HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
16 FEBRUARY 2022

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

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), M A Whittington (South Kesteven District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Katrina Cope (Senior Democratic Services Officer) and Simon Evans (Health Scrutiny Officer).

The following representatives joined the meeting remotely, via Teams:

Sue Cousland (Lincolnshire Divisional Director, East Midlands Ambulance Service), Lucy Gavens (Consultant - Public Health), Ben Holdaway (Director of Operations, East Midlands Ambulance Service NHS Trust), Wendy Martin (Associate Director of Nursing & Quality, Lincolnshire Clinical Commissioning Group), Andrew Simpson (Consultant Urologist), Alison Christie (Programme Manager, Strategy and Development), Dr Colin Farquharson (Medical Director United Lincolnshire Hospitals NHS Trust) and Helen Sands (Continuing Healthcare Clinical Lead, Lincolnshire Clinical Commissioning Group).

County Councillor C Matthews Executive Support Councillor NHS Liaison, Community Engagement, Registration and Coroners) attended the meeting as an observer.

68 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors G Scalese (South Holland District Council) and R Wootten.

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 N Sear to replace Councillor R Wootten on the Committee for this meeting only.

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

69 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs S Harrison (East Lindsey District Council) wished it to be noted that she was a member of the Lincolnshire Patient Group for the East Midlands Ambulance Service (EMAS).

70 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 19 JANUARY 2022

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 19 January 2022 be agreed and signed by the Chairman as a correct record.

71 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committees attention the supplementary announcements circulated on 15 February 2022. The supplementary announcements referred to:

- Care Quality Commission Report on United Lincolnshire Hospitals NHS Trust;
- Covid-19 Update;
- The Government's Proposals for Health and Care Integration: *Joining up Care for People, Places and Populations*;
- Intermediate Minor Oral Surgery – Response from NHS England (Midlands); and
- NHS Support for Victims of Sexual Assault.

During a short discussion, some clarity was sought regarding the following:

- How much money had been allocated from the East Midlands to Lincolnshire for Dental Services; and the time scale for spending the allocation. The Committee noted that the amount would have to be spent within the existing financial year; and that confirmation would be sought regarding this, and the allocated amount for Lincolnshire;
- Some questions were raised regarding mental health support. The Committee was advised that an update would be received from Lincolnshire Partnership NHS Foundation Trust at the 13 April 2022 meeting; and

- Findings of Care Quality Commission report for United Lincolnshire NHS Hospitals Trust. It was highlighted that this item would be picked up later in the agenda when the Committee considered its work programme.

RESOLVED

That the Supplementary Chairman's announcements circulated on 15 February 2022 and the Chairman announcements as detailed on pages 13 to 17 of the report pack be noted.

72 EAST MIDLANDS AMBULANCE SERVICE UPDATE

The Chairman advised the Committee that this item had been circulated as part of the supplement issued on the 10 February 2022.

The Chairman invited the following presenters from East Midlands Ambulance Service (EMAS): Sue Cousland, Lincolnshire Divisional Director and Ben Holdaway, Director of Operations, to remotely present the report.

Note: Councillor S R Parkin joined the meeting at 10.20.am.

The presentation provided the Committee with an update on the EMAS, which made reference to:

- The strategic vision, the strategy and supporting strategies; and the objectives of EMAS respond, develop and collaborate;
- EMAS Performance 2021/22 – Quarter 1 to Quarter 3.
- Lincolnshire Performance 2021/22 – Quarter 1 to Quarter 3. It was noted that the number of Lincolnshire incidents had continued to increase, and details of activity rates, conveyances, operational resources and pre-handovers were shared with the Committee. It was noted that there had been a downward trend in conveyances;
- Details relating to the reshaping of operations, service improvements were shared;
- The importance of system relationships and that the positive benefits from the pandemic had been enhanced system working with all stakeholders;
- In relation to system relationships strategically and with providers, particular reference was made to the relationship with United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Services NHS Trust;
- Lincolnshire Initiatives; and
- Priorities for 2022/23. It was highlighted that the top priority for EMAS was to provide safe and effective care delivery. There was recognition that some responses to patients were delayed, but when crews arrived the service delivered was a quality service. Reference was also made to empowering staff to reach their full potential; and improving efficiency and effectiveness of all resources.

During discussion, the Committee raised the following comments:-

- Whether the times for Lincolnshire pre-handovers were averages. Confirmation was given that the figures provided were mean averages and that the service recorded data on 90th percentile and 95th percentiles. There was recognition that some people were waiting longer and, similarly some people were waiting less time. Confirmation was also given that in circumstances where patients required care immediately, these were prioritised. Reassurance was also given that processes were in place to ensure patients received the care they required as soon as possible;
- Some concern was expressed, from personal experience to the questions asked by 999-call handlers regarding the condition of patients. The Committee noted that the 999-call handlers used a script based on a series of algorithms to assess the information provided and initiate the most appropriate response. There was recognition that it was sometimes difficult for a caller to communicate the exact nature of the problem, but call handlers were trained to get the best information they could to help identify the problem. The Committee noted that all calls were prioritised and allocated to one of five categories, with category one being the top priority, and that EMAS aimed to get to these patients within seven minutes; with 99% of them being within 15 minutes. Confirmation was also given that Covid-19 tests were not performed on ambulances. It was also highlighted that any patient waiting in an ambulance would be assessed in greater detail so that more informed advice could be provided to clinicians, to ensure that the patient went to the right place; and that anyone waiting in an ambulance would be regularly checked by ambulance staff and emergency department staff;
- Hear and Treat for Lincolnshire. One member enquired whether there was any clinical breakdown in the categories for those treated; and how ongoing clinical care was provided or communicated in these instances. The Committee noted that 10% of the transport provided was for cardiac related incidents, and around 10% to 15% was for patients with breathing difficulties, and then between 5% and 10% was for patients who had fallen, and that stroke patients represented under 5% of the total responses. It was highlighted that a better breakdown of clinical cases could be provided for in the next update to the Committee. In relation to see and treat incidents, the Committee was advised that normally EMAS staff would see, treat and refer the patient to primary care, or back to their GP, or to out of hours care. In relation to stroke and heart attack patients, it was highlighted that staff had a direct line in to the hospital and that nearly always, stroke patients were taken directly for a CT scan, which was the initial part of the diagnosis;
- Timing of calls – The Committee was advised that prior to Covid-19, early hours of the morning demand would decline and then increase at lunchtime; then fall and increase again in the evening. However, since Covid-19, there had been a change in the pattern of demand, there was now more demand in the early hours of the morning and between nine and ten in the morning, with people accessing their healthcare through 999. As a result of this change, resources had been changed to meet the demand;

- Whether handovers were still being made at Grantham hospital, as there had been no mentioned of this in the presentation. The Committee noted that only a small number of patients were taken to Grantham & District Hospital;
- Whether there were ambulances dedicated to Lincolnshire. Confirmation was given that Lincolnshire ambulances were predominantly available to respond to emergencies in Lincolnshire. If, however, there was a serious emergency in a neighbouring county, Lincolnshire would send whatever was available to help, as there were clear protocols in place to deal with serious emergency situations. Likewise, if a serious emergency were to happen in Lincolnshire, mutual aid would be received from other counties. Further reassurance was given that Lincolnshire received a large proportion of aid, whether that was additional ambulances or additional clinicians working with colleagues on the front-line to support see and treat elements. The Committee noted that a system approach was taken, based on demand and the right amount of resource. It was highlighted what would help the resource and demand situation, would be better flow through a hospital, enabling the service to hand over patients quicker, freeing up ambulance staff to be able to attend the next incident to treat further patients. It was highlighted that two summits had been held by the County Council working with partners to try and address the issues, and that a system was already in place to start to move things forward in the right direction. The Committee was also advised that if a major incident occurred in Lincolnshire local crews would deal with the incident and support would be provided from neighbouring counties to keep the day-to-day services running and that processes were in place to deal with differing scenarios;
- Outcomes of patients, via hear and treat and see and treat. The Committee noted that re-contact rates were monitored, and that re-contact rates were below 5%. It was also highlighted that call incident response forms were looked at and issues were logged if it was felt that the response made was incorrect. The Committee was advised that different mechanisms were in place to ensure that the service was making the right decision for the patient;
- Military support provided to EMAS. It was reported that the trust had received assistance from sixty general duty staff who had gone out with clinical staff. Twelve of those staff had been in Lincolnshire. The Committee was advised that that the military personnel had provided great support and had been fantastic to work with;
- Relationships with providers, Particular reference was made to Lincolnshire Integrated Volunteer Emergency Services (LIVES), neighborhood teams and Community Emergency Medicine Services (CEMs). The Committee noted that the CEMs, which was provided by LIVES had three vehicles which were active most days; and that advice could be sought from them regarding clinical input, pre-hospital, and that their focus was mainly on the more complex cases. It was highlighted that they had a range of diagnostic equipment on board to help them determine the best route for a patient to take. Ambulance staff liaised with them, and they were linked to the day-to-day service. With regard to primary care networks, it was reported that a pilot had been working in the south of the county, which was focused on the role of an advanced paramedic or a first contact paramedic working side by side in primary care. It was noted that work continued with the more engaged networks to demonstrate the value of the role, both for primary care and for EMAS. With regard

to the role of CEMs staff, it was noted that staff were available to attend emergencies, working with ambulance crews as they arrived, ascertaining the acuity of patients. It was noted further that CEM staff aimed to keep the flow through any hospital; and

- The effect the acute services review could have on existing services pressures. Confirmation was given that EMAS had put together a business case based on the impact of the review on services. EMAS had also been involved in the consultation and had attended public meeting to address any concerns. Overall, it was felt that there would be minimal impact on the proposed changes from both EMAS and the patient perspective.

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

RESOLVED

1. That the Committee's thanks be recorded to all staff of the East Midlands Ambulance Service NHS Trust for their efforts since the beginning of the pandemic.

2. That a further presentation be requested in six months' time, to include the additional statistical information requested by the Committee.

73 NHS CONTINUING HEALTHCARE

Consideration was given to a report from the NHS Lincolnshire Clinical Commissioning Group, which provided the Committee with an update on NHS Continuing Healthcare, a defined package of ongoing care arranged and funded solely by the NHS, where an individual had been assessed and found to have a 'primary health need'

The Chairman invited the following representatives from the NHS Lincolnshire Clinical Commissioning Group: Wendy Martin, Associate Director of Nursing and Quality and Helen Sands, Continuing Healthcare Clinical Lead, to remotely, present the item to the Committee.

The Committee noted that this item and been circulated as part of the supplement on 10 February 2022.

The Committee was advised of the background to NHS Continuing Healthcare, primary health need, NHS-Funded Nursing Care and the roles of the NHS and Local Authorities.

It was reported that Lincolnshire Clinical Commissioning Group (CCG) had an in-house Continuing Healthcare team and that the team comprised of five main areas, details of which were shown within the report presented.

Details of the expenditure on Continuing Healthcare for 2020/21 was shown on the bottom of page 17 of the supplementary report pack for consideration by the Committee.

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

- If a patient's circumstances changed to the point that they were no longer eligible for continuing healthcare, but they still needed support, what measures were in place to ensure a smooth transition to another service. It was reported that a package of care was not handed over until it was known that there was a subsequent package of care in place. It was reported further that a 14 day notice period would be given to end continuing healthcare packages and that during that time an assessment would always be done with social care colleagues, and that ongoing discussion would continue with workers to see if any funding needed to be carried on until the package of care was in place;
- What measures were in place to ensure that accessing the service was not too complicated, and how long, if a patient was not fast tracked, did the process take. The Committee was informed that there was 28-day process, informed through a checklist of need via the health care worker or social care worker. The Committee was advised that the process was a national process which could not be changed, and the starting point was receiving the checklist. It was noted that so far, the 28-day process time had been met;
- Whether there was an appeals process and what percentage were accepted for continuing healthcare. The Committee noted that there was an appeals process for the checklist stage. Unfortunately, the percentage accepted was not a figure available at the meeting;
- Whether the access to NHS continuing healthcare was fair and equitable. The Committee was advised that the CCG had reviewed their process over the last three years to ensure that the process was fair and equitable;
- Whether the demand for NHS continuing healthcare was expected to increase over the next few years. The Committee was advised as the elderly population was increasing, yes, there was an expected increased in demand for NHS continuing healthcare;
- Clarification was given that the funding shown at the bottom of page 17 of the report pack was just NHS funding, and that Section 75 figures was what continuing health care paid to the County Council for the section 75 agreement. In terms of cost increases, these would be expected year on year. It was noted that there had been additional Covid-19 funding for the current year, which had supported hospital discharges. It was noted further that funding in the coming year was likely to reduce, as there would not be as much hospital funding expended;
- If the move to an integrated care system would have an impact. The Committee noted that close working arrangements were already in place with County Council colleagues and other health colleagues. It was however highlighted that there would be opportunities to look at the way services were contracted; and what more could be done to aid working as an integrated system; and
- Discharge arrangements. The Committee was advised that there was an assessment on discharge regarding care needs, and where those care needs were met, a full assessment would take place within 28 days. It was noted that the assessment would determine the funding route and that the hospital discharge fund had been

put in place to make the process more effective. The Committee noted that the 28-day period would not start until the person was discharged, if required a checklist would be put in place and that would then start the 28 days. It was highlighted that most packages of care from hospital to home went through the local authority, and it was only the most complex cases which were funded by the NHS.

The Chairman on behalf of the Committee extended his thank to the presenters.

RESOLVED

1. That the report on NHS Continuing Healthcare be noted.

2. That Lincolnshire Clinical Commissioning Group's obligation to follow national guidance, as set out in *National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care,* (revised October 2018) in its implementation of NHS Continuing Healthcare arrangements be noted.

3. That no changes are currently proposed to the eligibility arrangements for NHS Continuing Healthcare be noted.

74 SUICIDE PREVENTION IN LINCOLNSHIRE

Consideration was given to a report from the Director of Public Health, which provided the Committee with information on recent suicides in Lincolnshire and the action being taken locally to reduce future suicide deaths.

The Chairman invited Lucy Gavens, Consultant in Public Health, Public Health Division, to remotely, present the item to the Committee.

In guiding the Committee through the report, reference was made to the number of suicide deaths (5,224) registered in England and Wales in 2020; the number of suicide deaths (90) in Lincolnshire in 2020. It was noted that between 2018 and 2020 the male suicide rate in Lincolnshire was 20.3 per 100,000, which was significantly higher that the England average (15.0 per 100,000). Figure 2, on page 21 of the report provided details of directly standardised mortality rates due to suicide in Lincolnshire, by gender. Figure 3, on page 23 of the report provided details of suicide rates by district. It was highlighted that Lincoln had the highest suicide rates in the county since 2010/12, except for 2015/17 when rates were highest in East Lindsey.

The Committee was advised of the key factors that increased the risk of death by suicide; details relating to preventing suicide in Lincolnshire. Appendix A to the report provided the Committee with a copy of the Authority's suicide audit, and Appendix B provided a copy of the Lincolnshire Suicide Prevention Strategy for the Committee to consider. The Committee noted the Lincolnshire Suicide Prevention Strategy five 'Priorities for Action'; the key actions in 2020/21; and the key priorities for 2022.

During consideration of this item, the Committee raised the following comments:

- Why people were waiting so long for treatment. The Committee noted that work was ongoing with Lincolnshire Partnership NHS Foundation Trust (LPFT) around how to make sure that children and young people and adults could be identified before the point of crisis. It was noted further that a group of senior stakeholders across the system were looking at this, to make sure that the support pathways were joined up, as it was anticipated that the impact of Covid-19 on mental health and wellbeing had been significant. It was also reported that more needed to be done to support individuals, their families and communities to be able to have conversations and to be able to access the support needed for anyone at risk of suicide;
- Concern was expressed to the Covid-19 and economic pressures and the impact this was having on families and communities, and that vulnerable people needed to know who to contact for help and support. There was recognition that it was hard to reach individuals who were not already in contact with mental health services. It was recognised that more need to be done to obtain more information about the impact of Covid-19 on suicide deaths and to gain an understanding on what the key risks were. With regard to financial struggles, it was highlighted that officers were working with the Financial Inclusion Partnership to better understand the key factors where extra support would be put in place where necessary. It was also highlighted that there needed to be closer working with GPs both nationally and locally to understand the position. It was highlighted further that closer working would also be taking place with Primary Care Networks (PCNs) to help identify the more vulnerable people presenting themselves to primary care rather than mental health services; using primary care as an early door to such cases;
- Concern was expressed as to why Lincoln had the highest number of suicides cases. It was noted that some local projects had been set up across Lincolnshire to support suicide prevention, and these had also been targeted at Lincoln to obtain the necessary data to see what might be happening. The Committee noted that over the last few months East Lindsey was also a concern and as a result work was ongoing with colleagues from the districts and communities involved. One member also expressed concern regarding suicide rates in the younger population aged between 14 and 21. The Committee noted that during the last year there had been six suicide deaths in this age group. It was noted that there had been a review of the six cases to identify whether there were specific services they had been in contact with, and whether anything could have been done differently, and where possible mechanisms would be put in place to prevent future suicide deaths. It was highlighted that it was important to understand the challenges of children and to be able to create an environment where young people felt able to talk about how they were feeling. This included the impact of the pandemic and other social changes were having on children and young people in some of the county's most deprived areas, this is would then help to prevent any child or young person getting to the point where they felt hopeless;
- Some concern was also expressed regarding links between LPFT and voluntary groups involved in care. Reassurance was given that there was a multi-agency stakeholder group which had representation from colleagues at LPFT. There was recognition that

there was always more that could be done regarding suicide prevention work, particularly working with bereaved families and friends, and learning more from suicide cases;

- Inclusion of forces families in the Suicide Strategy. One member expressed from personal experience the risks attributed to this group of society. There was recognition that the strategy did not cover all risks groups. The Committee was advised inclusion of this group would be taken away as an action from the meeting;
- What was being done to reduce suicide rates in Lincolnshire. The Committee was advised that the strategy would help, as there was a range of actions that would be delivered during the year, these were as detailed in the action plan. Work was also being undertaken with neighboring areas with lower suicide rates to try and understand what they are doing different to Lincolnshire. Also, as part of that work, following national guidance, officers were trying to understand local needs and using the local data to guide any future actions;
- Key actions for 2020/21, reference was made to supporting the establishment of a range of local projects to prevent suicide through the Community Suicide Prevention Innovation Fund. One member requested further information regarding the projects and their location. Officers agreed to circulate the information to members of the Committee after the meeting;
- Reference was made to page 45, which referred to the fact that the Coroner's office was unable to provide enhanced data, and whether this situation was going to improve. Reassurance was given that the issue had been resolved and that data was expected before 1 April 2022; and
- How many of the key objectives had been achieved. The Committee was advised that the action plan was updated each year and that the most recent version could be shared with members of the Committee. It was highlighted that everything had been achieved in the action plan for 2020/21, but some of the priorities within the strategy were still outstanding.

The Chairman on behalf of the Committee extended his thanks to the Consultant in Public Health for the presentation.

RESOLVED

1. That the report on suicide prevention in Lincolnshire be received and noted.

2. That a more detailed action plan be received to highlight the actions being taken to reduce suicide deaths.

3. That consideration be given to establishing a working group, which could explore some of the issues related to suicide prevention in Lincolnshire.

75 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST- RECONFIGURATION OF UROLOGY SERVICES UPDATE

Consideration was given to a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provided the Committee with an update of the implementation of the new model for urology in Lincolnshire's hospitals.

The Chairman invited the following representatives from ULHT: Dr Colin Farquharson, Medical Director and Mr Andrew Simpson, Consultant Urologist, to remotely present the item to the Committee.

The Committee was reminded of the challenges facing urology services across Lincolnshire's hospitals, the public engagement exercise to consult upon the proposed changes, and the subsequent approval by the ULHT Board on 2 August 2021 to the proposed changes.

The Committee were advised of the model of service; the case for change; the benefits of the reconfigured service to date; non-elective performance, it was noted that non-elective admissions were now significantly lower than they were Trust-wide before the re-configuration, and that this trend would be monitored; average length of stay on the urology non-elective pathway; the quality impact assessment; patient feedback, it was noted that to date although patient survey responses had been low, no negative feedback or formal complaints had been received; public/patient engagement in the process; staff engagement; finance; and key risks and issues.

In conclusion, the Committee was advised that the expected benefits of the model and its wider impact were continuing to be being monitored.

During discussion, the Committee raised the following points:

- The reluctance of some patients to engage with services due to Covid-19. Confirmation was given that Covid-19 had clearly affected the willingness and ability of some people to engage with services. Confirmation was given that so far in February there had been no cancellations due to elective bed pressures, despite considerable emergency activity at hospital sites;
- Level of response received from the consultation and the themes of concern had been highlighted. It was reported that the level of response from patient feedback had been limited (3 responses). Confirmation was given that there had not been any concerns raised apart from one isolated complaint. There was recognition that further feedback from patients and staff was necessary. It was highlighted that from 50 staff, 20 responses had been received. The Committee was advised that the feedback exercise would be repeated;
- When would there be evidence of reduced cancellations of elective appointments and improvements to cancer care. The Committee was advised that there was an expectation to see reduced cancellations due to the split between emergency and elective care, which at present was not supported by the present data, and as a result this information would be reported to a future meeting of the Committee. Regarding cancer care, the Committee was advised that there had been a reduction in the most urgent cases, but the service was still struggling with its cancer

performance figures. It was highlighted that the introduction of robotic surgery would reduce reliance from other providers to deliver the most complex cases; and

- Whether the urology/trauma assessment hub had progressed any further and if not, when was it likely to be put in place. A suggestion was made that a further report be considered by the Committee in three to four months' time, when further information was available.

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

RESOLVED

1. That the report and presentation on the urology service, provided by United Lincolnshire Hospitals Trust be noted, and that the Committee welcomes
   a. The reduced expenditure on agency expenditure for medical staff;
   b. The plans to recruit a tenth consultant; and
   c. The use of robotic surgery.

2. That further progress be made in other areas such as reduction in the number of cancelled appointments, and improvements to the 28-day cancer performance.

3. That a further update on urology services be received in four months' time.

76 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 73 to 76 of the report pack.

The Committee noted that the item on Nuclear Medicine would be included on the work programme for the March meeting, and that the Lincolnshire Pharmaceutical Needs Assessment item would not be a substantive item, but a working group would need to be considered to respond to the draft document.

From the items considered earlier in the agenda, it was highlighted that a urology update would be received in either May/June; and that a report would be received concerning United Lincolnshire NHS Hospital Trusts progress on the response from the Care Quality Commission report; and that a working group would be set up to look into the issues relating to suicides in Lincolnshire.

During consideration of this item, the Committee raised the following suggestions:

- North West Anglian NHS Foundation Trust (NWAFT) – Revised Estate Strategy; and
- Recovery planning of the NHS;

RESOLVED

That the work programme presented be agreed subject to the inclusion of the items/suggestions highlighted.

The meeting closed at 12.54 pm