November 2017 NHS England (North) commissioned Sancus Solutions to undertake an independent investigation under their Serious Incident Framework.<sup>2</sup>
- 2.2 Sancus Solutions' investigation identified considerable areas of concern and significant deficits with regard to:
  - risk assessment and management plans
  - the provision of psychological therapies
  - senior management care coordination
  - coordinated psychiatric approach
  - information sharing and interagency communications
  - obtaining a forensic assessment.

Sancus Solutions' investigation team concluded that based on the information that was known, Jack's risk factors and support needs were not being adequately assessed and addressed by the involved agencies.

- 2.3 Sancus Solutions made eight recommendations:

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<sup>1</sup> Jack is a pseudonym

<sup>2</sup> The criteria for NHS England's commissioning of an independent mental health homicide investigation are:  
"When a homicide has been committed by a person who is, or has been, in receipt of care and has been subject to the regular or enhanced care programme approach or is under the care of specialist mental health services, in the 6 months prior to the event." [NHS Serious Incident](#)

### **Recommendation 1**

RDaSH should introduce either training and/or a mentoring programme for their adult mental health practitioners who are required to undertake out-of-hour assessments of young people in Accident and Emergency Departments, to ensure they have the required skills, competencies and knowledge base to undertake assessments of the needs and risks of young people.

Evidence of the introduction of this training should be provided to Sancus Solutions at their assurance review.

### **Recommendation 2**

When RDaSH practitioners and clinical staff make a significant entry in a patient's SystemOne records, such as a risk assessment or a change in the treatment plan, they should alert the patient's primary care service, by email or telephone, that an entry has been made.

Evidence of this being introduced should be provided to Sancus Solutions at their assurance review.

### **Recommendation 3**

RDaSH should undertake a review of the current CAMHS weekly clinical meetings in order to facilitate the attendance of the practitioners and the CAMHS named professional safeguarding children officer.

Evidence of a review of the clinical meetings should be provided to Sancus Solutions at their assurance review.

### **Recommendation 4**

RDaSH should undertake a comprehensive audit of the Rotherham CAMHS FACE assessments and care plans. This audit should be cross-referencing cases to the relevant practitioner's clinical supervision documentation and, where relevant, the minutes of the weekly clinical meetings and monthly complex patient meetings.

Evidence of RDaSH undertaking the audit of CAMHS patient records should be provided to Sancus Solutions at their assurance review.

### **Recommendation 5**

RDaSH's CAMHS should develop an overarching operational policy that includes comprehensive guidelines for completing CAMHS FACE assessments and care plans.

Evidence of RDaSH introducing guidelines for completing FACE assessments and care plans within their CAMHS operational policy should be provided to Sancus Solutions at their assurance review.

### **Recommendation 6**

RDaSH should convene a team risk training event for the Rotherham CAMHS team, which all clinical and managerial members of staff should be required to attend.

Evidence that CAMHS team risk assessment training has taken place should be provided to Sancus Solutions at their assurance review.

### **Recommendation 7**

Prior to the publication of this report, RDaSH should provide an up-to-date action plan of the progress made in implementing the recommendations of their outstanding Serious Incident Report.

### **Recommendation 8**

RDaSH should consider the viability of recruiting a family liaison officer, who would be the single point of contact and provide support for families throughout a serious incident investigation process.

Evidence of this should be provided to Sancus Solutions at their assurance review.

- 2.4 RDaSH accepted all of Sancus Solutions' recommendations. RDaSH's action plan was published (February 2020<sup>3</sup>) alongside Sancus Solutions' abridged executive summary.

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<sup>3</sup> [Abridged Executive Summary](#)

### 3 Quality assurance methodology

3.1 As part of NHS England's Terms of Reference Sancus Solutions was asked to:

"Within 12 months conduct an assessment on the implementation of the Trusts action plans in conjunction with the CCG and Trust and feedback the outcome of the assessment to NHS England North and NHS Improvement."<sup>4</sup>

3.2 Sancus Solutions' quality assurance process (hereafter referred to as QA) provides a structure for obtaining evidence and evaluating information/data which enables an analysis of:

- Compliance with action plans.
- Deficits in the evidence and /or implementation of actions so that further action(s) can be identified.
- Effects of actions at an operational, and practitioner level and on the service user's experience.
- Areas of good practice.

3.3 Sancus Solutions' QA seeks to obtain evidence from all the relevant stakeholders in order to review the progress of implementation and the impact of the changes that have been introduced at:

- Organisation and stakeholder level.
- Service/operational level.
- Individual practitioner level.

3.4 Sancus Solutions' QA utilises the following numerical grading system to assess both qualitative and quantitative evidence/data supplied by the relevant provider/stakeholder of the progress that has been made on the implementation of action plan(s).

| Score | Assessment criteria  |
|-------|--|
| 0     | Insufficient evidence of implementation                            |
| 1     | Evidence of some implementation                                    |
| 2     | Evidence of significant progress in implementation                 |
| 3     | Evidence of implementation but no evidence of an impact assessment |
| 4     | Evidence of implementation and impact assessment completed         |

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<sup>4</sup> Terms of Reference p2

- 3.5 NHS England and NHS Improvement North East and Yorkshire convened a Quality Assurance meeting on 22 October 2020. Following this meeting RDaSH forwarded their most updated action plan (5 November 2020). In addition RDaSH also provided details of their senior management and governance processes.
- 3.6 Based on information provided by RDaSH Sancus Solutions will utilise their QA methodology to undertake a systematic review of the progress that has been made in the implementation of RDaSH's recommendations.
- 3.7 NHS Rotherham Clinical Commissioning Group (hereafter referred to as RCCG) provided Sancus with information relating to their monitoring processes of RDaSH's action plan.

#### **4 RDaSH's senior management and governance process**

- 4.1 Sancus Solutions were provided with the following evidence of RDaSH's oversight and monitoring of the implementation of their action plan:
- Care Group Quality- meeting on a monthly basis.
  - Quality Summit meetings:
    - November 2019.
    - June 2020.
    - October 2020.
  - Executive Management Team:
    - January 2020.
  - Quality Committee:
    - January 2020 -deferred to February 2020 and then to March 2020.
    - September 2020.
  - Board of Directors:
    - January 2020.

#### **5 Rotherham Clinical Commissioning Group**

- 5.1 The following information was provided by RCCG :



- RCCG and RDaSH bi monthly Quality Meetings – it has been a standing item on the agenda for RDaSH to present the progress they have made on implementing their action plan.
  - It was reported that RDaSH have presented and updated RCCG on the action plan on numerous occasions. The last presentation, which was accompanied with a power point presentation, was at the November 2020 meeting.
  - The next RCCG and RDaSH Quality Meeting will be convened on 20 January 2021. It was reported that it is expected that RCCG will sign off the completion of RDaSH’s action plan at this meeting.
- 5.2 Additionally it was also reported that once RDaSH’s action plan and Sancus Solutions’ Quality Assurance review have been finalised RCCG’s Governing Body will be updated.
- 5.3 It was also reported that from January 2021 a member of RCCG will attend RDaSH’s Serious Incident Group meeting. The intention is that this will provide RCCG with ongoing monitoring and assurance of RDaSH’s future Serious Incident Reports’ action plans.

**The following sections provide details of RDaSH’s action plans and progress made as of January 2021.**

## **6 Recommendation 1**

RDaSH should introduce either training and/or a mentoring programme for their adult mental health practitioners who are required to undertake out-of-hour assessments of young people in Accident and Emergency Departments, to ensure they have the required skills, competencies and knowledge base to undertake assessments of the needs and risks of young people.

6.1 **Lead Director** Chief Operating Officer.

6.2 **Action** A training programme will be developed covering the Children’s Act, assessing consent and capacity, and adolescent development. A consultation process was undertaken with staff from adult mental health services which identified the following:

“Whilst they were skilled and competent with the assessment of risk for children, they needed to understand more regarding the legislative framework when working with children.”

### 6.3 Chronology of implementation

“A training programme was developed that included the Children’s Act, assessing consent and capacity, and adolescent development.”<sup>5</sup>

A training programme was also delivered to adult mental health services in the assessments of young people and children under 18 during out of hours.

- **September 2019** a training programme was developed and delivery commenced across the three Care Groups delivering Adult Mental Health Services.
- **31 March 2020** delivery of the training programme was scheduled to be completed by 31 March 2020, however due to Covid pandemic all non-essential face to face activities e.g. training, within the Trust was postponed. Additionally, as the Trust’s priority was to maintain RDaSH’s essential front line services the training programme was postponed.
- **August 2020** RDaSH had incorporated the key elements of this recommendation, e.g. safeguarding, into their mandatory safeguarding and Mental Capacity Act training modules. In addition, a specific training course has been developed for the Access and Hospital Liaison Teams.
- **October 2020** it was reported that “this training is now established as mandatory training and [was being] monitored through the Care Group assurance processes.”<sup>6</sup>

6.4 **Evidence** Sancus Solutions were provided with a training PowerPoint presentations that were being delivered in the safeguarding and Mental Capacity Act training modules: Information was included on this following :

- The Children’s Act 1989.
- Safeguarding Adults and Children- level 2- and Domestic Abuse-level 1.
- Legal Authority to admit a patient to a mental health ward.
- Mental Capacity Act.

**Conclusion:** Sancus Solutions were satisfied that there was evidence of implementation and an impact assessment being undertaken. Score **4**.

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<sup>5</sup> RDaSH action plan p2

<sup>6</sup> RDaSH’s action plan p 2

## 7 Recommendation 2

When RDaSH practitioners and clinical staff make a significant entry in a patient's SystemOne records, such as a risk assessment or a change in the treatment plan, they should alert the patient's primary care service, by email or telephone, that an entry has been made.

7.1 **Lead Director** Chief Operating Officer.

### 7.2 Action

- Whilst a technical solution is developed alerts were to be sent to all staff to remind them that when changes are made to FACE Risk Assessment, a phone call is made to external agencies to alert of the changes.
- Frequency of notifications of significant entry in patient's SystemOne record to be dip sampled.

### 7.3 Chronology of implementation

"Communications sent to all staff to remind them that when changes are made to FACE Risk Assessment, they must call the involved external agencies to alert of any changes.

"A prompt will be developed in SystemOne to alert the CAMHS practitioner to notify primary care of major changes to a patient's care. An Operational Policy will be created detailing the communication requirements with primary care and will be circulated to the CAMHS Team. Local Working Instruction will be included in an induction pack for new starters."<sup>7</sup>

- **December 2019**

An email sent to all staff and reiterated through teams meetings. "Minutes of team meetings, in which this was reiterated, embedded as evidence."<sup>8</sup>  
Dip sample audit of 60 clinical records, undertaken by the Clinical Audit Team, to identify if GPs were contacted to inform if there were changes to the patients presentation or treatment.

Metric reviewed as part of 'CAMHS 3.1 Audit' completed by Clinical Audit Team and rated 'Good'.

Results of the audits were presented at the Care Group Quality meeting.

- **February 2020**

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<sup>7</sup> RDaSH action plan p3

<sup>8</sup> RDaSH action plan p4

Monthly audit commenced.

Reminders are displayed and regular emails sent to staff to remind them of the importance of this action.

Following the bespoke risk training that took place a prompt pad was designed with the support of the risk trainers and circulated to all CAMHS staff.

- **August 2020** It was documented that:

“Whilst there is some notable improvement in the number and timeliness of risk assessments being undertaken, it is acknowledged it is still not where it needs to be. As a consequence, the following actions are being taken:

The completion of Risk Assessments is a standard agenda item at all leadership and team meetings.

A weekly report is now available through health information and this is shared with all team leaders and relevant staff to ensure remedial action is taken.

An improvement trajectory has been produced to deliver sustained improvement to ensure 90% of FACE risk assessments are completed by initial assessment or within seven days.”<sup>9</sup>

- **November 2020**

“The Care Group is participating in the Trust-wide CQC Risk Assessment group. Two meetings have taken place considering the themes and barriers to completing good risk assessments.”

Leads for each of the groups have been appointed and CAMHS staff are represented on the groups.”<sup>10</sup>

#### 7.4 Evidence

- SystemOne message for clinical staff.
- Minutes of team meeting – 19 September 2010.
- CAMHS Triangulation Audits – December 2019 to 18 February 2020.
- Detailed percentage statistics of FACE risk assessments that were shared with patient, carers and GPs.

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<sup>9</sup> RDaSH action plan p4

<sup>10</sup> RDaSH action plan p5

- Copy of the FACE risk assessment page that prompts the assessor to consider sharing assessment/information with external agencies.
- Revised CAMHS Operation Policy – section 13 -Copies of Letters/Communication with GPs and other Agencies.
- A copy of the prompt pad.

**Conclusion:** Sancus Solutions were satisfied that there was evidence of implementation and an impact assessment being undertaken. Score 4.

## 8 Recommendation 3

RDaSH should undertake a review of the current CAMHS weekly clinical meetings in order to facilitate the attendance of the practitioners and the CAMHS named professional safeguarding children officer.

8.1 **Lead Director** Chief Operating Officer.

8.2 **Action** “A review will take place of all the clinical meetings taking place in Rotherham CAMHS service.”<sup>11</sup>

8.3 **Chronology of implementation**

“Practitioners and safeguarding named nurses and/or safeguarding supervisors will attend monthly complex care clinical meetings to discuss cases identified as causing concern. A record of those practitioners attending will be kept.”<sup>12</sup>

- **October 2019** “the review has taken place and this is reflected in the Terms of Reference for the group which was implemented from 1 October 2019.”<sup>13</sup>

Terms of Reference details the requirement for “representation from across pathways, professional disciplines and the presence of safeguarding named nurses and/or safeguarding supervisors to attend the weekly clinical meeting.”<sup>14</sup> Attendance will be “continually reviewed to assess delivery of this action. In December 2019, the Safeguarding Lead Professional had attended all but one meeting.”<sup>15</sup>

<sup>11</sup> RDaSH action plan p 10-12

<sup>12</sup> RDaSH action plan p 10-12

<sup>13</sup> RDaSH's action plan p 10-12

<sup>14</sup> RDaSH action plan p 10-12

<sup>15</sup> RDaSH action plan p 10-12

- **28 October 2019** template for documenting clinical meetings was introduced which records the following:

Record of Attendance, main points of the discussion, formulation, outcomes and actions required. .

- **August 2020** “A review of the attendance of the practitioners and the named professional safeguarding children officer at the clinical MDTs has been undertaken retrospectively from January 2020 to July 2020. This revealed representation by either the named nurse or safeguarding supervisor at every meeting during this period. At many meetings, both were in attendance.”<sup>16</sup>
- **October 2020** “MDT meetings continue to take place with regular attendance of a member of the RDaSH Safeguarding Team, if the member of the Safeguarding team is not present a safeguarding supervisor in attendance at the MDT meeting.”<sup>17</sup>

#### 8.4 Evidence

- Rotherham CAMHS Clinical Meeting Terms of Reference.
- Records of attendance of safeguarding professionals at CAMHS MDT meetings to October 2020.
- Proforma to document the minutes from CAMHS’s Clinical Meetings.

**Conclusion:** Sancus Solutions were satisfied that there was evidence of implementation and an impact assessment undertaken. Score **4**.

## 9 Recommendation 4

RDaSH should undertake a comprehensive audit of the Rotherham CAMHS FACE assessments and care plans. This audit should be cross-referencing cases to the relevant practitioner’s clinical supervision documentation and, where relevant, the minutes of the weekly clinical meetings and monthly complex patient meetings.

9.1 **Lead Director** Chief Operating Officer.

9.2 **Action** Risk Assessment Audit will be undertaken in the Rotherham CAMHS Service.

<sup>16</sup> RDaSH action plan p 10-12

<sup>17</sup> RDaSH action plan p 10-12

### 9.3 Chronology of implementation

“Risk assessment audit completed. In response, the Care Group developed a specific action plan to target the recommendations.”<sup>18</sup>

- **December 2019** another audit was undertaken.
- **February 2020** CAMHS Triangulation Audit completed by Clinical Audit Team rating “good. Risk assessment domain within overall audit also received a good rating.
- **June 2020** an additional audit was undertaken to “review the quality of the safe and well checks that were taking place in response to the COVID-19 pandemic, which constitutes an intrinsic part of the risk assessment. The findings for the Children’s Care Group, including CAMHS, were ‘Good.’”<sup>19</sup>
- **August 2020** a performance report was shared with team managers, which assessed compliance with completed and reviewed risk assessments.
- **By January 2020** “a triangulation audit, including the risk assessment audit, care records audit and supervision audit are on the Children’s Care Group annual audit programme with planned completion in January 2021.”<sup>20</sup>

“An improvement trajectory has been produced to deliver sustained improvement of 90% of FACE risk assessments completed by initial assessment or within seven days”.<sup>21</sup>

### 9.4 Evidence

- Audit of the Quality of the Completion of Risk Assessments- August 2019.
- Rotherham CAMHS Triangulation Audit Report -18 February 2020.
- To audit clinical records against the requirements of the Covid 19 Community Guidance in relation to the ‘safe and well’ calls- June 2020.
- FACE audit report – 5 August 2020.
- Rotherham Risk Assessment Improvement Trajectory- 28 August 2020.

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<sup>18</sup> RDaSH action plan p13-14

<sup>19</sup> RDaSH action plan p13-14

<sup>20</sup> RDaSH action plan p13-14

<sup>21</sup> RDaSH action plan p13-14

**Conclusion:** Sancus Solutions were satisfied that there was evidence of implementation and an impact assessment has been undertaken. Score 4.

## 10 Recommendation 5

RDaSH's CAMHS should develop an overarching operational policy that includes comprehensive guidelines for completing CAMHS FACE assessments and care plans.

10.1 **Lead Director** Executive Director of Nursing and Allied Health Professions (AHPs).

10.2 **Action** "An audit will take place to evaluate the triangulation between case records, risk assessments and the named practitioners' clinical supervision."<sup>22</sup>

### 10.3 Chronology of implementation

- 6 November 2019: CAMHS Operational Policy produced and circulated to all CAMHS staff for consultation.
- CAMHS Operational Policy ratified at Children's Care Group Quality Meeting.
- 4 November 2020 CAMHS final ratification.
- An electronic version has been sent to all staff with a read receipt and it has also been included in the CAMHS induction pack.

### 10.4 Evidence

- CAMHS Operational Policy – October 2020

**Conclusion:** Sancus Solutions were satisfied that there was evidence of implementation and an impact assessment has been undertaken. Score 4.

## 11 Recommendation 6

RDaSH should convene a team risk training event for the Rotherham CAMHS team, which all clinical and managerial members of staff should be required to attend.

11.1 **Lead Director** Chief Operating Officer.

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<sup>22</sup> RDaSH action plan p13-14



11.2 **Action** “Mandatory risk training event will take place for all CAMHS staff, including a presentation on the new Operational Policy.” <sup>23</sup>

### 11.3 **Chronology of implementation**

Risk Training events were delivered to all CAMHS staff, including managers and medical staff in December 2019 and on 9 January 2021 and 14 January 2021. The programme was developed by specialist trainers and was scenario based action learning sets. All CAMHS staff have now completed the training.

- **August and October 2020**

In response to Sancus Solutions’ report, a series of lessons learnt events were planned with the Head of the Cultural Improvement Team and delivered on 11, 17, 24 and 29 September 2020.

It was reported that due to the Covid pandemic the training took place virtually. It was also reported that there was “very positive feedback particularly from staff working in the wider Care group.” <sup>24</sup>

### 11.4 **Evidence**

- Clinical Risk Formulation training lesson plan.
- Lesson learnt power point presentation.

**Conclusion:** Sancus Solutions were satisfied that there was evidence of implementation and an impact assessment has been undertaken. Score **4**.

## 12 **Recommendation 7**

Prior to the publication of this report, RDaSH should provide an up-to-date action plan of the progress made in implementing the recommendations of their outstanding Serious Incident Report.

12.1 **Lead Director** Chief Operating Officer.

12.2 **Action** Provide a completed action plan that meets the recommendations of the internal investigation into this incident.

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<sup>23</sup> RDaSH action plan p15-16

<sup>24</sup> RDaSH action plan p15-16

12.3 The Trust has completed an action plan in response to the recommendations made to its internal Serious Incident Investigation Report and an updated version of the plan has been shared with Sancus Solutions and NHS England.

#### 12.4 Evidence

- Copies of email correspondences between RDaSH and NHS England with updated action plan.
- Revised action plan -12 February 2020.

**Conclusion:** Sancus Solutions were satisfied that there was evidence of implementation and an impact assessment has been undertaken. Score 4.

### 13 Recommendation 8

RDaSH should consider the viability of recruiting a family liaison officer, who would be the single point of contact and provide support for families throughout a serious incident investigation process.

13.1 **Lead Director** Chief Operating Officer.

13.2 **Action:** “Provide a completed action plan that meets the recommendations of the internal investigation into this incident.”<sup>25</sup>

#### 13.1 Chronology of implementation:

- **October 2019** two members of the Trust's Investigation Team attended the Sancus Solutions Family Liaison Officer training. It was documented:  
  
“This has brought the knowledge regarding ways of working in family liaison roles into the organisation and will provide a mechanism for this support, whilst further consideration is given to the family liaison approach for the Trust.”<sup>26</sup>
- **August 2020** “The Deputy Director of Safety and Quality has informed us that the Family Liaison Officer role has been identified and included within the revised RDaSH Patient Safety Strategy.”<sup>27</sup>
- **October 2020** “Research to be undertaken by the Investigation Team and Care Group jointly regarding benefits of family liaison officers within NHS

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<sup>25</sup> RDaSH action plan p16-18

<sup>26</sup> RDaSH action plan p16-18

<sup>27</sup> RDaSH action plan p16-18

organisations and outcome and proposal paper to be presented to Executive Management Team. Due to the current COVID-19 pandemic this work did not progress as planned in March 2020, however, the current arrangements of having trained members of the Investigation Team are considered to be working effectively and meeting requirements currently. Target completion date revised to reflect this, however, this will be kept under review, based on the evolving nature of the pandemic.”<sup>28</sup>

“Patient Safety Strategy remains in draft however the intention is clearly articulated. An anticipated time scale is April 2021 the work is dependent on the national strategy being published which continues to be delayed due to COVID-19.”<sup>29</sup>

### 13.2 February 2021 RDaSH reported to Sancus Solutions:

“The Trust considered the viability of recruiting a family liaison officer but felt that the option of training members of the Serious Incident Team in providing this support would provide better coverage than an individual post.

There are four staff trained in family liaison within the Serious Incident Investigation Team. For each Serious Incident, the lead investigator contacts the family to ascertain the involvement they would like and the key questions they want answering. “<sup>30</sup>

It was reported that the lead investigator maintains contact with the family throughout the course of the investigation. Where additional support for the family is identified “the lead will consider this and provide information on support available as being needed.”<sup>31</sup>

### 13.3 Based on the evidence available to Sancus Solutions the following conclusions have been made:

- RDaSH has made progress in developing the skill set of their serious incident investigators with regard to supporting families throughout the investigation process.
- There was no evidence presented that there has been any impact assessment undertaken in order to review the impact of the Family Liaison Training on the experiences of families.

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<sup>28</sup> RDaSH action plan p16-18

<sup>29</sup> RDaSH action plan p16-18

<sup>30</sup> RDaSH response

<sup>31</sup> RDaSH response

- Additionally due to delays incurred by the on-going Covid 19 pandemic RDaSH's Patient Safety Strategy has yet to be introduced.

**Conclusion:** Sancus Solutions were satisfied that there was evidence of implementation but there has been no impact assessment. Score **3**.

## 14 Concluding comments

- 14.1 Sancus Solutions have concluded that RDaSH provided considerable evidence of the progress they have made in implementing and monitoring their action plans. Additionally apart from recommendation 8 there was also evidence of RDaSH undertaking impact assessments.
- 14.2 Although RDaSH has not undertaken a quality assurance review on recommendation 8 Sancus Solutions have concluded that no further scrutiny is required.
- 14.3 In conclusion Sancus Solutions have been very impressed and grateful that despite the immense and complex challenges of the Covid 19 pandemic RDaSH and RCCG have managed to both implement their action plans and to fully cooperate with the demands of this quality assurance review.