



**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 26 OCTOBER 2022**  
**MEDICINE FOR THE ELDERLY – INPATIENT BED REVIEW**  
**REPORT BY GAIL SMITH, CHIEF OFFICER**

**ABSTRACT**

This report provides the Integration Joint Board (IJB) with an update of progress made to redesign Medicine for the Elderly Inpatient Service across Angus. The development of the pathway emphasises the support and commitment to delivering effective, high quality, specialist care within the community setting. The pathway links directly to priority areas three and four of the Strategic Plan and to multiple priorities within the National Health and Wellbeing Outcomes.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) Agree closure of Ward 2 Medicine for the Elderly at Stracathro Hospital (14 Beds).
- (ii) Agree reduction by one bed in Arbroath Infirmary from 22 to 21.
- (iii) Agree continued use of an additional of 10 beds within Whitehills Health & Community Care Centre (WHCCC) bringing the total beds within WHCCC to 31 beds.
- (iv) Approve the Direction, as attached (Appendix 2), and instructs the Chief Officer to issue the Direction to NHS Tayside.

**2. BACKGROUND**

In January 2018, as part of Phase 1 of the Medicine for the Elderly (MfE) inpatient bed review, the Angus Integration Joint Board (IJB) approved the required number of Angus MfE inpatient beds as 54, plus 4 hospice beds, 58 beds in total. A phased approach was taken to reduce the number of beds during 2018/2019 as the drive was to support more people at home.

In May 2018, there were 60 inpatient beds in Angus in the following facilities:

- Isla/Clova Unit, Whitehills Health and Community Care Centre (WHCCC), Forfar : 20 MfE beds – All single rooms with en-suite facilities plus 4 rooms for Palliative/End of Life Care within the Strathmore Hospice (24 beds in total).
- Medical Unit, Arbroath Infirmary: 22 MfE beds – 2 eight-bedded wards and 6 single rooms (four with en-suite facilities).
- Ward 2, A Block, Stracathro Hospital: 14 MfE beds – 2 five-bedded wards and 4 single rooms (none with en-suite facilities).

In May 2019 as a result of people receiving more care at home, the requirement for the number of MfE beds in WHCCC reduced to 17. This change provided 53 MfE beds across Angus, and 4 Hospice beds in WHCCC (57 beds).

In March 2020, the number of MfE beds in the Medical Unit, Arbroath Infirmary reduced from 22 to 21. This was as a result of new Scottish Government National Guidance for bed spacing.

### **3. CURRENT POSITION**

Work has been undertaken over the past few years looking at the options for providing Inpatient MfE Beds across Angus and some of this work was expedited during the COVID-19 Pandemic. In November 2020 the increasing number of COVID-19 positive cases both in the community and Ninewells Hospital prompted a review of how we manage COVID-19 within our Community Hospitals in Angus. The Partnership considered how we could continue to safely care for individuals within inpatient areas, while we lived with COVID-19 and an increasingly frail population.

Business continuity plans were put in place making Ward 2 at Stracathro non-operational on a temporary basis. This was because the ward accommodation did not meet the requirements of the NHS Tayside patient placement pathways for COVID-19.

To continue to provide safe medical care within Angus, 10 beds previously closed within WHCCC were re-opened, with all people from North East (NE) and North West (NW) Angus requiring inpatient medical care moving to WHCCC in Forfar. This resulted in a reduction of four beds and a reduction of one bed in Arbroath Infirmary to allow for continued safe distancing to prevent spread of infection.

This is an accumulative reduction of five MfE across Angus. The number of beds available for Palliative/End of Life Care within the Strathmore Hospice in WHCCC remains unchanged at four.

#### **3.1 Stracathro Hospital**

Ward 2 sits within A Block, Stracathro Hospital and has 14 beds comprising two 5-bedded bays, 3 small single rooms and 1 large side room, none of which have en-suite facilities. Facilities for providing personal care are unsatisfactory, due to the lack of a shower in the ward. It does not meet the requirements of the NHS Tayside patient placement pathways for COVID-19 and requires substantial investment to meet ongoing requirements in respect of safe patient care.

The 3 small side rooms do have piped oxygen but there is not enough room to care for patients who require the use of mechanical equipment for safe transfer when providing care. The location of the rooms on the main corridor opposite the kitchen increased the risk of cross contamination.

The empty Coronary Care Ward within Stracathro Hospital was utilised as an alternative for the provision of care during the first wave of COVID-19 as it had the space required for safe distancing and the space required for the use of mechanical equipment and had piped oxygen. A subsequent assessment by the fire service highlighted that this area was not considered safe for repeated use due to the particularly high fire risk posed by the materials used to partition the rooms. Fire safety inspection reports have highlighted that the fabric of the building at Stracathro does not conform to fire regulations and has been discounted as an option for medical care. Further investigation has evidenced that the fire exits from Ward 2 also do not comply with fire regulations due to lack of safe egress from the doors with only one exit from the ward past the kitchen.

The risk to the safety of medically unwell patients needs to be considered and safe care cannot be delivered at Ward 2 at Stracathro.

The Mulberry Unit, Susan Carnegie Centre was also explored as a possible resource for the MfE Inpatient Service but there remains uncertainty with the long term use of this ward. Currently it is an unsuitable clinical environment to provide MfE inpatient care. For example, it does not have piped oxygen and would require significant investment to make it suitable for patients needs.

Staffing resources were also a challenge across this site and despite a proactive recruitment strategy this has not been resolved.

### **3.2 Whitehills Health & Community Care Centre**

In November 2020 the decision was taken, for the safety of patients requiring medical care, to temporarily suspend admission to the 14 beds within Ward 2 at Stracathro and open 10 available single en-suite rooms within Isla Unit at WHCCC. These beds (which were previously closed) were made operational.

This allowed each patient to have a single en-suite room large enough for the safe movement of mechanical equipment and each room has piped oxygen. Although the move was initially to address the safe care of people during COVID-19, feedback from patients and staff is very positive and the environment meets the clinical care needs of patients now and in to the future.

### **3.3 Arbroath Infirmary**

Prior to the COVID-19 Pandemic, NHS Infection Control policy identified that the spacing between beds within Arbroath Infirmary did not meet the criteria for safe nursing. This policy resulted in one bed becoming non-operational. The closure of this one bed has had no effect on the care delivered and as we move to live with COVID-19 the safe distancing of the beds continues.

### **3.4 Quality Care**

Admissions to WHCCC have shown that from November 2020 to May 2022 there have been 154 admissions from the Montrose/Brechin localities since the closure of Ward 2 and we have always had capacity to accommodate this demand. Currently our average number of vacancies per night is 13 which demonstrates we have capacity to accommodate demand and delivering care in a larger sites provides flexibility.

We can see a steady flow of admissions and discharges with no concerns having been raised regarding access to medical care or the ability of relatives to visit family members.

Working closely with HR and Staffside, the staff who previously working at Stracathro have moved to WHCCC. All Nurses working in Angus MfE inpatient areas have Angus wide contracts. This move was well supported and has led to an ability to provide continuity of care and enhanced skill mix which has reduced the need for agency staff. This is because the staffing compliment has been consolidated and recruitment is not so challenging, particularly for nursing staff. This has maintained high quality outcomes for the patients using the service. Moving to a two site model also helps consolidate medical staffing and better cover at all levels.

### **3.5 Communication and Engagement**

In June 2022 a range of public engagements were held with options for feedback including an on-line survey, face to face and MS Team meetings and the opportunity to express views by email or telephone.

The outcome of these showed that members of the public understood the need for the relocation of services for clinical and patient safety, and were reassured that patients' relatives were able to visit family members as required with the support of hospital staff to allow this to occur.

## **4. PROPOSALS**

The proposed changes mean that people requiring an MfE inpatient bed in Angus receive their care within an environment that is safe, person-centred, sustainable for the future and meets the requirements of the NHS Tayside patient placement pathways for COVID 19. As a result, we are better able to meet people's individual clinical needs.

This report seeks approval to permanently close the 14 beds at Ward 2 Stracathro Hospital and reduce bed capacity by one bed at Arbroath infirmary. The report also seeks approval that the opening of the additional 10 beds in Isla Unit WHCCC becomes a permanent addition to the bed capacity.

Within this proposal there is an overall reduction of 5 MfE beds across Angus. This will result in 48 MfE beds plus the 4 beds within the Strathmore Hospice at WHCCC (total beds = 52).

## 5. FINANCIAL IMPLICATIONS

The cost to provide 48 MfE inpatient beds and 4 hospice beds per annum is c£3.57m, as shown in table 1 below. The current budget available is c£3.94m based on 57 beds and hence the shift in beds will result in a net reduction cost of c£0.36m and five beds.

As previously noted (IJB Report 27/22), Angus IJB Strategic Plan approved c£0.30m recurring planned intervention against the Extended Inpatient Review and this proposal will deliver these savings.

<b>Table 1 - Financial Implications</b>	<b>Beds</b>	<b>wte</b>	<b>£m</b>
Arbroath Infirmary	21	32.95	1.42
WHCCC	31	50.29	2.15
<b>Total Operating Revenue Cost</b>	<b>52</b>	<b>83.24</b>	<b>3.57</b>
Total Revenue Funding	57	93.06	3.94
<b>Net Financial Benefit</b>	<b>5</b>	<b>9.82</b>	<b>0.36</b>

## 6. RISK

Ward 2 Stracathro is no longer fit for purpose for the care of increasingly frail people who require hospital medical care. There were staffing challenges across three sites which at times impacted on continuity of care and this has been improved since moving to the two sites model.

## 7. OTHER IMPLICATIONS (IF APPLICABLE)

Not applicable.

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is required (Appendix 1).

## 9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

<b>Direction Required to Angus Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	No Direction Required	
	Angus Council	
	NHS Tayside	X
	Angus Council and NHS Tayside	

**REPORT AUTHOR: Eunice McLennan, Head of Community Health and Care Services**

**EMAIL DETAILS: TAY.angushscp@nhs.scot**

List of Appendices:

Appendix 1 Equality Impact Assessment

Appendix 2 Medicine for the Elderly Inpatient Review Direction



## EQUALITY IMPACT ASSESSMENT

### BACKGROUND

<b>Date of Assessment:</b>	28 July 2022
<b>Title of document being assessed:</b>	Medicine for the Elderly (MfE) inpatient bed review
<p><b>1. This is a new policy, procedure, strategy or practice being assessed.</b> (If <b>Yes</b> please check box) <input type="checkbox"/></p> <p><b>This is a new budget saving proposal</b> (If <b>Yes</b> please check box) <input type="checkbox"/></p>	<p><b>This is an existing policy, procedure, strategy or practice being assessed?</b> (If <b>Yes</b> please check box) <input checked="" type="checkbox"/> X</p> <p><b>This is an existing budget saving proposal being reviewed</b> (If <b>Yes</b> please check box) <input type="checkbox"/></p>
<p><b>2. Please give details of the Lead Officer and the group responsible for considering the Equality Impact Assessment (EQIA)</b></p>	Eunice McLennan, Head of Community Health and Care Services
<p><b>3. Please give a brief description of the policy, procedure, strategy or practice being assessed, including its aims and objectives, actions and processes.</b></p>	<p>In January 2018, as part of Phase 1 of the MfE inpatient bed review, the Angus Integration Joint Board (IJB), approved the required number of Angus MfE inpatient beds as 54, plus 4 hospice beds in Whitehills Health and Community Care Centre (WHCCC) (58 beds in total). A phased approach was taken to reduce the number of beds during 2018/2019.</p> <p>In March 2020, the number of MfE beds in the Medical Unit, Arbroath Infirmary reduced from 22 to 21. This was as a result of new Scottish Government National Guidance for bed spacing.</p> <p>In November 2020, the inpatient accommodation at Ward 2, A Block, Stracathro, was made non-operational under Business Continuity Contingency arrangements. This was because the ward accommodation did not meet the requirements of the NHS Tayside patient placement pathways for COVID-19. At this time 10 beds (all single rooms with en-suite facilities) which were previously closed within the Isla Unit, WHCCC, were made operational.</p> <p>It is recommended that the current MfE Business Continuity Contingency arrangements are made permanent. This will mean that:</p> <ul style="list-style-type: none"> <li>• Ward 2 will no longer be used by the MfE Inpatient Service in Angus.</li> <li>• The 10 MfE beds in Isla Unit in WHCCC, opened in</li> </ul>

	<p>November 2020, will remain open on a permanent basis. (This means there will be 27 MfE beds in total in WHCCC plus 4 hospice beds; 31 beds in total).</p> <ul style="list-style-type: none"> <li>• The number of beds in Arbroath Infirmary will reduce from 22 to 21 on a permanent basis.</li> </ul>
<p><b>4. What are the intended outcomes of this policy, procedure, strategy or practice and who are the intended beneficiaries?</b></p>	<p>The proposed changes within this bed configuration will mean that there will be 48 MfE and 4 Hospice bed for the population of Angus (52 beds in total).</p> <p>Remaining at home has been a cornerstone of how we deliver care to frail older adults in Angus. We know that there is still a need for MfE inpatient hospital beds in Angus at this time.</p> <p>It is vital that the care provided within Angus hospitals continues to be safe, person-centred, is provided in an environment most appropriate to meet people's needs and is sustainable for the future. The proposed changes will mean that people requiring an MfE inpatient bed in Angus will receive their care within an environments that is safe, that meets the requirements of the NHS Tayside patient placement pathways for COVID-19. As a result we are better able to meet people's individual clinical needs.</p> <p>By focusing on developing the local model of MfE inpatient care in WHCCC and Arbroath Infirmary the aim is to maximise the efficiency of the exiting bed stock</p>
<p><b>5. Has any local consultation, improvement or research with protected characteristic communities informed the policy, procedure, strategy or practice being EQIA assessed here?</b></p> <p><b>If Yes, please give details.</b></p>	<p>Yes. In June 2022 staff and members of the public were invited to have their say and either attend an event within WHCCC or attend an online session.</p> <p>Inpatients and carers within WHCCC have been asked for feedback about their stay within Isla/Clova wards.</p> <p>Since Ward 2 become non-operational in November 2020, 148 people from the North East locality have been admitted to Isla/Clova Units within WHCCC.</p> <p>There have been no negative comments or complaints regarding being cared for in WHCCC instead of Stracathro Hospital. Positive comments have been made about the facilities all being single rooms and having their own bathroom plus TV's.</p> <p>Families have been very grateful when visiting from the North East Locality as staff within Isla/Clova Unit accommodate bus timetables and other people providing them with lifts. Also, if the visitor works shift patterns.</p>

<p><b>6. Fairer Scotland duties:</b></p> <p><b>1) Does this report have an impact for Angus citizens under Fairer Scotland?</b></p> <p><b>2) If Yes, what are these implications and how will they be addressed?</b></p>	<p>Yes</p> <p>People with low income and financial constraints might be disadvantaged having to travel to visit loved ones in hospital or may have to travel to receive their treatment in a hospital setting.</p> <p>Staff within Isla/Clova Units try hard to ensure a compassionate person centred approach to visiting; always with agreement from the patient. Staff are proactive in discussing with visitors about where they stay and if there are any problems with them travelling to WHCCC.</p>
--	--

#### **EQUALITY IMPACT ASSESSMENT (EQIA) - RELEVANCE SCREENING**

**1. Has the proposal already been assessed via an EQIA process for its impact on ALL of the protected characteristics of: age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?**

**No**

**1 a. Does the proposal have a potential to impact in ANY way on the public and/or service users holding any of the protected characteristics of age; disability; gender; gender reassignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?**

**Yes** Proceed to the Full Equality Impact Assessment (EQIA).

**1 b. Does the proposal have a potential to impact in ANY way on employees holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to employees of not only NHS Tayside and Angus Council, but also the 3<sup>rd</sup> sector.**

**Yes**

**2. Name: Eunice McLennan**

**Position: Head of Health and Community Care Services**



## FULL EQUALITY IMPACT ASSESSMENT (EQIA)

### Step 1.

**Is there any reason to believe the proposal could affect people differently due to their protected characteristic?** Using evidence (e.g. statistics, literature, consultation results, etc.), justify whether yes or no. If yes, specify whether impact is likely to be positive or negative and what actions will be taken to mitigate against the undesired impact of a negative discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council or 3<sup>rd</sup> sector social justice.

#### 1a. The public and/or service users holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
<b>AGE</b>		X	<p>Where possible we will consider the profile of people who are users of MfE services. This should provide a picture of where there are social groups that are likely to be disproportionately affected by the changes proposed.</p> <p>Staff will continue to take a compassionate person centred approach to visiting.</p> <p>If patients and visitors feel that for whatever reason Arbroath Infirmary would be more suitable location for the patient, the MfE consultants will discuss this and if possible and appropriate will make these arrangements.</p>
<b>GENDER</b>			
<b>DISABILITY</b>		X	As above
<b>ETHNICITY/ RACE</b>		X	<p>We will work with local communities to identify any minority ethnic groups and other cultural groups and engage with them to identify any impact by the proposed changes</p> <p>Ongoing engagement with local communities will be vital to ensure that minority ethnic populations and cultural groups are not disadvantaged by the pathway changes.</p>
<b>SEXUAL ORIENTATION</b>			



<b>RELIGION/ BELIEF</b>			
<b>GENDER REASSIGNMENT</b>			
<b>PREGNANCY/ MATERNITY</b>			
<b>OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE</b> (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from "discrimination by association" with the PCs of age and disability)		X	Patients admitted to a MfE inpatient bed are elderly often with elderly family members and caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning.  As described above we will continue to take a person-centred and compassionate approach to visiting.

**1b. The employees holding the Protected Characteristics:**

	<b>POSITIVE IMPACT</b>	<b>NEGATIVE IMPACT</b>	<b>Intended mitigating actions against the b) Negative Discrimination</b>
	<b>a)Positive Action</b>	<b>b)Negative discrimination</b>	
<b>AGE</b>			
<b>GENDER</b>			
<b>DISABILITY</b>		Staff living with a disability who previously worked in Ward 2, Stracathro may have further to travel to work if they choose to work in WHCCC or Arbroath Infirmary. As a result they may have difficulties accessing appropriate transport	Continue to review individual needs and adjustments to support staff groups affected.  Ongoing staff engagement.
<b>ETHNICITY/ RACE</b>			
<b>SEXUAL ORIENTATION</b>			
<b>RELIGION/ BELIEF</b>			
<b>GENDER REASSIGNMENT</b>			
<b>MARRIAGE/CIVIL PARTNERSHIP</b>			
<b>PREGNANCY/ MATERNITY</b>			

<p><b>OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE</b> (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from "discrimination by association" with the PCs of age and disability)</p>			
---	--	--	--

**1c. Does the proposal promote good relations between any of the Protected Characteristics?**

YES

NO

NOT SURE

Specify further (e.g. between which of the PCs, and in what way, or why not or not sure)

**1d. What steps will you take to collect the Equality Monitoring information needed to monitor impact of this proposal on PCs, and when will you do this?**

- Continue to offer engagement and feedback opportunities to involve all PC groups affected and delivered in a range of ways in which people can share their thoughts and ideas

**Where will the Equality Impact Assessment (EQIA) be published?**

Angus Health and Social Care Partnership page on Angus Council website
--

**CONTACT INFORMATION**

<b>Name of Department or Partnership:</b>	<b>Angus Health and Social Care Partnership</b>
---	---

<b>Type of Document</b>	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input checked="" type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

<b>Manager Responsible</b>	<b>Author Responsible</b>
<b>Name: Eunice McLennan</b>	<b>Name: Sally Wilson</b>
<b>Designation Head of Health and Community Care Services</b>	<b>Designation: Service Manager -Integration</b>
<b>Base: Angus House, Forfar</b>	<b>Base: Angus House Forfar</b>
<b>Telephone 01307 492560</b>	<b>Telephone: 01307 492560</b>
<b>Email: tay.angushscp@nhs.scot</b>	<b>Email: tay.angushscp@nhs.scot</b>

<b>Signature of author of the policy:</b> Sally Wilson	<b>Date: 4 October 2022</b>
<b>Signature of Director/Head of Service:</b> Eunice McLennan	<b>Date: 4 October 2022</b>
<b>Name of Director/Head of Service: Eunice McLennan</b>	
<b>Date of Next Plan Review: January 2023</b>	

**For additional information and advice please contact:**  
tay.angushscp@nhs.scot



**ANGUS INTEGRATION JOINT BOARD  
DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

<b>1</b>	<b>Direction reference Number</b>	IJB 8/22	<b>Direction reference to be superseded (if relevant)</b>	
<b>2</b>	<b>Date of IJB</b>	26-10-2022	<b>IJB report reference</b>	IJB 72/22
<b>3</b>	<b>Report Title</b>	Medicine for the Elderly – Inpatient Bed Review		
<b>4</b>	<b>Date from which direction takes effect</b>	26-10-2022		
<b>5</b>	<b>Direction to (delete as appropriate)</b>	NHS Tayside only		
<b>6</b>	<b>Does this Direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)</b>	No		
<b>7</b>	<b>Functions covered by Direction</b>	Inpatient hospital services relating to the following branches of medicine: <ul style="list-style-type: none"> <li>• Geriatric medicine</li> <li>• Rehabilitation medicine</li> </ul>		
<b>9</b>	<b>Full text of Direction</b>	This report seeks approval to permanently close the 14 beds at Ward 2 Stracathro		

		<p>Hospital and reduce bed capacity by one bed at Arbroath infirmary.</p> <p>The report also seeks approval that the opening of the additional 10 beds in Isla Unit Whitehills Health and Community Care Centre becomes a permanent addition to the bed capacity.</p> <p>Within this proposal there is an overall reduction of 5 MfE beds across Angus. This will result in 48 MfE beds plus the 4 beds within the Strathmore Hospice at WHCCC (total beds = 52).</p>
<b>10</b>	<b>Budget allocated for the implementation of the Direction</b>	The cost to provide 48 MfE inpatient beds and 4 hospice beds per annum is c£3.57m, the current budget available is c£3.94m based on 57 beds and hence the shift in beds will result in a net reduction cost of c£0.36m and five beds.
<b>11</b>	<b>Intended Outcomes to be delivered by this Direction</b>	<p>Description of what the Direction is intended to achieve.</p> <ul style="list-style-type: none"> <li>• People requiring an MfE inpatient bed in Angus will receive their care within an environment that is safe, person-centred and sustainable for the future and meets the requirements of the NHS Tayside patient placement pathways for COVID 19. As a result, we are better able to meet people's individual clinical needs.</li> </ul> <p>Describe the link to Strategic Plan Priority area.</p> <ul style="list-style-type: none"> <li>• This activity is linked to Priority 3: Developing Integrated and Enhanced Primary and Community Responses</li> </ul> <p>Describe the link to the National Health and Wellbeing Outcomes (NHWO).</p> <ul style="list-style-type: none"> <li>• This activity is linked to NHWO priorities 3,4,7 and 9</li> </ul>
<b>12</b>	<b>Performance monitoring requirements for this Direction</b>	This Direction will be monitored and progress reported to IJB Audit Committee bi-annually.
<b>13</b>	<b>Review date</b>	Date, no more than 1 year in the future. March 2023