HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 MARCH 2018

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, Dr M E Thompson, M A Whittington and R A Renshaw.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), J Kirk (City of Lincoln Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and W Gray (East Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Robin Bellamy (Wellbeing Commissioning Manager), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Tracy Pilcher (Chief Nurse, Lincolnshire East CCG), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Tim Fowler (Director of Commissioning and Contracting, Lincolnshire West CCG), Samantha Milbank (Accountable Officer, Lincolnshire East CCG), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Richard Henderson (Chief Executive, East Midlands Ambulance Service), Mark Brassington (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Ben Holdaway (Director of Operations, East Midlands Ambulance Service NHS Trust), Kerryn Marriott (Clinical Commissioning Group Prescribing Programme Lead), Mike Naylor (Director of Finance, East Midlands Ambulance Service NHS Trust) and Darren Steel (Portfolio Director (Operational Efficiency), STP System Delivery Unit).

72 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R H Trollope-Bellew, Mrs P F Watson (East Lindsey District Council) and P Howitt-Cowan (West Lindsey District Council).

It was noted that Councillor William Gray (East Lindsey District Council) had attended the meeting on behalf of Councillor Mrs P F Watson (East Lindsey District Council) for this meeting only.

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

73 DECLARATIONS OF MEMBERS' INTERESTS

Councillor Mrs K Cook advised the Committee that in respect of agenda item 4, she was a Lincolnshire Partnership NHS Foundation Trust Governor; and a Lincolnshire NHS Foundation Trust service user.

74 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 21 FEBRUARY 2018

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 21 February 2018 be agreed and signed by the Chairman as a correct record.

75 CHAIRMAN'S ANNOUNCEMENTS

The Chairman brought to the Committee's attention the Supplementary Announcements that had been tabled at the meeting. The Chairman highlighted to the Committee two of the supplementary announcements. These were that on the 20 March 2018, the University of Nottingham had announced the establishment of a new University of Nottingham Lincolnshire Medical School. It was noted that students would be studying for a University of Nottingham medical degree at the University of Lincoln site. The second item highlighted was that TASL was holding a Voluntary Car Driver Open Forum Workshop on Tuesday 3 April at 5.30pm at the TASL Headquarters in Lincoln and that members of the Committee were invited to attend the said workshop.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 17 to 20; and the Supplementary Chairman's Announcements tabled at the meeting be received.

76 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP UPDATE - OPERATIONAL EFFICIENCY

The Chairman welcomed to the meeting Andrew Morgan, Chief Executive, Lincolnshire Community Health Services NHS Trust, Darren Steel, Portfolio Director (Operational Efficiency), STP System Delivery Unit and Kerryn Marriott, CCG Prescribing Programme Lead.

The report provided information on the operational efficiency aspects of the Lincolnshire Sustainability and Transformation Partnership (STP). The report also provided details of the main efficiency schemes undertaken on a system-wide basis as well as reference to those managed individually within organisations.

The Committee was advised that the system approach to the efficiency agenda was focussed around areas developed in the original STP and variations highlighted in the Carter Report and the NHS RightCare initiative. Details relating to the Carter Efficiency Schemes were detailed on pages 25 to 27 of the report; and information relating to a number of schemes that had been implemented to address variations in prescribing costs and implement the efficient management of drugs alongside a number of other prescribing initiatives was shown on pages 27/28.

It was highlighted that the 2018/19 priorities currently under development were:-

- A focus on shared service of back-office functions;
- Temporary workforce solutions;
- Countywide prescribing initiatives;
- Estates rationalisation; and
- Pharmacy and prescribing.

In conclusion, the Committee was advised that the more collective approach for 2018/19 should lead to better system management across Lincolnshire NHS, collective performance monitoring and clearer reporting of system savings. It was highlighted that the system efficiency target remained challenging and that further work was required to continue to develop and implement new specific schemes.

During discussion, the Committee raised the following issues:-

- Efficiency savings – The report presented advised that the original five year STP had outlined an operational efficiency requirement for the Lincolnshire NHS of just over £60m by 2020/21. The Committee was advised that the Operational Efficiency strand was just one element of the STP. Other elements of the STP included clinical service redesign. There was an aim that the Lincolnshire health system would be in financial balance by 2021;
- The impact of patients going out of county for treatment – It was noted that patients were entitled to exercise choice and for many patients an out of county provider would be their nearest provider; CCGs would aim for the best outcomes for patients within the money available to them;
- The importance of ensuring that individuals get registered with a GP as resources followed registration;
- Consultation – Some concern was expressed as to the lack of formal consultation been undertaken to date in respect of the STP. The Committee was reassured that consultation was not being bypassed, but that operational efficiencies were things that the NHS was getting on with day to day, as any other organisations would do with internal efficiencies. In respect of any proposals for Clinical Services redesign, these would be subject to public consultation once finalised;

- Shared low level procurement – Confirmation was given that there was already collaboration between the three provider trusts; which would see a reduction in management fees;
- Some members welcomed the work being done to improve the prescribing and the management of drugs;
- A question was asked as to when the three provider trusts would become one? The Committee was advised that there was no plan for this, as at the moment the three trusts were concentrating on what was required to deliver the integrated services and looking in to the financial situation;
- Lincolnshire CCG structure – Some members of the Committee had learned that the Lincolnshire CCGs were currently in the process of developing a single management structure across the four organisations;
- Hospital medicines optimisation – It was noted that United Lincolnshire Hospitals NHS Trust was looking at how to best manage medicines as part of its own plans, as part of the Pharmacy transformation programme; and
- Workforce efficiencies – The Committee was advised that a lot of work was going on to reduce reliance on temporary staff. One member requested information as to how many non-clinical managers were paid in access of £50,000. The Committee was advised by representatives that this information was not available.

The Committee agreed that going forward there needed to be an update on the STP as more information became available. The Committee agreed to the establishment of a small working group to meet for a maximum of three meetings to receive updates as and when developments occurred.

RESOLVED

1. That the report on the progress on delivering the operational efficiency aspects of the Lincolnshire STP be received.

2. That a small working group be established comprising of Councillors C J T H Brewis J Kirk, C S Macey and M A Whittington to consider updates relating to the operational efficiency aspects of the Lincolnshire STP as they become available.

77 LINCOLNSHIRE URGENT AND EMERGENCY CARE

The Chairman welcomed to the meeting Samantha Milbank, Accountable Officer, Lincolnshire East CCG, Ruth Cumbers, Urgent Care Programme Director, Lincolnshire East CCG and Mark Brassington, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust.

The Chairman advised that at the previous meeting he had announced that he would be seeking to explore the future options for emergency care in Lincolnshire, which would provide information on how the A & E Consultation options were being developed, particularly in relation to Grantham A & E.

Page 42 of the agenda identified that Grantham A & E was out of scope of the Urgent and Emergency Care Strategy 2018-2021. The Chairman requested the presenters as part of their introduction to explain the relationship between Urgent and Emergency Care Strategy 2018-2021 and the emergency care consultation elements of the STP.

The Committee was advised that there was no nationally accepted definition for 'urgent care' and 'emergency care'. It was highlighted that the Lincolnshire Urgent and Emergency Care Strategy 2018-2021 used the following definitions:-

- Urgent Care - The provision of care for patients who require prompt advice or treatment, but whose condition is not considered life-threatening; and
- Emergency Care – immediate or life threatening conditions, serious injuries or illnesses.

It was highlighted further that the Lincolnshire Urgent and Emergency Care Strategy 2018-2021 (a copy of which was attached at Appendix A to the report) was a system approach to the development of urgent and emergency care across Lincolnshire. It was noted that the strategy incorporated national expectations and requirements; and was also aligned to the Lincolnshire Sustainability and Transformation Plan. The top of page 42 of the report provided details of the service areas that fell under the definitions mentioned above; including those services in scope; and those urgent and emergency care services that were not in scope.

Appendix B to the report provided the Committee with a report on the urgent care streaming service. The Committee was advised of the urgent and emergency care system in Lincolnshire and a broad overview of current care service delivery, which was shown on pages 45/46 of the report presented.

It was confirmed that Grantham A & E was outside of the scope of the strategy; and that significant work was being undertaken to design the substantive urgent and emergency care services that would be offered from the site. The work being carried out was taking on board the East of England Clinical Senate report; and was being managed in line with the pre-consultation Business Case being produced by the STP operational delivery unit.

Reassurance was given that where proposals for major reconfiguration of services were developed; they would be subject to full public consultation, including the involvement of the Health Scrutiny Committee for Lincolnshire.

During discussion, the Committee raised the following issues:-

- One member expressed concerns relating to the fact that the report did not provide any clarity concerning Grantham A & E. The Committee was advised that the purpose of the strategy was to ensure that a fair and equitable service was provided across the county to respond to the appropriate need. The representatives present understood the frustrations expressed by some of the Committee; and advised that the outcome of the Acute Services Review was not due to be completed until May 2018;

- The national requirement for 50% of all NHS 111 calls to result in a patient being passed across to a clinician for advice and guidance. It was noted that this target was already being exceeded in Lincolnshire. Reference was also made to the EMAS 'See and Treat Assessments';
- Table 1 on page 34 – One member requested that the number of people who had attended A & E should have been included within the figures, as this would have demonstrated the increased demands on A & E over the three year period. The Committee was advised that the figures for Lincolnshire did not demonstrate any trends; and that Lincolnshire's growth in A & E attendances was in-line with the national position;
- One member enquired as to what was the definition of a Neighbourhood Team; and when was the consultation likely to be carried out in respect of Neighbourhood Teams. The Committee was advised that Integrated Neighbourhood Working would provide care to a defined registered population of between 30,000 and 50,000. It was highlighted that there was a government mandate in respect of consultation. It was reported that at the moment work was ongoing looking at the level of demand required; and then consultation would be done relating to the level of need. It was highlighted that the NHS could not go out for consultation on a matter that was mandatory for them to do. The Committee was advised that an item concerning Neighbourhood Teams was due to be considered at the 18 April 2018 meeting;
- Urgent Treatment Centres – The Committee was advised that under national guidance Urgent Treatment Centres should be developed and co-located at existing Emergency Departments within Lincolnshire. Their purpose was to provide highly effective patient streaming to relevant specialities minimising the requirement for patients to attend Emergency Departments. It was highlighted that work was underway to establish what facilities would be available in the county. It was noted that these would be located in convenient locations, with no-one having to travel more than 20 miles to their nearest Urgent Treatment Centre. Confirmation was given that the 20 mile limit was a national standard;
- Estates – The report highlighted that operational efficiency work streams in the STP were reviewing and integrating where possible the estates between all the statutory providers. Some concern was expressed that if the bids mentioned in Appendix A, Paragraph 6 were unsuccessful, if there was an alternative plan in place. The Committee was advised that realistically not all the bids put in would be successful, but some would be successful. It was highlighted that without the money, the NHS would be unable to comply to the necessary requirements;
- Public perception – The need to ensure that the public were kept well up to date with any changes;
- Staffing of streaming facilities – It was reported that work was being done looking at new models of care; an example given was GP practices working together. Confirmation was given that there was a need for GP Practices to be better equipped to meet the needs;
- The reluctance of ringing 111, when needing an appointment with a GP on the same day;

- The temporary cessation of elective paediatric inpatient activity at Boston hospital. The Committee was advised that this had been done as a system approach to ensure the safety of patients. It was highlighted that this was not a permanent change; it was just a realignment of services to help A & E. The Committee was advised that with the Medical School in Lincoln it was hoped that Lincolnshire would be able to 'grow its own staff more';
- Confirmation was given that there was still a debate ongoing as to whether Louth and Skegness would become Urgent Treatment Centres or become Primary Care Hubs. It was noted that at the moment there was no definite answer. The Committee was advised that there was an Urgent Care Meeting planned for 21 March, and that any outcomes from the meeting would be passed on to the Chairman to share with members of the Committee; and
- One member expressed concern regarding the cost of the implementing the Strategy; and to the financial risks associated if the system should fail.

RESOLVED

1. That the Lincolnshire Urgent and Emergency Care Strategy 2018 - 2021 attached at Appendix A to the report be received.

2. That the Urgent Care Streaming Service attached at Appendix B to the report in the context of the Lincolnshire Urgent and Emergency Care Strategy 2018 – 2021 be received.

3. That regular updates be received by the Health Scrutiny Committee for Lincolnshire.

Note: Councillors M A Whittington, Mrs R Kaberry-Brown (South Kesteven District Council) and P Gleeson (Boston Borough Council) wished it to be recorded that they had abstained from voting in respect of this item.

78 NON-EMERGENCY PATIENT TRANSPORT SERVICE - CONTRACT MANAGEMENT AND PERFORMANCE UPDATE

Pursuant to Minute number (62) from the 17 January 2018 meeting, the Committee gave consideration to a report from the Lincolnshire West Clinical Commissioning Group, (LWCCG), which provided a summary of the actions taken by Lincolnshire West CCG to seek to secure improvement by Thames Ambulance Service Ltd (TASL).

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG and Tim Fowler, Director of Commissioning and Contracting, Lincolnshire West CCG.

The Committee was advised that hard copies of the Supplementary Report from Lincolnshire West CCG circulated by email during the previous day relating to the February 2018 performance position had been circulated at the meeting for their consideration.

In guiding the Committee through the report the Director of Commissioning and Contracting extended his thanks to staff from TASL for ensuring that a service was provided during the snowy conditions.

The report provided a step by step commentary from LWCCG. Since the December 2017 meeting, at which the Health Scrutiny Committee for Lincolnshire had expressed a vote of no confidence, it was reported that for the months of December 2017 and January 2018, TASL had failed to achieve the level of performance improvement they had put forward in their Remedial Action Plan (RAP). In accordance with the process set out in the Contract, LWCCG had issued formal contractual Exception Notices for December 2017 and January 2018. These Notices gave TASL 20 operational days from the date of the Notice to meet the performance standard to which the Notice related; and in the absence of the achievement, a penalty of up to 2.0% of the monthly contract value could be retained by the CCG. The Committee was advised that this penalty had been applied for the December failure and would be reviewed for the January failure once the February performance data was available.

It was highlighted that the LWCCG had advised TASL that it would consider exiting the Contract if the required improvements in the RAP were not reached by the end of March. The Committee was advised that this decision would not be taken lightly by LWCCG, due to the disruption caused by a potential change in provider.

The Committee was advised that although TASL still had a long way to go to meet the required standards, they were heading in the right direction with invalidated weekly performance data for February and March showing some improvement.

The Supplementary Report provided the latest performance information up to February 2018. Details relating to performance were shown on page 2 of the Supplementary Report.

The LWCCG welcomed the reported achievement of the recovery trajectory for 2 KPIs; and the month on month improvement in all KPIs for February 2018. The Committee was also advised that LWCCG was pleased to note the significant improvement in reported performance for call answering.

The Committee was advised further of the Care Quality Commission Inspection (CQC) of TASL sites in Grimsby, Scunthorpe and Canvey Island in September /October 2017. The main areas of concern highlighted related to: lack of systems and processes for reporting; lack of a means for assessing, monitoring and mitigating risk; lack of a clear reporting structure for concerns and actions for improvement in relation to specific aspects of safety and quality. The Committee was advised that the CQC had undertaken an inspection of TASL's Lincolnshire sites on 9 March 2018, and as yet no details were known.

In conclusion, the LWCCG identified that challenges still remained; and that the improvements reported in February were a step in the right direction. The Committee was advised that the LWCCG would review the March performance information before considering what further action should be taken.

Attached at Appendix A to the report was a copy of the Operational KPI Summary; and Appendix B provided information concerning TASL's performance against the Remedial Action Plan trajectory.

During discussion, the Committee raised the following issues:-

- Some members acknowledged the improved performance; and the LWCCG optimism; but some concerns were expressed as to whether enough improvement would be made by the end of March 2018;
- Some concern was expressed to the difficulty of finding another provider if the need arose; and whether a more realistic date should be set as to when TASL would be able to achieve the required performance. LWCGG agreed that finding another provider would be a challenge and confirmed that in relation to performance, March was a key date. It was hoped that the new TASL management structure and the support TASL was receiving from the parent company would be instrumental in helping improve TASLs overall performance;
- Penalties – The Committee was advised that within the Contract there were a number of elements of service where the KPI had to be achieved, which were expressed as a %; and were measured on a monthly basis. Where a KPI was not achieved an automatic penalty was applied. It was noted that the maximum penalty was 2.5%. Also, if the recovery plan milestone was not met a further fixed penalty of 2% would be applied;
- One member highlighted that the data did not identify the number of trips completed. The Committee was advised that since the start of the contract activity had been down by 15 – 20%;
- A question was asked as to whether hospitals were being reimbursed when alternative transport had been arranged. It was highlighted that TASL could be charged; however there was still discussion to be had concerning reimbursement;
- Use of Volunteers – The Committee was advised that it was up to the provider as to whether they used volunteers or not. The LWCCG could not advise TASL what to do. It was however noted that TASL was now aware that the use of volunteers was a key part of the service;
- The need for improved journey planning – The Committee was advised that this was an area LWCCG was working with TASL on;
- Letting of the Contract – The Committee was advised that the contract had been let based on the information presented, not on what was projected in the media; and
- One member asked whether liquidated damages were included within the Contract. The Committee was advised that this was a standard feature in NHS Contracts.

RESOLVED

1. That ongoing monthly reports be received by the Chairman of the Health Scrutiny Committee for Lincolnshire and the Health Scrutiny Officer; and

that monthly updates be received by the Committee as part of the Chairman's Announcements.

2. That performance reports concerning the Non-Emergency Patient Transport Service – Contract Management from the LWCCG be received by the Committee on a quarterly basis.

The Committee adjourned at 1.05pm and re-convened at 2.00pm.

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

79 EAST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE

The Committee gave consideration to a report from the East Midlands Ambulance Service NHS Trust, which provided information from the East Midlands Ambulance Service on:-

- Response time information by Clinical Commissioning Group area, in accordance with the new Ambulance Response Programme standards;
- Handover delays at hospitals;
- The role of Lincolnshire Integrated Voluntary Emergency Services (LIVES);
- The Ambulance Response programme and its impact on staff rotas and the types of vehicles; and
- The new Urgent Care Tier (from 1 April 2018).

The Chairman welcomed to the meeting Richard Henderson, Chief Executive, East Midlands Ambulance Service NHS Trust, Ben Holdaway, Director of Operations, East Midlands Ambulance Service NHS Trust, and Mike Naylor, Director of Finance, East Midlands Ambulance Service NHS Trust.

Appendix A to the report provided the Committee with NHS England Ambulance Response Programme Standards.

The Chief Executive, East Midlands Ambulance Service Trust introduced the report and responded to questions raised, which included the following issues:-

- Ambulance drift from areas such as Skegness to out of county, how this still impacted on ambulance cover. The Committee was advised that all efforts were made to hand over patients in a timely manner; at A & E departments, but at times crews were delayed; and that if an ambulance crew was drawn away from its area, another crew would be moved closer to the area to respond to any emergencies;
- One member felt that there needed to be dedicated ambulance provision along the coastal strip during the summer. It was reported that the summer months did put pressure on the service; and that to accommodate demand the service worked differently with its partners. The Committee was advised that there was a specific summer plan and that additional resources for that period

had already been booked. One member felt that it would be useful for the Committee to have sight of the summer plan;

- Confirmation was given that EMAS worked alongside LIVES and the Fire and Rescue Service;
- Handover Delays – It was reported that Lincolnshire had some of the highest handover delays in the EMAS region. A table on page five of the report provided the Committee with a breakdown of handover times, Both Lincoln County and Boston Pilgrim's figures were highlighted as having the highest number of handover delays. The Committee was advised that the correct figures for Lincoln County should read 300 for 1hr+ losses; and 985 for Total Hrs Lost. The Committee was advised further that EMAS was working with United Lincolnshire Hospitals NHS Trust (ULHT) to improve the position. It was highlighted that the handover delays were putting significant pressure on EMAS to respond to patients in the community, which then in turn had an impact on response times. It was reported that the handover delays were as a result of the non-availability of consultants and nurses. It was also highlighted that the handover delays were not just a problem for Lincolnshire, it was a national issue as well;
- Confirmation was given that the Emergency Ambulance Cost Adjustment was still applied to ambulance finances;
- Urgent Care Tier – The Committee was advised that on 2 April 2018 EMAS was introducing an Urgent Care Tier. This tier of transport would be predominantly allocated to jobs that had been requested by a Health Care professional who had requested transport, for one of their patients to go to hospital. The main purpose of the tier was to reduce some of the long delays for patients that fell into this category often experienced;
- Consideration of the New Ambulance Response Time Standards as detailed at Appendix A;
- Ambulance Response Programme – It was reported that on 13 July 2017, NHS England had announced that all English Ambulance Trusts would move to a new way of working, using a revised clinical code. It was noted that EMAS had migrated to the ARP pilot on the 19 July 2017;
- Double-Crewed Ambulances – A question was asked as to how much the new model was costing. The Committee was advised that the new model would rely upon more Double Crewed Ambulances and less on Fast Response Vehicles. A table on page 7 provided details relating to the current and proposed figures relating to Double Crewed Ambulances and Fast Response Vehicles. The Committee was advised that the new rotas did not include any additional staff, as EMAS was re-profiling its staff in a different way to best meet the Ambulance Response Programme. It was highlighted that the on cost for a double crewed ambulance was approximately £70.00 an hour;
- EMAS recording system – The Committee was advised that EMAS had a new data recording system, which was working very well; and
- EMAS confirmed that they were involved with eight STP Plans; and that they would be making sure that they were aware of any local changes.

The Committee welcomed the report and agreed to accept quarterly progress updates from EMAS going forward.

RESOLVED

1. That the East Midlands Ambulance Service NHS Trust – Update Report be received.

2. That a progress report from EMAS be received by the Health Scrutiny Committee for Lincolnshire on a quarterly basis.

80 ARRANGEMENTS FOR THE QUALITY ACCOUNTS 2017-2018

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider its approach to the Quality Accounts for 2018; and to identify its preferred option for responding to the draft Quality Accounts, which would be shared with the Committee, by local providers of NHS-funded services.

Pages 69 and 70 of the report outlined the Options for Handling Quality Accounts in 2018 to be considered. The Committee agreed that Option 2a should be taken forward for this year only. Option 2a comprised of the following:-

Option 2A – Lincolnshire Based NHS Providers plus EMAS

- East Midlands Ambulance Service NHS Trust
- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

The Committee agreed to a working group arrangement. The following members volunteered to be part of the working group: Councillors C J T H Brewis, R J Kendrick, J Kirk, P Gleeson, C S Macey and M A Whittington.

The Committee also agreed to working with Healthwatch Linolnshire.

The Health Scrutiny Officer agreed to make arrangements for the said working group meetings.

RESOLVED

1. That Option 2 A from Section 4 of the report presented be adopted as the Committee's approach to Quality accounts for 2018.

2. That the Committee indicated that it would be pleased to work with Healthwatch Lincolnshire in relation to any of the Quality Accounts.

3. That the Committee agreed to the establishment of a working group for the Quality Account process for 2018 and that the membership of the said working group be comprised of the following Councillors C J T H Brewis, R J Kendrick, J Kirk, P Gleeson, C S Macey and M A Whittington.

81 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 that scrutiny activity was focussed where it would be of greatest benefit.

Detailed within the report were populated work programmes up to 11 July 2018. On page 76 was a list of items to be programmed. The Health Scrutiny Officer advised that confirmation had not been received from ULHT that they would be attending the 18 April 2018 meeting.

The Committee was advised that the Developer and Planning Contribution for NHS Provision item had been put forward for consideration by the Overview and Scrutiny Management Board as a potential scrutiny review item.

Items put forward from the Committee included the following:-

- Dental Services;
- CCG Updates;
- Staff Survey results; and
- Prostate Cancer.

RESOLVED

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

The meeting closed at 3.25 am

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