

## CCG Board

Date of meeting		31 January 2019	
Agenda Item	<b>3</b>	Paper No	<b>WHCCG19/002</b>

### Draft Minutes of Last Meeting (29 November 2018)

<b>Key issues</b>	<p>The Draft Minutes of the meeting of the West Hampshire Clinical Commissioning Group Board of 29 November 2018 are attached for approval by the Board.</p> <p>Following the meeting the minutes will be made available to the public in accordance with Freedom of Information Act 2000 and the Code of Practice on Openness in the NHS.</p>
<b>Actions requested / Recommendation</b>	<p><b>The West Hampshire Clinical Commissioning Group Board is asked to</b></p> <ul style="list-style-type: none"> <li>• <b>Agree the minutes of the Board meeting held on 29 November 2018 and commend them for signature by the Chair of the meeting.</b></li> <li>• <b>Discuss any matters arising from the minutes that are not already covered on the Agenda.</b></li> </ul>
<b>Principal risk(s) relating to this paper</b>	There are no risks relating to this paper.
<b>Other committees / groups where evidence supporting this paper has been considered.</b>	Not applicable.
<b>Financial and resource implications / impact</b>	There are no financial implications arising from this paper.
<b>Legal implications / impact</b>	There are no legal implications arising from this paper.
<b>Public involvement – activity taken or planned</b>	Not applicable.

<b>Equality and Diversity – implications / impact</b>	This paper does not request decisions that impact on equality and diversity.
<b>Report Author</b>	Ian Corless, Board Secretary/Head of Business Services
<b>Sponsoring Director</b>	Sarah Schofield, Clinical Chairman
<b>Date of paper</b>	21 January 2019

# Minutes

## Board

**Minutes of the NHS West Hampshire Clinical Commissioning Group Board held on Thursday 29 November 2018 at Westley Court, Sparsholt College, Winchester, Hampshire SO21 2NF.**

<b>Present:</b>	Sarah Schofield	Clinical Chairman
	Charles Besley	Locality Clinical Director / Board GP
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality and Patient Engagement
	Karl Graham	Locality Clinical Director / Board GP
	Heather Hauschild	Chief Officer
	Adrian Higgins	Medical Director
	Rory Honney	Locality Clinical Director / Board GP
	Johnny Lyon-Maris	Locality Clinical Director / Board GP
	Lorne McEwan	Locality Clinical Director / Board GP
	Helen Pardoe	Secondary Care Consultant
	Alison Rogers	Lay Member, Strategy and Finance
	Caroline Ward	Lay Member, New Technologies

<b>In attendance:</b>	Ian Corless	Board Secretary/Head of Business Services
	Jenny Erwin	Director of Commissioning, Mid Hampshire
	Beverley Goddard	Director of Performance and Delivery
	Rachael King	Director of Commissioning, South West
	Heather Mitchell	Director, Strategy and Service Development

<b>Apologies for absence:</b>	Ellen McNicholas	Director of Quality and Nursing
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### 1. Chairman's Welcome

- 1.1 Sarah Schofield welcomed everyone present to the thirty-third meeting held in public of the NHS West Hampshire Clinical Commissioning Group (CCG) Board and noted the apologies for absence. Sarah highlighted that this was a meeting being held in public, rather than a public meeting. She also reminded the Board of the CCG's values, which are published on the front page of the agenda, minutes and cover sheet of each Board paper.
- 1.2 Sarah Schofield welcomed Lorne McEwan to his first meeting held in public since he was appointed as Locality Clinical Director for Winchester. She also explained that this was the last meeting to be attended by Helen Pardoe (at the end of her term as secondary care consultant) and Beverley Goddard (before her retirement). On behalf of the Board, she expressed thanks to Helen and Beverley for their respective contributions to the life and work of the CCG.

1.3 Sarah Schofield confirmed that no questions had been received from members of the public which required a response at the meeting.

2. **Declaration of Board Members' Interests (Paper WHCCG18/084)**

2.1 The Register of Board Members Interests was received and noted.

2.2 Lorne McEwan advised the Board that he is a GP Partner at Gratton Surgery, Sutton Scotney. This interest was added to the CCG Register since the Board papers were published.

2.3 Sarah Schofield asked the Board to review the agenda for the meeting and establish whether there are any business items where there may be potential or perceived conflicts of interest. No other interests were updated or declared in relation to the agenda.

2.4 **AGREED**

**The Board agreed to accept the Register of Board Members' Interests, including the updates made at the meeting.**

3. **Minutes of the Previous Meeting held on 27 September 2018 (Paper WHCCG18/085)**

3.1 Sarah Schofield asked Board members to confirm the minutes of the Board meeting held in public on 27 September 2018 as a correct record of proceeding. She explained that she had received no amendments in advance of the meeting.

3.2 **AGREED**

**The Board noted the above amendment and approved the minutes of the Board meeting held on 27 September 2018 and commended them for signature by the Chair of the meeting.**

***Matters Arising***

3.3 There were no matters arising from the minutes which were not already covered on the agenda

4. **Chief Officer's Report (November 2018) (Verbal)**

4.1 Heather Hauschild provided a verbal update on the following key items:

- **Winter Planning** – Winter planning has been undertaken over the last four months by all local systems and has been subject to scrutiny by regulators. Heather reported that she has taken on responsibility for Sustainability & Transformation Partnership (STP): Urgent and Emergency Care and, with the support of a nominated programme director from the Hampshire CCG Partnership, has been overseeing the conclusion of the winter planning round, which includes agreeing at Hampshire and Isle of Wight level the escalation procedure in the event of multi-system pressure. Heather reported that the system had the opportunity to test the escalation plans the day before as University Hospital Southampton NHS Foundation Trust lost electrical power for some hours, which impacted on all neighbouring trusts. Teams worked well

together and a routine of escalation calls was established which kept all parties informed. The learning from the event will be captured and used to finalise the escalation plan.

- **NHS Long Term Plan** – The publication of the NHS Long Term Plan looks likely to be delayed until at least the end of December. This will consequently impact on contract development for 2019/20. In the meantime, all CCGs received a letter about the requirement for a 20% reduction in running costs. This will stimulate more joint working across CCGs and where it is sensible to do so may encourage more CCG mergers in the future. Communications have been issued to staff to allay any undue concerns and to re-emphasise our continued commitment to working with others in future. However, as a large CCG we have some flexibility in the choices we make.
- **Local Delivery Systems** – West Hampshire CCG organised a joint meeting in October with Southampton City CCG and other system provider partners as part of the development of our local delivery systems. It was well attended and System Chief Officers have subsequently met to discuss the output collated by our facilitator. A similar workshop will be held with North and Mid Hampshire partners.
- **Allied Healthcare** – There has been recent publicity with regard to Allied Healthcare (care home provider), who are exploring the sale or transition of services to alternative providers. CCGs have been asked to review their own contracts with Allied, which relate to specific patients who are eligible for Continuing Healthcare funding, and to work with local authorities, where required, to support plans for the wider client group. West Hampshire CCG has four patients we are working with (CHC) across Hampshire and Hampshire County Council (HCC) similarly have a number of clients. The CCG is aware that Southampton City have 300 residents affected, for which HCC is providing support.
- **Brexit** – Simon Stevens, NHS England Chief Executive has signalled that plans for a 'No Deal Brexit' will be in place by the end of the year. Updates will be provided to the Board as more detail becomes available.
- **Dorset Clinical Services Review** – Dorset CCG continue to receive legal challenges in respect of the decisions made by their Board last year, which were endorsed by West Hampshire. Heather explained that she had written to the Secretary of State to confirm that the Clinical Service Review had been a joint exercise between both CCGs and that West Hampshire supported the recommendations, which had been agreed following extensive public consultation. West Hampshire CCG's input was essential given that the acute services providers in Dorset serve a significant proportion of the West Hampshire CCG population.
- **Board Membership** – Plans are in train to appoint a successor to Helen Pardoe as secondary care consultant and the Locality Clinical Director for Eastleigh North and Test Valley South. It is envisaged that both positions will be filled by January 2019. Discussions are continuing with Executive Team colleagues to refine portfolios following Beverley Goddard's departure.

## 4.2 AGREED

**The Board received and noted the Chief Officer's Report (September 2018).**

### **STRATEGIC OBJECTIVE 1:**

**Ensure safe and sustainable high quality services – to provide the best possible care for patients**

### **STRATEGIC OBJECTIVE 2:**

**Ensure system financial sustainability – to ensure compliance with business rules**

## **5. Integrated Performance Report (November 2018) (Paper WHCCG18/086)**

5.1 Sarah Schofield referred the Board to the Integrated Performance Report bringing together the key finance, performance and quality issues for the Board's awareness, along with actions to address these issues.

### **Quality Update**

5.2 In the absence of Ellen McNicholas, Heather Hauschild highlighted the range of issues which had been reviewed by the Clinical Governance Committee. This included:

- **Risk Register** – The Clinical Governance Committee reviewed all of the risks currently on the Quality Directorate risk register. Currently there are eight risks from Quality and Safeguarding that meet Corporate Risk Register threshold (score of 12 or more) and 38 risks on the Local Risk Register
  - The Committee discussed the increase in risk rating (from 12 high risk to 16 very high risk) related to long waiting times for services in CAMHS provided by Sussex Partnership NHS Foundation Trust and specifically assurance around the ability to detect and evidence potential harm to service users from long waiting times
  - The Committee received an update on the performance of UHSFT Ophthalmology outpatients, noting that all patients in the diabetic retinopathy and glaucoma cohorts have been written to by the Trust informing them of the delays and signposting to alternative services
  - The Committee noted two new risks relating to the Hampshire Wheelchair Services provided by Millbrook Healthcare regarding record keeping and training compliance
  - The Committee received a paper covering three risks related to the Hampshire Multi-Agency Safeguarding Hub for Children and Adults and the High Risk Domestic Abuse project. All three work streams have project plans around them to mitigate the risks.
- **Experience of those with mental health needs – emergency department (ED) long wait review Hampshire Hospitals NHS Foundation Trust (HHFT):** The Committee received a report analysing mental health long waits in the ED at HHFT with the following themes: Mental Health Assessment responsiveness (Hampshire County Council); mental health bed availability; secure transport (timeliness); care and crisis planning; Community Mental Health Team (CMHT) responsiveness; earlier mental health referral and additional staffing protocol within ED department. Actions to link with Emergency Department winter plans and raise quality concerns with the Mental Health Sub-Group of the STP were agreed

### **Finance Update**

5.3 Mike Fulford reported the following:

- For the 2018/19 financial year we are planning on income of **£773.1m** and expenditure of **£773.8m**, to give a **£0.7m** deficit of expenditure above income.
- This is in line with our having a formal financial control total of **£2.2m** deficit and being able to bring in our carried forward surplus of **£1.5m** but before accounting for Commissioner Support Fund (CSF) allocations. The CCG potentially has

access to **£0.7m** of CSF allocations that would enable it to break even if they are earned.

- The financial performance position shown in this report to the end of October 2018 is in line with the year-to-date plan, which was to deliver **£0.4m** of the planned deficit. The 2018/19 year-end forecast is at plan at this stage in the Financial Year although there are significant unmitigated risks associated with the delivery of the control total.
- In addition to the in-year planned deficit of **£0.7m**, there are **£4.0m** of additional net risks and mitigations. If these risks and mitigations materialise the year-end deficit will increase to **£4.7m**.
- The risks mainly relate to non-delivery of QIPP and over performance on acute contracts, potential pressures in primary care as well as risk on assumptions about potential additional income. The QIPP risk of £3.5 has reduced slightly from month seven. These are being addressed through the financial recovery programme and will continue to be reviewed by the Finance and Performance Committee.

#### **Performance Update**

5.4 Mike Fulford delivered a summary of key performance issues all of which had been previously discussed at other committees. These include the ongoing challenges in **delivering access to emergency care** within the national minimum standards required, although the system has seen significant improvement in flow and in reducing delays, performance for Hampshire Hospitals NHS Trust continues to deteriorate, **waiting times for Child and Adolescent Mental Health Services (CAMHS)** have not been meeting national waiting time standards since the start of 2018, with waiting times for children waiting for first assessment having extended in some localities during the period from April – September 2018 and **delivery of cancer standards at University Hospitals Southampton NHS Trust**, and an update on progress on the steps being taken to accelerate recovery. These will be followed up in further detail at the next Finance and Performance Committee.

5.5 During a time of discussion and clarification the following comments and issues were raised:

- It was noted that there had been a detailed review of the performance of the **Child and Adolescent Mental Health Services** provider in conjunction with the lead commissioner, earlier in the day. This had been a useful exercise but there remain significant concerns for the vulnerable children and families affected. A number of short and medium term actions have been agreed to be followed up with the service provider to shorten waiting times, particularly in the Winchester area of our patch. This will include proposals to redeploy staff on an interim basis to areas of need and/or to enable families to access services provided from other localities.
- Capacity to improve cancer performance at Southampton is expected to improve with the appointment of an additional radiology consultant and adjustments made to the operation of the endoscopy suite. There remain challenges in the meeting the 62 day target and performance trajectory is being reviewed. There has been a steady increase in the number of prostate cancer referrals in the past year, attributable in part to awareness raising and media coverage via high profile celebrities.
- All significant performance concerns are linked to workforce shortages or pressures, and increasing workloads of staff. Further assurance is required around the activities of the STP workforce workstream and follow-up to the workforce seminar hosted by the CCG in a seminar held in September 2018.

## 5.6 AGREED

The Board received the West Hampshire CCG Integrated Performance Report (November 2018) and reviewed the associated risk and mitigations, as summarised above and in the paper.

### STRATEGIC OBJECTIVE 3:

**Work in partnership to commission health and social care collaboratively – to commission services at the appropriate tier to achieve the best possible outcomes for patients**

## 6. Collaborative Commissioning Report (November 2018) (Paper WHCCG18/087)

6.1 An update was presented to the Board on the key collaborative commissioning strategic and operational issues managed by the CCG, outlining progress in the delivery of service development programmes and operating plans against the strategic objective of collaborative commissioning. There are three main areas where CCGs across Hampshire delegate commissioning functions to a lead CCG:

- Maternity and Child Health – lead is North East Hampshire and Farnham CCG
- Mental Health and Learning Disability – lead is West Hampshire CCG
- Continuing Health Care – lead is West Hampshire CCG

Since April 2018, the Isle of Wight CCG has taken the decision to delegate commissioning to the lead commissioner for both maternity and child health, and vulnerable adults services.

6.2 Heather Mitchell highlighted the following developments from the written report:

- **Avoidable Hospital Admissions and Attendances** – an audit and pathway review visit of the paediatric assessment unit in Hampshire Hospitals NHS Foundation Trust (HHFT) has led to a new service specification for the urgent care of infants and children. This is currently under negotiation with HHFT. A Healthier Together web resource is in use by GPs to provide advice and guidance on six key urgent pathways (e.g. asthma, diabetes).
- **Child and Adolescent Mental Health Services** – as previously discussed the Board is not assured that the provider is able to meet the agreed trajectory to improve waiting times. A number of short and medium term actions have been agreed with the lead commissioner to follow-up with the provider. This will include proposals to redeploy staff on an interim basis to areas of need, given the differential performance across Hampshire, and to ensure that targeted action is taken to reduce the longest waits. A future model is to be explored which can also ensure more preventative services are developed.
- **Crisis Care** – With winter approaching, actions are in train to ensure there is a single point of access in a crisis, one hour response after a call. A team that can support children and young people, adults, the police, EDs and social care to deliver a strong coordinated response, including face to face contact during the crisis and follow up afterwards. Programme of workshops and meetings in place to take forward transformational elements and plan for 2019/20.
- Good progress has been made in the integration of the **CHC and s117 Learning Disability teams** with Hampshire County Council.
- **Continuing Health Care** – there is an over-delivery against the year to date QIPP plan at CCG and Hampshire wide level. West Hampshire CCG remains the most financially challenged for CHC and High Cost Placements. This is due to a rise in the numbers of Adults and Older People with Physical Disabilities eligible

for CHC as well as the costs of care in Nursing Homes and care at home packages requiring registered nursing input and waking night cover.

**6.3** During a time of discussion and clarification, the following issues and comments were made:

- Further detail regarding integrated commissioning and procurement of services for 0-19 years (children and young people) is expected to be discussed with the Clinical Cabinet in January/February 2019.
- Commissioners should explore opportunities to stretch performance targets in relation to psychological therapies – while many targets are rated ‘green’ there is scope to improve recovery rates.
- It was noted that the next Board to Board meeting to be held with the Hampshire and Isle of Wight Partnership of CCG will consider mental health and learning disabilities as the key focus of discussion and challenge. Opportunities are to be explored to develop a wider range of performance metrics which involves input/engagement with carers and patients, and the scope to use stories to capture key learnings.
- The report in place does not sufficiently on outcomes and is focused on process/activity targets (such as developing a memorandum of understanding and the hosting of meetings).

**6.4 AGREED**

**The Board noted the progress being made on collaborative working to deliver the work programme in 2018/19, including the risks and mitigating actions.**

**STRATEGIC OBJECTIVE 4:**

**Establish local delivery systems to deliver patient centred care closer to home which is integrated, prevention based, equitable and high quality**

**7. Local Delivery Systems (Paper WHCCG18/088)**

**7.1** Rachael King and Jenny Erwin introduced a report, which updated the Board on:

- The establishment of Local Delivery Systems within West Hampshire
- Progress against the core STP programmes and key priority work streams at a local delivery level, with a focus on:
  - New care models through the implementation of five key interventions
  - Urgent and emergency care, including effective patient flow and discharge so that people only remain in hospital for the acute phase of their illness or injury, with timely transfer or discharge and the right support to maximise their independence.

**7.2** There are two Local Delivery Systems across West Hampshire: – South West Hampshire Local Delivery System covering the four localities of West New Forest, Totton and Waterside, Eastleigh Southern Parishes and Eastleigh North and Test Valley South, and North and Mid Hampshire Local Delivery System covering the two localities of Winchester and Andover in West Hampshire together with North Hampshire CCG.

**7.3** Rachael and Jenny highlighted the following developments from the written report:

- **Smoking Cessation** – Four of the 31 GP practices within South West Hampshire have a smoking prevalence higher than national average of 18.4 %. Twelve GP practices have a higher smoking prevalence than the CCG’s average

of 14.6%. All West Hampshire Practices promoted Stoptober last month and are working with the Quit4Life Team to increase uptake of support. Clinical staff in all practices have committed to completing the e-learning Very Brief Advice module aimed at maximising opportunities to raise the issue of smoking cessation.

- **Weight Management** – across South West and Mid Hampshire, all General Practitioners are able to refer patients who meet specified criteria to Weight Watchers. Meetings are held in venues across West Hampshire. All Practices in have agreed to write to all patients with a BMI>30 inviting them to attend a free Weight Watchers course, and there is an extremely high response rate. Initial evaluation of the scheme demonstrates 91% of participants lose weight, averaging 7.8lbs lost over 12 weeks.
- **‘Red Bags’** – South West Hampshire is launching the ‘Red Bags’ scheme from November 2018 for those patients in care homes who need to go into hospital. The aims of the scheme are to: provide information in one place for care home residents to improve communication between care home and hospital staff for those people going into hospital; ensure important care planning information and personal belongings such as glasses, hearing aids and dentures etc. accompany a care home resident and is accessible to ambulance and hospital staff; support the reduction in hospital length of stays (elsewhere this has demonstrated a reduction of between 3 to 4 days); and improve the discharge process as the care home and hospital engage in discharge planning from admission. Training and awareness sessions have been held with care homes and 200 red bags are being delivered to the 98 care homes across South West Hampshire. Learning will take place in order to roll out the scheme to other areas.
- **Medicines Optimisation in Care Homes (MOCH) Programme** – this is a national approach that forms part of the pharmacy integration fund. West Hampshire CCG has been awarded funding of £183,519 in 2018/19 and £91,760 for 2019/20 to support improvements in the prescribing and use of medicines in care homes
- **End of Life Care** – University Hospital Southampton NHS Foundation Trust, Southampton and West Hampshire CCGs have been working with Countess Mountbatten Hospice based on the Moorgreen Hospital site to secure a charitable partner. Mountbatten, the charity responsible for running the Mountbatten Hospice and other end of life services on the Isle of Wight have partnered with the existing team at Countess Mountbatten Hospice and the charity and have taken over the management of the service from 1 November 2018. Work is being undertaken to ensure the full provision across all of West Hampshire of end of life care services, including hospice at home and bereavement support in line with best practice.
- **Social Prescribing** – In Andover, work is taking place with ‘Unity’ to support their social prescribing pilot (funded by Simply Health) by embedding a care/link worker into the Andover GP Practices. The Unity Link worker has been embedded into the Proactive Care Team in Shepherd’s Spring Medical Centre so that referrals from the Proactive Care Team and GPs can be made into the service directly (with prior patient consent). The pilot went live at the end of May 2018 and is funded until June 2019

#### 7.4 AGREED

**The Board noted the Local Delivery Systems report (September 2018).**

## CCG DEVELOPMENT AND GOVERNANCE

### 8. **Board Assurance Framework (Paper WHCCG18/089)**

8.1 Beverly Goddard presented the Board Assurance Framework (BAF). The BAF is a high level aggregated description of the risks relating to the achievement of the CCG's strategic objectives. It only includes very high or high risks (scoring higher than 12 on the Corporate Risk Register) and provides assurance to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives.

8.2 There are two very high risk areas with no change in score:

- Finance (financial sustainability, financial recovery plan, Sustainability and Transformation Plan) control total – Score 16.
- Performance (constitutional standards, significant areas of non-delivery) – Score 16

8.3 There are three high risk areas with no change in score:

- Quality (patient experience) – Score 12
- Developing New Models of Care (Sustainability and Transformation Plan, local delivery systems) – Score 12
- Workforce – Score 12

8.4 The following risks have been added:

- #448 CAMHS waiting list. Score 16.
- #512 Section 136 transport and staffing. Score 15.
- #241 Out of area acute and Psychiatric Intensive Care Unit mental health beds. Score 12.
- #329 Andover Integrated Health and Wellbeing Hub. Score 12.
- #487 University Hospital Southampton NHS Foundation Trust outpatient and clinical result follow ups. Score 12.
- #538 GPIT capital funding 2018/19. Score 12.
- #541 Named GPs for safeguarding children. Score 12.

8.5 The following risks have been removed:

- #117 Primary care support services.
- #132 Winchester practiced development.
- #421 Wheelchair service.
- #524 Multi-Agency Safeguarding Hub resource to High Risk Domestic Abuse.

### 8.6 **AGREED**

**The Board reviewed the Board Assurance Framework as presented and were assured that all reasonably practicable actions are being taken to control and mitigate the risks to delivery of the strategic objectives.**

9. **Other CCG Corporate Governance Matters (Paper WHCCG18/090)**

9.1 **AGREED**

The Board agreed to:

- Ratify the new policies that have been approved by the committees of the CCG Board, as detailed in the paper.
- Note the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board, as detailed in the paper.
- Note the activity of the Policy Sub Group, including updates on the review of policies and documentation in relation to the General Data Protection Regulation which came into effect on 25 May 2018 and the actions in response to the findings of recent policy management audits.
- Note the update regarding the CCG Constitution and the review of the Terms of Reference of the Committees of the Board.
- Note the Annual Report 2017/18 of the Audit Committee.

**INFORMATION**

10. **Committees of the NHS West Hampshire CCG Board (Paper WHCCG18/091)**

10.1 **AGREED**

The Board received the approved minutes of:

- Audit Committee meeting held on 7 September 2018
- Clinical Governance Committee meeting held on 11 September 2018
- Clinical Cabinet meetings held on 13 September and 11 October 2018
- Finance and Performance Committee meetings held on 30 August and 27 September 2018
- Primary Care Commissioning Committee meeting held on 30 August 2018

**OTHER MATTERS TO NOTE**

11. **Any Other Business**

11.1 No other business was raised and therefore, Sarah Schofield thanked those who had attended and declared the meeting closed.

12. **Date of Next Meeting**

12.1 The next Board meeting to be held in public is currently scheduled to take place on **Thursday 31 January 2019** at **Omega House**, 112 Southampton Road, Eastleigh SO50 5PB (CCG Boardroom).

**13 Exclusion of the press and other members of the public**

**13.1 AGREED**

The Board approved a resolution that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. [In accordance with section 1 (2) Public Bodies (Admission to Meetings) Act 1960].

**Signed as a true record**

**Name:**

**Title:**

**Signature:**

**Date**

**DRAFT**

DRAFT