



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
13 SEPTEMBER 2017**

**PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, R A Renshaw, Dr M E Thompson, M A Whittington and R H Woolley.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Richard Henderson (Chief Executive, East Midlands Ambulance Service), Dr Neil Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Martin Kay (Head of Commissioning, Lincolnshire West CCG), Neil Scott (Service Manager, East Midlands Ambulance Service) and David Williams (Interim General Manager for Lincolnshire Division of East Midlands Ambulance Service).

County Councillors A N Stokes, L Wootten and R Wootten attended the meeting as observers.

20 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

No apologies for absence were received from members of the Committee.

An apology for absence was received from Councillor Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement).

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Councillor Mrs P F Watson advised the Committee that she was currently a patient of United Lincolnshire Hospitals NHS Trust.

Councillor C J T H Brewis advised the Committee that he had recently received cataract eye surgery from the Anglia Community Eye Service, Wisbech.

Councillor M T Fido advised the Committee that his partner was employed by East Midlands Ambulance Service, as an Emergency Dispatcher for 999 Calls.

22 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE  
FOR LINCOLNSHIRE HELD ON 19 JULY 2017

## RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 19 July 2017 be approved and signed by the Chairman as a correct record.

23 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements contained within the agenda for the meeting, the Chairman made reference to the supplementary information circulated to all members of the Committee in advance of the meeting, which included the following:-

United Lincolnshire Hospitals NHS Trust – Financial Special Measures

That on 1 September 2017, NHS Improvement, the national NHS organisation which oversees all provider trusts, had announced that United Lincolnshire Hospitals NHS Trust had been placed in 'financial special measures'.

The Committee was advised that the Chairman was due to meet Karen Brown, the Trust's Director of Finance, Procurement and Corporate Affairs later in the day to gain further information on the Trust's deficit and how the special measures would operate.

Chair of United Lincolnshire Hospitals NHS Trust Board

That on 23 August 2017, Dean Fathers, the Chair of United Lincolnshire Hospitals NHS Trust Board, had announced that he was standing down. The Committee was advised that a recruitment process was underway; and that the Chairman would be attending a stakeholder engagement event on 3 October 2017, to meet and interact with potential candidates.

### Re-ablement and Rehabilitation Services for People over 65

It was reported that at its last meeting, the County Council's Adults and Community Wellbeing Scrutiny Committee had considered the performance of re-ablement and rehabilitation services in Lincolnshire for people over 65.

The Scrutiny Committee had noted that in relation to the '91 day' indicator the performance of the provider of re-ablement commissioned by the County Council had exceeded the performance of the provider of intermediate care commissioned by the clinical commissioning groups. As a result, the Adults and Community Wellbeing Scrutiny Committee had asked for the matter to be considered by the Health Scrutiny Committee for Lincolnshire.

The Chairman drew the Committees attention to pages 15/16 concerning the item relating to Proposed GP Mergers in Louth. The Committee was invited to comment on how it wished to proceed with this matter.

The representative for East Lindsey District Council advised that in her capacity as the Mayor of Louth, she had had conversations with the practices concerned and from the information received; the Committee should record its support for the proposed mergers.

The Committee agreed that it would not formally respond to the proposed mergers at this stage, but would record its positive support, on the basis that there was no expected negative impact on the ability of patients to access primary care services from their practice.

The Chairman also drew the Committee's attention to the list of Annual General Meetings/Annual Public Meeting detailed on page 17 of the agenda. The Committee were invited to register any interest in attending the meetings.

The following members indicated that they would be attending the following meetings:-

- 14 September 2017 – Lincolnshire Partnership NHS Foundation Trust – Councillor K Cook;
- 19 September 2017 – South West Lincolnshire CCG – Councillors R J Kendrick;
- 19 September 2017 – Lincolnshire Community Health Services NHS Trust – Councillor J Kirk;
- 22 September 2017 – United Lincolnshire Hospitals Trust- Councillor M A Whittington;
- 28 September 2017 – Lincolnshire East CCG – Councillor P F Watson;
- 28 September 2017 – South Lincolnshire CCG – Councillors C J T H Brewis and S Woolley; and
- 25 October 2017 – Lincolnshire West CCG – Councillor J Kirk.

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24 GRANTHAM HOSPITAL ACCIDENT AND EMERGENCY DEPARTMENT:  
OUTCOME OF REFERRAL TO THE SECRETARY OF STATE FOR  
HEALTH

The Chairman welcomed to the meeting Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust and Dr Neil Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust.

The report presented advised the Committee that on 2 August 2017, the Secretary of State for Health had issued his decision on the referral of the overnight closure of Grantham Accident and Emergency Department, which had been submitted by the Health Scrutiny Committee for Lincolnshire in December 2016. It was reported that the Secretary of State for Health had accepted the advice of the Independent Reconfiguration Panel (IRP) that the referral did not merit a full review and should be resolved locally.

Detailed at Appendix A to the report was a copy of the advice received from the IRP; and Appendix B provided a copy of the letter from the Secretary of State for Health to the Chairman of the Health Scrutiny Committee for Lincolnshire, dated 2 August 2017.

The Committee was asked to consider the determination of the Secretary of State for Health and consider what next steps should be taken with regard to 'further local action by the NHS with the Council to address the issues raised; and to consider the latest information from United Lincolnshire Hospitals NHS Trust, regarding their staffing levels for emergency care'.

The Chairman also welcomed to the meeting Councillors L Wootten (Grantham East County Councillor) and R Wootten (Grantham North County Councillor), who had made a request to the Chairman to address the Committee regarding this item.

The Chairman advised that he proposed to allocate the two Councillors three minutes each to address the meeting, following which the Committee would receive an address from the Trust. The Committee was advised further that the Chairman was then proposing to allow one representative from each of the patient groups present three minutes to address the Committee.

Both of the Grantham Councillors in their address to the Committee expressed the concerns of local people in and around Grantham who were furious about the down grading of the Accident and Emergency service they had been receiving, and to the fact that one year on, there was still no plan to reinstate overnight services at the Accident and Emergency Department. It was felt that the reduced service was causing local people extra stress and was also putting them at risk. Some concern was also expressed regarding the United Lincolnshire Hospitals NHS Trust being placed in 'financial special measures'. In conclusion, the Health Scrutiny Committee for Lincolnshire was asked to do all it could to help resolve the situation for Grantham residents.

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Some members of the Committee echoed the concerns of the two divisional councillors; and one member felt that there needed to be an open and honest conversation regarding the options for future emergency care delivery at Grantham Hospital; and that wider consultation needed to be undertaken with the Council.

The Chief Executive, United Lincolnshire Hospitals NHS Trust advised that the Independent Reconfiguration Panel report had stated that 'Commissioners must as a matter of urgency work with the local providers (including mental health care and community providers as well as ULHT) and the HSC to engage and consult the public across Lincolnshire on current services and what might be achievable and sustainable in the future'. It was stressed that ULHT had a role to play, to support the CCGs.

The Committee was advised that ULHT had not recruited sufficient staff during the year, and at the moment the service was very fragile. Appendix C to the report presented provided the Committee with details of the current position with regard to the Emergency Care Service.

The Medical Director, United Lincolnshire Hospitals NHS Trust advised the Committee that hospital emergency departments were staffed by a combination of consultants, middle grade doctors, doctors in training, A & E nurses and emergency care practitioners. The Committee was advised further that current guidance was for there to be an onsite presence, by a consultant, for 16 hours per day. Tables 3 and 4 on pages 41/42 of the report provided information relating to the number of funded medical posts, the numbers in place in August 2016 and the rostered presence of senior medical staff for the three A & Es.

It was highlighted that an agreement with commissioners, NHS Improvement and NHS England was that the A & E Department at Grantham and District Hospital would return to 24/7 opening hours when the required middle grade establishment had been reached, and that there had not been any deterioration in the number of consultants. The number of middle grade doctors had been set at 21 substantives/and or long term locums, against an establishment of 28. It was highlighted that middle grade staff were the back bone of the service. The model of provision would enable three 24/7 rotas to be staffed consistently and safely, however, there would still be a requirement for agency staff support to fulfil all duties within the rotas. Table 4 on page 42 summarised to the Committee the medical presence required for each of the ULHT Emergency Departments.

The Committee was advised that nationally, there was a shortage of A & E staff. It was reported that two more middles grades had been appointed, but they would need four months on the junior rota before they could participate on the middle grade rota.

It was reported that the total number of substantive consultants in A & E, had been increased to five from August 2017, with a new appointment. However, due to some ill health, this had reduced the expected consultant staffing numbers for ULHT from 15 wte to 14 wte during May – June. It was highlighted that the A & E Department at Grantham Hospital had 2.5 registered nursing vacancies. Table 5 provided the

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Committee with a summary of recruitment to medical middle grade posts for the three ULHT Emergency Departments.

The Committee was advised that the Trust was coming up with initiatives to train and upskill middle grade staff to consultant level. It was highlighted that the Trust was also looking at changing the way A & E worked as data had suggested that A & E was mainly being used by elderly and frail patients, needing assessments and not a traditional A & E service.

The Chairman invited the Patient Group representative to address the Committee for a period of three minutes. The Patient Group representative echoed what had already been said by the two Grantham Councillors and expressed concern that the ULHT had not taken on board the impact on the residents of Grantham. A request was also made for an honest and open discussion with ULHT and the CCG concerning future provision for Grantham.

During discussion, the Committee raised the following points:-

- What proposals were going to be taken forward by the Trust to offer a solution to the problem of providing 24/7 provision; whilst maintaining patient safety. The Committee was advised that the starting point was how to get back to 24/7 provision. To do this discussion would be had with the CCGs and then consideration would be given to changes to the type of staff needed within A & E, for example having an 'in-reach' approach of general surgeons and orthopaedic surgeons, supporting the core staff; this would be more responsive to the health care needs in the community, such as more frail elderly patients.
- Better communication with the general public on what was proposed across Lincolnshire as a whole; and how the general public access health services, whether that be GPs, Out of hours, and the 111 provision. It was felt that communication was key to ensuring success; and also to building up trust within the community. It was also felt that it was essential to ensure that sincere consultation with the wider public was ongoing to ensure that they had input into any proposed changes going forward;
- Encouraging patients to use GPs and Pharmacies more;
- The need to encourage young people to look for careers in the health service at an earlier age, by using career guidance through schools;
- One member advised that Louth had previously experienced a similar situation to that of Grantham, as Louth Hospital no longer had an A & E Department;
- One comment made suggested that evidence had suggested that there had not been a problem with the overflow to Lincoln. It was felt that the model across all three sites was important to Lincolnshire as a whole. Confirmation was given that prior to 2016, trauma cases had not been taken to Grantham A & E, and most had gone to Nottingham. It was further highlighted that a whole system solution was required to change the way services operated to ensure that the patient was dealt with at the right time and at the right place. It was essential to get services joined up in their thinking and operating;

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- One member expressed concern of the long waiting times for ambulances in some instances. It was felt that the ambulance service needed to be included within the joined up thinking approach;
- Confirmation was given that until staffing levels were at the required levels, health and safety prevented the 24/7 opening at Grantham; as the Trust needed three teams to operate in rotas. The Committee was advised that work was ongoing with a number of other Trusts regarding the staffing of A & E Departments;
- One member felt that the using the skills of local GPs would help alleviate some of the pressure at Grantham Hospital. Confirmation was given that an 'Out of Hours Service' was provided on site by nurses and that signage on site pointed patients in that direction. It was again confirmed that it had been a decision based on the safety of patients that prevented the opening of Grantham A & E 24/7, as there was insufficient staff as defined by the threshold figures to adequately provide a service. It was noted that Grantham A & E was less attractive, probably because Doctors generally work in larger teams which enables them to develop specialist skills;
- It was noted further that the changes to the HMRC IR35 taxation system implemented from April 2017, had required public sector employers to deduct tax and national insurance contributions from contractors' pay at source, rather than allowing them to defer and claim expenses; this had also had a profound effect on many NHS organisations that employ locum medical staff; and
- Reference was also made to the success of the Heart Centre, at Lincoln County Hospital. The Committee noted that this was an example of an excellent service in Lincolnshire, and one that the Trust wanted to replicate, ensuring that the patient received care and treatment at the right place.

It was Proposed and Seconded:-

That recommendation 2 should be amended to reflect the views of the Committee with regard to the addition of the words 'meaningful consultation' and that issues raised should be made to the 'appropriate sections of the NHS'

**RESOLVED**

1. That the determination of the Secretary of State for Health on the referral of the overnight closure of Accident and Emergency Department at Grantham A & E, and the content of the advice from the Independent Reconfiguration Panel be noted.
2. That pursuant to the advice of the Independent Reconfiguration Panel, the Committee put on record its position that full, meaningful and transparent public consultation be undertaken on the future of A & E services across Lincolnshire by all appropriate sections of the NHS, to address the issues raised in the report of the Independent Reconfiguration Panel.
3. That the latest information from the United Lincolnshire Hospitals NHS Trust, regarding their staffing levels for emergency care be noted.

Note: Councillors M A Whittington and R H Woolley wished it to be recorded that they did not support the resolution in 1 above.

## 25 EMERGENCY AMBULANCE COMMISSIONING

The Committee gave consideration to a report on behalf of Lincolnshire West Clinical Commissioning Group (CCG), Lead Commissioner of Emergency Ambulance Services in Lincolnshire, which provided an overview on how emergency ambulances were commissioned from the East Midlands Ambulance Service (EMAS) NHS Trust.

The Chairman welcomed to the meeting Martin Kay, Head of Commissioning, Lincolnshire West CCG who provided the Committee with some background information to commissioning arrangements.

The Committee noted that the four CCGs commissioned emergency ambulances as part of a collaborative commissioning arrangement across East Midlands, along with further 18 CCGs, to make 22 CCGs in total. The emergency ambulances commissioned from East Midlands Ambulance Service covered five counties comprising of Derbyshire, Leicestershire, Lincolnshire, Northamptonshire and Nottinghamshire. It was noted that the commissioning meetings were held at EMAS Trust level and at divisional level. For Lincolnshire this involved the four County CCGs; and North and North East Lincolnshire CCG (Six CCGs in total who constituted the EMAS Lincolnshire Division). Full details as to the meeting arrangements were shown on page 54 of the report presented.

It was reported that there was a single contract across the 22 CCGs and EMAS, which was managed by Hardwick CCG. It was highlighted that additional local requirements could be added to the contract.

The Committee was advised that the contract currency with EMAS was activity-based using four counts: calls; hear and treat; see and treat; and see and convey; and that contracted activity was based on a three-year rolling analysis, which was then adjusted for system changes that would have an impact on any of the four counts. The Committee was advised further that the contract value across the four Lincolnshire County CCGs was £25.5m.

It was brought to the Committees attention that the majority of commissioning decisions were managed at Trust level, as these were largely determined by national requirements, which both local commissioners and the provider were obliged to follow. Regional application of the contract was determined through meetings between the commissioners (Hardwick CCG and County Leads) and EMAS through negotiation. In Lincolnshire County decisions involved all CCGs, but at times could be CCG specific. It was noted that there was clear communication between Lincolnshire West CCG, as the lead commissioner and the other three Lincolnshire County CCGs. It was noted further that having a local approach was important to identify and meet the needs of local people; and that local working had delivered changes which had benefitted the local population. An example of this was EMAS being a partner in the Lincolnshire Clinical Assessment Service (CAS). The CAS provided additional clinical support to paramedic's on-scene, which had reduced the

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number of people taken to hospital, as these people had been better cared for within other community-based services.

A discussion ensued, from which the Committee raised the following issues:-

- In response to a question on emergency ambulance cost adjustments, it was confirmed that any adjustment in national funding would be passed to the CCGs in the first instance;
- The situation regarding EMAS Ambulances being delayed at hospitals outside the EMAS region. The Committee was advised that in the past Lincolnshire had lost significant ambulance resources to other counties in the region; but the numbers of ambulances from Lincolnshire leaving the county had now reduced. This had been helped by improved hand overs at A & E; and by reducing the number of patients being taken to A & E;
- The Joint Ambulance Conveyance Project - It was confirmed that the joint arrangement between EMAS and Lincolnshire Fire and Rescue had been a success; and that there had been a lot of interest from other councils;
- Confirmation was given that at commissioning level, the support from LIVES co-responders was valued by EMAS;
- The Committee was advised that the contract was a three year contract based on activity, which was negotiated every year; an explanation was also provided relating to the discrepancies. It was noted that the contract was front loaded and that all the CCGs paid the same rate for activity; and that the County did get penalised due to the rurality of Lincolnshire. It was highlighted that discussions were underway to recognise the need for an adjustment and that a case could be made for Lincolnshire on the grounds of sparsity;
- A request was made for information relating to the activity agreed between Hardwick CCG; and the 21 other CCGs; and that any discrepancies were managed locally through Hardwick CCG and EMAS. The Committee was advised that this information was evidence based;
- How risk was managed year on year – The Committee was advised that each CCG paid one twelfth of their overall annual commitment to EMAs directly each month; and that the financial risk sat with each individual CCGs; and
- A tribute was paid to EMAS and their responses to 999 calls as a job well done within limited resources.

**RESOLVED**

That the information presented on the commissioning arrangements for the East Midlands Ambulance Service be noted.

**26      EAST MIDLANDS AMBULANCE SERVICE: OUTCOMES OF CARE  
QUALITY COMMISSION INSPECTION AND AMBULANCE RESPONSE  
PROGRAMME**

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider information from the East Midlands Ambulance Service, following the publication of the inspection report by the Care

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Quality Commission; and to also consider information relating to the Ambulance Response Programme.

The Chairman welcomed to the meeting Richard Henderson, Acting Chief Executive, EMAS, David Williams, Interim General Manager for Lincolnshire Division of EMAS and Neil Scott, Service Manager, EMAS.

Appended to the report were the following Appendices:-

Appendix A – EMAS Lincolnshire Division Update;  
Appendix B – Information relating to Ambulance Response Programme Pilot;  
and  
Appendix C – EMAS – Lincolnshire Overview and Scrutiny Committee Briefing Paper.

The Committee was advised that on 13 June 2017, the Care Quality Commission (CQC) had published its report on the East Midlands Service NHS Trust, following inspection visits conducted between 21 - 23 February 2017; and on 3 March 2017. The overall finding for the Trust was "Requires Improvement" for both emergency and urgent care services". Details of the CQC's key finding were shown on pages 58 to 60 of the report presented.

Appendix A provided the Committee with an update concerning EMAS and Lincolnshire Division with regard to improvements to ratings applicable to:-

- Safe – It was highlighted that enhanced arrangements would be put in place to ensure that lessons learnt were captured and addressed. There would be better integration of complaints and investigations teams; and better effective leadership of resolution of hospital handover delays, delivering system-wide changes and improvement;
- Effective – There would be a revised Capacity Management Plan focussing on patient safety and patient acuity; there would be continued improvement of Medicines Management; a roll-out of pre-hospital antibiotics for Sepsis patients; improvement to survival to discharge from cardiac arrest from 5.9 to 6.9%; and direct access to Primary Percutaneous Coronary Intervention laboratories for stroke patients;
- Well-led – The Committee was advised that leadership would be strengthened and stabilised; Vision and strategic objectives would be realigned; investment in frontline staffing and equipment; reviewing of long term activity, price and strategic reviews with commissioners; and engagement with the broader health community including A & E Delivery and Escalation Boards and Sustainability Transformation Partnership;
- Caring – Ensuring best practice in staff support and wellbeing; reducing sickness absence; improving appraisal rates; improving statutory and mandatory training rates; improving staff engagement; and being sector lead in mental health training; and
- Responsive – Continue to recruit staff; improve skill mix of frontline staff; reduce staff turnover for 11% to 9%; ensure career progression opportunities

are offered; review and strengthened emergency resilience, following the devastating and tragic attacks in Manchester and London; financial stability allowing for long-term investment; provision of 57 double crewed ambulances; provision of 164 new defibrillators on vehicles in 2016/17 and a further 127 for coming year; introduction of new electronic patient report from solution (ePRF); and to agree plans with commissioners for long-term strategic review to support greater care focus and sustainability & transformation plans alignment.

It was also highlighted that NHS England was implementing new performance standards for emergency ambulance services; and that the new system would provide a stronger foundation for the future by prioritising the patients in most need to ensure that they received the fastest response and by driving efficient behaviours to give the patient greater opportunity to get a response in a clinically appropriate time. It was highlighted further that EMAS had implemented the Ambulance Response Programme on 19 July 2017. Appendix B provided the Committee with information as to how EMAS was implementing the Ambulance Response Programme; and details of the new Ambulance Response Time Standards were shown on page 63 of the report presented.

During discussion, the following issues were raised:-

- Ambulance delays – The Committee was advised one example of a delay in Leicester, when 25 ambulances were seen outside a hospital; as a result, ambulances had offered to help other local areas. It was also reported that handovers at Lincoln and Boston had significantly improved;
- Improvements to Safety – The Committee was advised that the Trust was confident of getting a 'good' safety rating from the CQC; as a result the of improvements made;
- Reassurance was given that going forward plans would be monitored on a regular basis;
- Investment in technology – It was noted that investment had been made as a result of receiving capital receipts from selling estate etc.; It was felt information relating to the impact of joint funding would be useful to receive;
- How response times would be achieved in Lincolnshire – It was reported that the response times would be met for those patients with life-threatening conditions; and being able to dispatch the right clinical resources to meet the needs of patients based on presenting conditions;
- A request was made for an update on response times and also further information as to who sits on the EMAS Trust Board. It was agreed that information would be circulated to the Committee on the Trust Board membership; and
- Pre-hospital administration of antibiotics. The Committee was advised that following a successful trial in Northern Lincolnshire, this was now going to be rolled out to paramedics across greater Lincolnshire. The Committee was advised further that Lincolnshire was the first part of the Ambulance Service to undertake the pilot; which had proved to be a success.

RESOLVED

1. That the outcomes of the Care Quality Commission Report of the East Midlands Ambulance Service and their response to the report be received.
2. That the information on the Ambulance Response Programme, in which East Midlands Ambulance Service had been participating since 19 July 2017 be received.
3. That information submitted by the East Midlands Service be noted.

27 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider and comment on the content of its work programme to ensure that scrutiny activity was focussed where it could be of greatest benefit.

Appendix A to the report provided the work programme from 13 September 2017 to April 2018 for the Committee's consideration.

The Committee was invited to highlight any additional scrutiny activity which could be included for consideration in the work programme.

One item suggested was to include as an item for a future agenda United Lincolnshire Hospitals NHS Trust – Progress in Response to Special Measures.

RESOLVED

That the work programme as detailed in Appendix A be received, subject to the inclusion of United Lincolnshire Hospitals NHS Trust – Progress in Response to Special Measures as an item on the agenda for the next meeting.

The meeting closed at 1.05 p.m.