

PATIENT PARTICIPATION REPORT 2013-14

UNIVERSITY HEALTH CENTRE

12 SAND STREET

HUDDERSFIELD

HD1 3AL

1. Profile of practice population and PRG

We are a “unique” type of practice and have historically struggled to find a group of patients willing to participate in the Patient Reference Group. We, therefore, took the decision not to formulate our patient reference group purely around age/ethnicity. Whilst we endeavoured to seek a representative group of patients (we had posters around the building/website notices/facebook notices stating the ethnic/gender mix we would ideally like to recruit) we took a practice decision that we would be keen to work with anyone who was willing to actively engage with us.

Current ethnicity breakdown of the Practice population

Ethnicity	%
British or mixed British	57.83
White and Black African	4.25
Indian/British Indian	2.24
Pakistani/British Pakistani	1.76
Irish	.54
European	.75
Arab	.54
Middle Eastern	.12
Chinese	8.81
Japanese	.04
Caribbean	.6
South & Central America	.05
Other White	7.39
Other Asian	4.41
Other Black	.16
Other Mixed	.15
Other ethnic category	6.84
Ethnic category not stated	3.52

Current Age and Sex breakdown of the Practice population

Age	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100+	Total
Gender												
Female	248	506	2724	554	162	53	18	4	1	0	0	4270
Male	250	447	3607	1138	329	81	285	6	1	0	0	6144
	498	953	6331	1692	491	134	303	10	2	0	0	10414

Total Practice Population 10,414

Females 4270 (41%) / Males 6144 (59%)

(Total figures differ when data is taken on different dates)

Our Patient Participation Group comprises:-

How joined	M/ F	Ethnicity	Language	Age
Original Member.	M	British	English	69
Original Member.	M	British	English	46
Original Member	M	British	English	45
Original Member.	M	British	English	42
Approached whilst at the window.	M	Other Asian	Arabic	40
Original Member	M	British	English	34
Approached at reception	M	Chinese	Chinese	31
Approached in the waiting room.	M	White & Asian	Kurdish	29
Original Member.	M	British	English	29
Position in Students Union	M	British	English	24
Position in Students Union.	M	British	English	23
Position in Students Union.	M	British	English	23
Had a university website blog.	M	British	English	21
Replied to random mailshot.	M	British	English	20
Original Member	F	British	English	50
Original Member.	F	British	English	41
Original Member.	F	British	English	37
Approached whilst at the window.	F	Arab	Arabic	34
Original Member	F	British	English	33
Approached in waiting room.	F	British	English	32
Original Member.	F	British	English	27
Patient spoke to receptionist.	F	British	English	22
Had a university website blog.	F	Other White	English	21

Ages as at 11.9.2013

23 MEMBERS

14 men (ranging in ages from 20 to 69) and 9 women (ranging in ages 21 to 50).

- Practice population has 59% men and 41% women
- PPG has 61% men and 39% women

We will aim to recruit more females to the PPG as the opportunity presents itself but definitely for 2014/15

11 British men and 7 British women.

An Arabic speaking man and an Arabic speaking woman.

A Chinese man and a Kurdish man (white and Asian).

One woman with ethnic category of 'Other white'.

Recruitment of new members

11 original members expressed an interest in remaining in the PPG.

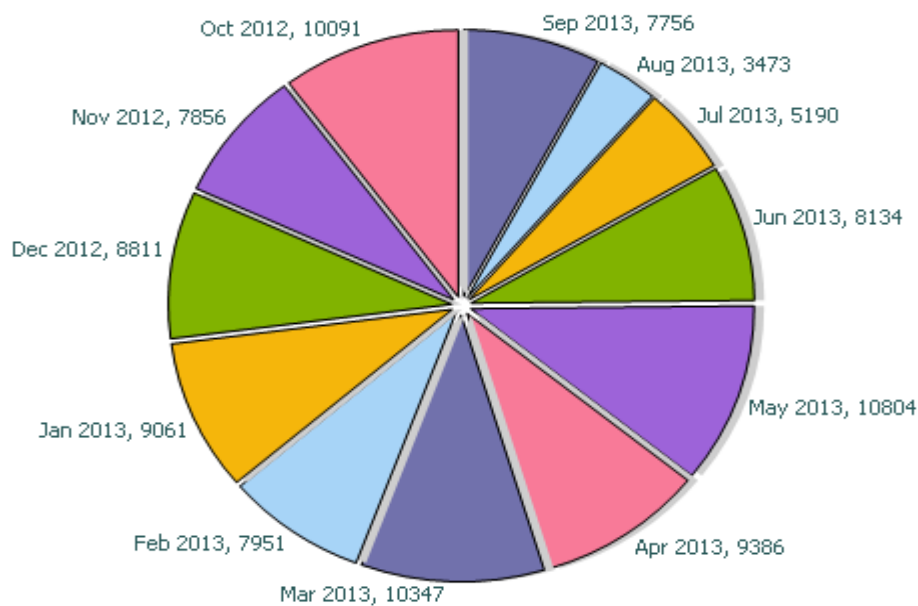
We used a variety of ways to contact each member and recruit them to our patient participation group.

- ❖ Emailed (26.6.2013) each original member to ask if they wanted to stay on the PRG.
- ❖ Approached patients in the waiting room and at the desk upstairs and downstairs. Tried to approach patients who fitted an ethnic category not represented or under-represented for instance.
- ❖ Telephoned patients identified as being on our list if they were members of the Students Union committee. These patients we felt were more likely to engage in any participation if they already hold a voluntary position.
- ❖ Sent out a random mail shot (29.5.2013) to a small percentage of our population.
- ❖ Telephoned patients identified as being on our list if they were bloggers on the University Website.
- ❖ We advertised on the website, Facebook and Twitter and on screens in the Health Centre and around the University.
- ❖ A few members approached us to join having seen our posters or advertising.

Website – the University Health Centre has a website

www.mysurgerywebsite.co.uk/secure/gpindex.aspx?p=b85062 which receives a high number of hits and it is, therefore, a very valuable tool in communicating with patients/prospective patients and it was used in order to help recruit new members of the PPG.

For the last 12 months, unique visits = 98,860.



The Practice sought to engage with patients via a “virtual” patient reference group with the intention of communication being via email as in previous years it had been indicated that members felt that this would be the preferred option for engagement, particularly as the practice population are frequent users of IT and social media platforms such as Facebook and already access our website in high volumes (approximately 100,000 hits in the last 12 months).

In addition to the posters/website/facebook promotion of the Patient Reference Group we also had flyers which were handed out by Reception and members of the clinical team, inviting patients to participate. (The recruitment process was undertaken during summer 2013.)

Local Practice Survey/Development

We sent our Patient Reference Group members an email (6.8.2013) outlining the following:-

Drawing Patient Reference Group members’ attention to last year’s Report which was available to view on the practice website (Survey Report and Survey Result).

C:\Users\alinley\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X3QI6SFX\Local Patient Participation Report.rtf

We took the opportunity to remind PPG members of work undertaken in-house following the results of last year's patient survey, hence reminding them of the positive aspects of participating as follows:-

Since the last survey was done we have endeavoured to improve our services by responding to issues raised by the patients during the survey.

Improvements following the 2012/2013 survey include:

- ❖ We have installed Plasma screens in our waiting rooms giving the patients plenty of information. We also advertise on the plasma screens in the Student Union at the University.
- ❖ Our self-check system in has been updated, and now is much quicker.
- ❖ Our phone system has been updated to include a phone message which is updated regularly in order to be current.
- ❖ We have an extra phone line.
- ❖ Our online booking of appointments is taking off and is starting to be more utilised by patients.
- ❖ We have a new company in charge of the car park and the Patients feel that this has improved the situation.

The national survey for our practice was based upon 38 responses which we felt was perhaps too low to be indicative of practice opinion either positively or negatively. We suggested that this year our practice might mirror the questions from the national survey into our annual practice survey and we put this to the PRG by email and they responded positively. The aim being to pull together a higher response rate and to see how that matched the national survey i.e. did low numbers of respondents skew the results – was there any important detail we were missing. We enquired if any PRG members would like to include any additional items within the survey – they responded that they were happy for the National Survey to be utilised as a template for the Patient Participation Survey – the feeling being that it was very comprehensive and covered most of the areas such as Access/Opening Hours/Consultations/Waiting Times etc. The practice decided to include the section around privacy at the reception counter as a number of staff members had felt that this may be a problem.

Once the survey had been compiled it was sent to the PRG members for their approval – this was received and the survey was then posted onto the practice website. We “advertised” the survey by using the plasma screens in-house/putting notices on the back of prescriptions/having paper copies available to complete at the Surgery/requested the University to send an email to students asking them to complete the survey if they were registered at the Practice and providing them with a link to the website, where the survey could be completed.

We began the 4.9.2013 and halted for a while during the “Freshers” period, then began again in October.

We stopped the survey once it reached approximately 350 responses (1.11.2013). This is because of the length of the survey this year. Most respondents completed paper surveys in-house and which necessitated practice staff inputting the answers and this was a very lengthy process due to the length of the survey questionnaire. We felt that 350 was a large enough number to give us an insight compared to the 38 responses that the national survey produced. We enquired of the PRG members if they were happy for the practice to close the survey at this point – this was approved by the PRG members.

SURVEY RESULTS

The breakdown, for respondents to the 2013/2014 survey, are as follows:

Gender	
Male	29%
Female	55%
No response	16%

Age	
Under 18	3%
18-24	40%
25-34	24%
35-44	10%
45-54	3%
55-64	1%
65-74	2%
75-84	0%
85 or over	0%
No response	17%

Ethnicity	
White British	59%
White other	7%
Mixed/ Multiple ethnic groups	1%
Asian/Asian British	7%
Black/African/Caribbean/Black British	6%
Other ethnic group	3%
No response	17%

Some more statistics are on the NHS Choices (<http://www.nhs.uk>) website. Please look at the following link. <http://www.nhs.uk/Service-Search/All-patients/HD1-3AL/Results/Accountability/646/-1.77608132362366/53.6430053710938/1856/0?distance=10&ResultsOnPageValue=10&orgTypes=GP&tabText=GP&resultViewId=646&serviceName=All-patients&organisationType=GPB&nationwide=False&sortAscending=True&metricGroupText=All%20patients&totalItems=100¤tPage=1>

When the survey was stopped – the data was input and the toolkit utilised for the survey collated the information on behalf of the practice. Once we had the data it was collated in order to be presented in a useful manner. The Survey results were shared with staff and with the members of the PPG via email (12.12.2013). PPG members were invited to put their comments forward and the following are a selection of comments received:-

PRG Member comments to the findings of the survey

- Answers are positive with very small percentages unhappy
- Overwhelming experience of the Doctors in the practice is great which should be acknowledged as it would be concerning if this area was coming back negative
- Concern re the out of hours cover – lack of confidence – small percentages but if patients are not getting the appropriate appointment they have indicated that they did use A*E/Drop in Centres – is this something to look at for the future?
- Individual comments – lots of nice ones but also negative comments re the same areas such as appointments.
- An overwhelming bunch of comments relate to privacy – privacy appears to be an issue and an important issue to patients
- Members felt that the number of patients surveyed was sufficiently high to give a representative response.
- Suggestions re utilising volunteers to collate/input the results in order to remove the need to cap the number of respondents in future years
- On line booking seems to be well received
- Waiting times – PRG member was surprised as they reported that they had never been kept waiting when at the surgery – acknowledged that although respondents had indicated that they did in fact wait a while they did not appear to mind doing so
- Were the patients completing the survey representative of the practice population?

The results of the patient survey, together with the comments from the members of the Patient Reference Group were then discussed at an in-house meeting held on 14th January 2014 (at which Doctors, Nurses, HCAs, Admin, Reception staff were present).

It was noted that 78% of respondents found it easy to get through on the 'phones with a further 10% not responding to this question. It was noted that as the on line access to booking of appointments and ordering of repeat prescriptions is growing in popularity the demand on telephones first thing in the morning is reducing and hopefully will reduce further as more and more patients use the on line service. There had been comments re the lack of appointments available on line and this has been changed with immediate effect with all pre-bookable Doctor appointments now being able to be booked on line and removal of any phased release of these appointments. All book on the day appointments release at 8.10 a.m. It was noted that it was difficult to put too many nurse appointments onto the on line system as different nurses undertake different procedures and we have already discovered patients booking into inappropriate clinics – we need to ensure we do not

waste clinical time and that time is managed as effectively as possible, therefore, at this moment in time there is no intention to release further nurse appointments onto the on line booking system.

It was pleasing to note the high response to “helpfulness of receptionist”

The question around “can other patients overhear what you say to the receptionist” was included in the survey by the Practice as we believed it may be an area of concern for patients and, although we knew dialogue may be overhead we were keen to obtain the patients’ view on this and the response has validated those concerns with 58% responding that yes they can be overheard but they don’t mind and a further 18% indicating that they can be overheard and they are not happy about it. 5% indicated that they could not be overheard and 9% responded “don’t know” and 10% did not respond. The attendees at the in-house practice meeting felt that this was an area we should aim to improve – we do offer a private room should a patient wish to be more discrete about discussions and we carry notices both on the wall and on the plasma screens to this effect but it was felt that we may be able to improve the structure of the desk and we will, therefore, make some enquiries locally – costs may be prohibitive to this proposal but we will endeavour to cost the work.

It was noted that 7% of respondents indicated that they now book their appointments on line and this was pleasing – but we are keen to see this area grow and will continue to promote it – there is a message on the telephone/it is highlighted on the website/facebook/plasma screens/back of prescriptions etc and all newly registered patients are invited to sign up for this at their registration appointment.

With 33% of respondents indicating that they would prefer to book on line this would indicate that we are not quite getting the message across to patients and every opportunity will be taken to communicate this to the practice population. A leaflet will be handed out to every patient that turns up at Reception during the coming months.

80% of respondents felt that when they wanted to book an appointment they were able to obtain an appointment which was convenient to them again with a high “did not respond” rate of 12%.

77% of respondents indicated that they found their experience of making an appointment either very good or fairly good with 15% not responding – 4% indicated they found it neither good nor poor and this then left 4% who found the system fairly poor.

As highlighted by the Reference Group members it was noted that waiting times were an issue for some patients and we are currently reviewing our appointment system – some GPs do tend to run over and it may be possible for their schedules to be adjusted slightly to make allowance for this. It should be noted, however that when a Doctor is on call anything may present during their working day and although time is ruled out to make allowance for this, unfortunately on occasion they may run behind. We also take the approach of Doctors dealing with the patient in front of them and not concentrating on who may be waiting – we feel this gives a better service to the patient as each patient will get their turn in front of the Doctor and it may be that they may require that additional time on occasion. We do feel that an informed patient is often a more patient, patient and, therefore, we will endeavour to keep patients informed when a clinician is running late.

Responses around actual consultations with both Doctors and Nurses were very good with patients feeling included in the planning of their treatment and being given the time they required.

Opening Hours – 99% of respondents indicated that they were very satisfied/fairly satisfied/neither satisfied nor dissatisfied/no response and the Practice feels that it is offering a widespread of appointments with both Doctors and Nurses offering appointments from 7.00 a.m. one day per week, appointments throughout the day, including lunchtime clinics and late night appointments until 8.00 p.m. Consideration may be given to additional lunchtime appointments and a further in-house meeting will be held to review demand management data in this regard.

37% of respondents indicated that they would find Saturday openings useful with a further 16% indicating that they would like to see the surgery open on a Sunday. Funding is provided for extended hours which currently are worked early on a Tuesday morning and late on a Thursday night. The practice has participated in the “Winter Pressures” scheme for 2013-14 and is one of a handful of local practices who have agreed to open on a Saturday w.e.f. 6th December through until 1st March 2014 for emergencies only. The aim of these additional sessions was to ease pressure on “out of hours GP” services and to reduce available attendance at A&E – the data from the participating practices will be collated by the local Clinical Commissioning Group at the end of the pilot period.

On the whole it was pleasing to note that respondents found the overall experience of the surgery very good or fairly good with 83% indicating that they would recommend the service to others (16% did not respond to this question).

It was somewhat disappointing to see that 49% of respondents to the survey indicated that they did not know how to contact an out of hours GP when the surgery was closed. The Practice continually provides this information via registration documentation/website/on the telephone when ringing

out of hours/via the plasma screens etc. There have been numerous national information campaigns re NHS 111. We will continue to reiterate this information at every opportunity.

Only 11% of respondents had actually had cause to access “out of hour” services either for themselves or a friend/relative. Although figures were low there were mixed responses as to how easy it was to contact “out of hours” services with 3% saying that they did not find it easy – similarly 3% of respondents indicated that they found it took too long to receive care from the “out of hours” services and once again 3% did not have confidence and trust in the out of hours clinician they saw/spoke to. This information will be fed back to the CCG. This is a question which will be carried forward to the following year’s survey.

29% of respondents were male with 55% being female (16% did not respond to this question) – the patient split for the practice is slightly in favour of males but roughly equal therefore the male responses appear to be under represented in this survey. 67% of respondents were noted to be under the age of 35 years which again appears to be a little low when the majority of patients are students although with the increase in international students their age does tend to be slightly higher. The ethnic split appeared to be biased towards white British/white other but the 17% no response rate may have included more international students. We confirmed with Reception that all patients presenting during the survey period were invited to participate – it may be that patients who had a less able grasp of the English language chose not to complete their forms/or not to complete them fully (might this have been because the survey questionnaires were quite lengthy?). Only 44% of respondents indicated that they were full time students but it may be that students who also work have been missed from this group hence distorting the figure.

ACTION PLANNING

The survey whilst pleasing in the main did not provide the Practice with too many areas on which to work for the coming year and it was felt that the higher response rate than for the national survey did not particularly change the overall results seen – i.e. the results from the national survey (available to view on the NHS Choices website) seem to follow a similar pattern.

Copies of the Minutes of this meeting were shared with PPG members (23.1.2014) inviting them to further feedback on the suggested work areas identified at the meeting which were as follows:-

- **Privacy at Reception** – whilst this is not a problem for some patients it was noted to be an area of concern for others and the Practice will explore the possibility of putting something into place which would provide more privacy – it may be that the costs are prohibitive but this avenue will be explored and in the meantime the Practice will communicate more prominently the “private room” available to the side of the Reception Desk should patients wish to make use of this facility.

- We will continue to promote the use of **on line appointments** – the Practice has taken immediate action following receipt of the survey findings and has put into place a system whereby all prebookable appointments are available to book on line – we used to have a phased release of these appointments but in response to patient survey and PRG feedback this has been withdrawn – it is hoped that if more appointments are available to book on line that more patients will be inclined to try to book their appointments on line rather than via telephone as there does appear to be a “clogging of the system” first thing in the morning. We will be promoting this service more prominently by switching off the automatic check in (whenever staffing levels permit) in order to offer assistance with the sign up process for on line access registration during the coming months.
- The Practice will feed back to the Clinical Commissioning Group and NHS England concerns re **out of hours services** (albeit numbers were small reporting concerns, we will report this feedback).
- The Practice will review how we communicate the details for **contacting a Doctor when the surgery is closed** with a view to including this on the back of prescriptions and ensure our Website/Plasma Screens etc. are carrying the up to date details. This will also be promoted via our Facebook page (University Health Centre, Huddersfield).
- The practice will **review when clinics are running** as part of our demand management review in order to identify any changes which can be made – e.g. if it is possible to have additional lunchtime clinics.
- With regard to waiting times in clinic – **we will review GP clinics and in particular GPs who tend to run late to see if there is anything we can do which will reduce the amount of waiting time for patients.**

In addition we enquired if the PPG members would like to hold a face to face meeting early in the process for 2014-15.

PPG members who responded to the copy of the Minutes together with the above proposed action approved publication of the plan and an example of their responses is detailed below:-

- “The proposals sound fine.”
- “It might be nice to meet the other members and have a productive conversation in June – it would depend on time and date”

- “Happy with the proposals and for publication of the report”

AVAILABILITY OF INFORMATION - PUBLICATION OF THE REPORT AND ACTION PLAN

- The Report has been shared with the Patient Reference Group via email
- The Report will be published on the Practice Website
- The Report will be shared with the University
- The Report will be available in-house for patients to view via booklets in Reception and Posters
- The Report will be copied to the CCG
- The Report will be copied to NHS England
- The Report will be placed on the Choices Website
- We will ensure staff have a copy of the report.

The practice website URL is www.universityhealthhuddersfield.co.uk and the Results of the Practice Survey and Report were published on the website on 12th February 2014

CONFIRMATION OF OPENING TIMES

As at 10.2.13 – **the Practice List Size** stands at: 11,562

Current Opening Times:-

Monday	8.15 a.m. – 6.00 p.m.
Tuesday	7.00 a.m. – 6.00 p.m.
Wednesday	8.15 am. – 6.00 p.m.
Thursday	8.15 a.m. – 8.30 p.m.
Friday	8.15 a.m. – 6.00 p.m.

Winter Pressures

During the Winter period 6.12.13 to 1.3.14 the Practice is participating in the Winter Pressures pilot by opening for emergency appointments on a Saturday morning.

The Practice confirms compliance with the National DES as highlighted above in that:-

- A PRG was established comprising of registered patients and best endeavours were taken to make it as representative of the practice as possible.
- PRG members were involved in the decision of what to include in the survey and approved the survey prior to it being published for completion
- The survey was undertaken by the use of electronic and paper methods with a total response rate of 350+
- Whilst the findings of the survey were collated electronically by the toolkit utilised for the survey on the “My Practice Website”, some practice time was utilised to collate the results

in order to present the data in a useful format and then the results were shared electronically with the PRG members and staff in-house (12.12.2013)

- PRG members were invited to provide feedback on the survey results and did so
- The feedback from the PRG members to the survey were shared with in-house team members (including clinicians and non-clinicians) and the results were reviewed in conjunction with the full survey results and a draft action plan was compiled
- The proposed action plan, together with the Minutes of the in-house meeting were shared with members of the PRG (23.1.2014) and members were invited once again to comment/confirm whether they were happy with the proposed action plan or wished to see any changes
- PRG members fed back that they were happy with the proposed plan and agreed to publication of the results/survey/action plan onto the practice website
- The appropriate documentation was pulled together and published on the Website/copies sent electronically to the PRG members/copy sent to the University/copy sent to the CCG/copy sent to NHS England on 12th February 2014.

1. Progress made with the action plan

A summary of the progress as of 12.2.14 is:

You said...	We did...	The result is...
You said it was often difficult to get through on the telephone first thing in the morning.	The practice rolled out on-line access for making of appointments and ordering of repeat medication in April 2013. 9% of survey respondents indicated that they utilised this service whilst 33% of respondents indicated that they would prefer to book appointments and order repeat medication on line – it was noted that although appointments are available to book on line these are limited, therefore, an immediate decision was taken to ensure that all book on the day appointments are available to book on line, together with all prebookable appointments in order to maximise availability of these slots	This action was taken immediately once the survey results were discussed in-house on 14 th January 2014 together with review of the comments from the PRG Members. This has significantly increased the number of on line availability of appointments to book and hopefully will help to reduce the number of calls coming through on the telephone first thing in the morning. In addition the practice is actively promoting the on line access service by turning off the self-check in machine (whenever staffing levels permit) in order to offer this service to patients attending the surgery and to help them through the registration process
You said that you felt that discussions at the Reception Desk could be overheard by	The practice will explore the possibility of changes it can make to the reception desk	Contact has been made with a local “builder/office fitter” and the practice currently await

<p>others in the waiting room – whilst not everyone was concerned re this there was a significant number of respondents who indicated that they were not happy with this situation</p>	<p>area which will help to improve confidentiality for patients.</p> <p>In addition the Practice does have a “private room” adjacent to the Reception desk and will take the opportunity to actively promote this room for use should a patient wish to use it.</p>	<p>receipt of quotations (as at 12.2.14) – depending on the costs involved this is a piece of work which may have to be deferred until funds permit but it will give the Partners an indication of costs involved.</p> <p>In the meantime the Practice is raising awareness of the “private room” by use of the in-house plasma screens and posters</p>
<p>A small number of respondents indicated that they did not find it easy to contact a doctor out of hours and that when they did they felt that they had to wait too long to speak with a doctor and a small number of respondents indicated that they were not happy with the consultation</p>	<p>Whilst the numbers were low we will feed this back to the Clinical Commissioning Group via their “quality alert” system</p>	<p>This was reported to the CCG on 10.2.14 by the PM</p>
<p>A small number of respondents indicated that they did not know how to contact a doctor out of hours.</p>	<p>Whilst we communicate this to all patients registering with the Practice at the point of registration together with advice on the website and via the plasma screens in-house we are still struggling to ensure everyone does know how to contact a Doctor out of hours. It was noted that there has been a high profile national advertisement campaign in the last 12 months re NHS 111 but still patients advise that they do not know how to contact a Doctor. It was agreed that we would carry this information on the back of prescriptions and review our notices in-house</p>	<p>The notification has been placed onto the back of prescriptions on 11th February 2014.</p> <p>Notices in-house via the plasma screens have also been amended to give them more prominence. Also promoted on Facebook page.</p>
<p>A small number of patients indicated that they felt that they had to wait a little too long to see the Doctor when they arrived for their appointment</p>	<p>In the report the opportunity was taken to advise patients that Doctors will try to give patients the time which they require for their appointment which can on occasion mean that the Doctor is running late. Some Doctors have a tendency to run over more frequently</p>	<p>The Practice is to hold a “demand management” meeting over the coming three months and the opportunity will be taken to review clinic times for Doctors who have a tendency to run late.</p> <p>To be undertaken by June 2014</p>

	<p>than other Doctors and it was agreed at the in-house meeting held on 14th January 2014 that clinics would be reviewed with a view to changing the format of clinics for these particular Doctors, thereby reducing the frequency of this occurring.</p>	
<p>Opening times – the majority of respondents indicated that they were happy with the opening times of the Practice – noting that early morning and late evening appointments are available every week, together with appointments throughout the day Monday – Friday – with the Practice not closing at lunchtime and often offering lunchtime appointments. During the busy winter period the Practice has also opened on a Saturday morning for “emergency” appointments in line with the local pilot for easing “Winter Pressures” at A&E and for the Out of Hours services</p>	<p>It was agreed at the in-house meeting held on 14th January 2014 that the Practice would review its lunchtime appointments as part of the Demand Management programme – to identify whether it is able to offer increased lunchtime appointments when students are more available to attend and hopefully this may also reduce the high “failure to attend rate”</p>	<p>This item will also be taken to the “demand management” review meeting scheduled to take place over the coming three months.</p> <p>To be undertaken by June 2014</p>