Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of ICB Board

Date: Thursday 6th April 2023
Time: 12:00 – 15:15
Location: The Ball Room, Winter Gardens, Weston Super Mare

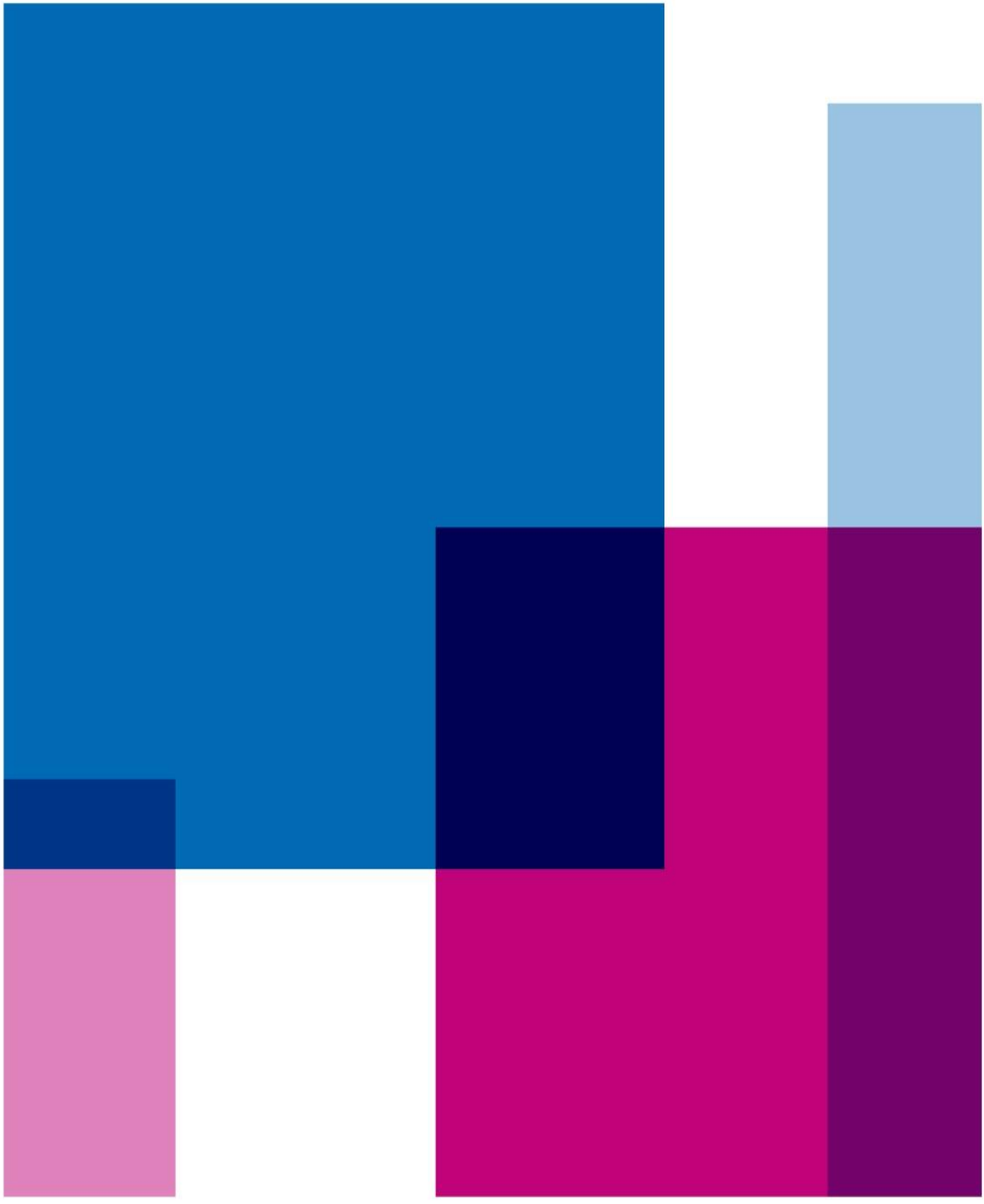
Agenda Number :	5	
Title:	Chief Executive Update – April 2023	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	Yes/No
Purpose: For Information		
Key Points for Discussion:		

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.
The main areas of discussion this month are;

- **ICB Organisational Structures**
- **ICB Running Cost Reductions**
- **Junior Doctor - Planned Industrial Action**

Recommendations:	To note the current position
Previously Considered By and feedback :	No other groups
Management of Declared Interest:	No declared interest

Chief Executive Briefing – April 2023



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Purpose

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues since the last board meeting, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- **ICB Organisational Structures**
- **ICB Running Cost Reductions**
- **Junior Doctor - Planned Industrial Action**

ICB Organisation Structures

The Executive Team have been moving forward with the next stages of reorganisation.

As the board are aware we have a timescale linked to different phases of the transition and transformation. Over the last month Phase 3 has concluded, with the closure of the consultation on the 10th March. The phases are detailed below.

Phase 1 This is where we will talk to individuals and teams about transitioning work areas, which need to move into their new directorate.

Phase 2 This is where executives, in discussion with their teams redesign their structures (if necessary). Not all directorates will need to do this. We will also carry out an analysis of the new structures to decide on the best change management approach, which causes the least disruption to teams and individuals.

Phase 3 During this period, we will engage with everyone about the new structures and carryout any formal change management consultation with affected staff.

Phase 4 is when we implement the transformation. We expect this to last from the beginning April to the end of May.

Feedback from the Consultation

On the 13th March the Executive team held a "Have we Got News for You" to share the outcome of the consultation and to highlight the areas that have changed as a result of what we heard. The presentation is attached at appendix A. As can be seen a number of changes were made as a result of the consultation. These included;

- Amending the directorate of integrated and primary care so as to have six heads of locality.

- Amending the skill mix of the directorate of digital, data and transformation so as to introduce a greater number of staff at a lower banding to provide greater career paths and capacity for delivery.
- Reducing the number of teams in the directorate of strategy, partnership and population to two.
- Clarifying the ICB structures for learning disability and autism

At the meeting on the 13th March it was agreed that the following actions would be required to deliver out the end of phase 4.

Immediately (13th March)

- Final structures and these slides will be put on The Hub

This week (13th-17th March)

- Guidance will be updated
- Directorate meetings will be set up to take place with executives
- Anyone who has become affected by change or changed their classification will be written to

March

- If an individual moves from unaffected to a change category, they will be offered a 1-to-1
- Fixed term contractors slotting into their post will have that confirmed with a 1 April start date
- Matching will be carried out and slot-ins confirmed
- Competitive slot-in and ring-fence interviews will start
- Vacant posts will be advertised internally

April

- Matching review panels will take place to double check any no-matches
- Competitive slot-in and ring-fence interviews will continue and appointments confirmed
- Vacant posts will continue to be advertised internally
- Anyone At Risk will receive individual HR support

May

- 1 May - New structures will be operational and new appointments will take effect
- Anyone still remaining At Risk will continue to receive support with finding a suitable alternative role

We are currently on track to deliver the changes by the May 1st deadline.

ICB Organisation Running Cost Reductions

On March 2nd 2023 all ICB Chief Executives received the following letter

"Dear colleagues

Integrated care boards (ICB) running cost allowances: efficiency requirements

Thank you for the extraordinary effort that you, your teams and your partner organisations in systems are making to keep services operating safely and effectively over the winter period.

Our letter of 24 January confirmed arrangements for delegation of commissioning responsibilities for pharmaceutical, general ophthalmic and dental (POD) services, including the impact of those transfers on ICB Running Cost Allowance (RCA) in 2023/24. We are now able to confirm the longer-term expectations on RCA.
The financial context for the NHS means that we need to review overall spending on management costs. In NHS England this has involved implementation of changes to significantly reduce the size of regional teams and national programmes, and to transfer staff and functions from regional teams to ICBs. We also need to ensure that ICBs are operating at their optimal size to deliver their strategic functions and to prioritise resources for front line care.

We know that many ICBs are already planning changes to their structures to reflect new statutory responsibilities following establishment in July 2022. We are therefore confirming changes to the RCA for the next three years to give maximum certainty.

In determining these changes we have listened to the views of ICB leaders and have set these in the context of the future funding settlement for the NHS. We believe that the level of reduction required is significant but deliverable. Setting the central requirement in terms of the overall RCA (which is based on population) for each ICB gives maximum flexibility to determine locally how to configure teams, what functions to outsource, and where to work across multiple geographies. There is no intention to drive changes to ICS footprints through this work but rather to ensure that collaboration is strengthened to enable efficiency requirements to be delivered.

Changes to running cost allowance (RCA)

Baseline Running Cost Allowances for ICBs have already been held flat in cash terms in 2023/24. This has been published through the annual operational planning guidance and the supporting publication of allocations for 2023/24 to 2024/25.

RCA will then be subject to a 30% real terms reduction per ICB by 2025/26, with at least 20% to be delivered in 2024/25. This provides time for ICBs to reorganise and gives some flexibility on funding change, with scope for ICBs to go further and faster where possible, enabling resources to be recycled into front line care. No increases to the RCA to allow for inflation in this period are anticipated. We are now updating the published future year RCA with three-year allocations for each ICB that reflect this 30% reduction. Adjustments for delegated POD functions will then be made separately.

At our regular joint meeting on 28 February we committed to setting up a session for ICB Chief Executives to work through the requirements and the resources available to support. We will aim to get this in the diary with you in the week commencing 6 March 2023. In addition, regional teams will work with ICBs to support implementation of these changes and will be able to provide access to benchmarking information and examples of good practice in organising or sharing functions as the work progresses. The development of provider collaboratives presents an important opportunity to streamline roles and action across systems and we expect that system partners will agree what resource should sit with provider collaboratives to support service transformation.

Thank you again for your all your ongoing efforts to deliver against the continuing operational challenges and for all the work with your partners on improving population health outcomes for people in England.

Yours faithfully

Mark Cubbon, Chief Delivery Officer, NHS England
Sir David Sloman, Chief Operating Officer, NHS England
Julian Kelly, Chief Financial Officer, NHS England"

Moving Forward

Clearly this letter places the ICB in a challenging position, to drive forward system reform and to support the delivery of the 5yr system strategy with a 30% lower cost base. The scale of cost reduction is such that this will not be achieved by an incremental approach but it will require a genuine transformation and a new business model for the ICB.

Having had discussions with the ICB Executive team, Senior managers and Chief Executives from other ICBs I am proposing that we use this an opportunity to review the role and function of the ICB and develop a new model of delivery. It is proposed that we follow an organisational development (OD) approach.

Developed over 3 stages the OD plan seeks to meet the following objectives –

- To focus on a 'form follows function' analysis of ICB activity, creating a clear and shared understanding of the purpose of the ICB and co-creating and redefining a new future for the organisation;
- To ensure full engagement and collaboration of staff and partners in the creation and implementation of the future state of the ICB, taking an assets-based approach and co-creating a cultural journey;
- To take an agile and flexible approach throughout, using insights from all those involved and ensuring an ongoing two-way communication process with staff and partners.

This process will be underpinned by the following design principles

Design Principles

1. STRUCTURE ALIGNED TO PURPOSE & STRATEGY
   - Create an ICB structure that aligns to its statutory responsibilities system wide strategic priorities and national requirements

2. FOCUS ON SYSTEM & SERVICE PRIORTIES
   - An ICB that works collaboratively with system partners to facilitate and enable the delivery of the 4 aims of the ICS

3. DRIVE EFFICENCY & EFFECTIVENESS
   - Generate value added processes and a costed green operating model that drives optimum efficiency and future sustainability

Outputs & Outcomes

As the OD plan and approach are delivered, we would expect a number of outputs and outcomes as a result of the work these include –

Outputs

1. Redefined and collectively agreed purpose of the ICB;
2. Tested assets based future state analysis of the business of the ICB;
3. New agreed operating model;
4. Specific communication and engagement plans;
5. Implementation plan and reporting mechanisms to all stakeholders.

Outcomes

6. Open and transparent process with full engagement from staff and partners;
7. Improved trust-based relationships between staff, leaders and system partners;
8. Requirements of NHSE met in a timely way;
9. Wellbeing and support provision for staff and line managers throughout.

Proposed Timeline

Stage 1 - Defining the ICB Purpose & Design Principles – April/May 23
Stage 2 – Creating Our Future State – June/July 23
Stage 3 – Creating the New Operating Model – the 'to be' – July/August 23

It is proposed that all stages will require the involvement of partners and that the final proposed model will require board sign off in autumn 2023.

Junior Doctor - Planned Industrial Action

The BMA and HCSA have announced junior doctors strikes running from 06.59am on Tuesday 11 April until 06.59am on Saturday 15 April. This is four days of strikes coming immediately after a 4 day Bank Holiday weekend. The days leading into and immediately after Bank Holiday weekends are already challenging for the NHS.

Junior Doctors make up around half of all doctors in the NHS. Junior Doctors are qualified Doctors who have anywhere up to eight years' experience working as a hospital doctor, depending on their speciality, or up to three years in general practice.

Previous action by Junior Doctors saw approx. 28,000 staff off due to industrial action. These strikes also come at a time when high levels of staff are on annual leave due to school Easter holidays.

Previous industrial action by junior doctors over three days resulted in 175,000 hospital appointments disrupted. As these strikes are over a longer period, we would expect a greater number of appointments to be impacted.

During strike action we will prioritise resources to protect emergency treatment, critical care, neonatal care, maternity, and trauma, and ensure we prioritise patients who have waited the longest for elective care and cancer surgery. We will only cancel appointments and procedures where it is necessary and will reschedule immediately, where possible.

We are asking patients to choose services wisely during industrial action and take simple steps to help ensure care is available to patients who need it most. This includes using 111 online as the first port of call for health needs and continuing to only use 999 if it is a life-threatening emergency.

We are also asking relatives and carers to do everything they can to work with staff to get their loved ones home from hospital as soon as they are fit for discharge.

Therefore in summary we have been working, as a system, to ensure plans are in place and risk is mitigated as far as possible. However it is important to note that The NHS faces a significant 10 day challenge with the Easter Bank Holiday followed by 4 days of Junior Doctor Industrial Action.

Over the course of the last week we have had to cancel significant number of outpatients, elective operations and GP services will be directed towards on the day appointments. Only the most clinical urgent operations and procedures will continue at this time. Patients who have been affected will be offered new appointments as quickly as possible.

NHS services will be under extreme pressure and we ask members of the public to ensure that they have sufficient supplies of their routine medication, and only use Emergency Departments in an Emergency and to use 111, Minor Injuries Units and to support family members to be discharged.

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Responses to staff consultation on the Directorate Transition and Transformation (31 January to 3 March 2023)

13 March 2023 - HWGNFY

1

Introduction

Thank you to everyone who provided feedback and contributed to the consultation.

The executive team have considered all the comments and suggestions, which were incredibly helpful.

In this presentation we will highlight feedback themes we received and our response. We will identify where these have led to changes to the structure.

Final structures will be on The Hub this afternoon.

Where this has impacted individuals, we will have further 1-to-1 support meetings and send new letters where an individual's HR impact assessment has changed.

We will also commence the change process through the rest of March and April, and still anticipate the new structures to be in place by 1 May.

Our change processes are designed to support anyone displaced from their current role in the old structure into a suitable alternative role in the new one.

It is still our intention to impact as few staff as possible.

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NHS England Letter regarding ICB running costs

Before we talk about the structures in detail, I wanted to discuss the letter we received from NHS England about reductions in ICB running cost allowances.

We immediately shared it with you as we want to be completely transparent about it. It will affect jobs in the ICB in future.

In reality, it means that we must start the 2024/25 financial year, with 20% less running costs and then start the 2025/26 financial year with a further 10% less.

Not all our budgets are classed as “running” costs. Some of what we do is covered by “programme” costs, such as medicines optimisation.

There was also an indication in the letter that system partners will agree what resource should sit with provider collaboratives to support service transformation.

This all reinforces that the role of an ICB is as an enabler and a facilitator.

We have decided that as our current restructure is part-way completed, we do need to continue in order to bring stability to the ICB. However, we will consider carefully the filling of further vacant posts, once our change process is completed. And, there will need to be further phases in order to meet the NHS England requirements over the next two years.

In order to meet the running cost allowance reduction requirements, the system (ICB and partner organisations) will need to develop and agree a new operating model. It is not something each ICB can address alone.

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Core Areas of General Feedback: Change Process

A response to this has been discussed at the Staff Partnership Forum (SPF) and some requests for clarification have been put out as further FAQs or given in individual responses. Some staff felt communication could have been better. Key themes were:

1-to-1s – Some staff had to initiate these
HR monitored this and ensured that they were all booked.

Job descriptions were not available during consultation
High level role descriptions were produced and placed on The Hub for all vacant roles, or those in the change process. Consultation was extended by 3 days to provide time for review.

Lack of clarity on how staff have been allocated to affected categories
FAQs and guidance slides were on The Hub to explain the categories. All impacted individuals, had an individual meeting where the rationale behind the categorisation was shared with individuals.

Incorrect letters sent
We apologise to the small number of people who received incorrect letters. Some were because staff who were leaving were not having shown as resigned on ESR. Some affected by change classifications changed shortly prior to letters being sent and a few fixed term contractors were placed in unaffected.

Terminology of affected and unaffected
We appreciate that all staff are emotionally affected by the changes, even if their job remains the same. We can consider different language to differential staff who are in the change process and those who do not need to be for future changes.

Managers not having sight of letters
Normally managers are copied in on letters sent to staff. As many staff had moved directorate, ESR wasn’t reflecting up to date reporting lines, so the line manager information couldn’t be automated.

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Core Areas of General Feedback: Change Process

The Equality Impact Assessment didn't reference systemic discrimination and could be improved.
We met with representatives of the Disabled Staff Network and the SPF to discuss this feedback further.

We added further mitigations into the process such as making the matching process more analytical and less based on judgement and also have added an HR representative to competitive slot in and ring-fence interview panels.

A baseline position of the EDI mix of the workforce before the change, will be compared to the one once change is completed, based on ESR information.

We also took on board comments about accessibility of the change information and reasonable adjustments.

Staff unable to identify which role was theirs / no names on the structures
We didn't identify unaffected postholders in the structures against jobs on The Hub because we felt that it would then be obvious that those staff not named were the ones affected by change in some way. So this would have revealed personal information by default.

Staff who are affected by change have all had an individual meeting where they were informed which job they were being matched / interviewed for.

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Core Areas of General Feedback: Structures

We received general feedback about the structures, not specific to a particular directorate, as follows:

Lack of opportunity for staff development and career progression
Most structures do not have a job at each band. We have a limited financial envelope to work with, so have to plan the structures accordingly. However, our talent work should help people to move across teams and directorates for promotion. And, in some cases, it is beneficial for colleagues to gain experience in our partner organisations as part of their career progression.

There were comments that senior management capacity had reduced and others that the new structures were top heavy.
We were mindful of this in the structure design. For instance, the People Directorate senior team utilises HR Directors from partner organisations. Overall the comparison is:

Band 9	from 8 to 8*
Band 8d	from 9 to 9
Band 8c	from 30 to 29
Band 8b	from 32 to 34

There is a lack of capacity in some teams in the new structures
The new structures are only part of the change. The ICB and teams within it need to review priorities and how they operate in general. Therefore, in some areas which have had capacity reduced, some work will be reprioritised or cease.

Lack of staff involvement in the design of the structures
It was not our intention for any member of staff to feel excluded from this, but we appreciate that the level of involvement differed across directorates. We will work on having a more obvious co-design approach in future. However, the consultation has been an opportunity for staff to contribute to the structure design by providing feedback.

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Core Areas of General Feedback: Structures

Structures based on the financial envelope, not on what is needed.
This is the unfortunate reality. As an ICB we have a set running cost allowance and programme costs envelope which we must adhere to. We therefore need to reprioritise our work, to what we can afford to do.

Inconsistent job titles and banding
For new jobs the bandings were indicative whilst formal banding took place. We have reviewed and changed a number of senior job titles to make them more consistent at the same band.

There is a lack of band 5s / some structures have band 4s reporting to senior managers
It isn't always possible to establish career paths with every band in them. Most of the band 5 roles are the executive or team PA roles. We have changed the reporting lines of band 4s where it made sense to do so.

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Core Areas of Feedback Digital, Data and Transformation Directorate

No specific area of the structure that covers PHM:
The Intelligence Hub is the area of the directorate that is dedicated to PHM and this has been renamed to make that clearer.

Structure for Digital does not reflect the level of work and projects needed
Considered and have made a change. Band 8d Associate Director of Digital post has been removed and replaced with 2x Band 7 project manager roles. These will be developed with a full training offer to skill up existing project managers where possible to enable then to confidently cover digital.

Directorate is top heavy with too many senior posts
Considered and adding in the additional Band 7 posts intended to provide improved balance.

No career development pathway within the directorate
The directorate is too small to enable career development across all areas - the system and wider organisation should be considered as the career pathway route.

The gateway process breaks up the end to end project management process
The gateway process and transformation hub was designed in partnership with system partners and transformation directors and key stakeholders. This reflects the approach to transformation deemed most useful for the ICB to take forward. The intent being that it avoids duplication in change and improvement that needs to be led and happen within system partners. The gateway process itself has been designed specifically to address the core parts of the change process that have previously not been invested in and have been identified as needing greater focus in our system to drive greater impact.

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Core Areas of Feedback: Performance and Delivery Directorate

Key Areas of Feedback	Response
Admin Posts The level to which Band 4 and Band 3 Administrators report into be re-examined and consideration be given to them reporting into the Executive PA, where there is one, and to a Band 6 or 7 where there isn't an Exec PA – or some combination of those suggestions.	- Addressed through 4 Team Administrators reporting into the Directorate Business Manager but still aligned to an individual team, allowing the development of specialist skills and team cohesion between the Business Managers as well as in individual teams.
Learning Disabilities and Autism There was lots of feedback on the structure in regard to Learning Disabilities, particularly regarding strategic commissioning.	- In the short term we have included Learning Disabilities and Autism alongside Mental Health in the Performance and Delivery Directorate. - This role will oversee from the Joint Commissioning Team in Bristol City Council, which has been established to address the joint strategic commissioning needs. - The Exec SRO is Chief Nursing Officer.
Senior Performance Managers There are 1 x 8c, 2 x 8b and 1 x 7 in Urgent Care structure compared to 1 x 8c, 2 x 8a in Planned Care. This implies that we have more work to do in Urgent Care than Planned Care and that Urgent Care is more complex than Planned Care – this may be true, but is it worth considering having 1 x 8b and 1 x 8a across both Urgent and Planned care for more consistent approach?	- The configuration between 8b and 8a posts remains unchanged, and in reviewing this the grading reflects the complexity of the partnership in each are.

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Core Areas of Feedback: Strategy. Partnerships and Population Directorate

There was a wide range of suggestions and ideas within the feedback. Naturally, not all respondents proposed the same changes - but there were a number of consistent themes which are summarised and responded to below

Feedback	Response
The three teams in the proposed structure are too small to be resilient	Three teams have been merged into two; Strategy, Innovation & Population and Partnerships & Value. The three band 7 roles allow a degree of resilience and read-across
The structure is too "top heavy" and would benefit from a broader range of roles/ grades	An 8c role has been changed to an 8b, and an 8a to a 5
More resource is needed for programme management and support	A band 5 Business Support Officer role has been created
The directorate is small and will need to reach out both within the ICB and the whole system to run most efficiently and effectively	For a directorate this size, it is not optimal to have 2 x 8a roles with identical job descriptions. One 8a role has been changed to allow a wider range of functions within the directorate and therefore enable wider matrix working
Need to create some financial headroom for non pay costs	The changes from 8c to 8b, and 8a to 5 frees up some resource in 23/24 for start-up and development costs

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Core Areas of Feedback: CMO and CNO Teams

ICB leadership for Learning Disability and Autism
The ICB is absolutely committed to supporting the improvement in health, care and outcomes for people living in our community who are autistic or who have a learning disability. We have amended the role of Head of Mental Health in the Performance and Delivery Team to Head of Mental Health, Learning Disability and Autism, mirroring the system Health and Care Improvement Groups.

We are also reviewing our programme funds for the coming year to identify how we ensure we continue with strong programme leadership for learning disability and autism work programmes.

Clinical and care leadership will continue to come from the CNO team though Rosi, Denise and the wider team.

Band 8a role in referral support service
This appears to be an anomaly in the presentation of the structures and has been removed.

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Core Areas of Feedback: Integrated and Primary Care Directorate

Key Areas of Feedback	Response
Locality Partnerships **1. Locality Director Posts** - Loss of Senior Leadership within individual Localities - Line management Support and associated impact on band 7s - Gap between band 8d and band 7 - Loss of capacity (specifically in Bristol) **2. Role Titles and Line Management Arrangements** - Proposed role titles not consistent - Clarity of line management arrangements for bands 6 and 4	- Addressed through revised proposed structure of retaining 6 * Heads of Locality and recurrent establishment of team infrastructure - Further capacity to be enabled through engagement with partners and development of partnership teams - Development of Operating model for Locality Partnerships within the ICB organisation and the Integrated Care System - Existing role titles and line management arrangements for all staff within locality teams to remain as per current established structure - Teams to work collectively to review role titles to agree collectively how reflect current roles
Primary Care **1. Contract Team Capacity** - Team size reducing through loss of non-recurrent support - Further delegation of POD services	- Ensure that we maximise the offer of the NHSE Commissioning Hub - Enhance matrix working across the directorate to enable enhanced capacity in supporting primary care - Review of workflow and tasks to streamline process ie PCOG and sub-groups . - Agree principles of ways of working - Consider team resilience
Integrated Care **1. How will job descriptions be affected?**	- As per role profile of Head of Integrated Care, team to have role in supporting work of Health and Care Improvement Group - Job descriptions to be reviewed and revised collectively as roles develop

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Core Areas of Feedback Business and Planning Directorate

Capacity in the contracting teams
In the past some areas of the contracting teams have covered both contracting and performance and now the performance element is in the Performance and Delivery Directorate. We will work through a standard operating process to clarify what will be the responsibility of each team.

Disparity of banding across the different portfolios
This is due to wanting to minimise the numbers of staff impacted by change and having to contain costs to fit within the running costs allocation. The teams will work together to review workload and ensure that this is fairly distributed.

Concern of being able to provide sufficient finance support to all areas of the organisation
Reviewed the structure and revised to create a consolidated management accounts function to build increased resilience, look at greater standardisation of processes and remove the Heads of Finance from the month end reporting process to free up their time to support the organisation. See the revised structure chart.

Insufficient and imbalanced admin support to the directorate
Some administrative tasks will move to the Performance and Delivery Directorate. Within the directorate we will create a network of administration to ensure we can cover all of the tasks we need to complete and to give balanced support to the different teams. This will mean administrators in each team having some cross directorate responsibility.

Community Mental Health programme manager incorrectly shown as contracting capacity
The community mental health framework required significant changes in contract arrangements and therefore this role was created to support. The job description is clear that contracting is a significant component of the role.

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Core Areas of Feedback: People Directorate

Lack of Workforce Transformation Centre of Excellence
Previously, there were only fixed term workforce redesign posts. In the new structure there is a substantive post and a share of substantive project support. An extra fixed term role is continuing until the end of 2023.

Workforce transformation now has a closer alignment with workforce planning, which is important.

Most of the workforce transformation work needs to take place in partner organisations, not the ICB. The ICB role in this area is to lead, enable and facilitate.

There was a perceived reduction of EDI staff
This is not the case. Previously, the ICB had one substantive band 7 EDI role and the people programme only had fixed term resources. Some of which were due to end in March 2023.

The People Directorate structure now has a band 8a and a band 6 substantive EDI post. And the fixed term resource due to continue after March are still continuing.

The only change made to the structure as a result of the consultation is to change the job title of the 8c, to “Head of” in order to make it more consistent with other directorates.

Core Areas of Feedback: Office of the Chair and Chief Executive

No feedback on the structure was received

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Actions and Timelines

Immediately
- Final structures and these slides will be put on The Hub

This week
- Guidance will be updated
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- Anyone who has become affected by change or changed their classification will be written to

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- If an individual moves from unaffected to a change category, they will be offered a 1-to-1
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