Subject:	**System pressures**
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Submitted to:	The interim Integrated Care System Partnership Board

Summary:

In line with the lowering of the UK's coronavirus alert level in February 2021, the very significant pressure that the health and care services were experiencing over winter is lessening. However, while the pressures related to treating COVID-19 patients are reducing, all parts of our health and care system remain under pressure and busy, as do health and care services up and down the country. This report provides a summary of the current pressures facing the health and care system.

Recommendation:

The interim Integrated Care System Partnership Board is asked to:

- Ensure that the pressures facing the health and care system are considered in our recovery planning as both a system and as individual partner organisations.
- Consider if there are areas that they would like to focus on in greater detail at a future meeting.

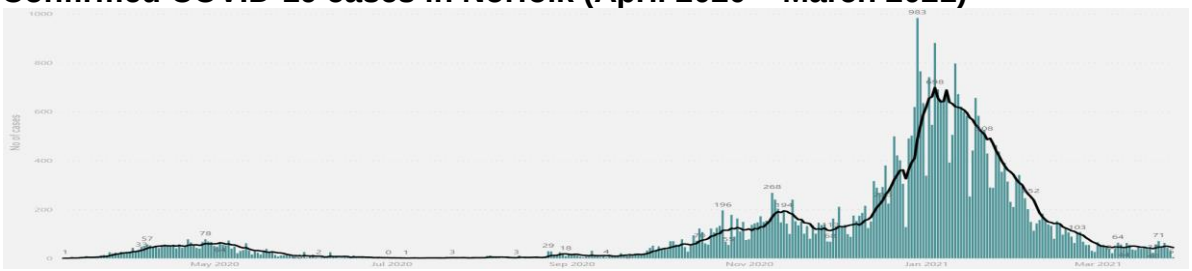
Main body of report

A. COVID-19 related pressures

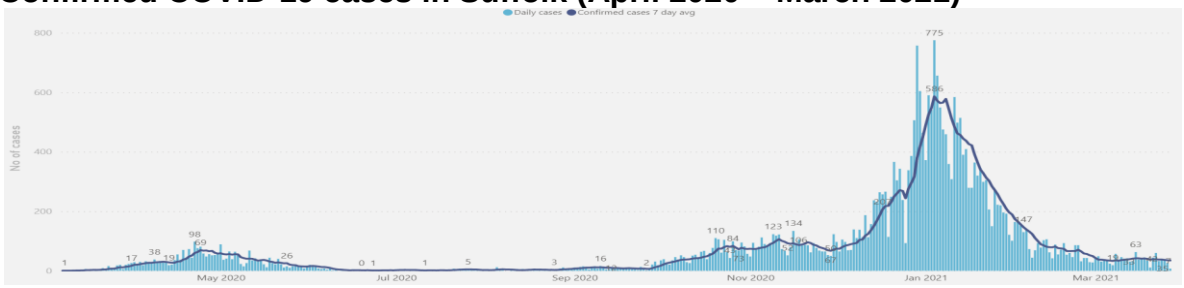
1. Each year the Norfolk and Waveney system prepares for winter to plan for the expected rise in demand we see as part of the normal seasonal variation across care settings. This winter the health and care system, including the NHS, adult social care, VCSE and other public bodies was under extreme pressure across the country as a result of the COVID-19 pandemic. The virus had a major impact upon the services the NHS delivers and its ability to provide all the operations, diagnostic tests and out-patient appointments, as well primary care provided treatments and on-going patient support.

2. The very significant pressure that health services were experiencing over this winter is now lessening. The number of confirmed cases of COVID-19 has fallen over the past two months and our trusts are treating fewer patients with the virus. The following graphs highlight the significant reduction in confirmed cases of COVID-19 over the past two months. They also show that the impact of the second wave of the pandemic was much greater on Norfolk and Waveney than the first wave was.

Confirmed COVID-19 cases in Norfolk (April 2020 – March 2021)

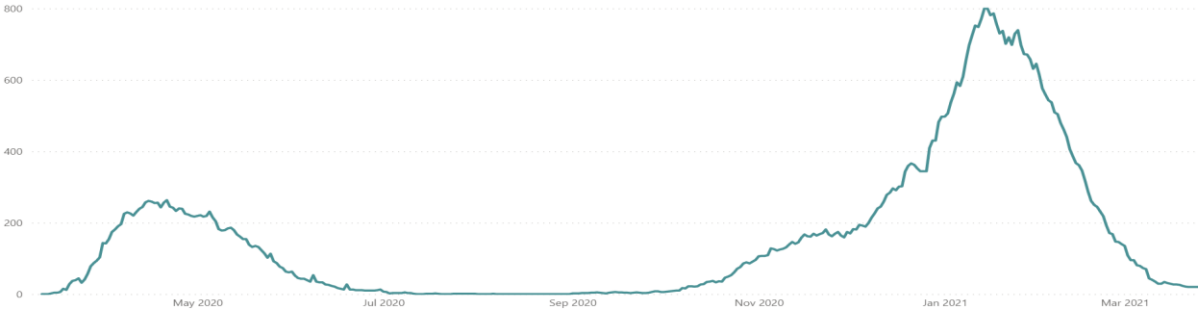


Confirmed COVID-19 cases in Suffolk (April 2020 – March 2021)



3. The number of patients with COVID-19 that our trusts are treating continues to fall. On 28 March 2021 our trusts were treating 17 patients, which is significantly lower than the peak of the second wave, when on the 14th and 15th of January 2021 our trusts were treating 800 patients with the virus. By comparison, at the peak of the first wave our trusts were treating 261 patients with COVID-19.

Number of patients being treated with COVID-19



4. The number of patients in ICU has also fallen significantly recently. On 28 March 2021 there were four patients in ICU, compared with 64 on 2 February 2021, which was the peak of the second wave in terms of patients in ICU. By comparison, there were 33 patients with COVID-19 in ICU at the peak of the first wave.

B. Workforce

5. The last twelve months has had a significant impact on the health and wellbeing of health and care professionals, who have worked incredibly hard to continue to care for people in very challenging circumstances. We owe our workforce a huge debt of gratitude for everything that they have done and continue to do.

6. Across the country, the NHS and social care were already facing substantial workforce challenges prior to the pandemic. For example, data from late 2018 showed that in Norfolk and Waveney we had c2,000 vacancies in health and c1,300 in social care, with high sickness and turnover rates. When the pandemic hit, there was an increase

staff absence as a result of shielding and COVID-19 related illness. Between November 2020 and January 2021, double the number of staff were absent from work at c1,990 whole time equivalent staff, around 50% with COVID-19 related illness.

7. We have worked really well as a system to build additional capacity in both the workforce and community services across health and social care to manage the impact of the pandemic, particularly the increase in the number of patients requiring critical care. The basis of this has been a system wide memorandum of understanding to enable staff to be shared across NHS organisations, which was expanded to include social care and wider system partners in the second wave.

8. In the first wave, NHS Norfolk and Waveney CCG re-deployed almost its entire workforce to roles within the system, including the strategic coordination of the response and roles within provider organisations, including frontline clinical care. Other providers prepared and deployed groups of clinical and corporate staff to frontline health care as business as usual activities were paused, and county councils moved staff to focus on urgent support for care providers.

9. **Local resilience fora:** The second wave though had a far greater impact on Norfolk and Waveney than the first. So the NHS worked hand in glove with the local resilience fora to build additional capacity this winter when staff sickness and absence, as well as cases of COVID-19 and hospital admissions were at their peak, and we were delivering the vaccination programme.

10. The Fire and Rescue Service, the armed forces, and county and district councils provided additional staff to undertake a range of tasks, such as; swabbing for COVID-19, fit testing (measuring for PPE/masks), patient feeding, answering telephones, family liaison, cleaning, administration support, recruitment personnel and support to the vaccination sites in marshalling roles. People have provided over 10,000 hours of their time, this was positively embraced at our three hospitals and vaccination sites, and provided much needed practical support to our teams and patients.

11. **Call to arms:** Norfolk and Waveney was the most successful system in the East of England for the national call to action to ‘Bring Back Staff’, attracting 1,204 staff to work locally since the start of the pandemic. 384 Registered staff, 298 unregistered staff and 514 students volunteered to be involved. Some of these staff have since been employed in permanent roles within trusts.

12. **Reservist Scheme –** The Reservist scheme now has c70 registered general nurses providing support to the vaccination programme, in research and providing hospital ward care. Recruitment into the scheme continues and now includes therapists. The Reservist Nurses have already contributed over 5,000 hours of support to our vaccination campaign.

The health and wellbeing of our workforce

13. The health and wellbeing of our workforce has never been more important. We have seen the impact of the pandemic on our workforce, including the tragic loss of life of our health and social care colleagues. We have seen and continue to realise the immediate and longer-term impact on our workforce as a result of working and living through the pandemic. Our recently launched Mental Health Resilience Hub, led by NSFT, has

identified support needs around anxiety, bereavement, and trauma. It is too early to identify cases of PTSD, but this is likely.

14. Our health and wellbeing teams were proactive from the start of the pandemic, ensuring our workforce had access to national and locally design resources and offers of support focusing on peoples physical, mental, social/family and financial wellbeing. In line with national guidance, risk assessments were offered to our NHS workforce early into the pandemic, with a specific focus on our known 'at risk' and BAME workforce. Social care followed similar advice provided through national guidance. Norfolk and Suffolk Care Support are delivering Wellbeing and Bereavement workshops to care providers.

15. We established a Norfolk and Waveney Health and Wellbeing Network which remains in place and is currently developing its plan for 2021/22 which will be underpinned by the NHS Health and Wellbeing Framework, and Public Health England Workplace Health Needs Assessment so we can gather more information on the current wellbeing of our workforce.

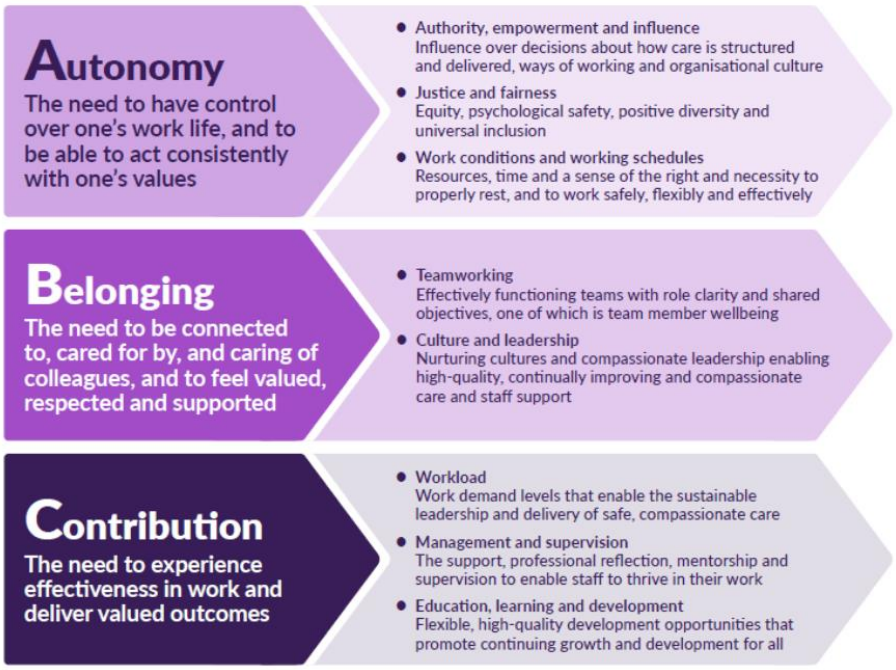
16. Our #WeCareTogether photo documentary highlighted the importance of social and family support, as well as being part of a team. These stories from our staff highlighted the importance of people and 'being kind' to keep people motivated and well during very challenging times.

Supporting our workforce to recover from the pandemic

17. The East of England Regional Directors team are leading a steering group of chief executive officers and HR Directors to discuss how we can balance the need for performance and activity with time for staff healing, recuperation and down time following the pandemic. They are looking at where to focus our collective effort to support workforce recovery and agree what we might do to ensure service restoration starts with a focus on and understanding of workforce recovery. They will work to understand what the evidence says, to share best practice and practical examples of what works, and to support approaches that are tailored to local needs.

18. It is recognised that our capacity to deliver services needs to take account of the need for our workforce to recover from what they have been through, which may take two years. We need to keep the 'People Promise' and communicate this clearly and carefully to our own people and to patients and the public, recognising the implications and that services will be restored and ramp up at different speeds. If we misjudge this or over-simplify it – either in the communication or the execution – we risk losing health and care professionals, both in terms of morale and retention. We will need to put in place warning systems to balance people's wellbeing with meeting patient demand.

19. The group will be using a model from the King's Fund that focuses on what can we do to give our people more control over their work life, what do we do to reinforce our people's sense of belonging, that they are cared for and valued, and what we do to give our people a renewed feeling that they can use their skills and experience to make a difference. Here is the King's Fund ABC model:



C. Pressures on different parts of the health and care system

Urgent and emergency care

20. Throughout the pandemic we have continued to maintain urgent, emergency and cancer care as far as possible. There have been fluctuations in demand for urgent and emergency care (UEC) over the past twelve months. As we emerge from the second wave we are reviewing the activity profile during 2020 against 2019 to determine the degree of difference from the baseline as we move through 2021. The insight is being used to further our understanding of UEC demand profiles and changes in response to periods of national lockdown.

21. **NHS 111:** Over the past year there have been spikes in 111 activity in spring and autumn 2020 as community infection rates increased. Demand during the 2020 summer months also exceeded the 2019 baseline level for the majority of the period. We anticipate a similar pattern of increased activity in 2021 and are actively promoting NHS 111 First in line with national messaging.

22. **Ambulance service:** The activity profile for the East of England Ambulance Service NHS Trust (EEAST) shows a marked decrease in activity during the first wave of the pandemic in 2020. But activity increased and exceeded the 2019 baseline during the summer and autumn period. Activity above the 2020 level is anticipated for 2021, with the influx in summer visitors expected as a result of restrictions to foreign travel and increased confidence following the successful vaccination campaign. We are ensuring a range of alternative options to conveyance to hospital are in place, including Hear and Treat, Community Response and, where secondary care is required, that patients can access appropriate services directly, for example same day emergency care.

23. **Emergency department activity:** Similarly, ED activity at our three acute trusts decreased in the first wave of the pandemic. Activity increased again in the summer and peaked in August 2020, but did not recover to the level of activity seen before the pandemic. The fluctuation in ED activity has been predominantly in relation to changes in the minors demand profile.

24. The sustained rise we are now seeing in ED activity in 2021 suggests that pre-pandemic levels will be reached before social restrictions are fully lifted in June and hospital colleagues report a return to near normal already.

25. **Emergency admissions to hospital:** Emergency admissions at our three acute hospitals have naturally been in line with ED activity. We are now seeing admissions beginning to return to pre-pandemic levels, in particular for minors and urgent care. These pressures are likely to be further exacerbated by the easing of lockdown and the continued restrictions on foreign travel which, as set-out above, could see an influx of holidaymakers over the summer period. We are planning for how we manage this.

Hospital discharge

26. It has been a year since national policy directed all health and care systems to implement a discharge to assess approach. This was put in place to support people to be discharged from hospital in a timely manner and means that the majority of patients have their assessments for care and support undertaken in their own home.

27. Prior to the pandemic, we had already undertaken some small scale testing of discharge to assess models. However, the new national policy resulted in a significant change to the hospital based discharge services in place at the time, i.e. moving hospital social work teams into the community and mobilising integrated teams in the community to coordinate care and support after discharge. Locally we saw great innovation in professional practice, organisations working even closer together and electronic system developments to aid the patient journey. This supported our hospitals to reduce their bed occupancy considerably in preparation for the COVID-19 response.

28. We are currently experiencing some challenges in supporting higher numbers of patients to return to their usual place of residence, particularly in older age groups. On any given day locally, between 10 and 30 patients with a length of stay over 21 days meeting the criteria to be discharged remain in each acute hospital waiting for a range of reasons, including availability of a bed-based option for discharge.

29. There are a range of possible reasons for this performance and could include a reflection of the acuity of patients at the point of discharge, the need to increase the availability of home based services supporting complex patients at home and to make further practice, pathway or process improvements. These matters are being explored and addressed through the short-term offer commissioning strategy and the discharge to assess blueprint transformation.

30. Throughout the pandemic, community health services have provided significant support to system through discharge to assess and admission avoidance. Temporary capacity has been built in the community, if this is lost then we risk losing all the gains we have made, as we expect demand for urgent community response and D2A1 to continue and to increase.

31. The national policy direction is to continue to allow discharge to assess models to develop and embed. This approach is evidenced to produce better outcomes for patients by facilitating a Home First approach for the majority of people. It also supports the health and social care system to care for people in the right place at the right time. Locally we have made a great stride towards delivering a discharge to assess model;

however this will still require a large scale transformation and the total commitment to deliver all components of the model to achieve these benefits.

32. A greater level of our workforce likely needs to transition to working in a community setting and an investment in commissioning available and responsive creative home-based services is key. An overarching programme plan is under development and the aim of the transformation is increase the use of Home First options, streamline discharge pathways, ensure assessments take place in patient's own homes and commissioned short term services align to the needs of patients being discharged. The ambition is to achieve this ahead of the next winter pressure period.

Adult social care

33. The COVID-19 pandemic has shone a tough light on the adult social care sector, exacerbating the challenges it faced long before, such as long-awaited reform and funding, managing increased and more complex care needs, workforce shortages and market fragility. The last year has therefore had a profound impact on people receiving and providing social care. There continues to be enormous pressure on services.

34. **Ways of working:** Social care teams have had to work differently in continuing to meet their duties; adapting to new ways of working and finding innovative ways to support people, all at incredible pace. For services that cannot be delivered remotely, such as within care settings and through reablement services, teams have continued to work on the front line under pressure, facing new and worrying risks and fast-changing guidance.

35. **Social care assessments:** During a time of heightened risk for the most vulnerable in our communities, services have continued. For example, in Norfolk between June and December 2020 the Adult Social Services:
    - Had 111,342 contacts relating to social care – an average of 10,393 per month
    - Carried out 66,091 assessments and reviews of people's who need support – an average of 6,294 per month

36. **Hospital discharges:** Frontline social care teams are supporting significantly more discharges, particularly during this wave of the pandemic. This is predominately due to the hospital discharge arrangements during the pandemic, which required self-funders and people who would normally have received continuing health care to be supported through council held contracts for discharges before 1 September and for up to six weeks for discharges after this date.

37. For example, comparing average figures for March 2020 with those between June and December 2020, Norfolk has seen per month:
    - An 80% increase in the number of hospital discharges relating to adult social care being passed on to Adult Social Services.
    - A 155% increase in volumes being passed through to reablement services from hospital discharge
    - A 39% increase in social work assessments and reviews carried out for people who have been discharged from hospital
    - An increase of 118% of work for our Brokerage service resulting from discharges

38. **Price of Care:** Although prices have remained relatively stable for service users that were in receipt of care prior to the pandemic, we have seen increasing prices for new

care packages, particularly where there is discharge from hospital. Although some of the pressure has arisen through increased acuity of people leaving hospital, it is also due to provider concerns within the market and changes to the business models for self-funded care.

39. The price has no doubt been affected by both health and social care needs being part of the discharge model, but the price of care is not financially sustainable for social care alone. Commissioning and operational teams are taking action to help reduce the longer-term financial impact; however, this has been hindered by the escalation of COVID-19 cases and increased demand for social care placements.

40. **Support for mental health:** The pandemic has had a profound effect on the nation's mental health, with some communities and individuals at far greater risk of worsening mental health as we emerge from the last 12 months. This has had an impact of social services. For example, the number of contacts Adult Social Services has received relating to concerns about people's mental health has increased from 272 in March 2020 to an average of 416 per month between September 2020 and December 2020.

41. **Safeguarding:** Many of the existing protective factors in the lives of adults at risk of abuse and harm have been temporarily absent or limited, due to the social distancing restrictions required. Again, this has had an impact on social services. For example, the number of Section 42 safeguarding enquiries Norfolk County Council has dealt with has increased from 198 in March 2020 to a peak of 262 in December 2020.

42. **Added COVID-19 Pressures:** Supporting the system-wide response to COVID-19, teams have had to respond to additional, unplanned pressures to help protect our care provider workforce and the people they care for, for example:

    - **Outbreak management:**. Adult Social Services have been working alongside Public Health teams to play an important role in supporting care homes with COVID-19 outbreaks and situations in their homes; including supporting providers to ensure that they have provided necessary documentation to the DHSC to access additional money via the Infection Control Fund.
    -
    - **PPE rollout:** Adult Social Services have overseen millions of items of PPE being supplied to third party providers, such as residential care providers, home support providers and the voluntary sector, over 2.5 million items in Norfolk alone.

Mental health

43. Mental health services have had to rapidly adapt over the past twelve months. Community based interventions have changed from being primarily community and home based face-to-face interventions, to home working telephone and video based interventions. Crisis focused services though have continued to offer a range of face-to-face and other interventions due to the needs of these service users.

44. The introduction of the telephone based First Response Service in April 2021 as a way for people to access mental health services has increased the ability for the wider population to ask for help when required. However, it has also increased demand on crisis focused services during a time of increased pressure on staffing and services.

45. The impact of COVID-19 on both the workforce and the need to access mental health services cannot be underestimated, with Business Continuity Plans activated in the first lockdown and stepped up and down at a number of points over the past year, most recently between December 2020 and March 2021 when staffing shortages in the acute and crisis pathways required redeployment of staff from other areas to ensure critical services were maintained.

46. Mental health services have experienced an increase in referrals for both adults and children's services throughout the pandemic, as NHS benchmarking data shows.

47. **Adult Community Mental Health Team:** NSFT have seen an increase in referrals to adult community teams, reporting the third highest referral numbers nationally.

Adult Community Mental Health Team Referrals received per 1000,000 registered population

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
National Mean	228	280	338	377	362	362	366	365	348	351
NSFT	377	522	649	697	678	692	802	710	652	669

48. NSFT continues to accept above the national mean number of referrals for treatment (NSFT accepted 96% in January 2021, compared to 87% nationally). NSFT also continues to report above the national mean number of contacts, with NSFT recording 2,610 contacts in January 2021, compared to 2,417 nationally.

49. The NHS Long Term Plan and mental health improvement plan sets out the need to develop new and integrated models of primary and community mental health. To commence this transformation, in partnership with Primary Care Networks (PCNs), NSFT has commenced the introduction of one Primary Care Mental Health Practitioner to work with each PCN. The aim is for individuals with a mental health need to receive support and care to live well in their communities by offering preventative timely support. The role out of these posts is from 1 April 2021.

50. **Children and Young Persons Mental Health:** Referrals to Children and Young People's services continue to be above the national mean, with a drop in January 2021 considered to be an impact of lockdown. It is anticipated that numbers of referrals will increase significantly from March with schools reopening and the easing of lockdown.

Referrals into Children and Young Persons Services received per 100,000 registered population

	April	May	June	July	August	September	October	November	December	January
National Mean	144	175	242	270	227	314	380	386	322	249
NSFT	217	354	409	410	390	460	705	542	478	384

51. NSFT continues to accept referrals for treatment above the national mean, which in January was 78% nationally, but 96% for NSFT. Alliance based transformation for Children and Young People's services is underway, with the focus on improving access and support, both community based and more significantly when a young person is in crisis, which is something that has increased in the past 12 months.

52. **Crisis and Home Treatment:** Between December 2020 and January 2021 there was a drop in crisis referrals across Norfolk and Suffolk, but numbers being referred to Crisis and Home Treatment Services remain significantly above the national mean.

Crisis Referrals received per 100,000 registered population

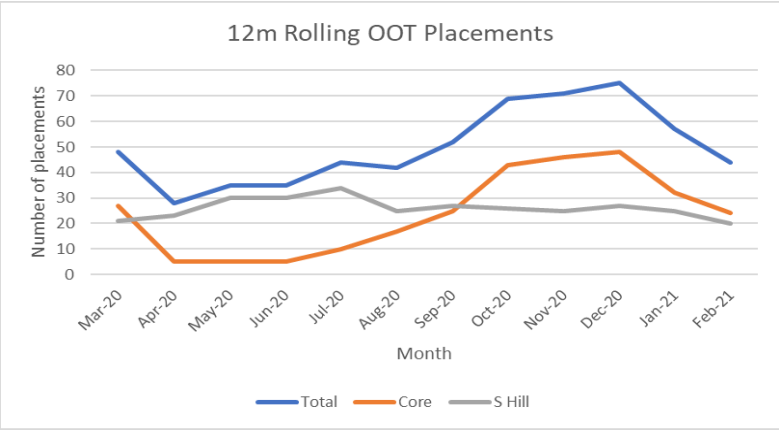
	April	May	June	July	August	September	October	November	December	January
National Mean 2020	90	117	121	123	128	112	115	120	117	114
NSFT 2020	168	193	217	211	216	203	217	208	189	185

53. Acceptance rates for crisis support show NSFT slightly higher than the national mean (93%) at 95% in January 2021, with contacts again higher than the national mean (441) at 544. It is anticipated that the need for crisis intervention and support will increase as the country comes out of lockdown, with local acute providers also experiencing increases in attendance by individuals with a primary mental health need.

54. NSFT is working with the Norfolk and Waveney system to align access to services with other front door services via the 111 option 2, this will move the focus from the NSFT First Response Service once implemented and will mean those accessing support via 111 will also have a mental health component to their triage.

55. **Access to beds:** Access to mental health beds remains a challenge. The last twelve months has seen the need for acute admission increase, and the placements in and out of NSFT beds peaking at over 70 in December 2020.

56. This number has seen a significant decrease since this date, but pressures associated with acuity in mental health presentation remain, coupled with the need for improved access to alternatives to admission and system support to reduce delayed transfers of care. Without cross system support this will not improve, and delays will continue as the need for mental health intervention associated with COVID-19 increases across all ages.



57. NSFT has employed a full time matron to focus on the quality and safety of the care provided in out of Trust placements, supporting timely return to home when medically ready which has had a positive impact. Development of an interactive whiteboard, the OPEL framework for mental health and associated escalations, plus improvements in internal bed management will also have a positive impact. A focused improvement plan is in development with engagement from system partners to ensure reduction is seen and sustained.

58. It is important to note that the impact of the pandemic on the nation's mental health and wellbeing hasn't just been felt by the mental health trust. General practice has seen an increase in people presenting with mental health conditions, including anxiety, depression and eating disorders. Other NHS providers, social services and the voluntary, community and social enterprise sector are all coming into regular contact and caring for people who need support with their mental health and wellbeing.

Community services

59. Community health services' waiting lists, for services such as wheelchairs and MSK, have been rolled back and will need to be restored too. The impact of COVID-19 on these services is variable. Overall demand is expected to increase as a result of rebound demand; however, this is yet to be quantified, but we'll endeavour to manage this within existing capacity as the current waiting lists remain below historic levels.

60. Community services are generally less resilient than larger acute provision due to their geographical spread of wards, services and staff. There is a workforce concern depending on the degree to which redeployed staff will still be needed in other roles, such as supporting vaccination. Both of these factors will affect the restoration of services.

General practice

61. General practice has been under sustained pressure during the pandemic, with staff working seven day weeks and currently putting a significant amount of energy into the vaccination programme. Recovery planning is underway and as part of that we will need to take into account the impact that the pandemic has had on staff.

62. The latest appointment data shows how hard practices are continuing to work. In January 2021, there were over half a million appointments with GP practices in Norfolk and Waveney. In total 67% of appointments with local GP practices were conducted face-to-face and 28% by telephone. This compares with 56% of appointments being conducted face-to-face nationally and 40% by telephone.

GP appointments in Norfolk and Waveney in January 2021						
	Face-to-face	**Home visit**	**Telephone**	**Video / online**	**Unknown**	**Total**
Norfolk and Waveney	345,000	1,800	147,000	3,700	19,000	516,500

63. From 1 April 2021 general practice is expected to stand back up some services as the Quality Outcomes Framework (QOF) is reintroduced in full. QOF was suspended in January as part of a number of measures aimed at freeing up practices to focus on the COVID-19 vaccination programme roll out.

64. Reinstating QOF in full will support the recovery of long-term condition management. General practice has been taking a risk based approach to caring for patients with long-term conditions, for example conducting telephone reviews for low risk patients, while more closely managing those at greater risk. The reintroduction of QOF will mean that all patients with long-term conditions will need regular reviews, including, where appropriate, physical examinations, blood tests and other tests.

65. This isn't to say that general practice will go back to being exactly like it was before the pandemic; there have been significant developments in how services are provided and many of these will continue. Many patients, for example, are choosing to access services digitally, with almost all practices now offering online consultations.

66. Some of these developments may need reviewing and refining though in the coming months. For example, those practices that introduced online consultations as part of a total transformation of how they work have really felt the benefits. Whereas those practices that introduced online consultations quickly during the pandemic are more likely to need to do some work to ensure that this new way of contacting the practice, which many patients really like, does not increase pressure on them and be something else to do and respond to.

Elective care

67. The latest validated and published data shows that in January 2021 there were 86,966 patients on our trusts' waiting lists for elective care.

Patients waiting for treatment

Patients waiting for elective care - January 2021				
	NNUH	**QEH**	**JPUH**	**Total**
Total number of incomplete pathways	58,384	14,347	14,235	86,966
Total number incomplete pathways >52 weeks	7,638	1,032	950	9,620

Patients being treated within 18 weeks of referral			
	NNUH	**QEH**	**JPUH**
18 weeks RTT incomplete pathways	54.50%	62.80%	58.40%

68. Recovery of elective care is a priority. During the peak of the second wave this winter the difficult decision was taken to postpone planned operations and procedures. This was in light of the very serious situation of high infection rates and hospital admissions in Norfolk and Waveney, and across England, and the need to reduce the amount of elective work being done to enable us to have the capacity and to be able to redeploy staff to treat rising numbers of patients with COVID-19.

69. We have continued to run outpatient clinics as virtual appointments as much as possible, but we know the temporary reduction of some services will have been hugely disappointing and caused added anxiety for patients. We of course want to make sure that all patients get the care they need. We will have to find the right balance between helping those who need it, including those who've had to wait longer as a result of the pandemic, with also needing to support our workforce to recover.

D. NHS 2021/22 priorities and operational planning guidance

70. We are rightly now shifting more time and focus to transformation post COVID-19 and are resetting business as usual. While many members of staff are still heavily involved in the challenging work of rolling out the vaccination programme and managing the pandemic, it is important we start to increase our focus on planning for the future and being able to care for all those people who need our services, as well as preparing for any futures waves of the virus.

71. The NHS 2021/22 priorities and operational planning guidance sets the priorities for the year ahead, against this backdrop of the challenge to restore services, meet new care demands and reduce the care back logs that are a direct consequence of the pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes.

Governance	
Meetings that this report has been, or is going to be, discussed at:	This report has not been discussed at any other boards, committees or meetings.