



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
13 OCTOBER 2021**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, S R Parkin, Dr M E Thompson and R Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council) and Mrs A White (West Lindsey District Council) and M A Whittington (South Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Charley Blyth (Director of Communications and Engagement, Lincolnshire Sustainability & Transformation Partnership), Katrina Cope (Senior Democratic Services Officer), Tom Diamond (Associate Director of Strategy, Lincolnshire Clinical Commissioning Group), Simon Evans (Health Scrutiny Officer), Sarah-Jane Mills (Chief Operating Officer (West Locality), Lincolnshire Clinical Commissioning Group), Dr Kieran Sharrock (Medical Director, Lincolnshire Local Medical Committee) and John Turner (Chief Executive, NHS Lincolnshire Clinical Commissioning Group)

The following officers/representatives joined the meeting remotely via Teams:

Tom Diamond (Associate Director of Strategy, Lincolnshire Clinical Commissioning Group) and Jody Clark (representative from Fighting 4 Grantham Hospital).

Councillor C Matthews (Executive Support Councillor NHS Liaison, Community Engagement, Registration and Coroners).

33 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R P H Reid, G P Scalese (South Holland District Council) and R Kaberry-Brown (South Kesteven District Council).

It was noted that Councillor M A Whittington (South Kesteven District Council) had replaced Councillor R Kayberry-Brown (South Kesteven District Council) for this meeting only.

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

34 DECLARATIONS OF MEMBERS' INTERESTS

No declarations of member's interest were made at this stage of the proceedings.

Councillor Mrs A White wished it to be noted that like other members of the Committee, she had received copy of information in relation to services at Grantham Hospital and District Hospital from two campaign groups in Grantham.

35 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 15 SEPTEMBER 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 15 September 2021 be agreed and signed by the Chairman as a correct record.

36 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 12 October 2021. The supplementary announcements made reference to:

- The Covid-19 Update, a copy of the latest data compiled by Lincolnshire County Council Public Health Division was attached at Appendix A to the supplementary announcements;
- Cliff House Medical Practice, Lincoln - Contract extension; and
- Healthwatch Lincolnshire – Yourvoice@healthwatch public face to face event on 3 November 2021 from 10.00am to 1.00pm at the Boston United Football Club. The theme for the event was Community Wellbeing.

Some members expressed concerns at the increased number of Covid-19 cases in schools. The Chairman agreed that he would discuss the matter with Cllr R J Kendrick, Chairman of the Children and Young People Scrutiny Committee.

RESOLVED

That the Supplementary Chairman's announcements circulated on 12 October 2021 and the Chairman's announcements as detailed on pages 15 to 17 of the report pack be noted.

37 LINCOLNSHIRE ACUTE SERVICES REVIEW - INTRODUCTION TO CONSULTATION AND ARRANGEMENTS FOR RESPONSE

The Chairman advised the Committee that before he invited the representatives from the Lincolnshire NHS Clinical Commissioning Group to present the report, he had received a request from Jody Clark (Fighting 4 Grantham Hospital) to speak at the meeting. The Committee was advised that a time period of three minutes would be allotted to Jody to address the meeting via Teams.

The statement made reference to some of the following points: the opposition in Grantham to the overnight closure of Grantham A & E; the troubles with recruitment and retention of staff at Grantham Hospital; the travelling incurred by local patients due to the reduced service and the impact of travelling on families in the Grantham area; with no A & E provision, there was a need for a 24/7 Urgent Treatment Centre with walk in access, and access to medical and acute beds.

On behalf of the Committee the Chairman extended his thanks to Jody Clark for her statement.

The Chairman invited the following representatives from the Lincolnshire NHS Clinical Commissioning Group who were present in the Council Chamber to present the item to the Committee: John Turner, Chief Executive, Charley Blyth, Director of Communication and Engagement and Tom Diamond, Associate Director of Strategy (who attended the meeting via Teams).

The Chief Executive extended his thanks to the Committee for their continued interest and support shown over the last eighteen months.

The Committee was reminded that the on the 21 September 2021 the Chairman had received notification from the Chief Executive of the Lincolnshire Clinical Commissioning Group (CCG) that the CCG would shortly commencing a formal public consultation exercise in relation to the four NHS service change proposals. It was noted that at the Lincolnshire CCG Board on 29 September 2021 had agreed to proceed with the consultation, which was then subsequently launched on 30 September 2021 for a period of twelve weeks up to 23 December 2021.

The Committee noted the four NHS services change proposals were in the following areas:

- Orthopaedic Surgery – the development of a 'centre of excellence' in Lincolnshire for planned surgery at Grantham and District Hospital and a dedicated day-case centre at County Hospital Louth, for planned orthopaedic surgery;
- Urgent and Emergency Care at Grantham and District Hospital – the establishment of a 24/7 Walk in Urgent Treatment Centre, in place of the current Accident and Emergency department;

- Acute Medical Beds at Grantham and District Hospital – The establishment of integrated community/acute medical beds, in place of the current acute medical beds; and
- Stroke Services – the development of a 'centre of excellence' in Lincolnshire for hyper-acute and acute stroke services at Lincoln County Hospital; which would be supported by the enhancement of the community stroke rehabilitation service to support stroke patients with more complex needs.

The Committee was advised that the vision was to provide the very best health care for the people of Lincolnshire and to continually improve services wherever possible. It was felt that the benefit of the proposed changes would improve the quality of care being provided; reduce waiting times; provide better outcomes for patients; increase the availability of staff to care for patients; and would be a better use of NHS funds, by reducing spending on temporary staff.

Detailed at Appendix A to the report was a copy of the Executive Summary of the Pre-Consultation Business Case for the Lincolnshire Acute Services Review; and Appendix B provided the Committee with a copy of the public consultation document relating to four of Lincolnshire's NHS Services.

It was reported that there was a programme of public consultation events happening around the County, some of which had already been held. It was noted that the every effort was being made to publicise public consultation across the County. It was highlighted that flyers had been sent to every household, face to face events were being held, and that there was also the opportunity for members of the public to complete the questionnaire on-line.

Page 21 of the report provided a proposed timetable to allow the Committee to respond to the NHS service changes.

Whilst reviewing the report presented, the Committee raised the following comments:

- The views of Grantham residents with regard to the provision of A & E services at Grantham and District Hospital. Assurance was given that the views of residents of Grantham had been listened to. The Committee noted that over a number of years there had been several changes made to A&E services at Grantham Hospital and the services being provided were far closer to that of an Urgent Treatment Centre (UTC). It was reported that the vast majority of people needing care would be able to attend a UTC for their care and that making it a 24/7 walk in service would be an enhanced service. A question was asked whether members of the public had been using the UTC when it had been temporarily changed during the pandemic. The Committee was advised that during the temporary period, the UTC had been well used. Officers agreed to make the data available to members of the Committee;
- Members of the Committee welcomed the public consultation. A request was made for further information concerning the consultation and where that information could be found, so that it could be forwarded on to other organisations and members of the public;

- What the timetable was for the remaining four areas of service. The Committee noted that when the ASR commenced clinicians had initially looked at 35 services across the county; then as a result of due process, eight services had been identified for more detailed work. Following this, four areas had been selected for consultation, to implement these changes would require less capital expenditure (between £10 to £12million). The intention was to enhance care, help workforce issues and to actually make a difference in services being provided for the residents of Lincolnshire. It was highlighted for the four remaining areas more capital investment was required (between £50 to £60 million). Details relating to the financial impact of ASR following full impact of service changes were shown on page 52 of the report pack;
- Cross border services for those residents in the north and south and west of the County;
- Some concern was expressed regarding the rurality of East Lindsey and whether any engagement was being done in market towns. Reassurance was given that the responsibility of the CCG was for the whole population of Lincolnshire. It was further highlighted that whilst consulting on the four services, the NHS welcomed feedback on all aspects of the NHS. The Committee was advised that market day events were being held in all market towns during December and that there was also the opportunity to participate in virtual events;
- Whether the Lincolnshire Association of Local Councils (LALC) had been approached to help get the information out to town and parish councils. The Committee was advised that LALC had been contacted prior to the launch of the consultation on 30 September as had other stakeholders. The Committee was advised that 1,200 responses had already been received as of 12 October; and that this compared very well to a consultation in Gloucestershire, which had only received a total 715 responses for the whole consultation period. Emphasis was however made that it was not the quantity of responses; it was the quality of response that was very important. A further question asked was whether there was capacity for someone to visit parish councils. It was noted that there was a focus group and that as requests were received, visits could be arranged. The Committee requested details of who to contact in these instances;
- The issue of rurality for a patient experiencing a stroke and the prospect of a longer journey to a specialised unit;
- The emerging Humber Acute Services Review, and its potential impact on residents on the east of the county, and other neighbouring trust; and whether these changes had been taken into consideration with the planned Lincolnshire changes and the possible additional pressures on Lincolnshire trusts. Reassurance was given that the CCG linked in very closely neighbouring trusts; and that this was an on-going process;
- A request was made for the Committee to be kept updated regarding the number of responses received to the public consultation. Thanks were also extended to the CCG for arranging a flyer to be sent to every household in Lincolnshire. The Chief Executive agreed to make information available to the Committee regarding the number of responses received. A further question was asked as to how the despatch of the flyers was being monitored to ensure that each resident received a leaflet. The

Committee was advised that every effort was being made to ensure that a leaflet was delivered to every household;

- Whether Covid-19 would have any impact on proposed timetable for implementation. Reassurance was given that contingency plans were in place in the event of a further wave of Covid-19;
- What the proposed bed provision at Grantham hospital was going to be. It was reported that the bed provision would make provision for overnight inpatients and day case patients;
- Staff recruitment and retention in Lincolnshire. It was noted that this was an issue in Lincolnshire in primary care and nursing staff. It was noted that a recent successful recruitment exercise had managed to secure a number of health and care workers to key hospital services. The Lincoln Medical School had been successful in helping to recruit trainees. It was further noted that the focus on the east coast was to grow your own;
- Reference was made to a number of outstanding questions not being answered following the attendance at a recent council meeting in Boston. Reassurance was given that the questions raised would be answered;
- The positives of having Grantham and District Hospital as a centre of excellence for Orthopaedic surgery;
- Some concerns were expressed regarding some services being centralised. The Committee was advised of the significant investment that Pilgrim Hospital Boston had received. The Committee was advised that the CCG was happy to provide more detail if required;
- Whether financial constraints were the driving force for the proposed changes to services. The Committee noted that the changes were not about financial savings. The driving force was quality of care, services being reconfigured in the right way; reducing waiting lists; and ensuring the retention of staff;
- The need to ensure that communication provided ensured that people understood what services were available now and what was going to change. Particular reference was made to the Louth County Hospital site. The Chief Executive agreed to provide in collaboration with United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Services NHS Trust a list of services currently provided at the Louth County Hospital and what the proposed changes would entail for the East Lindsey District Council representative. There was recognition that communication was key to the ensuring that the public were well informed of the proposed changes and the reasons for the changes;
- Whether a patient from the East Lindsey area who had attended Grantham Hospital for orthopaedic surgery would be able to have a follow up appointment in Louth. The Committee was advised that this would be checked and reported back;
- Transport issues for those attending the proposed centres of excellence;
- The need for members of the public to see the benefits of any change to service;
- The need to take into consideration the Chief Medical Officer's Annual Report 2021: Health in Coastal Communities. The Committee was advised that the CCG and the Council worked very closely together regarding equitable service provision across the County;

- Residents from Alford and Mablethorpe not being unable to attend breast and diabetic screening appointments as they had no transport available to them. The Chief Executive agreed to look into this issue; and
- A question was asked if a patient attended a proposed UTC had to be moved to an alternative site, would travel arrangements be made to bring the patient back to the original site. The Committee noted that as the UTC was a local service, the majority of patients would have their care needs met without the need for any further transportation.

The Chairman on behalf of the Committee extended his thanks to representatives for their presentation.

RESOLVED

1. That the introductory presentation on the public consultation on the Lincolnshire Acute Services Review be noted.
2. That the arrangements for responding to the NHS's consultation on the Lincolnshire Acute Services Review in line with the following timetable be confirmed:
 - a) Detailed consideration of two specific elements of the Acute services Review at each Committee's next two meetings on 10 November and 15 December 2021;
 - b) Consideration of the interim feedback report on the consultation from the Lincolnshire Clinical Commissioning Group on 15 December 2021;
 - c) Establishment of one working group to draft the detailed response to the consultation;
 - d) Finalisation of the Committee's response to the consultation on 19 January 2022, for submission prior to 31 January 2022.
3. That the working group be comprised of the following: Councillors Mrs S Harrison, C S Macey, S R Parkin; Mrs A White, M A Whittington, L Wootten and R Wootten,

38 GENERAL PRACTICE ACCESS

The Committee gave consideration to a report from the Lincolnshire Local Medical Committee, which provided an update on General Practice services.

The Chairman invited Dr Kieran Sharrock, Medical Director, Lincolnshire Local Medical Committee, to present the item to the Committee.

Also present for this item to help with questions was: John Turner, Chief Executive Lincolnshire Clinical Commissioning Group and Sarah-Jane Mills, Chief Operating Officer (West Locality) Lincolnshire Clinical Commissioning Group.

The Committee was advised that general practice nationally was overstretched, due to an increasing workload before the pandemic, and that the pandemic pressure had then exacerbated the issue. Also, due to hospital trusts being under pressure with long waiting lists, general practice was seeing an increase in the number of patients seeking support for their increasing health needs, which were not being managed by secondary care.

It was reported that the number of GPs had been falling consistently, in March 2016 there had been 51.5 GPs for every 100,000 patients, and that now in March 2021 the figure had fallen to 46.3 for every 100,000 patients. It was highlighted that since March 2021, the British Medical Association had seen a loss of a further 597 GPs and 920 general practice nurses. In order to compensate for the loss of GPs, Primary Care Networks were now employing other health professionals to manage patient conditions such as: clinical pharmacists, paramedic practitioners, first contact physiotherapists, social prescribers and mental health practitioners. It was highlighted further that these professionals were qualified to manage conditions in their sphere, but did not have the holistic skills that a GP would have.

The Committee was advised that to help ease the situation, practices had moved to a 'Total Triage' model of providing services. This allowed practices to navigate the patient to the most appropriate professional to manage their condition. Further details of relating to total triage was shown on page 100 of the report pack.

It was highlighted that Lincolnshire had always had difficulty recruiting and retaining clinical workforce. The Lincoln Medical School and other development at the University of Lincoln would help with recruitment in the long-term, but was unable to offer support to the short-term shortages. The report highlighted that by 2025 there would be a shortage of 220 "autonomous" practitioners.

In conclusion, as Lincolnshire's general practice were experiencing increasing workload and workforce shortages, Lincolnshire and other health systems were considering moving to a Primary Care Home model, which would require public and stakeholder engagement. It was also highlighted that self-care and prevention needed to be prioritised to alleviate further pressures on health and social care.

During discussion, the Committee raised the following points:

- The number of face to face appointments figures on page 100. The Committee was advised that the only figures that could be provided were those from the NHS Digital GP Appointment Data;
- The need for better communication to the public of the changes that had been made to mitigate the workforce problems and the increased workload issues, particular reference was made 'total triage', if people were advised how the system worked then there would be less concern from patients not having their expectations met. There was recognition that more communication needed to be done and that there needed to be a consistent message as to why the change had been made and why it

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was needed to continue. It was also highlighted that there needed to be better communication between the GP and the hospitals. One member confirmed that following a consultant visit, a copy letter was sent to the practice and the patient, which was extremely useful;

- What plans were proposed for a recruitment campaign to fill the 220 practitioner gap. The Committee was advised that GPs had done an outstanding job over the last 18 months; and primary care as a whole had seen a lot of change as they moved to total triage and digital access, which in itself had caused some problems, as some patients still had expectations that the GP was the person they needed to see. It was recognised that there were challenges ahead with regard to recruitment and retention and that was an on-going discussion. The Committee noted that the workforce challenge was nationally as well as in Lincolnshire. The Committee noted that progress was being made in Lincolnshire; particular reference was made to retaining GPs who were nearing retirement; successful international recruitment, it was noted that over the last 12 months, 38 newly qualified doctors had been recruited; the presence of 15 Nurse Associates working in general practice; work was on going to secure paramedics to work in general practice; and the recruitment of 58 clinical pharmacists. There was recognition that there was still more to do. A request was made for the People Plan to be future item for discussion for the Committee;
- One member from personal experience agreed that the system was working for long-term conditions, ordering prescription etc., but concern was expressed to conditions that were not picked up or diagnosed correctly, for example cold/flu like symptoms, which actually in one instance had turned out to be meningitis. The Committee was advised that systems were in place which allowed people to assess their own symptoms and to make contact if they were not getting any better; and 99 times out of a hundred assessments were correct, but unfortunately there would be rare occasions when symptoms were missed;
- Some concerns were raised regarding the difficulty of contacting general practices by telephone, patients having to wait half an hour to get through, some not getting through at all; and some actually after numerous tries just giving up. It was highlighted that there was a lot of variation across the county. The Committee noted that at the moment there were 86 practices and they all ran their practices in slightly different ways, and that discussions were on going as to how the variation across practices could be reduced. It was noted further that there were proposals for setting up a task force to promote good practice and offer support. The Committee was advised that the frustrating thing for practices was that some phone calls, some patients with access to IT could have actually used on-line facilities, freeing up more time for those without access to IT. It was highlighted that the two main problems attributed to telephones were: firstly infrastructure, it was highlighted that support was being given to a number of practices to replace their telephone systems; and secondly there was the issue of having enough workspace and workforce available to be able to answer calls. Reference was also mentioned to investment through funding from Section 106 funding to developing a telephone hub;
- The care navigation process, some concern was expressed that whether following training, care navigators would be able to pick up on serious illness. It was felt that care navigators needed clear instructions as to what they could do and what they

should not do; as it was felt that this was not happening at the moment. The Committee was advised that the role of the care navigator was purely to navigate people to the right person to deal with their problem;

- The Primary Care Home Model, the separating of long-term and short-term health management, which allowed for better management of each of the groups by focusing the skills of the professionals to the needs of the patients. The Committee noted that some parts of the country were already working to this model and that it was something that had been discussed, but it was just seeing how the model would work for the population of Lincolnshire. It was highlighted that over the last 12 months Primary Care Networks (PCNs) had established an enhanced Care Homes project, where each PCN had identified the care homes that sit within their area, and that the PCN were responsible for working with all professionals to support patients living in their own homes and care homes. The Committee was advised that at the moment care arrangements between general practice and community services were not as integrated as they could be, however, there were patches of great teamwork and proactive work, but there was not consistent integration in Lincolnshire;
- Thanks were extended to Healthwatch Lincolnshire, for their patient feedback;
- The regular referral by GPs for patients to visit the UTC. The Committee was advised that if patients were being sent inappropriately to the UTC, the CCG would receive feedback from the Lincolnshire Community Health NHS Trust. The Committee was advised that there was some testing going on in both the Skegness and Lincoln City area whereby GP practices could actually book patients into the UTC to have a face to face appointment in that facility, where that was appropriate for their needs;
- The need for better transport facilities in rural area;
- The need to promote self-care and to ensure that more was done from a public health perspective with regard to prevention, as it was felt that this was an area that needed further consideration;
- Whether there was a process of peer review between practices. The Committee was advised that peer reviews did occur across primary care, but not for things like how long does it take to get through on the telephone. It was hoped that the establishment of the task force would help share best practice;
- The fantastic role undertaken by nurse practitioners; and
- A member's personal experience of ringing three separate practices and that a different message and response was received from each one with regard to Covid-19, which highlighted the discrepancies across GP practices;

The Chairman on behalf of the Committee extended thanks to the representatives for their presentation.

RESOLVED

1. That the challenges affecting General Practice in Lincolnshire, in particular the shortfall of 220 autonomous practitioners, be noted; and the Committee's strong support for a recruitment campaign to encourage practitioners to work in Lincolnshire be recorded.

2. That the Committee's preference that as many in-person appointments as possible should be offered to patients, where there is a clinical need for them to be seen in person, be recorded.
3. That a further update on General Practice Access be received by the Committee in six months.

39 LINCOLNSHIRE CLINICAL COMMISSIONING GROUP - SUPPORT FOR GENERAL PRACTICE

The Committee gave consideration to a report from the Lincolnshire Clinical Commissioning Group, which provided an overview of the key areas of work being undertaken to support local GP services.

The Chairman invited John Turner, Chief Executive of Lincolnshire Clinical Commissioning Group (CCG), and Sarah-Jane Mills, Chief Operating Officer (West Locality) Lincolnshire CCG to present the item to the Committee. Dr Kieran Sharrock, Medical Director, Lincolnshire Local Medical Committee was also in attendance for this item.

As a lot of what was contained within the report had been discussed in the previous item, the Committee's attention was brought to section IV on page 6 of the report which made reference to Communication and Engagement, which highlighted that the CCG appreciated that there could never be too much communication and engagement and as such were investing additional capacity to support enhanced engagement with local communities, to ensure that patients were better informed of changes and developments.

It was highlighted that following feedback the CCG would be working jointly with Healthwatch to develop a programme to support people to understand the digital offer and provide a step by step guide on how to use it and that this would be ready early December 2021.

During discussion, reference was made to:

- The need to promote the NHS App as well as this linked primary and secondary care and that information should be provided as to how to set it up. Representatives agreed to take back the comments raised with regard to the NHS App.;
- One member asked for further information as to where the 14 Primary Care Networks were situated across the county; and how many GP practices were within each network. It was agreed that this information would be sent through to the Health Scrutiny Officer to circulate to members of the Committee;
- Whether the training hub was a physical building. The Committee noted that the training hub was a team who co-ordinated and supported training;
- Using County News to get important message out to the residents of Lincolnshire; and

- To what extent could the CCG intervene, using the GP contractual provisions, if the CCG were to feel a particular practice was not offering a good level of service. The Committee noted that the approach taken in Lincolnshire was to work with practices, primary care and the Local Medical Committee to provide additional support to deal with whatever issues they had. It was highlighted that contractual provisions would be an absolutely last resort.

RESOLVED

1. That the various support provided by Lincolnshire CCG to general practice in Lincolnshire be noted.
2. That the Committee's concerns that the shortage of practitioners not only impacts on general practice itself, but also on the wider health system be recorded.
3. That a further update on Lincolnshire CCG Support for General Practice be received by the Committee in six months.

40 ELIGIBILITY CRITERIA FOR NON-EMERGENCY PATIENT TRANSPORT - CONSULTATION

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the item which invited the Committee to agree its response to the Eligibility for Non-Emergency Patient Transport – Consultation, for submission to NHS England by the consultation closing date of 25 October 2021. The Committee had received a copy of the response document circulated by email on 11 October 2021.

The Committee noted that it was the intention that new contracts from April 2022 would reflect the new criteria, and that this would be applied by the provider of the new contract for non-emergency patient transport from 1 July 2022.

RESOLVED

That the Committee's response to the NHS consultation on the eligibility criteria for non-emergency patient transport as circulated on the 11 October be approved.

41 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report, which invited the Committee to consider and comment on its work programme as detailed on pages 108 and 109 of the report pack.

During consideration of the item, the Committee raised the following comments/suggestions:

- Clarification as to the remit of the Humber Services Review. The Committee noted the proposals would include Northern Lincolnshire and Goole NHS Foundation Trust, and that in terms of Lincolnshire residents it was mainly, but not exclusively changes to the Diana Princess of Wales Hospital in Grimsby;
- The NHS recovery Plan post Covid-19. It was agreed that due to the number of items on future agendas that an update would be provided as part of the Chairman's announcements. If it was then felt that the matter should be discussed further, it would then be added to the work programme.

RESOLVED

That the work programme presented be agreed subject to inclusion of the items agreed at minute numbers 37 2(a),(b),(c) and (d), 38(3), and 39(3).

The meeting closed at 1.28 pm