

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
QUALITY REPORT

Date of the meeting	16/09/2015
Author	S Shead - Director of Quality V Read - Deputy Director of Quality
Sponsoring Clinician	Dr P French – Locality Chair for East Bournemouth
Purpose of Report	The report gives an overview of the current issues relating to quality for the CCG: <ul style="list-style-type: none"> • Quality Monitoring of Providers of NHS-funded Services • Safeguarding Adults • Safeguarding Children • Information Governance • Medicines Management
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Stakeholder involvement undertaken by the Trust is included in this report. Lay patient representatives are members of the Quality Group to represent the Dorset population.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles [delete as necessary]	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework / Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal / Regulatory	✓		✓
People / Staff	✓		✓
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials SSh

1. Introduction

- 1.1 The Quality Report is provided in four sections.
- Part A provides an overall summary of quality performance;
 - Part B outlines the quality performance of the commissioned provider organisations;
 - Part C of the report outlines a summary of key issues in relation to the smaller providers and contracts for which the CCG is an associate commissioner;
 - Part D of the report outlines performance of the CCG in relation to Quality.
- 1.2 The report highlights key areas of good quality performance, areas for development and improvement, and key areas of concern.

SECTION A – OVERALL QUALITY PERFORMANCE

- 1.3 As reported previously, Royal Bournemouth and Christchurch Hospital FT (RBCHFT) reported a Never Event in March 2015, the investigation has made a number of recommendations and the Trust is working through their improvement programme in relation to compliance with the WHO surgical checklist. In addition, a further Never Event was reported in Quarter Two. Dorset County Hospital (DCH), and Poole Hospital Foundation Trust (PHFT) have also recently reported never events; these are outlined in Section B of the report.
- 1.4 The report contains more detail in relation to mortality rates and explains the current performance at Dorset County Hospital (DCH) which was previously close to upper control limits. The most recent data indicates that this rate has improved.
- 1.5 As previously reported, safeguarding training at Dorset County Hospital has fallen below expected levels and the Trust was issued with a Contract Query which requires them to take remedial action to improve. There have been some noted improvements with a trajectory set for 80% compliance by October 2015.
- 1.6 111 services delivered by SWASFT are showing an improvement since the introduction of a ring fenced service from July 2015.
- 1.7 The Quarter One forecast for prescribing at practice level shows an overspend of £355k against the budget of £111m
- 1.8 As the CQC are currently undertaking inspections within General Practice in Dorset, the quality directorate have provided support and advice to Practices if requested. The CQC are continuing visits to General Practices during quarter two.
- 1.9 The report in relation to Dorset HealthCare CQC inspection is awaited; inspection dates are confirmed for RBCHT in October and Poole in January.

SECTION B – MAIN PROVIDERS

- 1.10 The performance of the four main providers is outlined in the aggregated scorecard (Appendix 1). The report below outlines exceptions only.

2. Safe

Never Events

- 2.1 The scorecard contains quarter one data only and therefore not contained within the scorecard are never events that have occurred during quarter two:
- RBCHFT have reported a never event relating to a retained foreign object. On investigation this turned out to be a part of a scope that had been used during a surgical procedure;
 - PHFT have reported a never event relating to wrong site surgery during a dermatological procedure;
 - DCHFT have reported a never event relating to a wrong site surgical block.

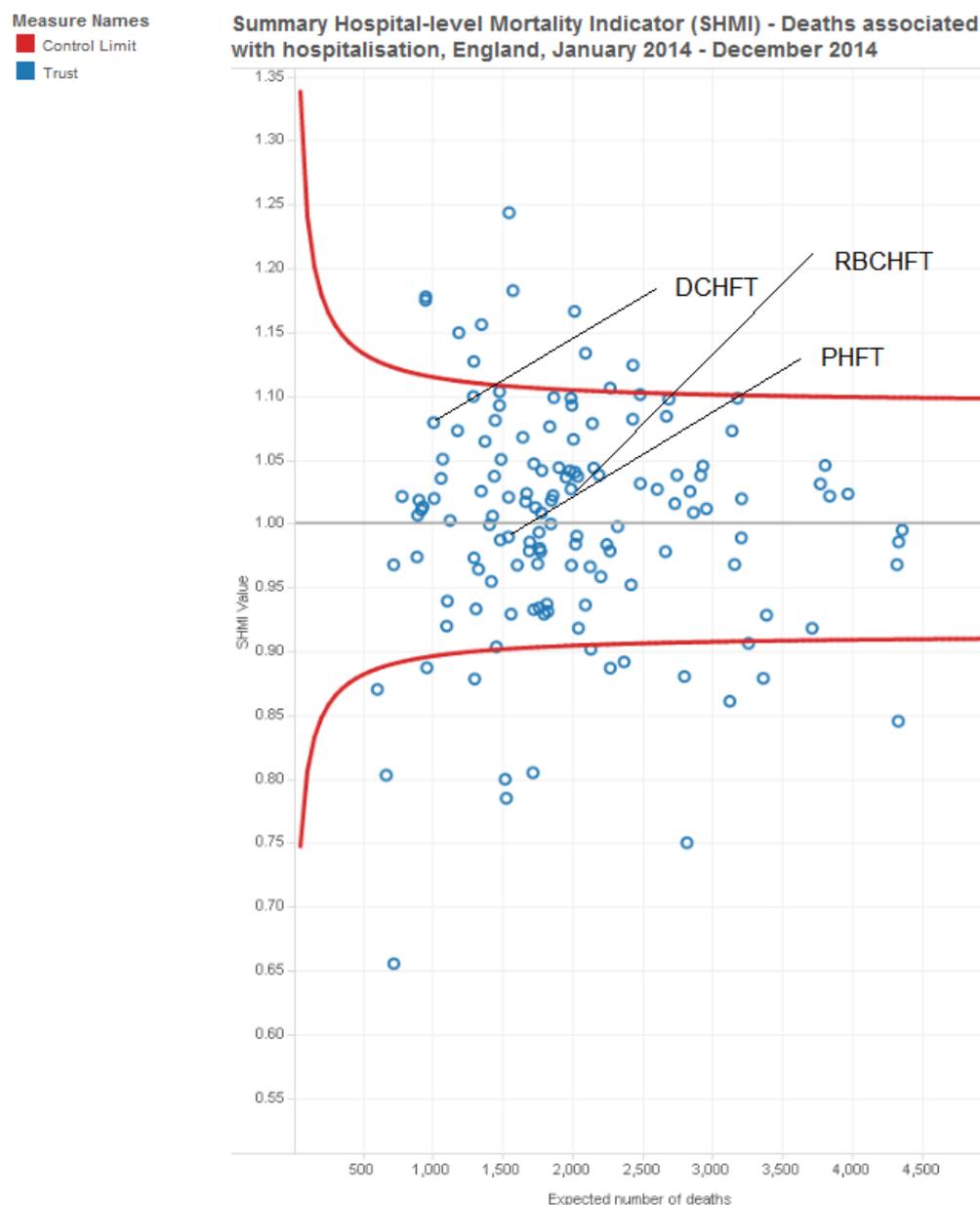
All of these events are currently subject to root cause analysis.

Stroke Services

- 2.2 The most recent stroke data (SSNAP) demonstrated that there had been some significant improvements in stroke care at RBCH and some improvement at DCH. PHFT performance has decreased to an overall Level D. A deep dive report in to stroke services is being provided to the CCG Quality group in September 2015.

Mortality Rates

- 2.3 The latest available data is up to December 2014 and is shown below. All providers are within the expected range (band 2). Improvements have been observed at PHFT and DCHFT, although RBCHFT has deteriorated slightly.



- 2.4 Whilst there is a lot of activity currently underway in all the local providers in relation to mortality and there has been some reduction in mortality rates, this has not been significant. Reducing mortality is a clear priority for all the acute providers in 2015/16 and will be closely monitored by the CCG. Since the last Governing Body a meeting has been held with DCHFT to explore their recent reviews of mortality in more detail and assurances have been provided on the subsequent actions. Eight areas of high SHMI have been investigated by relevant consultants to identify any themes which could indicate quality of care was compromised. The eight areas were: intestinal infections, hip fractures, GI motility, intestinal obstruction, connective tissue, endocrine, biliary tract infection and upper respiratory tract infections. A theme was identified that advanced malignancy featured in the many of the cases, which was not coded as such. This has been taken up as an action that advanced malignancy should feature in the top criteria for coding, where appropriate. Other areas of concern were identified and are being actioned within the Trust.

- 2.5 The CCG will continue to receive updates and assurance from the Trust at each contract review meeting and meetings with the Director of Nursing and Medical Director take place to review best practice in other Acute Trusts and advise DCH how they may undertake mortality reviews in a more structured way, advise the Trust on using an MDT approach to reviews, assist in sharing learning, where it is identified, across the system.

WHO Checklist

- 2.6 As recent never events have demonstrated there are still areas where the WHO surgical checklist is not being fully implemented, there is particular focus on this area in RBCHFT where procedural checklists are being created for interventions conducted outside of main operating theatre environments.
- 2.7 PHFT is also reviewing their current procedures to ensure full compliance in areas other than operating theatres.

Nutrition Assessments

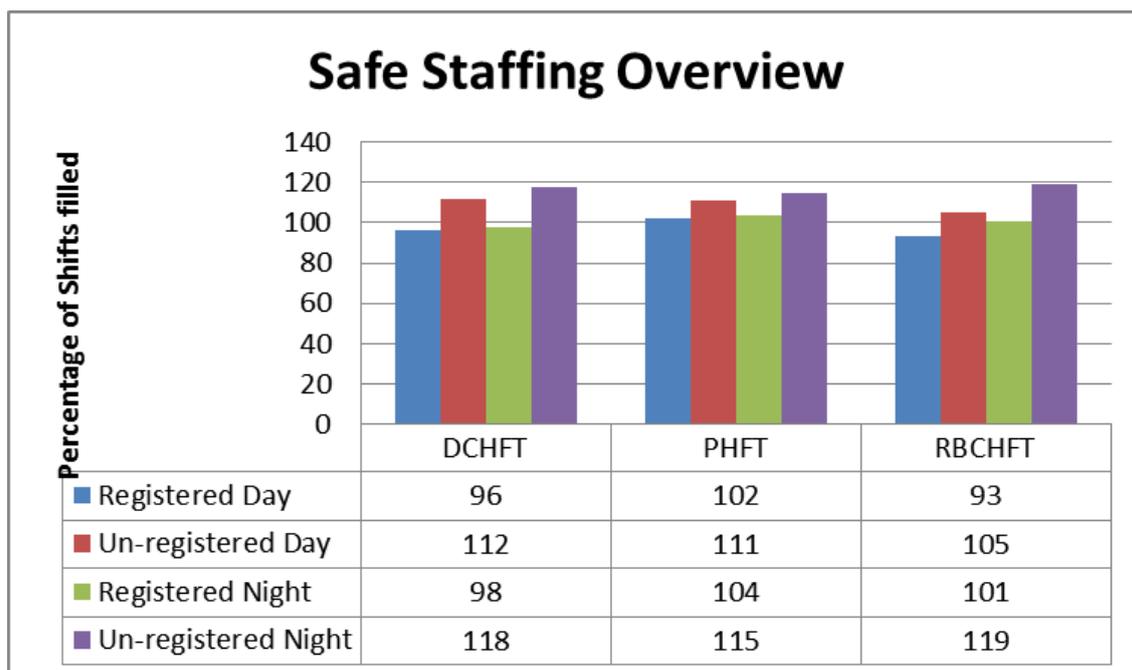
- 2.8 All providers are reporting lower levels than expected in relation to nutritional assessments. This is similar to organisations outside of Dorset who are unable to achieve compliance. Further work will be undertaken with each provider in relation to this indicator during quarter three.

Pressure Ulcers

- 2.9 RBCHFT demonstrated an improvement against previous months in May 2015 with no reported Grade 3 or 4 pressure ulcers. However the number of reported Grade 2 pressure ulcers has increased. There is a significant variance in the number of pressure ulcers reported at each provider, which is due, in part, to local interpretation of national standards and guidance. The CCG patient safety group will work with providers to move towards a more standardised approach to reporting in future.

Staffing

- 2.10 The performance on mandatory training and appraisals at RBCHFT is significantly lower than previously reported which has been due to a change in the way they record training and appraisals. Overall staffing figures are below expected levels although improvements have been seen over the last 12 months. In the absence of any national benchmarking, the national survey results 2013/14 report an England average of 84% appraisal rate.
- 2.11 All providers continue to publish their staffing levels on a monthly basis via NHS Choices. The Trusts also display data on each ward demonstrating planned versus actual cover. In the following graph some areas may have more staff on duty than planned which is due to several factors including increasing number of support workers (unregistered) when there are registered nurse gaps in a rota and increased support workers when an individual patient requires one to one supervision. The lowest staffing rates of planned vs actual were observed at RBCHFT. (Data source NHS Choices)



Safeguarding

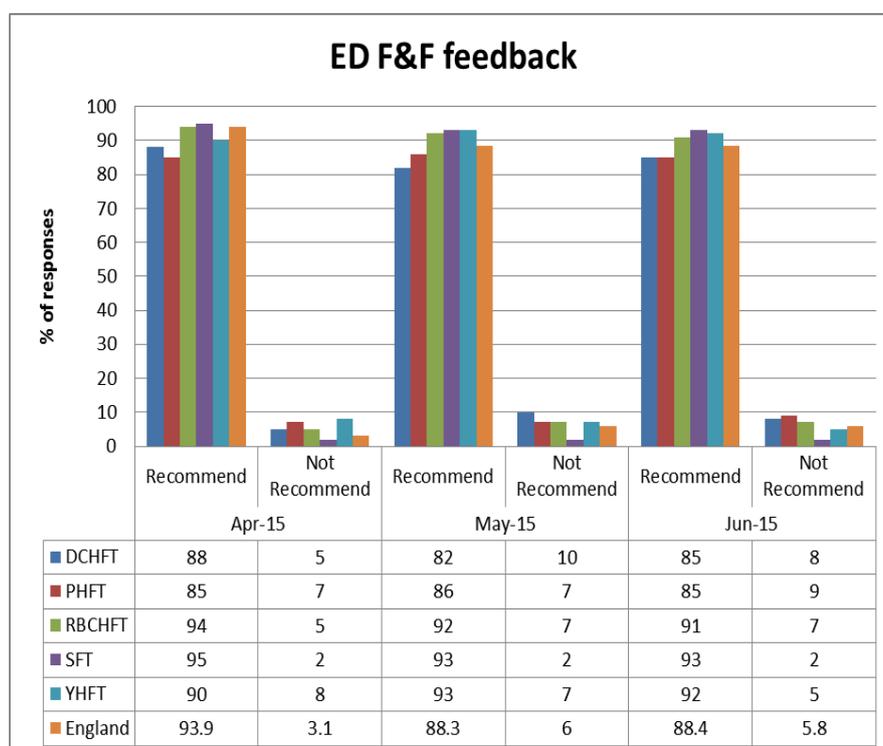
- 2.12 Dorset County Hospital's compliance with Adult Safeguarding and Mental Capacity Act training remains below threshold. A contract query was issued to Dorset County Hospital on 17 April 2015; the CCG is now monitoring the improvement plan, with some improvements noted. Work has already been completed to separate the adult safeguarding training in to Levels one and two with competency based assessments. The trajectory should see 80% achieved across both levels by the end of October 2015.
- 2.13 Poole Hospital has recently changed the adult safeguarding structure and it is anticipated that this will have a positive impact on training levels.
- 2.14 Dorset County Hospitals compliance with Safeguarding children's training, level 2 and 3 was raised as a contract query on 17 April 2015; an improvement plan is being worked through and the Trust has now developed a new one day level three training package. The trajectory should see 80% achieved across all levels by the end of October 2015
- 2.15 Bournemouth Hospital adjusted the cohort of staff requiring Level 3 training which resulted in an initial drop in compliance. A training programme has been sourced and the Trust is working jointly with Poole Hospital to ensure all eligible staff receives training. This has had a positive impact and training compliance is now at 95% at the end of July 2015.

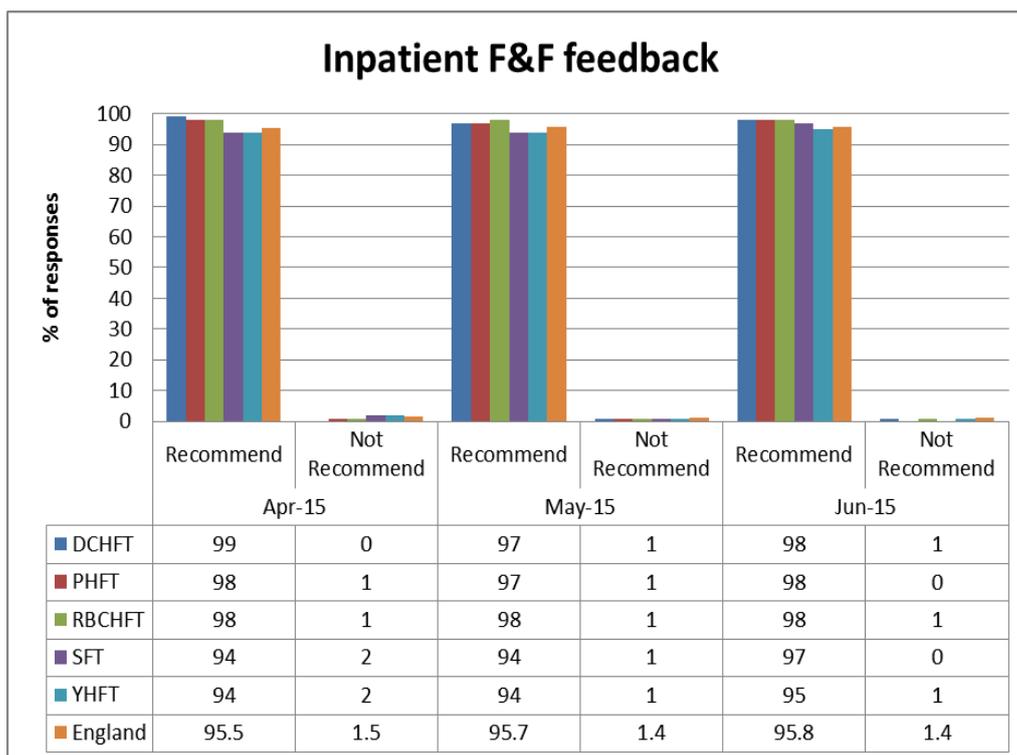
3. Caring

Complaints

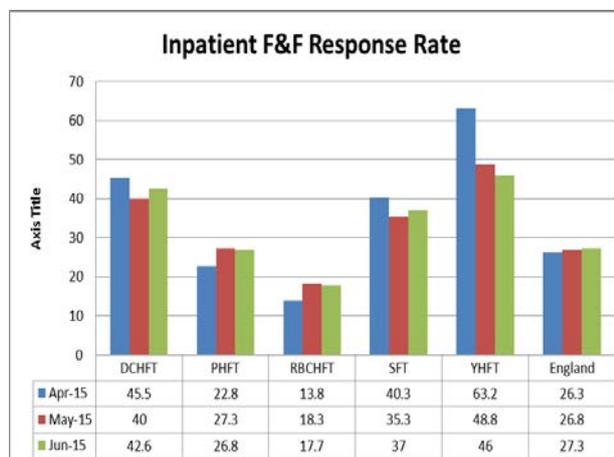
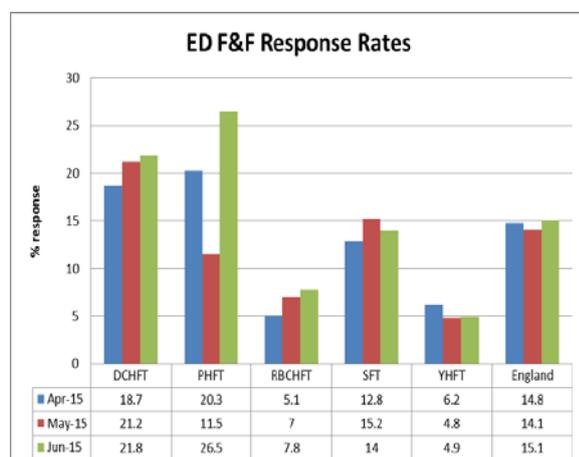
- 3.1 A review of quarter four complaints has demonstrated that, whilst there has been an improvement in relation to the three day acknowledgment to complaints, there has been a reduction in the number of complaints responded to within expected timescales. Both DCHFT and RBCHFT are working with the Divisions to speed up the timeliness of complaints investigations.
- 3.2 Dorset Healthcare have identified that responsiveness to complaints continues to be a Trust wide issue and the actions to address this include; a review of complaints process, production of revised guidance, complaints training for Senior Managers and a review of customer services process and procedures to ensure team have a broader skill mix and are able to cover tasks when colleagues are on annual leave or off sick.
- 3.3 PHFT is not meeting the threshold for both acknowledging and responding to complaints within agreed timeframes. There have been recent changes within this Department and a meeting has taken place between the CCG and the Complaints Manager during which a detailed action plan for improvement was shared.

Friends and Family Test





3.4 All providers continue to perform well with the Friends and Family Test inpatient score. The quarter one data suggests that DCHFT, PHFT and YHFT are performing slightly worse than the national average in relation to Emergency Departments. The number of responses is particularly low at RBCHFT:



4. Well-led

External reviews

- 4.1 A full CQC inspection of Dorset Healthcare University NHS Trust took place during the week commencing 22 June 2015. The outcome is awaited.
- 4.2 The CQC have announced inspections will take place as follows over the coming months:
 - RBCHFT – 26 October 2015;

- SFT – December (actual dates not know);
- PHFT – 26 January 2016.

PLACE review

4.3 The latest PLACE reports demonstrate good performance across all domains assessed.

Org Code	Organisation Name	Organisation Type	Commissioning Region	Site Code	Site Name	Site Type	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST	NHS	SOUTH OF ENGLAND COMMISSIONING REGION	RD304	POOLE HOSPITAL	Acute/Specialist	99.32%	95.13%	86.16%	96.60%	90.57%	93.07%	86.31%
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	NHS	SOUTH OF ENGLAND COMMISSIONING REGION	RDZ20	ROYAL BOURNEMOUTH HOSPITAL	Acute/Specialist	94.41%	86.83%	91.69%	86.21%	85.56%	88.67%	72.91%
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	NHS	SOUTH OF ENGLAND COMMISSIONING REGION	RBD01	DORSET COUNTY HOSPITAL	Acute/Specialist	99.17%	91.63%	91.74%	91.53%	92.49%	90.39%	77.78%
RNZ	SALISBURY NHS FOUNDATION TRUST	NHS	SOUTH OF ENGLAND COMMISSIONING REGION	RNZ02	SALISBURY DISTRICT HOSPITAL	Acute/Specialist	99.30%	94.57%	99.50%	93.55%	89.47%	95.31%	84.66%

PART C – ASSOCIATE AND SMALLER PROVIDERS

The following quality indicators are currently below expected levels in the following organisations:

1. **Salisbury Hospital NHS Foundation Trust**

- Mixed Sex accommodation.
- Mortality slightly higher than expected but within control limits.
- Never event relating to a Dorset patient – misplaced NG tube (occurred during Q2).

2. **Yeovil Hospital NHS Foundation Trust**

- Never Event wrong site surgery (Somerset patient).
- Monitor has accepted the Trust's response to their concerns raised earlier this year; the view is that the circumstances that caused their deficit were outside of their influence.

3. **South Western Ambulance Service NHS Foundation Trust**

Urgent Care Service

- No areas of non-compliance within national quality requirements. One area of partial compliance relates to urgent home and Primary Care Centre visits.

111 Service

- Continues to be performance issues with call handling indicators, although since the ring-fencing of the Dorset service from 1 July 2015 there has been improvement in performance.

999 Service

- Red 2 performance remains below trajectory. A contract variation has been issued to take the red 2 threshold down to 70% to factor in the impact of 'dispatch on disposition'. Each CCG has an individually agreed trajectory with SWASFT to achieve Red 2 performance and progress is expected by November 2015.

4. **E-zec**

- Work continues to improve performance in relation to abortions and eligibility.

PART D – CCG

1. Information Governance

Information Governance Toolkit (IGT); version 13

1.1 In order to attain Level 2, on submission in March 2016, the requirements require a large amount of evidence. Specific areas of concentration are:

- Formal contractual arrangements that include compliance with information governance requirements, are in place with all contractors and support organisations;
- All purposes that require confidential personal data to be used/held/shared have been identified and have a clear and documented lawful basis. All staff engaged in supporting these purposes understand what is lawful and what is not.

Action from Confidentiality Incident

1.2 A root cause analysis was completed in relation to an incident involving attaching a letter for one person to an email for another and recommendations made.

Dorset Information Sharing Charter (DISC)

1.3 A key area of work for the Dorset Better Together IG group has been around developing the Dorset Information Sharing Charter (DISC).

1.4 The DISC is a two tier document; first tier is at strategic level and is owned and approved at CEO level. The second tier is at operational level.

1.5 Tier 1 of the DISC has been signed by all CEOs/Chief Operating Officers from the partner organisations.

1.6 The previous Information Sharing Protocol will run in parallel with the DISC for a transition period and all new organisations wishing to share information will be signed up to the DISC only.

1.7 Priority to sign up SWAST, Fire and Police.

Freedom of Information Requests received by NHS Dorset CCG

	May15	June 15
Total numbers of FOI requests received during the month	20	28
Total numbers of FOI requests that were closed within the statutory timescale in the month	24	20
Total numbers of FOI requests that exceeded the statutory 20 working day timescale	1	4
Requests from the media	6	6
Trends Identified: <ul style="list-style-type: none"> • Rebate Schemes • CHC applications • Prescribing Incentives 		

2. Customer Care

2.1 During Quarter 2, the Customer Care Team received 45 complaints, of which 27 relate to Dorset CCG. In comparison to the last quarter, this is an increase in the number received.

Complaints Relating To	Quarter 2
Current CHC application	10
Retrospective CHC	15
Other commissioning issues	1
Individual patient Treatment	1
IG breaches (included in current CHC figures)	2

Parliamentary and Health Service Ombudsman (PHSO)

2.2 The PHSO has not requested information relating to cases received during Quarter two. One case previously referred to the PHSO has been upheld.

MP Letters and Feedback queries

2.3

Number of	Quarter 2
MP enquiries	16
Feedback and Involve enquiries	174

3. Care Homes

3.1 Discussions have taken place with the three local authorities around the care home staff visiting homes unaccompanied by local authority staff; the utilisation of the ABACUSS tool and single reporting – it was agreed that a six month trial

will now take place and will be monitored by local authorities to ensure the system is robust and meets the needs of the stakeholders.

- 3.2 Support has been provided to a care home in East Dorset following the large scale safeguarding review. Additional support is also to be offered to a home in the Poole area identified by CQC as inadequate. Two residential homes are under scrutiny following either safeguarding and or CQC visits and the care home team have offered support and assistance as required. Domiciliary, residential and visits to supported living services continue.
- 3.3 The previously reported project proposal for the hydration of people in residential, nursing and domiciliary care settings is being progressed, this aims to assess whether there is benefit to having specifically informed 'Hydration' champions who can promote and measure the impact of an increased fluid intake. The outcomes from this project would link to a number of other areas of care including admissions avoidance, continence and pressure ulcer prevention.

4. Medicines Management

Prescribing Budget Forecast and Budget setting

- 4.1 The Quarter One forecast for prescribing at practice level shows a small overspend of £355k against the budget of £111m. It is with caution that we view the Q1 forecasts as the outcome of national cost of service enquiries and contractual arrangements are not all announced, and those can result in October changes in Category M. There are still practices with very much lower than national average generic prescribing, and thus there are savings to be realised from generic use. In addition we are expecting cost pressures from implementation of newer NICE approved drugs.

Internal Audit

- 4.2 The medicines management functions have been subjected to an internal audit with the outcome being Reasonable Assurance. Two important action points and some routine and operational points have been recommended and these are being worked on by the team.

Antibiotic prescribing and Quality Premium

- 4.3 In 2015 the medicines team is putting considerable effort behind national campaigns to reduce antibiotic prescribing, and thus deliver the quality premium for the organisation.
- 4.4 The weighted use of antibiotics i.e. antibacterial items per 1000 STAR-PU has reduced in Dorset CCG when compared year on year. The CCG remains fourth highest in the Wessex area, above the Wessex average, but below national average. There remains a distinct group of practices, distributed throughout the localities that are outliers and hence adversely alter the pan-Dorset averages. These practices are being engaged with by the locality teams with prescribing at individual prescriber level being flagged to locality and individual practice prescribing leads.

Practices will be receiving quarterly information updates on antibiotic prescribing to allow them to monitor progress against standards in the CCG quality premium for antibiotics.

- 4.5 To support the qualitative review of antibiotic prescribing, member Practices are being asked to complete the TARGET toolkit audits (produced by the Royal College of GPs) on sore throat and urinary tract infections.
- 4.6 Dr. Michael Moore who was RCGP lead on anti-microbial prescribing spoke at a North Dorset locality meeting, which was filmed and has been shared via the CCG intranet pages. Locality pharmacists are signposting this as a resource for all practices alongside other information available on the TARGET website.

5. Looked After Children (LAC)

- 5.1 The Annual Report for Looked after Children is presented to the Governing Body in September and therefore this section is not completed on this occasion.

6. Safeguarding Adults

- 6.1 The final Adult Safeguarding policy and Procedures have been published.
- 6.2 NHS England has also released a suite of policies including the following:
 - Safeguarding Vulnerable People in the NHS – accountability and assurance framework;
 - Safeguarding Policy;
 - Safeguarding Alerts – Policy and procedures;
 - Managing safeguarding allegations against Staff – policy and Procedures.
- 6.3 To comply with these there is a requirement for the CCG to have a Designated Adult Safeguarding Manager (DASM), the Adult Safeguarding Nurse Specialist, role; title has been changed to reflect this.
- 6.4 The framework suggests the CCG will be required to review their level of MCA leadership to ensure it is able to provide support and advice to clinicians in individual cases.
- 6.5 In light of co-commissioning, the CCG will be responsible for ensuring that the GP services commissioned have effective safeguarding arrangements and are compliant with the MCA.
- 6.6 Four training sessions have been delivered in collaboration with the LA's and CHC to look at requirements of the applications for community deprivation of liberties.
- 6.7 Scoping has been completed for 3 Safeguarding Adult Reviews.

7. Safeguarding Children

The Multi Agency Safeguarding Hub (MASH)

- 7.1 All agencies have had a presence within the MASH since July 2015. The operating model for sharing information is different for each Local Authority (LA). Dorset Healthcare NHS Foundation Trust (DHCFT) staff are providing and sharing health information, including, GP and acute provider information. Where Section 47 Strategy discussions are required Dorset Healthcare staff are providing the health representation with the exception of cases open to Paediatric services, and in these circumstances the paediatrician involved will take the lead.
- 7.2 Currently the Health team are supporting strategy discussions with regard to Child Protection and Domestic Abuse. They will be moving towards information sharing for those children who are missing and at risk of Child Sexual Exploitation in the near future.

Child Sexual Exploitation (CSE) Service

- 7.3 Barnardos, who were awarded the contract for the new Missing Children and CSE service in April, have been holding meetings with the three LAs over recent weeks to agree an operating model for each authority. These meetings have caused a delay to the start date of the service as the LAs are now concerned that Barnardos will not be able to provide the level of service originally set out in the procurement process. A mobilisation meeting has been set up in early September to address these concerns and find a way forward.
- 7.4 In August the Designated Nurse was made aware of two separate incidents where information was shared with the police with regard to young people at potential risk of CSE, with a positive outcome. These came from a GP and a pharmacist respectively, who both acted appropriately recognising the particular grooming style of CSE and who then acted swiftly to safeguard the young people concerned.
- 7.5 The annual LSCB multiagency audit of CSE practice is due to be undertaken during September. GP information will be requested as part of the audit process.

Sexual Assault Referral Centre (SARC)

- 7.6 G4S will provide the SARC from October 2015. The service provides a Nurse Lead Forensic Examination service. The intention is to recruit and train a group of local GPs or medics with a special interest, to enhance the service.
- 7.7 NHS England South Central who are leading the commissioning process are also currently reviewing the Paediatric component of the contract. They are looking to enhance the existing service so that any child under 16 can see a paediatrician.

Serious Case Reviews (SCR)

- 7.8 The date for final completion of the three SCR's is December 2015. All three reviews involve adolescents who had fluctuating mental health issues and multiagency input. The DSCB will be arranging a governance meeting for senior managers in November, to share the emerging findings. This will ensure key learning is available to inform the redesign of the Child and Adolescent Mental Health Service and the rewrite of the Emotional Health and Wellbeing Strategy.
- 7.9 A new SCR has been agreed which has features of unsafe sleeping, a past history of social services involvement, drugs and alcohol misuse and domestic abuse. The terms of reference and review model is currently being agreed.

Section 11 Audit

- 7.10 The Wessex Area team have developed an audit tool for General Practice which will measure compliance with Section 11 of the Children Act 2004. The tool which will be sent out to Practice Managers in September will have a turnaround time of eight weeks. The results will be collated by the Area Team and shared with the CCG.

8. Primary Care

- 8.1 To date members of the Quality Directorate have visited a number of GP Practices with further visits planned. These have covered a range of issues and will be further developed to give a range of options for support.

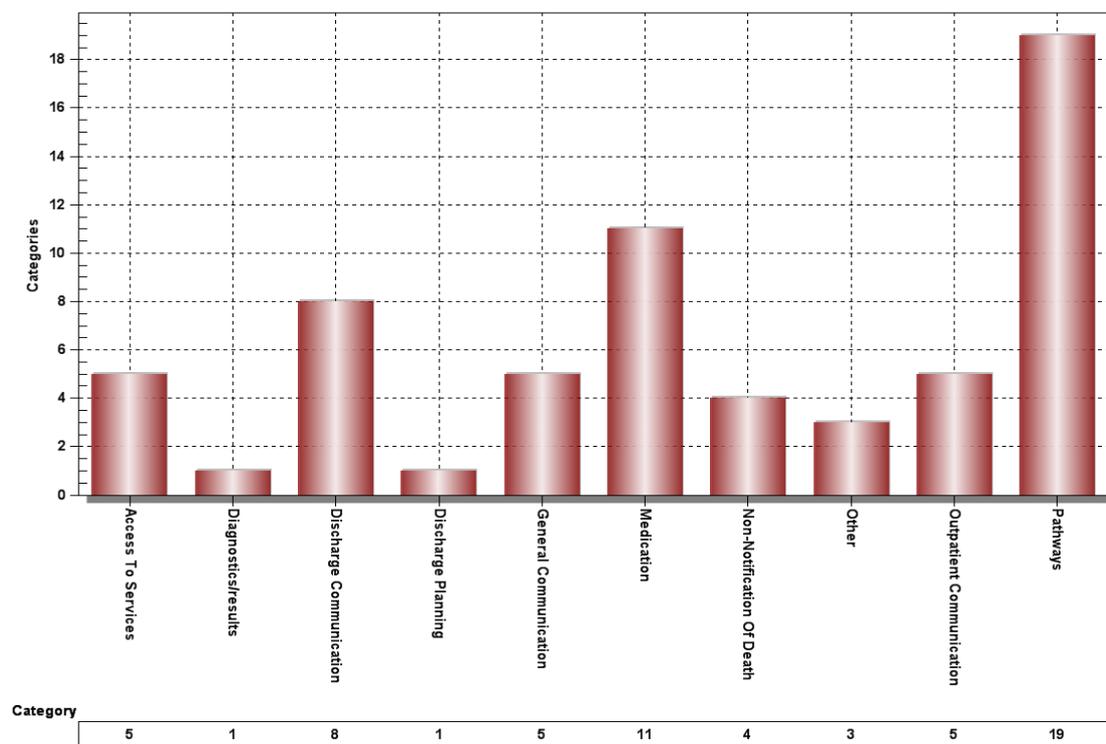
These include meetings with the Practice Manager, mock CQC inspections and staff training sessions that can be delivered as part of protected learning time.

- 8.2 The Practice Nursing healthcare facilitator has been in post since the beginning of July and has made significant progress in a number of areas. This includes working with registered nurses and the healthcare assistants working in a variety of roles in Practices.
- 8.2 All practices have responded to the initial scoping work to identify the numbers of nurses in practices in Dorset and their contact details to ensure key messages can be communicated directly to the nursing teams.
- 8.3 Practice Nurse forums are planned for October and the facilitator has been scoping existing forums, their arrangements and where networks require improvement. Work has started on updating the practice nursing webpage and to develop a newsletter to improve communications and networking and share good practice amongst primary care professionals and support workers.

GP Intelligence Monitoring

- 8.4 The key issues being reported relate to pathways, medication and discharge issues. All acute providers have agreed a CQUIN scheme in relation to improving the timeliness and quality of discharge summaries.

The main issues reported in relation to medication relate to the quantity of discharge medication provided to patients on discharge which is being followed up contractually with providers



9. Infection Prevention and Control

- 9.1 There have been 2 MRSA bacteraemia (blood infections) reported so far this quarter, both related to repeated infection in a single patient. Both of these were sent for arbitration and have been subsequently assigned to a third party.
- 9.2 The scorecard demonstrates that most providers performed well against C-diff targets during Q1. DHUFT experienced a period of higher incidence which takes them to 5 cases against an annual trajectory of 12.

10. Nursing and Midwifery Council (NMC) Revalidation

- 10.1 The CCG continues its work to ensure that CCG employed nurses are able to revalidate in April 2016. The CCG has now gained information from every Practice in Dorset; in total there are approximately 393 practice nurses working across the locality work is now underway to ensure these nurses and practices are supported through revalidation.

11. Conclusion

- 11.1 Dorset CCG continues to have a focus on high quality services being delivered and continually improved within Dorset.

- 11.2 The majority of quality indicators show that quality of care is generally good. However, some areas of concern have been identified which are being addressed appropriately. The main areas of concern are a Never Event at each of the three acute Trusts, Safeguarding training at DCHFT and 111 services at SWASFT.
- 11.3 Key areas for improvement and development are being progressed. Over the coming months this will be particularly relevant as each organisation receives its full CQC inspection.

Author's name and Title : S Shead, Director of Quality
V Read, Deputy Director of Quality

Date : 1 September 2015

Telephone Number : 01305 368070

APPENDICES	
Appendix 1	Aggregated Scorecard