

The next meeting of the
Royal National Hospital of Rheumatic Diseases NHS Foundation Trust Board
to be held in Public
will be on
Thursday 20th December 2012
at
1400 hrs
to be held in the
RNHRD Lecture Hall

		Action	Person	Paper
OPENING BUSINESS				
1.	Apologies for Absence	-	Chair	-
2.	Declaration of Interests	-	Chair	-
3.	Minutes of meeting held in public – 22 nd November 2012	For approval	Chair	3.1
4.	Action List / Matters Arising	For information	Chair	4.1
5.	CEO Report	For information	Chief Executive	5.1
6.	Future of In-Patient Neuro Rehabilitation Service	For decision	Chief Executive	6.1
CLOSING BUSINESS				
7.	Any Other Business	-	-	-

Board held in public

Thursday 22nd November 2012
1030 hrs, Lecture Hall, RNHRD

Members Present

Peter Franklyn	Chair (PF)
Kirsty Matthews	Chief Executive Officer (KM)
Dr Ashok Bhalla	Medical Director (AB)
Rachel Hepworth	Director of Finance (RH)
Rayna McDonald	Director of Operations & Clinical Practice (RM)
Peter Spencer	Non-Executive Director (PS)
Chris Johns	Non-Executive Director (CJ)
Stephen Cole	Non-Executive Director (SC)
Niall Bowen	Non-Executive Director (NTB)

In attendance

Hayley Sewell	Director of Governance (HS)
Caroline Coles	Board secretary (CC)

ITEM	TOPIC	ACTION
	The Chair welcomed all to the RNHRD Trust Board of Directors meeting held in public.	
PM 11/12/1	<p>Training : The Health & Social Care Act The Director of Governance presented the key highlights to the new Health & Social Care Act 2012 which included:-</p> <ul style="list-style-type: none"> • A description of Monitor's new functions • Changes to terms of authorisation which will be replaced by provider licences for foundation trusts • Changes to the Council of Governors' role and responsibilities • The new powers to protect patient services at a failing hospital. <p>It was noted that some of the changes have already come into effect whilst others will commence from April 2013.</p> <p>The Chair reported that this presentation will be presented at the next Council of Governors meeting and will focus on the new role and responsibilities of the governors.</p>	
PM 11/12/2	<p>Apologies for Absence No apologies were received</p>	
PM 11/12/3	<p>Declarations of Interests No declarations of interests were received.</p>	
PM 11/12/4	<p>Minutes of Meeting held in public on 25th October 2012 The minutes of 25th October 2012 meeting held in public were <u>approved</u>.</p>	

PM 11/12/5

Action List /Matters Arising

The action list was **noted** with additional comments as follows:-

PM 10/2/9 : Fire Compartmentalisation : The Chair asked that this action be escalated to Chief Executive for resolution.

Action : Chief Executive

KM

PM 11/12/6

i) Chair's Report

The Chair presented the report.

The Board **noted** the report.

ii) Chief Executive's Report

The Chief Executive presented the report and highlighted:-

- The letter received on 12th November 2012 from Sir David Nicholson reminding the Board of the actions as a result of work currently being undertaken as a result of the Saville Enquiry.
- A copy of the Executive Management Group (EMG) meeting agenda held on 15th November 2012.
- A series of recent publications and consultations from Monitor, particularly the NHS Mandate and NHS Charities consultation.
- Monitor's new powers to protect patient services in failing hospitals which is effective from 1st November 2012.
- Changes in the management structure at Monitor
- The appointment of David Bennett as Chief Executive of Monitor
- The summary of the communications and marketing position

The Chair thanked the executive team for a good initiative on the electronic brief to staff.

Concern was raised on the lack of financial emphasis on the EMG agenda. The Chief Executive explained that normally the executive Board reports were presented at the meeting, including the Finance Report. However on this occasion, due to absences, this was not possible.

The Board **noted** the report.

iii) Medical Director's Report

The Medical Director presented the report and highlighted:-

- Appendix 1 – "Organisational Readiness Self Assessment" questionnaire as Board level accountability for the quality and effectiveness of the revalidation systems is required.
- Consultant job planning interviews will commence shortly following consultation with the BMA
- The successful peer review that was undertaken of the osteoporosis service in October 2012
- Issues relating to trainees in particular within neuro-rehabilitation. This is mainly a perception issue with trainees expecting a greater degree of hands on care; this can be overcome. The Deanery will be visiting the Trust in January 2013 for further discussions.

A Non-Executive Director queried the unticked boxes within appendix 1. The Medical Director explained that these policies had not been developed but would be adopted from those being used by the RUH.

The Board **noted** the report.

PM 11/12/7

(i) Patient Safety Walkround

A Non-Executive Director presented the report and highlighted that it was a good experience with patients and staff giving clear constructive feedback.

The Director of Operations and Clinical Practice commented that the team have picked up the point in terms of marketing AS.

The Board **noted** the report.

ii) Quality Report

The Director of Governance presented the report and highlighted that in October 2012:-

- The trust met all the applicable national targets and indicators
- There were no serious incidents, complaints or trends in complaints
- The outcome of the RUH's CQC unannounced inspection, which was fully compliant in all areas assessed.

The Board **noted** the report.

PM 11/12/8

Operational Performance & Clinical Practice Report

The Director of Operations & Clinical Practice presented the report and highlighted:-

- The average bed occupancy in Neuro rehabilitation remains under plan at 9 beds, this will be maintained in November 2012 and may possibly increase to 10, it is unlikely that this will be sustained for the following months.
- Endoscopy activity is significantly under plan for October 2012 due to sickness, this will improve in November 2012, however referrals have significantly reduced in response to the lack of service for a month.
- Rheumatology back log of patients for follow ups has been greatly reduced
- The new services have commenced: McMillan Step-Up Service and Breast Rehabilitation Injury Service.
- There were no adverse events in October 2012
- VACS data during October 2012 have shown that the domain overall scores area above target for nursing.
- Workforce sickness continues above 4% with an increase in short term sickness and a decrease in long term sickness.

A Non-Executive asked whether the mental health score on page 5 of the VACs report was a relatively new parameter. The Director of Operations & Clinical Practice confirming this replied that this was work in hand.

RM

The Chair queried the tissue viability score in the VACS report. The Director of Operations & Clinical Practice replied that this would be looked into.

Action : Director of Operations & Clinical Practice

Concern was raised by a Non-Executive Director on the AS courses not being filled, it was noted this had been raised as a risk at the recent Finance & Activity Committee. The Director of Operations & Clinical Practice replied that patients were cancelling at the last minute; further analysis on referrals was currently being undertaken and a detailed report will be presented at the December 2012 Finance & Activity Committee. The Chief Executive added that this had been discussed at the last Directors' meeting where the Medical Director took the action to ensure that all clinicians received appropriate financial and activity information thereby highlighting shortfalls such as those in AS.

The Board **noted** the report.

PM 11/12/9 Finance Report Month 7 2012/13

The Director of Finance presented the report and highlighted:-

- The Trust income and expenditure position at the end of October 2012 was a deficit of £(221k), compared to a planned deficit of £(178k).
- The cash balance at 31st October 2012 was £2,322k.
- The current forecast for the year-end is an income and expenditure deficit of £(665k).

Concern was expressed in terms of the increase in debtors, and although creditors have reduced, a NED expressed concern that a large sum of money is still due to Hampshire PCT. It was noted that the Hampshire PCT liability was due to a credit note issued in 2011/12 but payment agreed to be deferred to Spring 2013. The Chair of the Audit Committee asked for a more detailed report on the debtor position in the January 2013 meeting.

RH

Action : Director of Finance

The Board **noted** the report.

PM 11/12/10 Charitable Funds Committee Report

The Chair of the Charitable Funds Committee presented the report and highlighted:-

- The high level of fundraising activity
- The approval of funding for a sensory room which will be promoted externally
- The high level of interest in use of the Lecture Hall by external bodies
- The launch of Dr Roger Rolls book which includes the history of the Trust; this will also include an exhibition of artefacts
- The final accounts were reviewed and these will be presented to the December 2012 Board meeting
- A decision had been made not to contribute to staff Christmas parties but to underwrite the cost of Christmas lunch for staff able to attend. Suitable arrangements would be made to make a similar contribution towards alternative celebrations for those unable to attend the Christmas lunch.

The Board **noted** the report.

PM 11/12/11 Integrated Governance & Quality Assurance Committee (IGQAC) Report

The Chair of IGQAC presented the report and highlighted:-

- The Security Management Work Plan had been signed off for 2012/13. It was acknowledged that Chris Johns would be the lead Non-Executive Director for security
- The Committee were content that Rheumatology follow ups were being managed appropriately
- The CQC September 2012
- Quality and Risk Profile for the Trust is green or yellow rated in all areas
- The NHS Constitution Assessment Review is rated green in all areas

The Director of Governance clarified that item 7 in the report should read "no new clinical risks rated moderate or above were reported to IGQAC".

The Board **noted** the report.

PM 11/12/12 Any Other Business

There were no other items of business.

Resolution to exclude members of the public and press pursuant to the Public Bodies (Admission to Meeting) Act 1960

The Trust Board approved the resolution.

The next public meeting will be held on Thursday 20th December 2012

Agenda Item : 4.1TRUST BOARD held in Public ACTION LIST – 20th December 2012

Item	Action	Responsible	Action/Update
1.	PM 10/12/9 : Action List Check the fire compartmentalisation action is complete	Chief Executive	
2.	PM 11/12/18 : Operational Performance & Clinical Practice Report : Tissue Viability Score The Chair queried the tissue viability score in the VACS report	Director of Operations & Clinical Practice	On investigation of the low Tissue Viability score in the October VACs it was discovered to be a formula error and has now been corrected. The score is now 100% reflecting compliance with the 8 questions relating to tissue viability.
3.	PM 11/12/9 : Finance Report Month 7 2012/13 A detailed report on debtors to be presented at the next Audit Committee meeting.	Director of Finance	To be presented at the 23rd January 2013 meeting.

Future Actions

Item	Action	Responsible	Action/Update
-	No current future actions		

Title	Chief Executive Report
Author	Kirsty Matthews, Chief Executive
Meeting	Trust Board, 20th December 2012
Appendices	n/a
Review	n/a
Action Required	For Information

1. Monitor Update

Peter Franklyn, Chair, Kirsty Matthews, Chief Executive and Stephen Cole, NED attended a periodic review meeting between the Trust and Monitor on Tuesday 27th November 2012. This was the latest in a series of review meetings that commenced after Monitor's Board meeting found the Trust in significant breach of its terms of Authorisation on 21st May 2012. The purpose of the meeting was for the Trust to update Monitor on the areas of concern which resulted in the significant breach of condition 2 of the Trust's terms of Authorisation.

A letter was subsequently sent to the Chair of the RNHRD on 12th December 2012 outlining the key areas of discussion, remaining concerns and next steps.

Kirsty Matthews
Chief Executive
13.12.12

Title	FUTURE OF IN-PATIENT NEURO-REHABILITATION SERVICE
Author	Kirsty Matthews, Chief Executive
Meeting	Trust Board, 20th December 2012
Appendices	Appendix 1 : Communications Update
Review	n/a
Action Required	For Information & Decision

December 2012 Board Decision

The Board is asked to consider the proposal that the neurological rehabilitation service should, subject to consultation, cease being provided from 31st March 2013.

1. Introduction

The paper describes the proposal to re-provide the Neurological Rehabilitation services at the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust.

The Board of the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD), at its meeting on 22nd November 2012, expressed a preference to close the neurological rehabilitation service subject to the necessary consultation, noting that the FT would now work with other stakeholders as necessary as commissioners consult on the re-provision of the service. The decision was based solely on a clear indication that the service is not financially viable now, or likely to be so in the future given commissioning intentions. The RNHRD has communicated with all staff and stakeholders explaining that position and the reasons that position has been taken.

A Neurological Rehabilitation service has been provided as a national and specialist service at the RNHRD for many years. Over the past three years there has been a change in referral patterns as increasingly patients from outside the area who require less complex care are being treated closer to home. This change has led to a 50% reduction in income for this service over the last two years. In response the Neurological Rehabilitation service has made significant changes but these changes have not been able to ensure a service that is financially viable.

Following its expression of a preference to close and at its Public Board meeting on December 20th 2012 the RNHRD Board is asked to consider the recommendation that the Neurological Rehabilitation In-patient service based at the RNHRD should cease as of March 31st 2013.

The future provision of out-patient services is still under review with commissioners.

In hearing this proposal the Board needs to take into account the necessity of responding to a financial position that has resulted in the organisation being found by Monitor to be in significant breach of one of its terms of authorisation. The Board will be considering the described current South West Specialised Commissioning Teams intentions for in-patient Neuro rehabilitation services at the RNHRD for 2013/14 which would be based on this years outturn, current indications are that this would be unlikely to be higher than 8 beds based on activity to date. The Board has previously acknowledged that at this level of occupancy the service cannot be clinically or economically viable.

All Overview and Scrutiny Committees in the local authority areas which refer patients to the Hospital have, through Primary Care Trusts, received information from the South West Specialised Commissioning Team explaining the position and describing how a consultation on the re-provision of the service will now proceed.

The commissioners at the South of England Specialised Commissioning Group (South West Team) and NHS B&NES and Wiltshire will now work together to identify and consult upon options for how (respectively) the specialised and non-specialised aspects of the Neurological Rehabilitation Service can be re-provided. The RNHRD will be collaborating closely on this consultation process. Should the Board approve the recommendation the RNHRD intends to commence a formal ninety- day consultation with all affected staff on 2nd January 2013 in relation to the proposed closure.

It is important to emphasise that there are no concerns about the quality or safety of what has always been a well-regarded service. The position has arisen due to the recognition that the service is no longer financially or clinically viable in its current setting. Other services provided at the RNHRD are not affected by this decision.

The Neurological Rehabilitation unit currently remains fully operational. Every step is being taken to ensure both current and future patients experience the least disruption. Currently we are accepting referrals for those patients' whose rehabilitation treatment needs can be concluded before 31st March 2013. In terms of future referrals a point will come when no new referrals can be accepted; further work is needed before this can be identified at which point all referrers will be notified.

The RNHRD along with its partner organisations will continue to communicate with patients, staff and other key stakeholders to ensure that all interested parties are properly informed of the Board's position, the reasons for it and what actions will now be taken to ensure re-provision.

3. Equality Impact Assessment

An Equality Impact Assessment on the proposal that the neurological rehabilitation service should, subject to consultation, cease being provided from 31st March 2013 will be made available to the Board ahead of the meeting on 20th December 2012.

4. Consultation on Re-provision of Neuro Rehabilitation In-patient Service

Following the Boards expression of a preference to close the service the South West Team of the South of England Specialised Commissioning Group wrote to all Overview and Scrutiny Committees in the referring PCT areas describing the circumstance and how consultation will now proceed. This information is summarised below.

The services provided at the RNHRD were identified to include specialised and non-specialised aspects of care. The commissioners at the South of England Specialised Commissioning Group (South West Team) and NHS Wiltshire have committed to working together to identify and evaluate all possible options for how (respectively) the specialised and non-specialised aspects of the Neurological Rehabilitation service can be re-provided.

The South West Specialised Commissioning Team have said they are aware of other providers that may be able to provide the specialised aspects of the service and that all options will be explored with those providers to ensure continuity of high quality specialised care. They will endeavour to ensure that other providers have sufficient capacity and expertise to cope with any increase in complex referrals.

Specialised Commissioners will also speak to current staff of the Neurological Rehabilitation service at the RNHRD to ask them what they deem to be most important when deciding where and how the specialised aspects of the service could be re-provided.

Following these discussions the Specialised Commissioning Team will be in a position to outline the options to the public, patients and carers so their views can inform the preferred option for re-provision that will be brought to overview and scrutiny colleagues for their consideration. Hence, the Specialised Commissioning Team's plans for engagement will be designed around the options for re-provision and targeted at the populations most affected by any potential change in the location of the service.

5. Communication & Engagement Process

Appendix 1 describes the internal and external communication & engagement process led by the RNHRD.

As a result of the engagement process and the conversations held RNHRD have comments and points of feedback from some staff, clinicians and external bodies. This feedback has been considered by the management team and taken into account in forming the recommendation to the Board. Where feedback has not been received to date opportunities will remain open for commentators to make representations that will continue to inform future planning.

6. Neuro Rehabilitation Staff Engagement

As of 12th December 2012 only two staff employed by the unit have not been directly informed of the plans due to the fact they are on compassionate leave. All affected employees have been issued with a consultation letter outlining the background to the Board expressing a preference to close the service at its meeting on 22nd November 2012 and describing the anticipated timelines and process.

7. Next Steps

The letters outlining the points discussed during the first one-to-one consultation will be posted to each affected member of the neuro rehabilitation staff by 18th December 2012.

Dependant on the Board decision an "at risk" notice will be issued to all affected staff on 2nd January 2013, this notice will confirm that the individual's post is formally at risk and will cease to exist on 1st April 2013 if the 31st March 2013 closure date is confirmed. Every reasonable effort will be made to ensure redeployment of affected staff.

The operational consequences of the proposed closure and the plans to manage accordingly to maintain high quality patient care are in the process of being developed and will be shared with the Board at the January 2013 meeting.

New patient referrals and existing patient discharge dates will be reviewed against the staffing resource and decisions regarding new referrals taken on a case by case basis by the Director of Operations & Clinical Practice.

A decision on the future of the out-patient services will be taken following meetings with commissioners during the week commencing 17th December 2012.

A communication and engagement plan will be developed and implemented depending on the result of the Board's decision at the meeting on 20th December 2012 to describe next steps to all internal and external stakeholders.

The Trust will continue to work closely with the South West Specialised Commissioning Team to plan to describe the re-provision of the neuro rehabilitation service.

An outline of the communication and engagement undertaken to date both internally and externally with a description of purpose and outcome

Listening to feedback

The details of the communication and engagement programme undertaken by RNHRD are outlined in the tables below.

As a result of the engagement process and the conversations held RNHRD have comments and points of feedback from some staff, clinicians and external bodies. This feedback has been considered by the management team and taken into account in forming the recommendation to the Board. Where feedback has not been received to date opportunities will remain open for commentators to make representations that will continue to inform future planning.

1. Post 22nd November 2012 Board Meeting

Audience	Communication	Date	Internal External	Purpose	Outcome
All	Key messages developed	11.12.12	I & E	Principal points for shaping conversations to inform all communication materials	Messaging coordinated
Links Partnership Committee (LPC)	Verbal briefing	23.11.12	I	Informing – board decision re preference to close subject to the necessary consultation. Staff consultation on proposal to begin immediately	LPC informed in readiness to have conversations with staff
Neuro Snr Management	Verbal briefing and management pack	23.11.12	I	Informing – as above	Senior team informed
Executive Management Group		23.11.12	I	Informing – as above	Senior managers informed in readiness for staff conversations
All Neuro staff	Verbal briefing and management pack	23.11.12	I	Informing – as above. Includes Q&A document raising and answering likely initial questions	Staff promptly informed with opportunity to engage
All RNHRD staff	CEO briefing presentation	23.11.12	I	Informing board decision re preference to close subject to the necessary consultation. Staff consultation on proposal to begin immediately	All staff in organisation promptly informed
All RNHRD staff	CEO email	23.12.12	I	Informing – as above	All staff in organisation promptly informed
Key Stakeholders*	Letter	23.11.12	E	Informing – as above	Stakeholder engagement
Local MPS	Letter	23.11.12	E	Informing – as above	Stakeholder engagement
Cabinet member for wellbeing & chair of H&WB Board	Letter	23.11.12	E	Informing – as above	Stakeholder engagement

Chair of Policy Development and Wellbeing Scrutiny Panel	Letter	23.11.12	E	Informing – as above	Stakeholder engagement
Council of Governors	Letter	23.11.12	I	Informing – as above	Governors promptly informed with opportunity for engagement
RUH		23.11.12	E	Informing – as above	Stakeholder engagement
Headway	Letter	23.11.12	E	Informing – as above	Stakeholder engagement
All RNHRD staff	Q&A summary on intranet		I	Responding to questions raised by staff following neuro announcement	More detailed information provided in response to staff queries
Patients, carers and families	Summary and Q&A sheet		E	Outlining proposed service change and providing reassurance re current care	Patients informed
Media	Reactive media release	TBC	E	Responding to media enquiries	Media response in readiness

*key stakeholders include CQC, Monitor, SHA, B*NES and Wiltshire PCT, CCG, SWSCG, Sirona, Salisbury PCT

2. December 10th 2012

Informing stakeholders on timeline for proposed closure and the purpose of the RNHRD NHS FT Board's next meeting on 20th December 2012 where a recommendation would be made to cease the service as of 31st March 2013 providing further opportunity for engagement ahead of this date.

Audience	Communication	Date	Internal External	Purpose	Outcome
All referring PCTs	Letter	10.12.12	E	Providing additional information on consultation process and next steps	Detailed timeline outlined and Engagement opportunity provided
Key stakeholders*	Letter	10.12.12	E	As above	Detailed timeline outlined and Engagement opportunity provided
Local MPs	Letter	10.12.12	E	As above	Detailed timeline outlined and Engagement opportunity provided
OSC B&NES and Wiltshire	Letter	10.12.12	E	As above	Detailed timeline outlined and Engagement opportunity provided

Agenda Item : 6.1 / Appendix 1 - Communications Update

Clinical Contacts identified by neuro team	Letter	10.12.12	E	Outlining proposal to close, consultation process and next steps	Detailed timeline outlined and Engagement opportunity provided
Clinical colleagues identified by Admissions Manager	Letter or Verbal supported by briefing document/	Dec	E	Outlining proposal to close, consultation process and next steps with emphasis on implications for referrals	Detailed timeline outlined and Engagement opportunity provided
B&NES Local Involvement Network	Letter to chair and vice chair	10.11.12	E	Outlining proposal to close, consultation process and next steps	Detailed timeline outlined and Engagement opportunity provided
B&NES Local Involvement Network	Attendance at Link public meeting	11.12.12	E	Public discussion on proposal and questions and answers	Public engagement
Council of Governors	Letter sent	12.12.12	I	Providing additional information on consultation process and next steps	Detailed timeline outlined and Engagement opportunity provided
RNHRD Friends	Letter sent	14.12.12	I	Providing additional information on consultation process and next steps	Detailed timeline outlined and Engagement opportunity provided
General public	Website update proposed changes	12.12.12	E	Outlining proposal to close, consultation process and next steps including additional public board meeting	Detailed timeline outlined and Engagement opportunity provided
General public	Website update – additional public board meeting	12.12.12	E	Informing public re additional board meeting and opportunity to attend and comment	Detailed timeline outlined and Engagement opportunity provided

**Future on In-patient Neuro-rehabilitation Service
Proposal that the neurological rehabilitation service should, subject to consultation,
cease being provided from 31 March 2013.
Initial Equality Impact Analysis Presented to Board 20.12.12**

	INITIAL SCREENING	Yes/No	Comments (use the back of this form if you require more space)
1.	Does the service affect one group less or more favourably than another on the basis of:		
	• Age	No	
	• Disability	Yes	Those people with disability resulting from neurological conditions who by virtue of their disability require a level 1 in patient neuro rehabilitation service in Bath. The family members of such people may also be impacted if the closure of the service results in longer travel times to another provider.
	• Gender reassignment	No	
	• Pregnancy and maternity	No	
	• Race – this includes ethnic or national origins, colour or nationality	No	
	• Religion or belief – this includes lack of belief	No	
	• Sex	No	
	• Sexual orientation	No	

If you have answered Yes to any of the above in question 1, please answer questions 2 - 6.

If you have answered No to all of the above in question 1, please refer to the guidelines for completing the Equality Impact Assessment form.

	FULL IMPACT ASSESSMENT	Yes/No	Comments
2.	What is the evidence that some groups are affected differently?		The current service is provided for people with disability resulting from neurological conditions that require a level 1 in patient neuro rehabilitation service.
3.	Is the impact of the policy/ guidance likely to be negative?	Yes	There will no longer be a level 1 neuro rehabilitation service provided at the RNHRD Bath
4.	If it is negative, can the impact be avoided? If yes, how?	Yes	The proposal is that all current inpatients will complete their treatment at the RNHRD and there are other alternative in-patient facilities nearby. Re-provision of the service by alternative provider(s) in other locations.
5.	Is the discrimination considered to be valid, legal and/or justifiable? If yes, how?	Yes	The service currently provided at the RNHRD Bath is not financially or clinically viable now, or likely to be so in the future, given commissioning intentions. Following its expression of a preference to close and at its Public

	INITIAL SCREENING	Yes/No	Comments (use the back of this form if you require more space)
			<p>Board meeting on 22 November 2012 the RNHRD Board is asked to consider the recommendation that the Neurological Rehabilitation In-patient service based at the RNHRD should cease as of March 31st 2013.</p> <p>The future provision of out-patient services is still under review with commissioners.</p>
6.	<p>What actions can be taken to reduce the impact?</p>		<p>The commissioners at the South of England Specialised Commissioning Group (South West Team) and NHS B&NES and Wiltshire will now work together to identify and consult upon options for how (respectively) the specialised and non-specialised aspects of the Neurological Rehabilitation Service can be re-provided. The RNHRD will be collaborating closely on this consultation process. Should the Board approve the recommendation the RNHRD intends to commence a formal ninety- day consultation with all affected staff on 2nd January 2013 in relation to the proposed closure.</p> <p>The RNHRD along with its partner organisations will continue to communicate with patients, staff and other key stakeholders to ensure that all interested parties are properly informed of the Board's position, the reasons for it and what actions will now be taken to ensure re-provision.</p> <p>On-going equality impact analysis will be carried out before a decision is made and appropriate mitigation measures will be considered in light of that analysis.</p>