



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
17 DECEMBER 2014**

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Mrs S Ransome, Mrs N J Smith, T M Trollope-Bellew and Mrs S M Wray.

Lincolnshire District Councils

Councillors Dr G Samra (Boston Borough Council), C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and M G Leaning (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

County Councillors B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement) and Mrs J M Renshaw attended the meeting as observers.

Also in attendance

Debra Burley (Chief Executive, Lincolnshire Local Medical Committee), Simon Evans (Health Scrutiny Officer), Sarah Furley (Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group), Cheryl Hall (Democratic Services Officer), Nicole Hilton (Community Resilience and Assets Manager), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group) and Dr Kieran Sharrock (Medical Director, Lincolnshire Local Medical Committee).

61 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor C Macey (East Lindsey District Council), and also his replacement member, Councillor M Harness.

It was noted that the Chief Executive having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillor Mrs N J Smith as a replacement member on the Committee in place of Councillor Miss E L Ransome, for this meeting only.

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Apologies for absence were also received from Lynne Moody (Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group) and Tony McGinty (Consultant, Public Health – Children's Services).

62 DECLARATION OF MEMBERS' INTEREST

Councillor Mrs S M Wray reported that, although she did not have an interest on this occasion, she had recently been appointed as the new County Co-ordinator for the Lincolnshire Neurological Alliance.

63 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the meeting and advised the Committee of the following items: -

i) Care Quality Commission – Lincolnshire Community Health Services NHS Trust

On 9 December 2014, the Care Quality Commission (CQC) had published a series of reports on Lincolnshire Community Health Services NHS Trust (LCHS). The overall rating for LCHS was good, with only one of the five domains requiring improvement. The CQC had also published five detailed reports on the Trust, which covered Inpatient Services; Services for Adults; Services for Children, Young People and Families; End of Life Care; and Urgent Care Services. All those individual services were also rated as good, with the exception of Services for Children, which also required improvement. It was agreed that copies of the overview report, as well as the individual reports, would be emailed to the Committee.

The Chairman advised that she had attended the Health Summit meeting in Sleaford on 4 December 2014, where stakeholders were advised of the content of the reports. The Committee would be considering a full report from LCHS at its meeting on 14 January 2015, together with the Trust's action plan in response to the CQC.

ii) Healthwatch Lincolnshire Event – 1 December 2014

On 1 December 2014, the Chairman and Councillor Mrs S Ransome had attended the Healthwatch Lincolnshire Event in Sleaford, at which four Healthwatch reports had been launched. The Committee was advised that the event had been well-organised. The Committee would be considering a report later on in the agenda, Minute 69 refers, which included the executive summary and recommendations from each of the four reports.

iii) Protocol with Health and Wellbeing Board, and Healthwatch Lincolnshire

The Chairman confirmed that the protocol between the Committee, the Lincolnshire Health and Wellbeing Board and Healthwatch Lincolnshire had now been approved by all three bodies. The protocol acknowledged the respective roles and responsibilities of each body and aimed to clarify working relationships, to help deliver the shared vision of improved health and wellbeing for the people of

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Lincolnshire. It was noted that the Committee would need to bear in mind the contents of the protocol throughout our work. It was agreed that the Health Scrutiny Officer would email a copy of the protocol to Members.

It was noted that the protocol between the Committee and NHS England was still under discussion.

iv) Care Quality Commission Report on the Health of Looked After Children and Safeguarding

The Chairman reminded Members that at the last meeting of the Committee on 19 November 2014, it had been reported that she had written to Allan Kitt (Chief Officer of South West Lincolnshire CCG), to express her disappointment that the Committee would not be receiving an item on their progress in relation to the recommendations in the CQC's report on Looked After Children until 14 January 2015. It was noted that the Chairman had received a reply from Allan Kitt, in which he had explained the reasons for his not being able to attend until 14 January 2014. The Chairman has again written to Allan Kitt, emphasising the need for the Committee to consider this item.

v) Additional Weighing of Primary School Children

On 24 November 2014, the Chairman had written to Councillor Mrs S Woolley (Chairman of the Lincolnshire Health and Wellbeing Board), to put forward the Committee's suggestion that primary school age children should be weighed in Year 3 in addition to Reception and Year 6. In her reply, Councillor Mrs Woolley had agreed with the Committee that the increasing weight of children between Reception and Year 6 was a cause for concern. She had also confirmed that the Health and Wellbeing Board did not commission the weighing of children in schools and suggested that the Committee directed its comments to the Executive Councillor with responsibility for Adult Care, Health Services and Children's Services.

Further to this, it was suggested that the Chairman should write to the Executive Councillor with responsibility for Adult Care, Health Services and Children's Services regarding this issue.

vi) Monthly Bulletin for Health and Wellbeing Board

The Chairman reminded Members that the monthly briefing for the Health and Wellbeing Board was now being circulated to members of this Committee.

64 MINUTES OF THE MEETING HELD ON 19 NOVEMBER 2014

During consideration of the minutes of the meeting held on 19 November 2014, it was suggested that further to Minute 55 – 'United Lincolnshire Hospitals NHS Trust – Quality Improvement Journey and Other Issues', it was agreed that the Chairman of the Committee would write a letter to the Chief Executive of United Lincolnshire Hospitals NHS Trust requesting the additional information on the current cost of locums and the retention rates of European nurses at each hospital site.

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It was also suggested that the Health Scrutiny Officer should provide the Executive Councillor for Adult Care, Health Services and Children's Services with a copy of Minute 58 – 'Annual Report on Suicide and Self Harm in Lincolnshire, authored by Public Health Lincolnshire', for her information.

RESOLVED

- (1) That the minutes of the meeting held on 19 November 2014 be agreed as a correct record and signed by the Chairman.
- (2) That the Chairman be requested to write a letter to the Chief Executive of United Lincolnshire Hospitals NHS Trust requesting the additional information on the current cost of locums and the retention rates of European nurses at each hospital site, Minute 55 refers.
- (3) That the Health Scrutiny Officer be requested to provide the Executive Councillor for Adult Care, Health Services and Children's Services with a copy of Minute 58 – 'Annual Report on Suicide and Self Harm in Lincolnshire, authored by Public Health Lincolnshire', for her information.

65 ACCESS TO GPS

A report by the Debra Burley (Chief Executive) and Dr Kieran Sharrock (Medical Director) of the Lincolnshire Local Medical Committee was considered, which invited the Committee to consider information on GP Access. As background information, copies of the Healthwatch Lincolnshire report on the 'Impact of Patient "Did Not Attends" Appointments at GP Surgeries in Lincolnshire" had been circulated to Members of the Committee.

The Lincolnshire Local Medical Committee (LMC) was a representative body for all GPs in Lincolnshire. The LMC did not commission GP services. NHS England commissioned core services from GP practices under the relevant contracts.

The Chief Executive and the Medical Director presented the report to the Committee, making particular reference to: -

- GP Access;
- Availability of Appointments;
- Patients who failed to attend appointments (Did Not Attends);
- GP Recruitment and Retention Issues; and
- Seven-day Working.

GP Access

Members were advised that there had been a significant increase in GP consultations since 1998 and over 90% of all contacts with the NHS occurred in general practice.

The average member of the public sees a GP six times a year; double the number of visits from a decade ago. On average, a person aged over 85 years visited their GP on average fourteen times per year. There had been no corresponding increase in funding to match the increased demand for GP appointments.

It was also stressed that Lincolnshire was in the highest 20% for patients with long-term conditions.

Availability of Appointments

A recent survey had shown that within Lincolnshire, 83% of patients had reported that they were able to see or speak to a GP when they last tried to make an appointment, though 10% had to call back. This was only 3% worse than the national average.

GP Practices in Lincolnshire tried various methods of working to manage their patients, for example: GP or Nurse Triage; open surgeries; special children's clinics or telephone conversations; the success of which was dependent on the individual practice. A specific and successful example of this was given: the Galletly Practice in Bourne had undertaken several adjustments to their appointment system; GP Triage and telephone access to meet increased demand whilst maintaining continuity of care.

Practices were required under their contracts to be available for their patients between the hours of 8.00 am and 6.30 pm, many practices also offered extended hours; and this could allow patients to be seen from 7.00 am in the morning, or up to 8.30 pm in the evening for some up to six hours on a Saturday.

Patients who failed to attend appointments (Did Not Attends)

It was reported that the average Did Not Attends (DNAs) rate in Lincolnshire was 4%, ranging from 1% to 11%, depending on the GP Practice. It was also reported that the DNA rate for Practice Nurses was 6%, ranging from 1% to 15%, again depending on the GP Practice.

All GP Practices monitored their DNA rates; publishing them in their practice on notice boards; on their website and practice newsletters. Patient Participation Groups were also engaged in discussions on how to reduce the DNA rate of their respective practices. Some practices sent text messages to patients to remind them of their appointments to try and reduce the rate of DNAs.

It was noted that a recent survey had shown that many patients who had made same day appointments still failed to attend.

When a patient failed to turn up for their appointment, a letter would be sent to them explaining the impact of their non-attendance.

GP Recruitment and Retention Issues

The current recruitment crisis for general practice nationally was more severe in Lincolnshire with many practices having reduced numbers of GPs and Practice Nurses.

The Nuffield Trust had estimated that in England the average number of patients per GP was 1,450. NHS England has estimated that this figure was closer to 1,750 patients per GP. In Lincolnshire this figure was 1,903 patients per GP or nurse prescriber.

It was noted that 75% of Lincolnshire practices had reported that at least one GP had planned to retire within the next five years; and 25% practices had reported that at least one GP had planned to retire in the next 18 months.

It was also reported that within Lincolnshire, of the practices which had attempted to recruit within the last year, only 60% had been successful. Whilst replacing GPs with nurses, particularly Nurse Practitioners and Advanced Nurse Practitioners was one answer, it was also difficult to recruit to those posts with only 57% of practices being successful in their recruitment. Younger doctors did not generally view Lincolnshire as an attractive place to live and work.

The Local Medical Committee was working on a project to market Lincolnshire as a great place to live and work, together with the advantages of good housing, great schools and low unemployment. Together with Health Education England, the Local Medical Committee was also working on what Lincolnshire could offer in terms of a good educational and training experience by offering teaching through combined primary and secondary care pathways and the support of neighbourhood teams.

Seven-Day Working

In relation to the Government's intention to introduce seven-day working in general practice, the Committee was advised that this would be inevitable, but difficult to achieve and could only be done through groups of practices federating to provide weekend access. It would not be possible for each practice to be open seven days per week. The probable result would be seven-day working within localities but it would not involve seven-day working within each practice.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- Members were advised that the contract for the GP Out of Hours Service was held by Lincolnshire Community Health Services NHS Trust, which in turn had responsibility for employing the GPs and nurses to operate the service. Previously GP co-operatives had provided the out of hours service, but these had ceased in Lincolnshire in 2004;
- The recruitment of GPs was marginally more difficult along the east coast, however there were still instances of surgeries in Lincoln which were unable to recruit;

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- There were a number of temporary residents on the east coast and whilst GPs received some payment for treating temporary residents, it did not fully compensate them for their activities. Ideally patients should be registered as permanent patients, as this led to a higher allocation of funding for GP practices in Lincolnshire. It was noted that East Lindsey District Council was currently undertaking a piece of work on temporary residents on the east coast, which included the potential to charge temporary residents council tax;
- The Committee stressed the importance of ensuring access to appointments for frail elderly patients and patients with disabilities.
- In relation to the potential for practices to federate to provide seven-day working, issues of transport from rural areas was highlighted as a likely issue;
- The traditional GP practice based on a partnership model was not sustainable in the future on the basis that younger GPs preferred not to commit to the risks of being a member of a partnership. It was noted that younger GPs preferred to be salaried GPs, working from 9.00 am to 5.00 pm;
- The Chairman suggested that the Committee establish a working group to support the project to market that Lincolnshire was a great place to live and work and asked the representatives of the Lincolnshire Local Medical Committee to consider if this idea should be taken forward;
- Establishing a Medical School in Lincolnshire would definitely aid the recruitment of GPs; and
- It was suggested that the Committee received a further update in six-nine months.

The Chairman thanked those officers present for their detailed and comprehensive report.

RESOLVED

- (1) That the report and comments made be noted.
- (2) That a further update be provided to the Committee in six-nine months.

66 WINTER PRESSURES 2014/15

Consideration was given to a report by Sarah Furley (Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group), which outlined three areas for consideration: -

- the current policy / national context around operational resilience particularly focusing on winter 2014/15;
- the current performance of the health care system (internally to Lincolnshire and across the county borders); and
- the Lincolnshire schemes that would operate during the winter of 2014/15.

Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group) and Sarah Furley (Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group) were both in attendance.

Current Policy / National Context

It was noted that Lincolnshire had a successful Urgent Care Working Group, which had overseen health and social care urgent care plans, for the last two years.

In June 2014, national guidance 'Operational resilience and capacity planning for 2014/15' was issued. The guidance mandated changes to existing Urgent Care Working Groups to build on their existing role and to expand their remit to include elective, as well as urgent care. This "new" forum was called the System Resilience Group, which now co-ordinated capacity planning and operational delivery across the health and social care system. Lincolnshire's System Resilience Group (SRG) first met in July 2014 and continued to meet monthly. Lincolnshire also liaised with the SRGs across the county boundaries.

Bringing together both elective and urgent care within one planning process had underlined the importance of whole system resilience.

There had been six separate non recurrent funding streams since July 2014 to support whole system resilience. Those funding streams had been targeted specifically at urgent care (including ambulance services) and elective care, A&E, mental health, health visiting, NHS 111 and primary care.

Local Current Performance

The health economy in Lincolnshire, in common with other parts of the country, had experienced pressure from rising levels of demand, particularly in urgent care; difficulty in meeting constitutional guarantees in A&E, cancer, and referral to treatment (RTT) waiting times consistently; and resource constraints in terms of both workforce availability and financial resources. Increasing levels of cooperation and integrated planning amongst stakeholders through the System Resilience Group had made demonstrable gains in several areas, but so far had not fully reconciled those demands. The current system performance was described within the report, pages 38 and 39 refers.

Operational Resilience Schemes for this Winter

It was noted that there had been six separate non-recurrent funding streams announced since July 2014 to support whole system resilience. Those funding streams had been targeted as follows: -

- Tranche One monies (£7.84 million) - specifically targeted at urgent care (£4.48 million) and elective care (£3.36 million): Urgent care included schemes that were addressing A&E attendance and admission avoidance, seven day services in hospital, early hospital discharge and enablers; and within elective care, additional resources had been invested to secure capacity at alternative providers to enable extension of patient choice and support demand management during the winter period;

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- Tranche Two monies (£2.27 million) – targeted at delivering the A&E 95% standard with monies going directly to acute care providers for internal schemes;
- Mental health monies (£450,000) - focused on children and adolescent mental health (Child and Adolescent Mental Health Services - CAMHS) TIER 3 PLUS and a Triage Car. (Tier 3 plus was a service for young people with complex and intensive needs that was focussed on avoiding an in-patient admission);
- Health visiting monies (£100,000 to be confirmed) - The bid was to increase and develop the role of Health Visitor/Paediatric Liaison Nurses to identify and support families who frequently attended A&E departments where attendance and treatment could be effectively and safely managed in the community;
- NHS 111 (£23,000) – The funds were focused on benefits to the system, by using this additional funding for Out of Hours GPs, aiming for a dual impact of both being able to support calls for NHS 111 Clinical Advisors if pressure was experienced (a similar process has been successfully used before in Lincolnshire) as well as being able to aid the diversion of 'minor emergencies' to Out of Hours Services in the A&E departments and increase the Out of Hours capacity;
- Primary care (Funding to be advised) – Each CCG had submitted bids to support pharmacy working and primary care schemes to reduce A&E attendances and admissions.

However, Members were advised that despite the above additional funding, there were some significant system risks in Lincolnshire that included: the reliance on non-recurrent funds that made it difficult for providers to recruit staff; United Lincolnshire Hospitals NHS Trust's new Patient Administration System requiring substantial input for it to function effectively; and the closure of acute care beds to maintain safety that was meaning any capacity being gained by the reduction in emergency admissions was being absorbed without the system being able to feel the benefits.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- Members were advised that each year, the NHS received additional funding for Winter Pressures;
- United Lincolnshire Hospitals NHS Trust had achieved 93.6% against the 'Accident and Emergency 95% Standard', this was in-line with neighbouring acute trusts;
- Accident and Emergency attendances were up by 2.8% at United Lincolnshire Hospitals NHS Trust, seeing approximately 200 more patients at Lincoln County Hospital; 130 at the Pilgrim Hospital in Boston; and 70-80 additional patients at Grantham and District Hospital;
- Last winter, between 90-120 patients had their appointments cancelled for elective surgery to meet the demand in emergency admissions over the winter period. However, the Department for Health had specifically requested that planned care was maintained over the winter period, whilst winter pressures were being addressed. The Trust was still catching up with those cancelled appointments;

- Members were advised that delayed transfers of care could be caused by a number of reasons, for example: delays in receiving prescriptions from the hospital pharmacy;
- Approximately 120 patients were treated per month by triage car. The car operated between 4.00 pm and midnight. It was hoped that the mental health monies would fund a second car;
- There was a need for those patients who inappropriately attended Accident and Emergency departments to be given better alternatives by redesigning urgent care services. It was suggested that the 111 service was better publicised in Lincolnshire;
- It was agreed that additional information was sought by the Health Scrutiny Officer on the use of the triage car, in particular where the referrals came from;
- It was recently announced by Government that Accident and Emergency departments would benefit from £700m for Winter Pressures across the Country. However, it was not yet clear whether Lincolnshire would benefit from this;
- It was requested that a further update was provided to the Committee on 11 March 2015, advising Members on the effect of the winter period.

The Chairman thanked those officers present for their detailed report.

RESOLVED

- (1) That the ongoing work and progress, being undertaken by the Lincolnshire's System Resilience Group, and comments made by the Committee be noted.
- (2) That a further update be provided to the Committee at its meeting scheduled to be held on 11 March 2015.

67 PROPOSED CONGENITAL HEART DISEASE STANDARDS AND SERVICE SPECIFICATIONS - FINAL RESPONSE

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited Members to endorse the Committee's final response to NHS England's consultation on the Proposed Congenital Heart Disease Standards and Service Specifications. The Committee was also asked to determine whether the proposals were potentially a substantial variation or substantial development in healthcare provision.

Members were reminded that on 19 November 2014, the Committee had established a working group (Councillors Mrs C A Talbot, C J T H Brewis, Miss J Frost and Dr G Samra and Dr B Wookey) to draft a response to the consultation by NHS England on the Proposed Congenital Heart Disease Standards and Service Specifications. The Working Group had met on 24 November and 2 December 2014, with the final response, agreed by the Chairman and the Vice-Chairman of the Committee and submitted to NHS England on 8 December 2014. There were twelve

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questions in the consultation document, including a question enabling general comments to be made.

The Chairman took the opportunity to thank the Members of the Working Group for their work on the response. The Chairman also gave special thanks to the Committee's Health Scrutiny Officer for his work on bringing together the views of the working group and forming a comprehensive response.

The Chairman advised the Committee that Sir Bruce Keogh KBE, FRCS, FRCP (Medical Director of NHS England) and the University Hospitals of Leicester NHS Trust had been made aware of the Committee's response.

The Committee thanked the Chairman for her hard work over recent years on this matter since 2009.

It was noted that although the working group had reached a consensus, Healthwatch Lincolnshire differed on two aspects:

Whilst the Committee's response supported teams of three surgeons, Healthwatch Lincolnshire supported teams of four surgeons; the Committee's response urged NHS England to be clear on its preferred model of care, whereas Healthwatch Lincolnshire supported a flexible approach to the three levels of care proposed.

RESOLVED

- (1) That the consultation on the Proposed Congenital Heart Disease Standards and Service Specifications constitute a substantial development of the health service and a substantial variation in the provision of the health service, on the basis that the implementation of the Standards and Service Specifications is likely to lead to serious impacts for Lincolnshire patients and their families, particularly in terms of the accessibility of the services at Level 1 centres for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres.
- (2) That the submission to NHS England's consultation on the Proposed Congenital Heart Disease Standards and Service Specifications, as detailed at Appendix A to the report, be endorsed.
- (3) That the next steps for the New Review of Congenital Heart Services be noted, as follows: -
 - an expected decision by NHS England on the Congenital Heart Disease Standards and Service Specifications in March 2015;
 - the commissioning of new services by NHS England during 2015/2016; and
 - the award of the contracts from 1 April 2016, with all the Standards and Service Specifications met by 31 March 2019.

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68 HEALTHY LIVES, HEALTHY FUTURES ENGAGEMENT EVENT - 17
NOVEMBER 2014

A report by Simon Evans (Health Scrutiny Officer) was considered, which updated Members on the outcomes of the Healthy Lives, Healthy Futures Engagement Event on 17 November 2014, which was attended by Councillors C J T H Brewis and C Burke.

It was noted that Councillor C Burke's written report would be circulated to Members, via email, by the Health Scrutiny Officer.

RESOLVED

That the report and comments be noted.

69 HEALTHWATCH REPORTS

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited Members to note that Healthwatch Lincolnshire had issued four reports on the following topics: -

- 'Hear Our Voice' – Children and Young People in Lincolnshire;
- The Impact of Patient 'Did Not Attend' Appointments at GP Surgeries in Lincolnshire; and
- Service Users, Patients and Carers Views on Mental Health Services (Interim Report).

Members were advised that the purpose of the item was to draw the Committee's attention to those four reports; so that they could be borne in mind as the Committee develops its work programme.

RESOLVED

That the four recently published reports by Healthwatch Lincolnshire on the following topics be noted and be borne in mind as the Committee develop its work programme:-

- 'Hear Our Voice' – Children and Young People in Lincolnshire;
- The Impact of Patient 'Did Not Attend' Appointments at GP Surgeries in Lincolnshire; and
- Service Users, Patients and Carers Views on Mental Health Services (Interim Report).

70 WORK PROGRAMME

The Committee considered its work programme for its meetings over the coming months.

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Members were reminded that an informal development workshop on the East Midlands Ambulance Service NHS Trust had been arranged for the afternoon of 14 January 2015.

A Member of the Committee advised that Circle Partnership UK was due to take over the delivery of Dermatology Services at Nottingham and it was therefore requested that the Committee explored the impact on Lincolnshire patients. It was agreed that information on this would be passed onto the Committee's Health Scrutiny Officer for further investigation.

The following amendments and additions were made to the work programme:-

- 'Recruitment and Retention of Healthcare Staff in Lincolnshire' to be considered by the Committee on 11 February 2015; and
- 'Winter Pressures 2014/15' to be considered by the Committee on 11 March 2015.

RESOLVED

That the work programme and changes made therein be approved.

The meeting closed at 1.45 pm.