

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Meeting** |  | **Meeting Date** |  |
| **Title of Paper** |  | **Agenda Item No.** |  |
| **Report Author** |  | **Job Title** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose of paper:** | Decision | Discussion | Assurance | Information |

| **Background** |
| --- |
| Please include any background information for the paper. |

| **Executive Summary** |
| --- |
| Please include a brief summary of the paper. |

## Implications

| **Implication heading** | **Implication overview** |
| --- | --- |
| Outline of involvement – clinical, stakeholder and public/patient: |  |
| Management of conflicts of interest: |  |
| Risk assessment: |  |
| Finance / resource implications: |  |
| Strategic objectives (which of the HCP / Health and wellbeing board priorities does this relate to?): |  |
| Legal / Constitutional Implications: |  |
| Implications for sustainability or climate change (if any): |  |

## Assurance checks

| **Assurance heading** | **Assurance overview** |
| --- | --- |
| Has a quality impact assessment been completed?  Have any quality and safety implications been identified? |  |
| Have departments and / or organisations that are affected been consulted? |  |
| Has a Data Protection Impact Assessment (DPIA) been completed? |  |
| Meetings at which the subject / paper has been previously presented: |  |
| Reference document(s) / enclosures: |  |

| **Recommendations** |
| --- |
|  |

Proud to be part of West Yorkshire Health and Care Partnership