

REPORT TO THE TRUST BOARD – 26 June 2014

Paper Title:	Chief Executive's report
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Purpose: <i>The purpose of bringing the report to the board</i>	To update the Board on key developments in the last period
Action required by the board:	For information
Document previously considered by: <i>Name of the committee which has previously considered this paper / proposals</i>	N/A
Executive summary <i>Key points in the report and recommendation to the board</i> 1. Key messages The paper sets out the recent progress in a number of key areas: <ul style="list-style-type: none"> • Quality & Safety • Strategic developments • Management arrangements 2. Recommendation The Board is asked to note the update and receive assurance that key elements of the trust's strategic development are being progressed by the executive management team.	
Key risks identified: <i>Are there any risks identified in the paper (impact on achieving corporate objectives) – e.g. quality, financial performance, compliance with legislation or regulatory requirements?</i> Risks are detailed in the report under each section.	
Related Corporate Objective:	All corporate objectives

<i>Reference to corporate objective that this paper refers to.</i>	
Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i>	N/A
Equality Impact Assessment (EIA): Has an EIA been carried out? Yes If yes, please provide a summary of the key findings No specific groups of patients or community will be affected by the initiatives detailed in the report. Where there may be an impact on patients then consultation will be managed as part of that specific programme. If no, please explain your reasons for not undertaking an EIA.	

1 Quality and patient safety

1.1 Publication of Quality Account 2013/14

The Board is being presented with the final draft of the quality account for approval at this meeting. The trust attended the Wandsworth HOSC meeting on the 18th June where they discussed their response to the trust's quality account. Their statement is included in the quality account.

1.2 Care Quality Commission – CIH inspection

At the last meeting the Board approved the trust action plan in response to the two compliance actions identified in the CIH inspection report. The trust has also developed a wider action plan to address other recommendations in the report and is being presented to the board at this meeting. Implementation of the action plan will be monitored internally by the Quality and Risk Committee and externally by the Clinical Quality Review Meeting and TDA.

2 Update on strategic issues

2.1 2014/15 Capacity Plan

Capacity pressures have eased in the first quarter, although ED remains challenging. Plans to increase physical capacity further during the year are being worked through and will come on stream in Q3 and Q4. We are also working on plans for further beds to come into use during the first part of 2015/16. Caesar Hawkins ward remains open and we continue to explore options for step down beds with a number of providers in the local area. The implementation of a new frailty pathway is planned and will improve the quality of care offered to older people and reduce the length of time some have to spend in hospital. The Wolfson rehabilitation services will move to Queen Mary's Hospital during the year, which will increase neuroscience capacity in the trust. The Improvement team plans for creating capacity through improved processes are crucial to our ability to meet demand in the next year.

2.2 The Better Care Fund

In the summer of 2013, the government announced the establishment of the Better Care Fund, previously called the Integration Transformation Fund. This fund is intended to be used across health and social care to reduce the need for people to be admitted to hospital and/or institutional care. In 2014/15, the fund will be a small increase on the funding currently used jointly between community health and social care services for this purpose. In 2015/16, however, the fund increases substantially to £3.8bn nationally. The Better Care Fund is not new money; funds will be top sliced from CCG allocations and placed under the control of local health and wellbeing boards, which are made up of representatives from the NHS and local authorities. Locally, this means that about £20m will come from Wandsworth CCG and £12m from Merton.

Local health economies have submitted plans for 2014/15 and 2015/16 in April. We have worked closely with Wandsworth and Merton CCGs on the plans. Both CCGs are focusing on the frail elderly as a priority, and both have submitted plans that are realistic about further reductions in acute admissions to hospital, given that both populations have lower than average admission rates compared with the rest of England. The plans focus more on the effectiveness of reablement and reductions in permanent admissions nursing or residential home care than on admission reduction. The CCGs are awaiting the assurance of the plans by NHS England.

2.3 Developing services for South London and beyond

2.3.1 SW London Collaborative Commissioning

The SW London Collaborative Commissioning Programme has now established Clinical Design groups to further develop the models of care for SW London. They are:

Maternity
 Children's Services
 Urgent Care
 Planned Care
 Integrated Care
 Transforming Primary Care
 Mental Health
 Cancer Care

This puts a greater emphasis on care outside hospital, and gives mental health services a focus for development. The trust has representation on the clinical design groups, as do the other SW London providers. The Programme has developed a draft five year strategy in accordance with the NHS England planning guidance which is currently seeking the support of the six CCGs. The strategy submitted in June will contain proposals to improve the sustainability of SW London's health services as a whole, but will not include recommendations on the future role of individual NHS organisations at this stage.

2.3.2 Renal Redevelopment at St. George's

Renal services at St. George's are currently delivered from Knightsbridge Wing, in facilities long recognised as not fit for purpose. The trust has set up a renal redevelopment project to address the problem. The trust is working in partnership with Epsom & St. Helier and their renal clinicians, on developing options for the new unit, including an option that would see renal services for south west London centralised on the St. George's site. Regardless of whether the St. Helier renal service moves to St. George's there remains an imperative to address St. George's renal services poor physical premises and the sub-standard patient experience these offer. Currently there are two main options are under consideration. These are moving renal into Grosvenor Wing, or to a new unit on the Knightsbridge Wing as part of that wings development control plan. The current timescales for the project are for a full business case coming to the January 2015 trust board for approval.

2.3.3 Strategic Alliance with Kingston Hospital

The Strategic Alliance Partnership (SAP) between St. George's and Kingston Hospital was set up in 2010, to help both trusts address areas of mutual interest. Over the past four years there have been some creditable successes from this partnership for example:

- Providing the proof of concept needed to kick start the development of the south west London pathology service
- Providing support to the Kingston cardiology service at a time when it came under intense pressure from commissioners, with the end result being that the service has expanded, rather than contracted.

Over and above all of this, the partnership has allowed for the development of open, honest and constructive dialogue between the leadership of the two organisations, as well as various services within them. As we have moved to a period of SAP projects being "business as usual" it has been agreed to cease the formal elements of the partnership e.g. SAP Board meetings. This is done on the expectation that those services which are currently working together will continue to do so, and that both trusts will continue to work

together in the future. We will continue to work with Kate Grimes, Kingston's CEO, to support on-going projects where required and to develop other areas of mutual interest and benefit for both our trusts.

2.4 Academic Development

2.4.1 Education

Bids have been submitted for stage 3b of the MDECS process for general surgery and vascular. We are awaiting feedback from HESL on the outcome of the bids, which is expected mid-July

Cleave Gass has taken on the role of Chair of the Confederation of South London (COSL) Lead Providers. This group will provide a strategic approach to bidding for and management of commissioned programmes in South London.

Dr Sarah Hammond has been appointed as the project lead for 'Broadening the Foundation Programme'. This initiative for junior doctors aims to ensure that they have training in a community placement during their 2 year programme. This will prove challenging in terms of development of appropriate placements, supervision arrangements and service cover in acute setting.

The trust has made excellent progress with hosting of the Department of Health Connecting programme. We have received very positive feedback from the participants and programme leads in the DH. Participants spend one week at a time in the trust meeting a range of mainly front line staff in both acute and community services.

We have successfully bid for two trainees from the NHS Graduate Trainee Scheme for 14/15. We look forward to welcoming trainees into General Management (community services) and into Finance.

We are in the process of appointing a small number of Clinical Teachers to work with undergraduate non-medical students e.g. nursing, midwifery, therapies and radiography. Appointees to these roles will support students in the clinical setting with a clear remit to drive up the quality of the learning environment. Funding is via the non-medical education and training placement tariff.

A Foundation Doctor Quality and Safety day ran on 4th June 2014, the aim of which was to inspire junior doctors to participate in safety and quality improvement work. Speakers from NHS Improving Quality, the Faculty of Medical Leadership and Management and the National Medical Director's Clinical Fellow Scheme spoke at the event and used examples were given of junior doctors leading improvement projects, a patient safety workshop focusing on their experiences this year and learning from human factors. In addition, some eighteen Foundation year doctors presented their own audit and improvement work undertaken in the Trust. Actions resulting from the day included development of a Foundation doctor mentoring scheme and an improvement innovation fund both of which are now being co designed with Foundation Doctors.

2.4.2 Research strategy

There was a substantial increase in weighted recruitment to NIHR portfolio adopted studies in the most recent recruitment year 2012-13, and we have exceeded our recruitment target set by the CRN.

The focus for the JREO and performance manager in the last quarter of 2013/4 continued to be working with Principal Investigators and consultants to improve study performance on national indicators. The NIHR PID report was submitted, and we await the analysis for quarter 4, expected in June 2014. Our internal analysis revealed that:

- 48% of studies on the '70-day (PI) report met the target – up from 12.8% in the comparative quarter 2012/13. However, our bench-marked position remains static.
- 47% of commercial studies on the 'Meeting Target recruitment' meet their expected recruitment. This has remained also remained static (48% of studies in the comparative quarter 2012/13)

The NIHR had changed its analysis for the preceding quarter (2013/14 Q3) – removing studies where the target was failed due to sponsor delays. Of studies where there were no sponsor delays, 50% of trials met the target. We are still awaiting the NIHR analysed report.

The South London Clinical Research Network (CRN) had a partnership board meeting last week to discuss financial transition, and we await the final model of budget-setting in light of the CRN restructure for October 2014 onwards. The transition of the CRN data systems is causing some issues with comparative data to review our performance in line with neighboring trusts.

The implementation of the Trust Research Strategy continues and, the team has been developing the objectives and implementation plan for 2014/15. The annual plan is presented at the board.

The management of the Clinical Research Facility will move from the University to the Trust – and the formal HR processes have been completed. The next steps are to ensure integration with trust operational policies, and to review the strategic plans for CRF activity and performance.

The R&D Finance team are in the process of reviewing completed research accounts. This is part of the wider improvements to financial reporting for commercial and non-commercial research projects to enable more accurate tracking of income and activity. This is necessary to increase transparency for individual research accounts, to enable investigators to use funds for on-going research activity and to allow the Trust to have a greater understanding of research income. There is an ongoing stream of work to review the financing of research studies.

2.4.3 St George's University of London (SGUL)

The first meeting of the Joint Implementation Board, that replaces the Joint Executive is scheduled to take place on 24th June 2014. This Board will drive forward joint initiatives between the both the Trust and SGUL that maximise:

- the benefits of the synergies between clinical services, education and research
- the opportunities that arise from the fact that the two organisations share a common site.

2.4.4 Health Innovation Network (HIN) - formerly known as the South London Academic Health Science Network (AHSN)

Good progress continues on developing the workstreams within the HIN and the supporting infrastructure.

We are delighted that London Connect, which is hosted by the HIN, has developed a bid in partnership with the Greater London Authority that has been shortlisted to one of the final 21 bids in the Bloomberg's European City Mayor's Challenge. The bid centres around creating a digital health community who continually generate data to help them and health services better manage their health. The health community will start with Londoners with diabetes, but will expand to other conditions over time.

Other examples of current activity include:

- the development of co-produced experience metrics to improve dementia services
- *Leadership for Safety* masterclass to improve patient safety
- Running the recruitment process for four Darzi fellows
- Holding an event with a focus on exploring the language of patient experience and engagement to help patients, staff and others across the health system bring about real change in relationship between the health system and its users.

2.4.5 Strategic Alliance with King's Health Partners Academic Health Science Centre

Good progress continues to be made on establishing the Collaboration for Leadership in Applied Health Research and Care (CLAHRC), which went live in January 2014. Work includes both driving forward the research itself, as well as establishing a robust infrastructure.

To raise awareness and engagement in the CLAHRC, a wide range of stakeholders have been invited to the CLAHRC launch event on 7 July 2014. In addition, a website and communication materials are being developed.

2.5 Foundation Trust (FT) application

The Trust is now in the final Monitor phase of assessment of readiness to be authorised as a Foundation Trust. The "kick-off" meeting with Monitor was held on 4th June, which is the formal start to Monitor's assessment. Monitor will assess the Trust's readiness in relation to three key areas:

- Well-governed (which includes a review of the Trust's strategy and quality governance arrangements)
- Legally constituted
- Financially viable

The core part of Monitor's assessment will take place during June and July, and includes submission of a number of documents to support the three key areas to be assessed, plus meetings with a number of staff (Trust Board members, senior Clinical Division management teams, and staff and patient focus groups). Monitor will also speak to a number of the Trust's stakeholders including Clinical Commissioning Groups, Wandsworth Local Authority and Local MPs.

The Trust is expected to progress to a Board to Board meeting with Monitor on 25th September, and potential authorisation as a Foundation Trust in November 2014.

The Council of Governors nominations period closed on the 17th June, with 49 nominations received for staff and public governors. The election process now continues with the Notice of poll to be published Friday 4th July. Results of elections will be declared on the 28th July.

2.6 Workforce strategy

Listening into action

The trust conducted a successful **patient safety week** of awareness raising and feedback gathering, using the Listening into Action approach. One big concern from staff is around staffing levels. Work will now be undertaken to look into the specific issues around this and to let staff know what is planned to alleviate the concern.

The **Friends and Family staff survey** was launched in June. This is now a requirement of the Department of Health and as one of our CQUINs for 2014/15 is worth £244,125.

From June, we will run a short staff survey for two weeks every quarter. The survey will include the staff friends and family questions and we will also routinely include the questions that have been included in the Listening into Action pulse check surveys. The survey will take no more than a couple of minutes to complete and will let us know how staff are feeling throughout the year. There will also be space for free text and the comments that are made will be included in the feedback that we collect from Listening into Action Big Conversations and included in our plans for improvement.

We will publicise the results in the staff magazine and include the free text comments in our feedback from the Listening into Action Big Conversations.

Providing a listening into action service for staff

We are currently recruiting to this new listening and signposting service. The Board will recall that this was an idea that came up spontaneously at more than one Big Conversation in 2013 and generated a lot of interest.

The service is modelled on the PALS service, with an innovative, pilot advisory post for 12 months. It will be known as LIAiSE – Listening into Action is Staff Engagement and will identify where support for staff is available, whilst not replacing existing services like the Bullying and Harassment Hotline or the Staff Support Service. It will also lead on the friends and family staff survey.

As one of the teams in this second year of Listening into Action, the **Audiology service** has been looking at how to improve its walk-in repair clinic. Improvements include the provision of vibrating pagers for patients and a dedicated receptionist – both these initiatives came out of their staff conversation and were trialled during May, to great success. Next steps are to find ways to implement these initiatives permanently.

3.0 Other matters for the Board to note

3.1 Electronic Document Management and Workflow Programme

The business case for a trust wide electronic document management and workflow (EDM) programme was approved at the September 2012 meeting of the Trust Board.

This system is now being deployed in paediatric outpatients and this will be completed in June 2014. Trials are being run in general surgery and a deployment plan for roll out across the Trust is being developed.

3.2 Clinical Systems Procurement

The outline business case for the procurement of clinical information systems for acute, community and clinical portal technologies was approved at the May 2013 meeting of the Trust Board.

The full business case was approved by the Board at the January 2014 meeting and is with the NHS Trust Development Authority (NTDA) for final approval. The next NTDA approvals meeting is 25th June 2014. Final contract negotiations have been completed and the contract schedules agreed ready for signing with preferred suppliers. A provisional exit timetable has been agreed with the Department of Health.

3.3 Communications

Helipad

An official opening ceremony by the Mayor of London Boris Johnson celebrated the opening of the Helipad 29th May. In attendance were key individuals who played a role in the development of the Helipad from across the trust and partner organisations. Boris Johnson was joined by our first paediatric patient to have been brought to St George's Hospital by helicopter. The event generated good media coverage for the trust.

24 Hours in A&E filming at St George's

Filming for the flagship Channel 4 show began on Thursday May 22nd until July 9th. The communications team are supporting the production team with the consenting process for patients who were unable to consent on arrival. At the end of the final episode at King's hospital broadcast on Monday 16th, Channel 4 announced that the show is moving from Kings to St George's and included a short clip of St George's Hospital. This generated a spike in activity on the trust's social media accounts. Channel 4 in collaboration with the trust distributed a press release, to confirm the aforementioned which has been picked up by our local media.

An experiment in social media: Dietician Week

The first UK Dietitian's Week took place between 9-13th June. The aim of the week was to promote the important work of a dietitian and highlight that these individuals are scientifically trained professionals unlike other food-related "experts" such as nutritionists.

To celebrate the week we embarked on a social media campaign, which involved the communications team working closely with the on-site hospital dietitians. Together they generated enough content for a 'dietitian a day' articles, which were published daily on our Facebook page and at least one tweet an hour between 9am-5pm throughout the week.

Over the course of the week our Facebook content reached 52,016 users with 7,142 (14%) of them engaging with us in some way, may it be through likes, comments or sharing the articles on their own Facebook page. We also added 31 new friends. These numbers are significantly higher than visitors and hits we receive on media articles on the website.

Our twitter content was also well received with every single tweet we posted being retweeted or liked at least once. Over the whole week we totalled 297 retweets, 109 likes and gained 54 new followers. We also received interactions commending the trust on its presence during the week and a request from the British Dietetic Association for some engagement evaluation figures.

World blood donor day

Saturday 14th June was national world blood donor day. To mark this day we worked with the World Health Organisation (WHO) and Give Blood NHS to generate enough content to write 11 tweets about donation. These ranged from general statistics about the number of blood donors in the UK to more specific figures about how many units of blood a London hospital receives in a month. Over the day we received 30 retweets, 12 likes and gained 9 new followers.

Electronic patient information form

The online electronic patient information system (PInG) has passed the 100 submissions mark for information leaflets on conditions and treatments, medications, operations and investigations, services and wards. Feedback from users on the system has been very positive. All leaflets processed through the system are standardised with the trust branding. The system provides the patient information manager with enhanced management and tracking features. Future developments include automated notifications to services when leaflets are due to expire.

Trust website WordPress Training

Staff from across the trust are being trained on WordPress the trusts website's content management system to allow a more efficient and sustainable and supported system for content management. To date individuals from Anaesthetics, Neurology, Corporate Office, Human Resources Children's Services, Medical and Dental Education staff are some of the teams who have been trained. Comms has also held its first classroom-style WordPress training session. This took place in the SGUL library training room for around ten clinical and non-clinical staff. The team continue to support services on a range of minor developments and updates to our digital content.

Quality Account

The Quality Account is nearing complete for submission to DH on 30th June. Statements from stakeholders, which includes our local CCGs and Healthwatch are due for return by 20th June. The auditor's statement was discussed at Audit Committee and inserted in to the final report. The auditors confirmed at the Quality and Risk Committee that they are happy with the report. The final report will be presented to the trust board.

Ongoing communications plans

The team are working on a number of ongoing communications plans

Foundation Trust Authorisation:

The final phase of the FT Authorisation process required a communications strategy and programme of events specific to each stakeholder group. By engaging stakeholders in the final phase, as well as disseminating key information, we can help to animate the system around the benefits of achieving Foundation Status and the individual responsibilities to achieve this goal. Over the past six weeks we have disseminated 2 e-bulletins to the trust by email and by printing 1200 copies to circulate to wards. A CQC results/FT drop in session was held for staff. All key external stakeholders have been notified by letter that the trust has reached Monitor stage. Feedback from staff suggests that there is a desire to understand more about FT and therefore the comms needs to be increased and distributed in more efficient and targeted way.

How was work today?

Staff FFT Communications: The team supported the first quarterly FFT Survey by producing materials for staff and content for eG and the intranet. The team will be working HR throughout this programme to generate ideas and concepts to increase uptake in responses.

Education and Development

The team have been supporting the education and development team with a range of ideas for the induction day including basing the day upon the trust values, which has been agreed. We are supporting them on the redesign of the e-learning portal and Mast training.

Safe Staffing levels

The team are supporting the communications requirement to provide safe staffing levels for trust.

Procurement

The team are working with Procurement to development a method for raising the profile of their team within the trust and with external stakeholders. It is envisaged that the learning from this process will be used to inform the communications planning with other corporate teams.

IT Communications

The team provides support to the dedicated IT communications officer. (iclip) A booklet explaining electronic patient records with a call action for all clinical staff will be disseminated to the all clinical staff prior to phase 2 rollout on the 22nd June .

Press round-up**First Touch Chelsea Flower Show garden**

St George's neonatal charity First Touch teamed up with award winning landscape designer and an army of hospital and public volunteers to showcase a hospital inspired garden at this year's Chelsea Flower Show. The garden received a lot of media attention, the Silver-gilt Flora medal and even played host to a marriage proposal. The Telegraph included a photo of the garden and the BBC paid Patrick a few visits.

Henry Marsh's comments about bicycle helmets not being required

A lot of articles were published on May 30th-31st about some bicycle helmet comments made by Henry Marsh a neurosurgeon at St George's hospital. Mr Marsh who was speaking at the Hay Festival cited research which has found cars drive approximately 3 inches closer to cyclists wearing helmets. He said that wearing helmets may actually put cyclists at greater risk and that he himself never wears one. The story broke in the Telegraph with follow up articles published in Wales Online, Orange News, BT.com, Mail Online and MSN News. Interview requests were declined.

The official helipad opening

The Mayor of London, Boris Johnson came to officially helipad our helipad on 29th May. We had a lot of media present on the day, which resulted in good coverage. The occasion was reported in BBC London breakfast, lunchtime and 6pm evening news. As well as featured in the ITV lunchtime and evening news. Articles were published in the Wandsworth Guardian,

the Evening Standard, [Belfast Telegraph](#), MSN News and others. Our Facebook helipad photo album received over 95 likes, 11 comments and 24 shares. [Harvey and his mum Faye](#) also made front page news with the Wandsworth Guardian publishing an article about the helipad opening day and Harvey's treatment at St George's. Unfortunately there were some untrue stories in the [Wandsworth Guardian](#) and Evening Standard, which reported the Mayor had become stranded on the helipad after the lift broke down. We issued a statement to say the stories were not true and the event had run to plan. After this there was minimal interest in incorrect story.

Female genital mutilation task force

[The Wandsworth Guardian](#) reported on a local task force being established to fight the tradition of female genital mutilation (FGM). The article was used as their front page headliner. Denise Henry, who has been a midwife at St George's Hospital for 23 years featured in the article. Denise runs a twice monthly clinic giving advice to pregnant women facing serious health risks as a result of FGM.

24 hours in A&E

The [final episode](#) of the latest '24 hours in A&E' series was aired on 16th June. As the episode ended there was a short piece introducing St George's as the new site for the show. We have not released a formal statement ourselves although the Garden TV production team and Channel 4 have issued a press release, most of which is covered in this short [digital spy](#) article. We have received interest from the Wandsworth Guardian and have sent them the agreed press release. We also experienced a flurry of twitter excitement after the final episode aired; being mentioned in over 20 tweets, nearly 60 retweets and gaining 35 new followers.

Upset at Merton Clinical Commissioning Group

[This is Local London](#) reported on Councillor Stephen Alambritis's call for Dr Howard Freeman, the head of Merton Clinical Commissioning Group, to step down after plans to save nearly half a billion pounds in health cost across south west London was dubbed unachievable by health service regulators. South West London doctors have rallied to support Dr Freeman saying they are "disappointed that Merton councillors are attempting to play politics over the serious challenges faced by the local NHS." We published our own statement on the [St George's website](#).

Stroke video: 22 May – Dr Moynihan a consultant neurologist here at St George's took part in a filmed video with the Stroke Association that aims to raise awareness of the symptoms of mini strokes. You can watch the video [here](#) on YouTube.

Appendix A

1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING

Headline outcomes for the Equality Delivery System (EDS)

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
				July 2013
1.1 Who is responsible for this service / function / policy? Various services covered, all accountable to CEO				
1.2 Describe the purpose of the service / function / policy? <i>Who is it intended to benefit? What are the intended outcomes?</i>				
1.3 Are there any associated objectives? <i>E.g. National Service Frameworks, National Targets, Legislation , Trust strategic objectives</i> All Trust corporate objectives				
1.4 What factors contribute or detract from achieving intended outcomes? Risks detailed in the paper				
1.5 Does the service / policy / function / have a positive or negative impact in terms of the protected groups under the Equality Act 2010. These are Age, Disability (physical and mental), Gender-reassignment, Marriage and Civil partnership, Pregnancy and maternity, Sex /Gender, Race (inc nationality and ethnicity), Sexual orientation, Religion or belief and Human Rights No				

1.6 If yes, please describe current or planned activities to address the impact.

1.7 Is there any scope for new measures which would promote equality?

1.8 What are your monitoring arrangements for this policy/ service

1.9 Equality Impact Rating [low, medium, high]

Low

2.0. Please give you reasons for this rating

No specific groups of patients or community will be affected by the initiatives detailed in the report. Where there may be an impact on patients then consultation will be managed as part of that specific programme.