Cambridgeshire Community Services NHS Trust

TRUST BOARD

Title:	**QUALITY REPORT**
Action:	**FOR DISCUSSION, NOTING AND APPROVAL**
Meeting:	**WEDNESDAY 13 MARCH 2019**

Purpose:
This report gives an overview of Quality related areas of practice and an opinion regarding the level of assurance that the Board can take from the underpinning information. The assurance opinion categories reflect those utilised in the Internal Audit Programme, namely substantial, reasonable, partial or no assurance.

Key risks related to each subject area are identified and mitigation actions highlighted. These areas of risk are identified, recorded on the Risk Register, managed and escalated where appropriate.

The report is supported by a data pack covering the period December 2018 and January 2019 (with any relevant key current updates) and is focused on the CQC five Key Lines of Enquiry. The information is triangulated with our clinical services to ensure a holistic judgement is made.

Detailed local analysis of quality performance is undertaken within the 3 Clinical Operational Boards and points of escalation reported to the Board.

Recommendation:
The Board is asked to:

Note the information in this report with additional information relating to:
- A summary of post implementation Quality Impact Assessments from our 2018/19 Cost Improvement Schemes
- Guardian of Safe Working
- Update of actions identified from Patient Stories heard at the Board throughout 2018/19
- Developing Workforce Safeguards – National Quality Board requirements for safe, Effective staffing
- Flu immunisation uptake
- Learning From Deaths

Approve the updated CQC Statement of Purpose relating to the imminent transfer of Holly Ward and SCBU at Hinchingbrooke Hospital to North West Anglia Foundation Trust on 31 March 2019.

	Name	Title
Author:	Julia Curtis Anita Pisani David Vickers	Chief Nurse Deputy CEO and Director of Workforce Medical Director
Executive sponsor:	Julia Curtis Anita Pisani	Chief Nurse Deputy CEO and Director of Workforce

	David Vickers	Medical Director

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	The data pack demonstrates a good understanding of quality across the organization
Collaborate with other organisations	A number of sections reference collaboration with relevant partners and stakeholders
Be an excellent employer	Staffing pressures are escalated using our early warning trigger tool and managed at an early stage by teams to prevent negative patient impact. This report highlights a focus on safe staffing, related risks and mitigating actions.
Be a sustainable organisation	Patient feedback is consistently high and where concerns are identified, learning is identified and improvements to practice made.

Trust risk register
This report refers predominantly to actions associated with Board risk 1320 relating to maintenance of compliance with CQC standards. Individual sections have associated risks that are monitored by Clinical Operational Boards.

Legal and Regulatory requirements:
All CQC Key Lines of Enquiry and fundamental standards of care are addressed in this report.

Previous Papers:

Title:	Date Presented:
Trust wide Board Quality report & Data Pack / appendices	January 2019

Equality and Diversity implications:

Objective	**How the report supports achievement of objectives:**
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	Compliance with the 18 week Referral to Treatment target is included in the Responsive section of the supporting data pack.
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.	Examples of patient and service user engagement continue to be highlighted in the data pack.
To introduce wider diversity on recruitment selection panels.	This project is covered by the People participation Committee and forms part of the routine reporting to the Board.
To deliver customised training and development for staff to further improve awareness of diversity and inclusion.	Covered by the People Participation Committee but not specifically in this report for March Board

Are any of the following protected characteristics impacted by items covered in the paper – No

Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
☐	☐	☐	☐	☐	☐	☐	☐	☐

1. **EXECUTIVE SUMMARY / KEY POINTS**

1.1 The Board can take Substantial assurance overall from the data presented and consideration of the systems and processes in place to support the delivery of high quality care. This is supported by the information referenced throughout this report from Appendix 1 (Quality Data Pack for December 2018 and January 2019). There were no significant concerns raised regarding the Trust's controls upon which we rely on to manage our identified risks.

1.2 Key points:

1.2.1 One Never Event was reported from our iCaSH service in Peterborough relating to the wrong intrauterine device being fitted. This was reported after the wider service had shared learning from a similar incident in iCaSH Suffolk previously. Details are outlined in section 2.

1.2.2 Two Serious Incidents (SIs) were reported both involved failure to escalate safeguarding children concerns. One involved our Luton 0-19 service and the second involved a cluster of 4 incidents in our Cambridgeshire 0-19 service. A trust wide action plan has been developed to encompass learning from all recent safeguarding investigations.

1.2.3 Pressures relating to staff sickness continue to impact on service delivery and are highlighted in the safe staffing section (2.5).

1.2.4 The annual staff Influenza immunization programme has concluded with a final uptake of 65.7% (1102 front line staff out of 1677). There are a number of improvements that we are looking at to maximize uptake for this year's campaign.

1.2.5 Our friends and families response results continue to reach 95% (section 4.1, target 90%) and reflect the outstanding care delivered by our services on a daily basis. Response to complaints continues to be timely with the 25 and 30 day targets achieved at 100% again for December and January.

1.2.6 A number of updates are outlined in the well led section including a summary of actions from patient stories, outcomes of Quality Impact Assessments from our Cost Improvement schemes, Guardian of Safe Working and Developing Workforce Safeguards.

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1.2.7 A revised CQC Statement of Purpose is attached as Appendix 5 for approval to reflect the imminent transfer of Holly Ward, SCBU and Children's Outpatient services based on the Hinchingbrooke site to North West Anglia Foundation Trust.

1.2.8 A summary of Learning From Deaths is included at section 11. This is fully reviewed by the Quality Improvement and Safety Committee.

1.2 There are no indications of significant breaches of CQC fundamental standards.

Safe

2. **Assurance opinion**

The Board can be offered **Reasonable** assurance overall that patients are kept safe and protected from harm due to the following information:

2.1 Management of patient safety incidents (including Information Governance)

2.1.1 Two Serious Incidents (SIs) were reported in January relating to failure to escalate safeguarding concerns.

- One involved our Luton 0-19 service and has been referred for a Serious Case Review (SCR) by the Local Safeguarding Children Board. A Root Cause Analysis Investigation is being undertaken in line with requirements for the SCR process.

- The second involved 4 individual incidents involving staff in our 0-19 service in the Cambridgeshire area which were collectively reported as an SI due to identification of similar themes. Individual investigations have been reviewed together from which themes are forming the basis for a trust wide action plan to ensure that all teams benefit from the learning.

2.1.2 The Board were informed in January of a Never Event incident involving the insertion of a wrong Intra Uterine Device within our Peterborough iCaSH service. This had been recognised retrospectively by the service after learning from a similar incident in iCaSH Suffolk had been shared across the service. Investigations for both incidents have been undertaken by the same Consultant for consistency and a number of actions have been put in place to minimise future risk of occurrence.

2.1.3 Other incidents are discussed in local governance groups and learning shared. A summary of those categorized as moderate harm during December and January is on page 2 of the data pack. A summary of medicines incidents for Q3 is outlined on page 7 of the data pack and highlights an increase in incidents reported (131 in Q3 compared with 94 in Q2) . Of these, 55 were attributable to care by our staff and all were categorized as no harm. A possible contributory factor is the employment of a new Pharmacist working directly with Luton adult services who is raising awareness of reporting for these teams.

2.2 Safeguarding

2.2.1 Risks rated 12 and above relating to safeguarding are overseen by the Strategic Safeguarding Group – risk 2834 rated at 16 relates to workforce challenges within the Cambridgeshire Safeguarding team. An interim support plan was put in place to ensure that staff could access timely advice and the staffing position has since improved. It is anticipated that the risk will be reduced following recruitment to the Named Professional post in early March.

2.2.2 A trust wide risk relating to safeguarding team resource has been increased to 12 from 9 due to interim arrangements across 3 out of 4 safeguarding teams. Mitigating actions are in place to ensure continued staff support.

2.2.3 There are currently 16 Serious Case Reviews active across our Children's service portfolio (page 3 Data Pack - these are managed by Local Safeguarding Children Boards). Staff contribute by providing required chronologies of our involvement with the relevant case and attending practitioner learning events where cases are discussed. Learning is shared with partners at the end of the review and action plans are developed by our services. Training is then adapted to incorporate any areas of learning.

2.2.4 All elements of safeguarding mandatory training have been met trust wide in January (target 92%). Relevant Clinical Operational Boards have oversight of

performance of individual services that have not met compliance to ensure appropriate plans are in place.

2.2.5 Safeguarding supervision rates have improved overall to 94%, although they have not met the 95% target since July 2018. This was initially mainly due to workforce challenges within the Cambridgeshire safeguarding team described in 2.2.1 rated at 16 but is currently due to an overall increase in sickness rates across our services resulting in staff temporarily not at work and unable to undertake supervision within the 12 week requirement.

2.2.6 Page 3 of the Data Pack highlights continued trust wide compliance with the 85% Home Office target for the two levels of Prevent training (97% for basic Awareness and 901% for WRAP).

2.3 Infection Prevention and Control

2.3.1 The Trust's staff Influenza vaccination programme has concluded with a final uptake of 65.71%. Actions taken to encourage uptake are outlined in Appendix 2 along with overall uptake and opt out rates. A number of opportunities to improve uptake have been identified, shared with our clinical and service leaders and will be actioned for this year's campaign.

2.4 Safety Thermometer – Luton (dashboard page 25 data pack)

2.4.1 The overall harm free result reached 100% in December and was 93.6% in January.

2.4.2 The new harm metric is more indicative of the care directly provided by our staff and this was also 100% in December and 97.6% in January.

2.4.3 This metric is reported and overseen through the Bedfordshire & Luton Clinical Operational Board.

2.5 Safe Staffing

2.5.1 The Board can be offered **Reasonable** assurance that patients are kept safe and protected from harm due to the following information related to staffing:

2.5.2 Staffing pressures continue in a number of services as in previous reports, with detailed oversight by the Clinical Operational Boards. The sections below identify current areas under most pressure and the mitigating actions that are being taken to maintain both patient and staff safety. This includes, as previously reported, use of bank and agency staff and a variety of approaches to recruitment. Where relevant, Quality Early Warning Trigger Tool scores are highlighted (summarized on page 21 of the data pack).

2.5.3 Luton Unit

2.5.3.1 Luton adult services pressures continue with increased sickness rates – short term has increased from 2.49% to 3.24% and long term from 3.54% to 4.31%. Detailed plans to retain and attract staff include consideration of Recruitment and Retention Premia for Staff Nurse and Sister roles.

2.5.3.2 Luton 0-19 teams reported slightly improved QEWTT scores for 2 out of 4 teams in January although this position is anticipated to worsen

by June if the full impact of vacancies across the service is realised without bank / agency cover. The service has found sourcing bank and agency staff very challenging due to the suitability of available candidates.

2.5.4 **Bedfordshire Children's services**

2.5.4.1 A number of Bedfordshire therapy services continue with staffing pressures relating to challenges in recruiting to specialist roles. This includes the Dietetics service whose score remains at 16 with an anticipated improvement due to securing locum cover.

2.5.4.2 Speech and Language Therapy services had an increased QEWTT score in January. They anticipate an improved position by May 2019 as the service have agreed a different workforce model with commissioners and appropriate recruitment is under way.

2.5.4.3 The Children's Continuing Care Team had reported an increased QEWTT score due to sickness resulting in a number of cancelled shifts. This is a small team and they are receiving support from the Cambridge based team and have successfully recruited to a number of posts.

2.5.5 **Cambridgeshire Children's services**

2.5.5.1 The 0-19 Cambridge South locality continues to report high QEWTT scores of 21 and 20 in December and January due to increases in both short term and long term sickness rates with staffing pressures. This service mitigate immediate risk with the use of bank and agency staff.

2.5.5.2 The Safeguarding supervision rate remains just below the 95% target at 94.7% for January and has significantly improved since the August 2018 position of 53.3% due to the staffing challenges at that time within in the Cambridgeshire Safeguarding Team. The associated risk (2834) is currently rated at 16 and is anticipated to reduce by the end of March if recruitment is successful.

2.5.5.3 The overall staffing situation continues to be monitored by senior service leaders on a weekly basis alongside active sickness management with a number of actions in place as previously reported.

2.5.6 **Norfolk**

2.5.6.1 Norfolk based 0 - 19 teams report an improved position relating to overall sickness with long term sickness decreasing to 2.40% from 3.68%. All teams report improved QEWTT scores.

2.5.7 **Paediatric Acute services**

2.5.7.1 Staffing compliance on the Acute Paediatric unit is reported on page 6 of the data pack.

2.5.7.2 SCBU reports a continued staffing position of 100% compliance with staffing levels with no SBAR escalation reports during October or

November and the unit remained open to internal admissions from maternity services and restricted on 6 occasions externally to the Neonatal Network.

2.5.7.3 Holly Ward reported a mixed picture of compliance for both day and night staffing with a number of periods of restriction to admissions due to staffing and acuity of patients. Discussions continue with North West Anglia Foundation Trust colleagues to ensure that the flow of patients through A&E is as responsive as possible.

2.5.8 **Ambulatory Care services**

2.5.8.1 iCaSH Peterborough report an increased QEWTT score due to short term sickness which remains a challenge due to an increase from 3.62% to 9.21%.

2.5.8.2 Dental services continue to be challenged by staff sickness in December and January particularly long term sickness which increased from 3.89% to 6.02% although short term sickness rates improved from 4.57% to 2.20%. The service are actively managing cases.

Effective

3. Assurance opinion

The Board can be offered **Reasonable** assurance that all elements of this Key Line of Enquiry are being actively managed.

3.1 **Workforce metrics** are outlined on page 8 of the data pack and assurance is based on the following:

3.1.1 Services continue to be challenged by sickness absence. Trust wide the short term rate has increased in March from 2.20% to 2.8% (slight increase from March 2018 which was 2.47%) against a target of 3.6%.Long term sickness has increased slightly from 2.95% to 3.10% (3.08% in March 2018) against a target of 4.2%. Managers receive detailed HR information about staff sickness in order to support their management of individuals.

3.1.2 Overall mandatory training compliance has remained above the 92% target at 94% for January.

3.1.2 Compliance with all individual elements of safeguarding adults and children training has met the 92% target.

3.1.3 A number of individual subjects remain below target for a variety of reasons including cancelled sessions which have impacted Moving & Handling and CPR / Resus training. Managers are informed of non compliance for Information Governance training on an Individual basis.

3.1.4 The percentage of appraisals completed has also met the 92% target at 92.6%.

3.2 Research

3.2.1 A summary of our participation in active research is presented on page 19 of the data pack. We have maintained our recruitment to studies above projected levels set by the Clinical Research Network this quarter and continue supporting a high number of staff to obtain research fellowships and internships.

Caring

4 Assurance opinion

The Board can be offered **Substantial** assurance that staff treat people with compassion, kindness, dignity and respect due to the following:

4.1 Patient story

4.1.1 The patient experience story due to be discussed with the Board at this meeting is being shared by our Cambridgeshire Children's Community Nursing team and we will hear from a parent about the challenges faced when caring for an infant whose level of need is such that they require access to 24 / 7 nursing care.

4.1.2 An update on actions identified from patient stories heard by the board during 2018 / 2019 is attached as Appendix 3.

4.2 Friends and Families Test (FFT)

4.2.1 Results are highlighted on page 10 of the data pack including an overall score of 95.9%. Comments relating to negative scores are reviewed by teams and details are outlined in the Data pack.

4.2.2 A selection of positive comments received regarding our services is included in the data pack on page 10.

Responsive

5. Assurance opinion

The Board can be offered **Reasonable** assurance that services are organised to meet people's needs beacuse of the following:

5.1 Complaints

5.1.1 Complaints information is outlined on pages 11 and 12 of the Data Pack and highlights the continued improvements made to the handling of complaints during 2018. One hundred percent of all standard complaints were responded to within the 25 day timeframe along with 100% of the more complex investigations which have a timeframe of 30 days.

5.1.2 18 complaints and 79 concerns were received in December and January of which 36 related to 'Administration' particularly 19 concerning Express Test (the on line system for asymptomatic patients to access sexually transmitted disease testing in our iCaSH services. Service users reported difficulties with understanding how to log onto this web based process and the service are therefore working to improve dissemination of relevant information.

5.1.3 Actions / learning from investigations are highlighted in the Trust's Governance Log which is circulated weekly to members of the Leadership Forum to ensure appropriate oversight and monitoring by service leads. Themes are also shared on the staff intranet learning pages where a high level themed summary of all complaints is also highlighted.

5.2 Access to our services (pages 13 / 14 of the data pack)

5.2.1 Our Clinical Operational Boards focus on 18 week compliance and their updates give details of remedial actions. Specifically, Luton & Bedfordshire Community Paediatrics and Bedfordshire therapy performance is highlighted in the Bedfordshire & Luton Clinical Operational Board report to the Board.

Well-led

6. Assurance opinion

The Board can be offered **Substantial** assurance that the leadership, management and governance of the organisation assures the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture. The main strategic risk associated with this section is 1320 relating to maintaining CQC standards. This risk score was reduced to 4 following our 2018 CQC Inspection and positive external Well Led review of our governance and risk arrangements by Deloitte.

6.1 Quality Early Warning Trigger Tool

This established tool (summarised on pages 16 - 17 of the data pack) is based on a number of metrics that mainly relate to staffing pressures and the impact on quality when staffing is compromised. The details are covered in section 2.5 (safe staffing) of this report.

6.2 Quality Dashboard

The Trust wide dashboard (pages 20 - 21 of the data pack) is underpinned by service level data which is utilised at both local and Trust level to give an overview of a number of areas of quality performance. These metrics have been used to inform analysis throughout the report.

7.0 Quality Impact Assessment (QIA) summary from Cost Improvement Plans (CIPs) 2018 / 2019

7.1 Development of our annual CIP plan involves a number of stages outlined in our CIP Policy. Potential schemes are identified by services and viable options are developed with Service Directors. At the point that schemes are formally proposed, a Quality Peer Review process is undertaken involving evaluation of detailed QIAs for relevant schemes by Medical Director, Chief Nurse, Finance Director and the appropriate Service Director.

7.2 Schemes that are approved are implemented and a review QIA is undertaken at the end of the year (unless required earlier) to inform learning for consideration of future schemes.

7.3 A review has been undertaken of the Quality Impact Assessments relating to our Cost Improvement plans implemented during 2018 / 2019. Below is a summary of the impact of the schemes:

Division	Schemes	Impact
Ambulatory	**13 schemes:** • 6 x staff/skill mix • 2 transactional • 4x pathway changes • 1 x estates • 1 x Improved technology	• No negative impact • No negative impact • 1 patient complaint relating to realignment of clinical activity in Dental services to ensure a consistent approach to domicillary visits i.e only if clinically indicated. • Positive impact for patients Increased activity with Express Test in iCaSH services, CIP not achieved mitigated by non recurrent funding as a result from 2 commissioners. • No negative impact • Introduction of Order Comms system in iCaSH – partially implemented with no negative Quality Impact
Children's & Young People (Cambridgeshire & Norfolk)	**11 schemes:** • 4 x staff /skill mix • 3 x transactional • 1 x Service transfer • 2 x scheduling system deferred 2019 / 2020 • 1 x estates deferred 2019 / 2020	• 2 x delivered (no negative impact) 2 x not implemented • No negative impact • No negative impacts identified for transfer of Holly Ward / SCBU and Children's Outpatient Depts at Hinchingbrooke Hospital
Luton	Schemes will be fully reviewed at the end of March 2019.	
Bedfordshire	New service to CCS from 1 April 2018 – no CIP schemes for this year.	

8.0 Guardian of Safe Working report

8.1 The quarterly report of the Guardian of Safe Working (medical trainees) is attached at Appendix 4.

8.2 The Board is asked to note his report, and endorse his recommendations which are simply about supporting training, and transfer of acute trainees.

9.0 Workforce Safeguards

NHS Improvement have published a framework for trusts to strengthen their evidence based approach to workforce planning – this can be found at:

https://improvement.nhs.uk/resources/developing-workforce-safeguards

This builds on previous guidance from NHS England's National Quality Board (2016) which required three elements to be in place:

- Deployment of staff with suitable qualifications, competence, skills and experience to meet the care and treatment needs of patients safely and effectively
- A systematic approach to determining the number of staff and range of skills required to meet the needs of people using services and to keep them safe
- Use an approach that reflects current legislation & guidance where available

The NHSI guidance sets expectations for trusts to demonstrate a triangulated approach to deciding staffing requirements involving:

- Use of evidence based tools are used where they exist
- Professional judgement
- Outcomes (patient and staff)

This also encompasses our governance for responding to unplanned changes in our workforce and assessments of our workforce safeguards annually.

Board requirements

➢ The Chief Nurse and Medical Director will be responsible for confirming to the Board that they are satisfied through regular assessment that staffing is safe, effective and sustainable.

➢ The workforce plan must be updated annually and signed off by the CEO and Executives and discussed in a public board session.

➢ The Board should review a range of workforce metrics, quality and outcome indicators along with productivity measures monthly and the Chair and Chief Executive should ensure that time is allocated to discuss and agree clear actions in response to the data.

What do we currently have in place?

✓ We currently undertake a comprehensive bi annual workforce review with our services to determine current and future requirements. Workforce data is considered alongside a range of other quality information ie QEWTT scores and the full review is discussed by the Board in May and November each year.

✓ Quality Dashboards are collated at service, Division and trust level which are overseen by services and our Clinical Operational Boards (on behalf of the Board). These report a range of metrics relating to patient and staff safety, effectiveness and experience.

✓ QIA process in place for skill mix/role changes that modify funded establishments. These form part of the QIA process outlined in section 7.

✓ We have scoped the use of patient outcome measures in our services and are looking to develop relevant measures where they are not in place.

✓ Planned roll out of e scheduling and e rostering planning tools during 2019 / 2020 to support safe and effective deployment of staff.

- ✓ A number of metrics that can be benchmarked against other services i.e sickness rates.

- ✓ A number of services have agreed business continuity plans that have been developed with commissioners to support prioritisation of staff at times of challenge.

What do we need to consider?

- Review our monthly quality dashboard reporting for other metrics that could strengthen our oversight of workforce safeguards and incorporate other information from our existing reporting systems.

- Ensure that our QIA processes consistently reflect new national role changes.

- Our intention to deliver an integrated Quality, Performance and Finance report during 2019 will need to be underpinned by explicit data that informs our assurance opinion relating to safe staffing.

10.0 CQC Statement of Purpose

10.1 A revised Statement of Purpose is attached as Appendix 5 which removes Holly Ward, SCBU and Children's Outpatients based on the Hinchingbrooke site due to the anticipated transfer of these services to North West Anglia Foundation Trust on 31 March 2019.

11.0 Learning From Deaths

The Quality Improvement and Safety Committee reviews the learning from deaths quarterly on behalf of the Board. The following is a summary from the February report:
A total of 50 patients had died in Q3, of those, 35 patients died at home and there was evidence of good collaborative working between the care delivery teams (Out of Hour's Team and the Specialist Palliative Care Team). The majority of patients who expressed an opinion of their place of death was achieved.

The review has highlighted that the End of Life Care template on SystmOne has not supported the reporting information of deaths and has therefore been discontinued. The review of the policy will take this into account and reduce the burden of audit for the local teams.

The majority of the end of life care plan templates have been completed and further training around the completion of this will be given to staff. There was evidence of good communication between the service and families in the care of the relative and families expressed how grateful they were with the care given.

During this period it was highlighted that some families were calling the paramedic service to inform them of the death of their relative. The service continues to inform relatives of the correct pathway in reporting a death and will be reviewing written information given to families.

Children

There were 41 deaths across the Trust in Quarter 3 (October-December 2018):
14 expected deaths
14 unexpected deaths
13 unclear
Child Death Overview Panels in each area coordinate investigation and learning from deaths of children and young people. Other learning relates to that from Serious case Reviews which informs revisions to our safeguarding training.

iCaSH
There was one expected death in Quarter 3 (October-December 2018).

At the most recent Learning from Deaths Group, three cases were discussed in detail and one element of learning included reminding staff to record next of kin to enable appropriate follow up when a patient is not seen as expected.

A full revision of the current Policy will be undertaken to reflect current practice.

11.0 RECOMMENDATION

11.1 The Board is asked to note the assurance given relating to each of the 5 Key Lines of Enquiry based Quality topic areas of this report and the actions being taken to address areas of concern.

11.2 They are also asked to note the updates regarding Flu uptake, Workforce Safeguards, Quality Impact Assessments, Guardian of Safe Working, Patient Stories and approve the CQC Statement of Purpose.

End of report

APPENDICES

- Appendix 1 – Data Pack
- Appendix 2 – Flu performance
- Appendix 3 – Patient Story summary
- Appendix 4 – Guardian of Safe Working summary
- Appendix 5 – CQC Statement of Purpose