



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
18 APRIL 2018**

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

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, Dr M E Thompson, R H Trollope-Bellew, R A Renshaw and R Wootten.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)) and Mrs R Kaberry-Brown (South Kesteven 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), Karen Brown (Director of Finance, United Lincolnshire Hospitals NHS Trust), Mike Casey (General Manager, TASL), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Dr Sunil Hindocha (Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group (LWCCG)), Martin Kay (Head of Commissioning, Lincolnshire West CCG), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Kirsteen Redmile (Lead Change Manager, Integrated Care, STP System Delivery Unit) and Derek Laird (Chief Executive, Thames Ambulance Service Ltd).

County Councillors L Wootten and M A Whittington attended the meeting as observers.

Melissa Darcey and Liz Wilson attended the meeting as members of the public and gave statements to the Committee as set out in Minute Number 86.

**82     APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillor M A Whittington and P Howitt-Cowan (West Lindsey District Council).

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It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor R Wooten to replace Councillor M A Whittington on the Committee for this meeting only.

An apology for absence was also received from Councillor Mrs S W Woolley, Executive Councillor for NHS Liaison and Community Engagement.

**83     DECLARATIONS OF MEMBERS' INTERESTS**

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

**84     MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 21 MARCH 2018****RESOLVED**

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 21 March 2018 be agreed and signed by the Chairman as a correct record, subject to the meeting closed time being amended to read '3.25 pm'.

**85     CHAIRMAN'S ANNOUNCEMENTS**

The Chairman advised that since the despatch of the agenda for the meeting, emails had been received concerning the orthopaedic service at Grantham Hospital. In response to the emails the Chairman advised further that he had written a joint letter to Jan Sobieraj, the Chief Executive of United Lincolnshire Hospitals NHS Trust and John Turner, Senior Responsible Officer for the Lincolnshire STP to ask for further clarification regarding this and other matters. The Committee noted that once responses had been received they would be circulated to all members of the Committee. It was reported that this matter would also form part of the Acute Services Review, which would be considered by the Committee at its 16 May 2018 meeting.

As Jan Sobieraj, the Chief Executive of United Lincolnshire Hospitals NHS Trust was present at the meeting; the Chairman invited him to provide a brief statement concerning Grantham orthopaedics.

The Committee was advised that Professor Tim Briggs, National Director for Clinical Quality and Effectiveness, NHS Improvement had assisted United Lincolnshire Hospitals NHS Trust with the issue of orthopaedic service provision in Lincolnshire to improve quality and standards going forward.

It was reported that the Acute Service Review was still in its early stages; and that no firm decision had been made regarding service provision. It was highlighted further that any changes to services would be subject to consultation as part of the STP.

Some concern was expressed regarding the proposed removal of services from Grantham Hospital; particularly when further housing development was proposed, which would increase the size of Grantham. Reference was also made to the methodology of a review. The Committee was advised that there would be a wide review, and all options would be looked at and considered. It was clarified that the review was still at an early stage. Further clarification was given that the review was not being driven as a result of staff shortages. It was highlighted that the review was part of a national programme which would improve the quality of services provided.

It was highlighted that some services were very fragile as a result of staff shortages; and that a report would be presented to the Committee in due course.

In conclusion, the Chief Executive of United Lincolnshire Hospitals NHS Trust advised that he was not aware of the changes specifically identified in the said emails; and that any substantial changes to services would be subject to full public consultation, as well as consultation with the Committee.

#### RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 17 to 25; and the supplementary verbal update provided by the Chairman at the meeting be noted.

#### 86 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - FINANCIAL SPECIAL MEASURES UPDATE

The Chairman introduced this item, and advised that attached to the report for the Committee's information were two Appendices. These Appendices related to:

- Appendix A - Update on Quality Special Measures; and
- Appendix B – Mortality rates at United Lincolnshire Hospitals NHS Trust.

The Committee were asked to primarily focus on the issue of Financial Special Measures at ULHT.

The Chairman advised further that he had received requests from two members of the public to speak on this item. The Committee was advised further that the requests had been received from Melissa Darcy and Liz Wilson.

The Committee was advised that it was proposed that each speaker would be allowed a maximum of three minutes to speak on the issue of Financial Special Measures first; this would then be followed by a presentation from Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust and Karen Brown, Director of Finance, United Lincolnshire Hospitals NHS Trust.

In their presentations to the Committee, the two presenters made reference to: the emails and letters from United Lincolnshire Hospitals NHS Trust staff; the continued overnight closure of the A & E Department at Grantham Hospital and to the continued lack of any progress towards its re-opening on a 24 hour basis; the proposed

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intention to remove Orthopaedic trauma from Grantham Hospital and the effect that would have on the survival of the Grantham Hospital A & E. Reassurance was sought that consultation would be undertaken before the removal of Orthopaedic trauma from Grantham Hospital; the record of ULHT and its approach to public information and consultation; and due to the small amount of progress made by ULHT, what was the Trust Board's recovery plan; and what action the Health Scrutiny Committee would be taking to ensure that accurate, and timely information was provided, and that consultation occurred to ensure that services were preserved.

The Chairman of the Health Scrutiny Committee for Lincolnshire advised that United Lincolnshire Hospitals NHS Trust had stated that no changes to orthopaedic trauma had taken place at Grantham Hospital, or were planned to happen in the near future. This particular item was not for discussion as part of the agenda, but would be discussed further as part of the Lincolnshire Acute Services Review; and that the Committee would consider any proposals for Grantham Hospital following that stage. It was also highlighted that if any changes were implemented on the grounds of the health and safety of patients, the public or staff, these would be considered by the Committee as a matter of urgency, and as yet no such changes had taken place or were planned. It was also highlighted that the Committee had made two referrals to the Secretary of State in relation to the Grantham Hospital A & E Department. The Committee also noted that the Acute Service Review would be considered by the Committee at its 16 May 2018 meeting.

In response to the issues highlighted, the Chief Executive of United Lincolnshire Hospitals NHS Trust advised the Committee that closure of the Grantham A & E service was as a result of patient safety, and not as a result of financial measures. The Committee was advised further that it was the intention of the Trust to provide a better orthopaedic service at Grantham, similar to that being provided at Louth County Hospital.

The Chief Executive of United Lincolnshire Hospitals NHS Trust introduced the Financial Special Measures Update, which advised the Committee of the financial position of United Lincolnshire Hospitals NHS Trust, and the steps that were being taken to become financially sustainable.

The Committee was advised that a Turnaround Director had been appointed; and KPMG had been engaged to provide support in delivering a recovery plan to become financially sustainable; and to exit Financial Special Measures.

The Director of Finance, United Lincolnshire Hospitals NHS Trust advised that the recovery plan agreed with NHS Improvement was to deliver £16m of efficiencies in 2017/18. It was highlighted that the Trust was forecasted to deliver an £82.4m deficit for 2017/18. This figure was £5.4m greater than the revised control total of £77m agreed with NHS Improvement in December 2017. Paragraph 1.4 of the report identified the items that were responsible for the increasing deficit, which included winter pressures; contract challenges; additional cost of external support, and interest changes due to Financial Special Measures loan rate. It was noted that winter pressures had also had an effect on the amount of elective surgery being carried out; which had resulted in a loss of income for the Trust.

The Committee noted that the Trust had identified £19.7m of efficiencies for 2018/19.

Paragraph four of the report provided details relating to the three required elements to be completed to exit Financial Special Measures. Paragraph five highlighted the support being given to the Trust.

It was reported that the Trust had an ambition to deliver £30m of efficiencies in 2018/19; and was working to identify and implement additional schemes to increase the already identified £19.7m. Paragraph 6.4 provided details of the High Level 18/19 Financial Turnaround Programme.

Note: Councillor R A Renshaw wished it to be noted that he was an outpatient with Lincoln County Hospital.

During discussion, the Committee raised the following issues:-

- The support for the campaign to keep Grantham Hospital A & E open. It was reported that a signed petition with some 60,000 signatures was due to be delivered to the Prime Minister on 5 July 2018;
- Whether there was a plan in place to keep track of the money being spent. The Committee was advised there was a spreadsheet and tracker identifying where all the money was being spent;
- Reduction on agency staff – The Committee was advised that there had been a recruitment problem for many years; and there had been a reliance on locum and agency staff. It was reported that in the previous year there had been a positive recruitment campaign, which had resulted in a more positive position;
- Costs – It was confirmed that the Trust had to cover the cost themselves. Confirmation was also given that the Trust had to pay interest on the loans; and that there was a higher interest rate applied as a result of being in special measures. The Committee was also advised that external support was also an additional cost. One member requested the total cost associated with non-medical management. Some members felt that there needed to be a group looking at costs in more detail;
- The need to promote that the NHS Trust was improving its quality of care. Page 35 and 36 of the report detailed some of the achievements made during the year;
- Confirmation was given that the Trust was spending £2.5m a month to improve fire safety of their building for staff and patients. The Committee was advised that this was capital money being actively spent to improve the working environment;
- The need to establish what was happening with the STP;
- Paragraph 2.2 - breakdown of costs – Reference was made to the need to ensure that efficient buying was practised. The Committee was advised the Trust used the Purchase Price Index Benchmarking Tool, which was used by the whole of the NHS. Confirmation was given that the NHS pursued all opportunities;

- Some concern was expressed as to the costs associated with Senior Manager level;
- Further concerns were expressed to the neglect of patients and staff with regard to Fire Safety, to warrant the issue of two Fire Enforcement Notices;
- An explanation was provided as to the definition of Hospital Standardised Mortality Ratio and Summary Hospital-level Mortality Indicator; and
- The need to lobby MPs for fairer funding for Lincolnshire's health services. Confirmation was given that Lincolnshire was unique; and that any support from the Committee would be greatly appreciated.

In conclusion, the Committee agreed to the setting up of a Working Group to have an in-depth look into the financial position of United Lincolnshire Hospitals NHS Trust.

The Chief Executive of United Lincolnshire Hospitals NHS Trust advised the Committee that paediatric services at Lincoln Hospital and Pilgrim Hospital Boston had become very fragile, but at the moment were safe; and that efforts to recruit suitable staff were continuing. It was noted that there had been a reduction in the number of children's beds at Boston. The matter would be considered by the Trust Board on 27 April and it was agreed that a paper would be presented to the 16 May 2018 meeting for the Committee's consideration.

The Chairman extended thanks on behalf of the Committee to the two presenters.

#### RESOLVED

1. That the information presented on the Financial Special Measures of United Lincolnshire Hospitals NHS Trust be noted.
2. That the update on Quality Special Measures (Appendix A to the report) would be subject to a further report to the Committee on 13 June 2018.
3. That the update on Mortality Rates at United Lincolnshire Hospitals NHS Trust (Appendix B to the report) be noted.
4. That a Working Group be set up to have an in-depth look into the financial position of United Lincolnshire Hospitals NHS Trust. That the above said Working Group comprise of Councillors C J T H Brewis, P Gleeson, Mrs R Kaberry-Brown, C S Macey and M A Whittington.

#### 87 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP - GP FORWARD VIEW UPDATE

The Chairman welcomed to the meeting Martin Kay, Head of Commissioning, NHS Lincolnshire West CCG and Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group.

Consideration was given to a report from the Lincolnshire Sustainability and Transformation Partnership (STP), which provided information on the development of

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GP Forward View as part of the Lincolnshire STP. It was noted that the GP Forward View was one of the four current priorities in the Lincolnshire Sustainability and Transformation Partnership, which the Committee had decided to look at in more detail.

It was reported that Lincolnshire CCGs were accountable for the delivery of the GP Forward View Programme of work. It was highlighted that the Primary Care Programme was influenced by the General Practice Five Year Forward View (GPFV), which brought together GP Federations, practices, CCGs and the Lincolnshire Local Medical Committee.

The Committee was advised that in addition to local initiatives, Lincolnshire had through the Local Medical Committee been successful in recruiting 26 GPs from abroad; and a second bid had been successful for a further 39 international recruits, which would enable Lincolnshire to reach its required target. As well as the recruitment Lincolnshire was also working with NHS England and others to achieve greater working flexibility to retain current GPs. Lincolnshire also had a target to increase the number of other staff in primary care, the target was to recruit a further 53 additional posts by 2020.

Paragraph 2.2 (1) and (2) of the report provided information as to the Primary Care Workload and Redesign. Particular reference was made to ensuring that existing capacity was being used appropriately; a number of initiatives being developed in primary care were shown on page 46 of the report presented; and to the fact that GPs were key contributors to the development of integrated neighbourhood working.

The Committee noted that significant change was required across general practice; and page 47 of the report identified 10 High Impact Actions, which included active signposting; developing practice teams; partnership working and developing self-care support.

The Committee noted further that with the workforce working differently in different areas would mean that improved infrastructure support would be required to enable them to be effective. This would be achieved by changes to information management and technology. Also, as services changed, some buildings would also need to change so that services could be delivered in a more appropriate environment. It was highlighted co-locating services would provide synergy and benefits for patients and staff; and that this factor would be particularly significant with the development of Neighbourhood Teams.

It was reported that many general practices were now working as part of federations or super practices, but some practices still remained independent.

In conclusion, the Committee was invited to provide feedback on the GP Forward View Update.

Note: Councillor K Cook advised the Committee that she was a Lincolnshire Partnership NHS Foundation Trust Governor; and a Lincolnshire NHS Foundation Trust service user.

During discussion, the Committee raised the following points:-

- The need to ensure that GPs continued to see patients in the first instance, to prevent conditions being missed. Reassurance was given that a patient would always be seen by an appropriate professional. Some members expressed their concerns regarding the national evidence that identified that 25% of appointments for GPs were avoidable. Reassurance was given that a number of pilots were being undertaken, one of which was Care Navigation Training, which would help practice staff signpost patients to the relevant health professional; and also help practice staff provide a better service. One member enquired as to whether mental health was part of the Care Navigation training and this was confirmed;
- Some concern was expressed to the number of people not attending scheduled appointments;
- A concern was raised regarding repeat prescriptions; and to the fact that prescriptions could only be collected by the patient, or their spouse;
- One member enquired as to why no consultation had been undertaken on the proposed changes implemented. The Committee was advised that engagement was ongoing relating to the changes, and that any significant change to a service would be subject to consultation;
- Increase in capacity – It was highlighted that practices working together provided increased capacity to patients. It was highlighted that the Sleaford Medical Group were extending their opening hours from October 2018; which would enable patients to be seen in their locality;
- One member requested information relating to GP practices with extended hours; and a question was asked as to whether pharmacies were extending their opening times as well. A further observation made was that GP practices had not been included in the Pharmaceutical Needs Assessment;
- Staff retention – The Committee was advised that there were a number of schemes operating to help retain staff, such as career breaks and part-time working. One member enquired as to whether medical insurance was something still provided to GPs; and
- A comment was made on the GP Forward View Update and the Integrated Neighbourhood Working as two separate items, as they were both very closely linked.

#### RESOLVED

That the Lincolnshire Sustainability and Transformation Partnership – GP Forward View Update be received and that a further progress report be received at a future meeting of the Committee.

#### 88 INTEGRATED NEIGHBOURHOOD WORKING

The Chairman welcomed to the meeting Kirsteen Redmile, Lead Change Manager – Integrated Care, STP System Delivery Unit.

The Committee gave consideration to a report from the Lincolnshire Sustainability and Transformation Partnership (STP), which provided an update on the progress that had been made in the collaborative design and implementation of Integrated Neighbourhood Working. The report highlighted the key successes and the links to the GP Forward View programme. The Committee was reminded that Integrated Neighbourhood Working was one of the four priorities in the Lincolnshire Sustainability and Transformation Partnership.

In guiding the Committee through the report, particular reference was made to the national context behind Integrated Neighbourhood Working; the four characteristics that make up a Primary Care Home; the Lincolnshire context; Integrated Neighbourhood Working – 2017 onwards; Better Care Funding; and Integrated Neighbourhood Working Programme; and the progress made to date.

The Committee was advised that each Neighbourhood had identified a GP lead to support their local programme. It was noted that Phase 1 sites had plans in place; and had identified their next steps to ensure that by 1 April 2018; they would all have to be able to start to demonstrate Integrated Neighbourhood working in their area; and Phase 2 sites would start to implement planning and delivery of Integrated Neighbourhood Working from 1 April 2018.

It was noted that the progress of each Neighbourhood was being managed through the Countywide Learning and Development Forum and that each area was accountable to the Integrated Neighbourhood Working Strategic Group.

It was highlighted that the report was not a statutory consultation item within the scope of the 2013 Regulations; this was because the direct service impact on patients in terms of accessibility of services was not substantial enough to warrant a statutory consultation.

Detailed at Appendix A for the Committee's was a copy of the 'Neighbourhood House'.

The Committee had also received two further supplementary reports prior to the meeting, which provided details of the outcomes and impact on individuals who had been supported through the Integrated Neighbourhood working; and a making a Difference Case Study from the Gainsborough Neighbourhood Team.

During a short discussion, the Committee raised the following issues:-

- How the patient experience would be affected. The Committee was advised that the introduction of the Integrated Neighbourhood working would be a positive experience for the patient. The two supplementary reports provided confirmation that this was the case;
- The need for any structure to be clear. Acceptance was given that any changes would need to be communicated very clearly to patients;
- The need to ensure that all GPs become involved. It was noted that some GPs were more engaged than others; and that there was particular challenges in the east of the county and also Gainsborough. The Committee was advised

that East Lindsey District Council had been involved with Neighbourhood Teams since 2013. Officers confirmed that the district councils had a role to play with regard to Integrated Neighbourhood working;

- Some members still expressed concern at the lack of consultation that had taken place. The Committee was reminded that a lot of engagement and participation events had taken place in relation to Lincolnshire Health and Care, the predecessor of the STP;
- A question was asked as to whether GPs were aware of the voluntary mental health organisations that were able to assist them and ease the pressure on services. The Committee was advised that GPs were aware of these organisations; and that the Gainsborough case study was a good example;
- The Committee was advised that Sleaford at the moment was work in progress. Details relating to Phase 1, and Phase 2; and the three key roles that were identified as a must for each neighbourhood to have were shown on page 52 of the report presented;
- Some members agreed that a progress further report should be received by the Committee in 3 to 6 months' time and that a plan should be provided to identify the Integrated Neighbourhood areas and their designation. The Committee was also advised that work was ongoing across county borders, as some Lincolnshire residents received their health care out of county;
- Vanguard – The Committee was advised that there were 50 Vanguards across the country delivering the new care model as part of the Five Year Forward View;
- The Grantham integrated working solution. The Committee was advised further details of the model to be adopted was shown on page 57 of the report; and
- Developer and Planning Contributions for NHS Provision. The Committee was advised that this item because of its wider ranging implications had been passed to the councils Overview and Scrutiny Management Board to consider as a future scrutiny review.

#### RESOLVED

That the Integrated Neighbourhood Working report be received; and that a further progress report be presented to the Committee in six months' time.

The Committee adjourned at 12:55pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, Dr M E Thompson and Dr B Wookey (Healthwatch Lincolnshire).

#### 89 NON- EMERGENCY PATIENT TRANSPORT - REPORT FROM TASL

The Chairman welcomed to the meeting Derek Laird, Chief Executive Thames Ambulance Service Ltd (TASL) and Mike Casey, General Manager, TASL.

The Committee were reminded that a report had been issued to them prior to the meeting. Figures relating to the March performance were circulated at the meeting for the Committee's consideration. Apologies were given for the lateness of the performance information for March. It was noted that the figures provided were only interim at this stage, and when finalised, a copy would be made available to members of the Committee.

The Chief Executive of TASL introduced himself; and provided the Committee with some background information relating to his knowledge and expertise.

The Committee was advised that since the last meeting, TASL had made further improvements: better management sustainability, the implementation of a performance improvement plan in February 2018; that work was ongoing with the CQC and Commissioners; and that the Quality Directorate had set up a High Impact Quality Team who were going into bases and working with local management teams to address issues and concerns. Details of the improvements were contained on pages 2 and 3 of the report presented.

Particular reference was made to the work that had been undertaken with voluntary car service drivers. The Committee was advised that since the revised offer had been sent to the voluntary car service, 16 of the existing drivers had returned. As there was now a realisation of the importance of the voluntary car service, the Committee was advised that TASL would continue working with them to improve relations. It was highlighted that a further revised offer would be going out to the drivers to encourage them to come back into the organisation. It was highlighted that the first 10 mile payment exclusion had been removed, and drivers would now get paid from when they left home.

The Committee was advised that a new call process had been implemented; which had led to some significant improvements in call answering times. The Committee was advised further that recruitment of staff continued; however a fleet expert was now overseeing the areas of Louth and Horncastle; and that an advertisement was to be placed for a Manager of the Contact Centre.

It was reported that journey planning was now part of daily routine; with the introduction of daily and weekly reporting to improve the KPI reporting, and the overall efficiency of TASL.

It was highlighted that there was still work to be done, but with the appointment of the new management structure, the current recovery action plan, and support from the parent company, HTG, TASL was expecting the current improvements to service delivery to continue.

During discussion, the Committee raised the following issues:-

- Some members were encouraged by the improvements made. Some concern was made as to whether the progress made was static. Reassurance was given that now some voluntary car drivers were offering their services again, it was felt that performance would improve further;

- The Committee was advised that TASL felt that it would be May 2018 before the progress trajectory was where it needed to be;
- One member asked whether TASL was still as stretched as it was when they first took over the contract. The Committee was advised that although North and North East Lincolnshire had given notice to terminate their contract, TASL would still be providing services during the 12 month notice period, and no further resources had become available;
- One member extended congratulations to TASL for their reconsideration of their position relating to voluntary car drivers; and
- Manual handling training. The Committee was advised that manual handling training was mandatory, and would be renewed each year. The Committee also noted that there had been agreement to introduce work base training, to ensure that jobs were being conducted correctly.

The Chairman extended thanks to TASL for their openness and to the fact there had been improvements to the service being provided.

#### RESOLVED

1. That the report on Non-Emergency Patient Transport Service for NHS Lincolnshire CCGs from Thames Ambulance Service Ltd be received.
2. That the next report on the Thames Ambulance Services Ltd be received in June 2018, with any urgent information highlighted to the Committee on 16 May 2018; then from June 2018 onwards, quarterly update reports be received from the Thames Ambulance Service Ltd.

#### 90 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 scrutiny activity was focussed where it would be of greatest benefit.

Detailed within the report were populated work programmes up to 11 July 2018, and on pages 65 and 66 was a list of items to be programmed.

The Committee was invited to put forward items for consideration, these included:-

- Update from the ULHT Board on 27 April 2018;
- Paediatric Service Update;
- STP Quarterly update;
- Integrated Neighbourhood Working; and
- Orthopaedic Services at Grantham.

#### RESOLVED

That the work programme as presented be agreed subject to the inclusion of the items mentioned above.

The meeting closed at 2.55 pm