



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
13 JUNE 2018**

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

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, R H Trollope-Bellew, M A Whittington and R A Renshaw.

Lincolnshire District Councils

Councillors Mrs P F Watson (East Lindsey District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council), P Howitt-Cowan (West Lindsey District Council) and Mrs P Whittaker (North Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Mike Casey (General Manager, TASL), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Sarah Furley (Programme Director, Lincolnshire Sustainability and Transformation Partnership), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Tony McGinty (Interim Director of Public Health), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Michelle Rhodes (Director of Nursing, United Lincolnshire Hospitals NHS Trust), John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership) and Kevin Turner (Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust).

Councillor Dr M E Thompson, (Executive Support Councillor for NHS Liaison and Community Engagement) attended the meeting as an observer.

11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R H Trollope-Bellew, P Gleeson (Boston Borough Council), C Burke (City of Lincoln Council), and T Boston (North Kesteven District Council).

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It was noted that Councillor Mrs P Whittaker (North Kesteven District Council) had attended the meeting on behalf of Councillor T Boston (North Kesteven District Council) for this meeting only.

### 12 DECLARATIONS OF MEMBERS' INTEREST

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

### 13 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 16 MAY 2018

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 May 2018 be agreed and signed by the Chairman as a correct record.

### 14 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought the Committee's attention to the supplementary Chairman's announcements circulated at the meeting concerning changes being made to arrangements for community pain management services.

Some members expressed concern relating to item one of the chairman's announcements, Minor Injury Nursing Service, Grantham and District Hospital – Consultation, particular reference was made to the financial summary within the proposal. The Chairman advised the Committee that there would be an opportunity for the Committee to discuss the matter as part of the Health Scrutiny Committee for Lincolnshire – Work Programme item later in the agenda.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 19 -23; and the supplementary announcement circulated at the meeting be noted.

### 15 CHILDREN AND YOUNG PERSONS SERVICES AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - RISK TO THE SAFETY OF THE SERVICE

The Chairman welcomed to the meeting presenters from United Lincolnshire Hospitals NHS Trust:-

- Kevin Turner, Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust;
- Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust;
- and
- Michelle Rhodes, Director of Nursing, United Lincolnshire Hospitals NHS Trust

Pursuant to minute number 7(2) from the 16 May 2018 meeting, the Committee had requested a monthly update from representatives from the United Lincolnshire Hospitals NHS Trust concerning Children and Young Persons Services at Pilgrim Hospital Boston.

Attached to the report were the following appendices for the Committees consideration:-

- Appendix A – A copy of the United Lincolnshire Hospitals NHS Trust (ULHT) Board papers from the 25 May 2018;
- Appendix A1 – Appendix 5 – to the United Lincolnshire Hospitals NHS Trust Board paper for 25 May 2018; and
- Appendix A2 – Appendix 6 – to the United Lincolnshire Hospitals NHS Trust Board paper for 25 May 2018.

The Committee was advised that on 25 May 2018, the Trust Board had directed that work was to continue to maintain current services at Pilgrim Hospital, Boston; and that work should continue on a contingency plan for the implementation of co-location of paediatric and obstetric services to Lincoln, in the event of the current service model at Pilgrim Hospital, Boston not being sustainable.

It was reported that since the last meeting the Trust had been successful in attracting some agency locum middle grade doctors to the posts. As a result of concerns raised by the medical team around safety relating to a potential medical rota where 7 wte out of the establishment of 8 wte were going to be locum/agency doctors. To address the issues raised the Trust had appointed two additional locum consultants to support the middle grade doctors; and work was ongoing to explore alternative ways of working to mitigate the concerns raised.

The Committee was also advised that Health Education England were now planning to remove Tier 1 (junior doctor) trainees from paediatrics at Pilgrim Hospital, Boston. This move would make staffing the paediatric unit very difficult as the unit was run on an eight doctor rota of which six posts would normally be filled by such doctors.

It was reported that nursing staff numbers had also improved, which had allowed an increase to inpatients beds from eight to twelve at Pilgrim; and had also allowed paediatric surgery to be restarted.

The Committee was also advised that the proposed Clinical Senate Review, which had been commissioned by NHS England and NHS Improvement, had been stood down. The Committee was advised further that ULHT had asked the Royal College of Paediatrics and Child Health to undertake a review of children's and young persons' services, which would be commencing on 14 June 2018; and that the Trust Board would be reviewing the matter at their meeting on 29 June 2018; that the task and finish group in consultation with health partners would continue to develop contingency plans; and that a detailed communications and engagement plan was being further developed to inform and engage communities as proposals evolved.

During discussion, the Committee raised the following issues:-

- Visa Delays – The Committee was advised that there had not been any significant delays with emergency medicine and paediatrics as these two areas were classed as being exempt;
- Some concern was expressed to the proposal by Health Education England to remove all trainee doctors in paediatrics, which included tier one, which would make the situation at Pilgrim Hospital, Boston very challenging. The Committee was advised that the tier one posts were not attractive to a trainee; and therefore the Trust was working to create a model to get junior doctors to work with the Trust. The Committee was advised that recognised training would need to have senior input to ensure that the training was of a high enough standard. It was highlighted that the Trust was exploring alternative ways to provide a service, for example by using nurse practitioners rather than junior doctors;
- Preferred Option – Clarification was given that Option One was the preferred option for the Trust. Some concern was expressed at the lack of information and costings relating to the alternative option (Option Three), and to the risks associated with the problems with junior doctors. The Committee was advised that the preferred option would not be based on cost but on the health and safety of patients. It was highlighted that the preferred model might even be a hybrid of the two options;
- Some concern was expressed to the uncertainty of residents in the East Lindsey area surrounding the provision of services at Pilgrim Hospital, Boston. The Committee was advised that the staffing issues at Pilgrim Hospital, Boston were an ever changing picture; and that the Trust was doing everything it could to explore ways of attracting staff to work for the Trust in order to maintain the preferred option;
- Communication – It was noted that the Trust was working on a Community and Engagement Plan as part of the system approach and that this would provide messages to alleviate members of the public's concerns;
- Confirmation was given that the Clinical Senate review, commissioned by NHS England had been stood down, because it was felt that sufficient progress had been made; and that the Clinical Senate would not have offered any added value in this instance to the service review;
- One member enquired as to when the Trust would know whether the service would be continuing beyond August 2018; and also concerns were expressed concerning the implications of Option Three, if it was to be implemented. The Committee was advised that the healthcare system was being proactively canvassed for support at the highest level, and that a Health System-Wide Risk Summit was to be held in July 2018. It highlighted that more would be known following the Summit meeting, which would be in approximately one month's time. In the meantime, work would be continuing to look for solutions to keep the service running; and to contingency options, should the preferred option be found not to be sustainable;
- Incentives for doctors. The Committee was advised that the Trust operated a whole range of incentives for the benefit of its staff;

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- One member asked if data requested at the previous meeting relating to the number on home births in the Polish community could be forwarded onto members of the Committee. Trust representatives agreed that this information would be forwarded onto the Health Scrutiny Officer; and
- Some members of the Committee extended their congratulations to the Trust for the progress made since the last meeting, which had been reassuring news to hear. The Trust reiterated that the intention was to find solutions to mitigate the health and safety risks; and that this was still work in progress.

In conclusion, the Chairman expressed thanks on behalf of the Committee for the Trust representative's attendance and for their honest update. In view of the concerns raised by the Committee it was agreed that some progress had been made since the last meeting. However, there was a consensus that more information was needed to be made available to the Committee relating to Option Three. Particular reference was made for further information relating to the associated financial costs, transportation issues; and whether Lincoln County Hospital would be able handle the additional 650 births per annum, and whether out of County hospitals had the capacity to handle an additional 1,000 births per year. The Committee also agreed that a letter should be sent to all Lincolnshire MPs urging them to continue to be vigilant on this matter.

**RESOLVED**

1. That the update report concerning Children's and Young Persons' Services at United Lincolnshire Hospitals NHS Trust – Risk to the Safety of the Service be received.
2. That a further update on Children's and Young People's Services be presented to the next Health Scrutiny Committee for Lincolnshire meeting to be held on 11 July 2018; and that the update should also include information relating to the impacts of Option 3.
3. That a letter be sent to all Lincolnshire MPs urging them to continue to be vigilant on the issues relating to Children's and Young Persons' Services at United Lincolnshire Hospitals NHS Trust.

**16     LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION**  
**PARTNERSHIP UPDATE**

The Chairman welcomed to the meeting:-

- John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP);
- Andrew Morgan, Chief Executive, Lincolnshire Community Health Services NHS Trust; and
- Sarah Furley, STP Programme Director.

The Committee gave consideration to a report from the Lincolnshire Sustainability and Transformation Partnership, which provided information on the progress of the Lincolnshire Sustainability and Transformation Partnership.

Appended to the report the Committee's considerations were the following Appendices:-

- Appendix A – Joint Letter from NHS England and NHS Improvement concerning 'working closer together'; and
- Appendix B – Joint Letter from NHS England and NHS Improvement concerning NHS Regional Geographies.

The Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership advised that the Committee had received regular updates in relation to the development of the Lincolnshire STP, which had included quarterly updates relating to the overall progress of the STP as a whole, and then monthly examinations of specific work programmes within the STP.

It was reported that the Lincolnshire STP was one of 44 "footprints" established in England; and that during 2017/18 the STPs had evolved from plans to partnerships; and that current national thinking described STPs as working at a system level, with a co-ordinating function. It was highlighted that as local STPs were systems working closely together to develop collaborative relationships, so were NHS England and NHS Improvement.

The Committee noted that over the last 12 months Lincolnshire had been developing in line with the emphasis being placed on a system approach.

The report provided the Committee with updates on some key outcomes for 2018/19, which included Mental Health; Integrated Neighbourhood Working; implementation of GP Forward View; Urgent and Emergency Care Transformation; Operational Efficiencies; Planned Care and Other Enabling Programme. It was highlighted that the Committee, over the last five months, had already received detailed reports relating to Mental Health Services, Urgent and Emergency Care Services, Operational Efficiency Programme, The GP Forward View Programme and Integrated Neighbourhood Team Working.

The Committee was advised that paragraph 5.6 of the report highlighted the key successes that had been completed in respect of the Planned Care Programme (100 day programme). As a result there had been rapid improvement across Dermatology, Ophthalmology and Diabetes. It was noted the 100 day methodology had demonstrated some excellent results and had been evaluated well by all those involved.

It was reported that since December 2017, work on the Acute Service Review was continuing at pace. Paragraph 6 of the report provided the Committee with more detailed information concerning the review.

The Committee was advised the NHS would put detailed options into the public domain, once they had been fully assessed for clinical viability and financial sustainability; and had passed through the NHS England assurance process. It was highlighted that as many of the elements of this process were national, it was not possible to say when the public consultation would commence. It was anticipated that it would not take place in the current calendar year.

Reassurance was given that the NHS in Lincolnshire, including the STP was fully committed to engaging with the public, and that this work was ongoing. The Committee was referred to the paragraph on page 95 (an extract from the NHS England guidance document), which detailed the process the Lincolnshire STP was required to follow.

It was highlighted that over the last two years there had been engagement with members of the public across the County, NHS staff and other key stakeholders, which had informed the development of the five year plan. It was highlighted further that public engagement was taking place on how to improve local mental health and dementia services for older adults.

It was also highlighted that engagement was taking place with the public, staff and stakeholders regarding a pilot to improve trauma and orthopaedic services at the four main hospitals.

The Committee was also advised that by early July 2018, it was hoped the Lincolnshire STP website would be relaunched to include updated information on progress; the case for change and the acute services review. The Committee was advised further that a number of public engagement events would be held across the County during the summer; and that an online survey would be launched as a further method by which the public could share their views.

During discussion, the following points were made:-

- The link between neighbouring STPs. The Committee was advised that the Lincolnshire STP team worked very closely with STP teams from bordering areas to ensure that the STP Plans were aware of any service changes in these areas. It was highlighted that some neighbouring STP teams were six to nine months behind Lincolnshire in the process at the moment;
- One member asked as to whether the proposed re-organisations would actually benefit the patient, or were they solely for financial savings. Confirmation was given that there was no re-organisation in Lincolnshire, as there were still four CCGs and three provider Trusts; and that NHSE and NHSI were not merging, but were just working more closely together;
- Financial Deficit – A question was asked as to whether new working models going forward would be more affordable to help bridge the financial gap. The Committee was advised that services going forward would look to reduce the size of the gap, but it would take a period of time to address it. It was highlighted that there was a plan going forward that would create a more balanced position; and a master plan which would describe how this was to be achieved, which would take into account health and safety issues,

sustainability; and what would ultimately lead to a better financial position. One member felt that more information was required to enable the Committee to scrutinise and monitor performance as the STP progressed. The Committee was advised that officers understood the frustration arising from the lack of available information; and agreed to look into the level of information that could be made available to the Committee to alleviate their concerns, without compromising the STP;

- Community Pain Management Service – One member expressed concerns relating to the proposed changes and to the distress being caused to patients. The Committee was advised that the current service was not working well enough; and was not structured in the right way. Confirmation was given that there would not be any changes made until suitable alternative arrangements had been put in place. The Committee noted that Lincolnshire West CCG was leading with this service and would be communicating with those patients affected by the changes. It was highlighted that there might be two separate issues as one member advised that ULHT was also making changes to their pain management arrangements, it was therefore agreed that further clarification was needed;
- A question was asked as to whether the closer working between NHS England (NHSE) and NHS Improvement (NHSI) would accelerate the Acute Services Review. It was reported that the closer working between the two areas would not speed up the review, but that following the public consultation, the joint arrangements might help accelerate the implementation;
- Page 91, fourth bullet point. A question was asked as to whether there would be public consultation around the change to Urgent Treatment Centres; and when would this take place. It was highlighted that in the engagement plan they were known as Urgent Treatment Centres, however it was noted that a test pilot was being conducted in Louth; the outcome of which would then be rolled out elsewhere; and
- Page 97, third paragraph – A question was asked as to how many public engagement events were planned across the County; where would these be held; and where would they be publicised. The Committee was advised that a timetable was being created showing all engagement events across the whole of the STP was being finalised which would show specific dates for specific locations; and that these would be starting at the beginning of July 2018. It was highlighted that the first event would be conducted and then issues raised would be taken into account, in readiness for the next event. It was noted that the events would be advertised on the website. Once the timetable was agreed, a copy would be sent to all members of the Committee.

## RESOLVED

1. That the STP Update presented be received and that a further regular update be received by the Health Scrutiny Committee for Lincolnshire at the 12 September 2018 meeting.
2. That the Chairman be authorised to discuss with the Senior Responsible Officer, Lincolnshire STP the issue of financial information.

17 NON-EMERGENCY PATIENT TRANSPORT SERVICE FOR NHS  
LINCOLNSHIRE CCG'S - THAMES AMBULANCE SERVICE LIMITED  
(TASL)

Consideration was given to a report from the Thames Ambulance Service Ltd (TASL), which provided the Committee with an update on the latest position in terms of service delivery performance and organisational changes.

The Chairman welcomed to the meeting Mike Casey, General Manager, Thames Ambulance Service Ltd.

In guiding the Committee through the report, the General Manager of Thames Ambulance Service Ltd advised that since the last meeting a new operational structure had been agreed, and was currently being implemented. The Committee was advised that TASL had confirmed its commitment to Lincolnshire by relocating its Head Office to the Pelham Centre in Lincoln.

The Committee was also advised that the performance improvement plan had included:-

- A new process had been implemented for call handling, which had resulted in some significant improvements in call answering times. It was highlighted that call answering had unfortunately seen a drop as a result of TASL losing six call centre staff, these staff had now been replaced and 'pipeline' recruitment was now in place, so it was hoped that performance would now start to improve;
- That since the revised offer had been sent to the voluntary car service drivers, 64 of the existing drivers had returned. The Committee noted that TASL had recognised the importance of the service and as such a further revised offer was to be going out to the drivers to encourage a greater number back into the organisation;
- That a series of staff meetings had been held at Boston, Lincoln and Grantham stations. It was noted that from the feedback received, an action plan had been created;
- A dedicated local secondment manager had been seconded to deliver the performance improvement plan; and
- That weekly performance reporting had been introduced across contract areas, including Lincolnshire; and that daily performance reporting had been introduced.

The Committee was advised that TASL continued to work with the CQC and commissioners. Confirmation was received that a full CQC action plan had been implemented. The Committee noted that TASL had until November 2018 to meet the agreed trajectory.

Attached at Appendix A to the report was a copy of the Recovery Action Plan for the Committee's consideration.

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

- Whether TASL still had contracts with the North and North East Lincolnshire. The Committee was advised that TASL was disappointed that notice had been received of the termination of the contract in North Lincolnshire, however, TASL would continue to provide a service until the termination date and would re-tender for the service;
- One member enquired as to whether the April/May figures presented were actual figures. Confirmation was given that the presented figures were forecasted;
- Page 111 – The amber status for voluntary car service recruitment. One member highlighted that to recruit volunteers, more needed to be done other than advertising and putting leaflets up. The Committee was advised that TASL had been active in trying to recruit more voluntary car service drivers, which had included: advertising through the NHS media; CCGs twitter feed and TASL website; posters in doctors surgeries, supermarket and hospitals; and going out to the market for instance young mothers; available after the schools run; and also refer a friend (offer of £50.00 introduction fee; and if they stayed for a month, also £50.00 was paid to the volunteer). Some suggestions put forward from the Committee were the use of recognition schemes to help keep volunteers motivated; and to approach Radio Lincolnshire for an interview to help in recruiting volunteers;
- Some members expressed their thanks to TASL for the progress that had been made and for the continuing optimism shown;
- One member highlighted that some complaints were still being received concerning missed appointments, particularly down the east coast. The Committee was advised that the east coast was a challenge due to the distances travelled. The Committee was advised further that a strategy was now in place which ensured that the voluntary car service drivers had the right level of resources in an area. TASL was currently utilising third party providers to ensure that patients got to appointments. It was noted that ambulances in Louth and Skegness were limited. The Committee noted that a review of service provision was being conducted in the east coast area; and
- Confirmation was given that voluntary car service drivers used their own insurance.

In conclusion, the Chairman extended thanks on behalf of the Committee to TASL for the more positive picture presented; and advised that going forward emphasis should be put on ensuring that the KPIs were achieved. The Committee agreed reporting to the Committee should be on a quarterly basis and that a monthly update should be received as part of the Chairman's announcements.

#### RESOLVED

That an update report be received by the Health Scrutiny Committee for Lincolnshire in three months' time, and thereafter on a quarterly basis; and that monthly updates be received by the Committee as part of the Chairman's Announcements.

The Committee adjourned at 12.30pm and re-convened at 1.30pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido and P Howitt-Cowan (West Lindsey District Council).

18     THE 2017 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH FOR LINCOLNSHIRE

Consideration was given to a report from Derek Ward, Director of Public Health, which invited the Committee to consider and comment on the Annual Report of the People of Lincolnshire 2017, which had been produced by Tony McGinty, in his capacity of Interim Director of Public Health.

Attached at Appendix A to the report was a copy of the Annual Report of the Director of Public Health on the people of Lincolnshire 2017.

The Committee received a short presentation from Tony McGinty, Consultant in Health Protection, which advised that the Annual Report focussed on the two topics that were high on the agenda for local organisations locally. The two chapters were:

- A chapter on the case for investing in prevention in support of the Lincolnshire Health and Care System's need to shift investment into proven prevention interventions; and
- A chapter renewing the focus on the biological and environmental threats to people's health and the systems in place to track these hazards and protect Lincolnshire people from harm.

The Committee was advised that the report would be published electronically, and was connected to the Joint Strategic Needs Assessment evidence, as well as being presented to a range of NHS and local government bodies for consideration.

Also, page 124 of the report presented highlighted the five recommendations to the system of health and care organisations.

The Committee was advised that in the last 40 years there had been continuous growth in life expectancy in Lincolnshire; and not all the extra years were always spent in good health. It was highlighted that in Lincolnshire in recent years, the gap between healthy life expectancy and life expectancy had widened.

During discussion, the Committee raised the following issues:-

- The effect in key conditions Stroke, Hypertension, Type 2 Diabetes, Dementia and Arthritis in the over 65s; if nothing was done; and following prevention e.g. people remaining active. Examples were given by some members of the Committee who had commenced exercise regimes and the positives effects they had received as a result, weight loss, sense of wellbeing and better physical fitness;

- The need for more preventative measures at the primary care stage. The Committee noted that there were a number of cancer screening programmes for example that were very important, which could ultimately prevent illness and death;
- A question was asked as to how CCGs and NHS providers respond to the report and its recommendations. The Committee noted that the NHS was motivated to give out messages to patients concerning their health and wellbeing; and that a significant programme was planned for front line staff to help them encourage patients to improve their wellbeing. One member also suggested that the NHS and Public Health could do more awareness raising to patients of the organisations, clubs and activities going on within their locality. The Committee was also advised that public health had some programmes it was running, one example given was 'Vitality', which was an armchair activity; and
- The need for healthy wellbeing to be promoted more especially for young children. It was also felt that professionals needed to set a healthy image.

In conclusion, the Committee extended thanks to the Consultant in Health Protection, for the report and agreed that prevention remained a challenge to the NHS and its partners in Lincolnshire. In response to a question on which aspects of the report the Committee could focus on, it was suggested that the role of CCGs in prevention might be added to the Committee's work programme.

#### RESOLVED

That the 2017 Annual Report of the Director of Public Health Lincolnshire be received and consideration be given to including the Role of Clinical Commissioning Groups in Prevention being added to the work programme.

#### 19 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.

It was agreed by the Committee that the Chairman should send a letter to John Turner, Accountable Officer, South West Lincolnshire CCG expressing the views of the Committee in response to the consultation relating to the proposal to close the Grantham Minor Injuries Unit, which has been operating between 6.30pm and 11.30pm. The Committee also felt that representatives from the South West Lincolnshire CCG should be invited to attend the 11 July 2018 meeting to provide clarity to the concerns raised.

#### RESOLVED

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1. That the work programme presented be agreed subject to the addition of an update on the Minor Injuries Unit, Grantham Hospital be added to the agenda for the 11 July 2018 meeting.
2. That a letter be sent on behalf of the Committee to John Turner, Accountable Officer South West Lincolnshire CCG, expressing the views of the Committee in response to South West Lincolnshire Clinical Commissioning Group's proposal to close the Grantham Hospital Minor Injuries Unit.

The meeting closed at 2.43 pm