HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee (HOSC) held at County Hall, Lewes on 8 March 2012

PRESENT:

Councillor Simmons (Chairman), Councillors Heaps, Howson, O'Keeffe, Pragnell, Rogers and Taylor (all East Sussex County Council); Councillor Ungar (Eastbourne Borough Council); Councillor Davies (Rother District Council); Councillor Phillips (Wealden District Council); Councillor Merry (Lewes District Council); Mr David Burke, Hastings and Rother Counselling Service; Ms Janet Colvert, East Sussex LINk representative, and Mr Maurice Langham, East Sussex Seniors Association

WITNESSES:

East Sussex Healthcare NHS Trust
Stuart Welling, Chairman
Darren Grayson, Chief Executive
Brenda Lynes-O'Meara, Assistant Director of Nursing (Professional Practice and Standards)
Michelle Clements, Facilities Manager
Lesley Houston, Head of Dietetics
Dr James Wilkinson, Divisional Director – Medicine and Emergency Care
Flowie Georgiou, Associate Director – Unplanned Care
Jenny Darwood, Clinical Service Manager – Stroke

Brighton and Sussex University Hospitals NHS Trust
Joy Churcher, Head of Dietetics
Matthew Hutchinson, Associate Chief Nurse (Quality Standards and Practice)

NHS Sussex
Sarah Blow, Interim Chief Operating Officer (East Sussex)
Alistair Hoptroff, Programme Lead for Stroke and Long Term Neurological Conditions

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

30. CHAIRMAN'S BUSINESS

30.1 The Chairman confirmed that Hastings Borough Council would be nominating a representative to join HOSC for the next financial year.

31. APOLOGIES

31.1 There were none.

32. MINUTES

32.1 RESOLVED to confirm as a correct record the minutes of the meeting held on 24 November 2011.

33. DISCLOSURE OF INTERESTS

33.1 There were none.

34. REPORTS

34.1 Copies of the reports dealt with in the minutes below are included in the minute book.

35. EAST SUSSEX HEALTHCARE NHS TRUST CLINICAL STRATEGY

35.1 The Committee considered a report by the Assistant Chief Executive which set out an update on the development of the Trust's Clinical Strategy.

35.2 The Chairman invited the Trust's Chief Executive, Darren Grayson, to comment on reports published by the Care Quality Commission (CQC) in February 2012 regarding compliance of the Trust's two main hospitals in Eastbourne and Hastings with national standards. Mr Grayson highlighted the following points:

- The reports were based on inspections undertaken in September 2011.
- CQC's findings were in line with what the Trust expected at that time, in that significant progress had been made but there was further work to do to reach full compliance.
- The number of areas of concern had reduced from the seven highlighted in CQC's previous reports.
- The Trust had been clear that it would take time to address fundamental issues of quality, strategy and finance across the organisation, some of which required long term cultural change.
- CQC had issued a warning notice in relation to outcome 16 (governance systems). The Trust had previously stated to CQC that changes to governance systems were required following the merger of acute and community services and that new systems would be in place by March 2012. It would not have been possible for the Trust to have achieved the necessary changes more quickly.
- Compliance with all outcomes is anticipated by the end of March 2012.

35.3 Mr Grayson moved on to introduce the Trust's report on progress with development of its Clinical Strategy, highlighting the following points:

- Strategy development had moved on to 'integration' stage, i.e. bringing together the individual Primary Access Points (PAPs) into groupings reflecting their interdependencies.
- It is intended to bring shortlisted options to the Trust Board on 28th March.
- The next stage is to work with commissioners (including Clinical Commissioning Groups (CCGs)) on the co-production of scenarios setting out what services could look like across the two main hospitals.
- Subject to Strategic Health Authority assurance and work progressing as planned, the intention is to move to public consultation on those aspects of the strategy requiring it in May 2012. CCGs would be established as sub-committees of the NHS Sussex Board by this point.
- Consultation would focus on areas where there are proposals for significant service reconfiguration, rather than the whole strategy.

35.4 The following points were made in response to the Committee's questions:

35.5 **Access to reconfigured services**
Mr Grayson acknowledged the importance of access to services for the public, particularly those who may live in more isolated areas or be on a low income. He confirmed that the appraisal criteria developed by the Trust include access and that people's views on the relative weighting of the various criteria would be sought through the consultation process. Mr Grayson emphasised that the strategy reflects a balance between providing services more locally where possible, for example in community hospitals, but also considering the right balance for more specialist acute services between quality/safety and access. He indicated the Trust's willingness to work with the voluntary and community sector on affordable solutions to access issues.

35.6 **Financial modelling and affordability**
Mr Grayson acknowledged that one of the drivers behind the clinical strategy is the need for the Trust to make savings of £100m over the next four years. He also highlighted that 8.3% efficiency savings had been required across all services in the current year. The Trust is undertaking financial modelling which will demonstrate the potential financial impact of different service configurations (although not a precise costing). Mr Grayson indicated that an initial review of the modelling by the Board had shown that the required savings were not being met, therefore options and models were being revisited to ensure that all possible gains have been identified. External clinical advice would also be sought in order for the Trust to get to a position of having identified configurations which could deliver the required savings.

35.7 **Ambulance transfers**
Mr Grayson indicated that the precise impact on the ambulance service could not be determined until options had been clarified. He assured the Committee that South East Coast Ambulance Service were engaged in the process. The cost of additional ambulance transfers would fall on commissioners who would need to take a view on the total cost and savings to them of any reconfiguration options.

With regard to ambulance handovers at Eastbourne and Hastings, Sarah Blow, Interim Chief Operating Officer at NHS Sussex, indicated that there had been significant improvement over the past 18 months, although there would always be peak times when queues may occur. There is good data recording at the Trust which indicates a current average of 17 minutes from arrival to handover to Trust staff against a stretching target of 15 minutes. Ms Blow stated that this was good performance compared to some other areas. Mr Grayson added that this target formed part of the Trust's performance dashboard which is monitored weekly and that a conscious decision had been made to collect robust data as handovers had been identified as an area of weakness in the past.

35.8 **Sussex Together**
Mr Grayson assured the Committee that the Trust is very engaged in the Sussex Together programme, which had begun later than the development of the clinical strategy. The most significant areas of convergence between the two are maternity, paediatrics and trauma. It is not yet clear what will emerge from Sussex Together in terms of service change and any consultation which may be required.

In terms of specialist paediatric services, Mr Grayson advised that the most significant partners for the Trust are London hospitals. It is the role of Sussex Together to bring the pan-Sussex perspective, including the role of the Royal Alexandra Children's Hospital (RACH) in Brighton. Ms Blow assured the Committee that there had been wide ranging representation from Trusts across Sussex and that she would ensure this included key staff from RACH.

Ms Blow confirmed that the clinical strategy and Sussex Together were being brought together and that not all of the strategy proposals are interdependent with Sussex Together. She assured the Committee that those areas which do impact on the clinical strategy were being progressed. Mr Grayson indicated that it was not possible to give complete assurance that the Sussex Together work would be completed in line with the Trust's timetable and there could be an impact if more time was needed to take account of its outcomes.

35.9 **Presentation of clinical strategy proposals**

Mr Grayson assured the Committee that the Trust would do its best to present clear messages to the public about any proposed service change. However, he highlighted that even clear messages can become distorted through interpretation by intermediaries before reaching the public. Mr Grayson supported HOSC's view that it would be important to inform patients and the public about changes which would not require consultation and he welcomed HOSC's involvement.

The Trust's Chairman, Stuart Welling, commented that the Board's priorities were patient safety, quality and clinical outcomes. The Board also recognised the significant challenges facing the healthcare system and the need for radical change proposals to address these. He emphasised the need for a compelling explanation of such change to local people based on the key message that services will be safe but different.

35.10 **Crowborough Birthing Unit**

Mr Grayson confirmed that he was not aware of any change to the position previously reported to HOSC of a steady decline in usage of the unit and he reiterated that usage must improve to maintain its clinical and financial viability. Mr Grayson acknowledged HOSC's request for an update on the reintroduction of ultrasound scanning at the unit and agreed to write to the Committee on this matter.

35.11 **Emergency Care**

Mr Grayson confirmed the Trust's wish to retain emergency care and acute medicine provision on both main hospital sites. However, he indicated that some aspects of emergency care may need to change such as emergency surgery and trauma. Acute medicine covers 90% of the Trust's patients.

35.12 RESOLVED to:

(1) agree that the HOSC Task Group should continue to meet until the start of consultation to provide additional scrutiny on behalf of the Committee.
(2) provisionally arrange an additional HOSC meeting on 18th May 2012 to consider service change proposals arising from the clinical strategy.
(3) request a written response regarding the reintroduction of ultrasound scanning at the Crowborough Birthing Unit.

36. NUTRITION, HYDRATION AND FEEDING IN HOSPITALS

36.1 The Committee considered a report by the Assistant Chief Executive which provided an update on progress in response to HOSC's review of nutrition, hydration and feeding.

36.2 Representatives from East Sussex Healthcare NHS Trust (ESHT), Brenda Lynes-O'Meara, Assistant Director of Nursing (Professional Practice and Standards), Lesley Houston, Head of Dietetics and Michelle Clements, Facilities Manager, introduced the Trust's progress report, highlighting the following achievements:

- Improvement in rates of MUST (Malnutrition Universal Screening Tool) screening with ongoing staff training and a further audit planned in June 2012.
- Participation in the National Patient Safety Agency nutrition and hydration awareness week across acute and community services.
- Introduction of red tray and red lid schemes in September 2011 (adapted to red, non-slip mats in the stroke units) to ensure patients receive extra support where required. An audit of these schemes will be undertaken in late March 2012 and further staff awareness raising will be undertaken as there is not yet full adherence to the schemes.
- Piloting of 'essential rounds' in six areas from early March 2012.
- Introduction of a standard time for protected mealtimes at lunch service and updated signage. Protected mealtimes were also relaunched as part of nutrition study week.
- Ongoing training of housekeepers with regard to mealtime routines, including use of hand wipes.
- Development of a ward nutrition folder for staff and patients, containing information on food options and nutritional analysis.
- Work with Age UK and patient representatives on the '7 steps for nutrition' plan, part of Age UK's Hungry to be Heard campaign.

36.3 Representatives from Brighton and Sussex University Hospitals NHS Trust (BSUH), Joy Churcher, Head of Dietetics and Matthew Hutchinson, Associate Chief Nurse, introduced the Trust's progress report, highlighting the following achievements:

- Improvement in rates of MUST screening at the latest audit (to 87% at the Royal Sussex County Hospital and 93% at the Princess Royal Hospital) which had been supported by implementation of nursing metrics, comfort rounds and staff training. Wards below 85% would receive extra training.
- A 20% increase in dietetic referrals, demonstrating the impact of improved MUST screening.
- Reductions in pressure sores and falls which have been linked to improved hydration.
- Improved auditing of nursing notes as part of the implementation of nursing metrics has enabled ward, divisional and Trust level data to be used to improve understanding of issues such as nutrition and hydration and the benefits of addressing it, such as a 75% reduction in grade 2 pressure sores in a year.
- Redesign of menus at the Royal Sussex County Hospital informed by consultation with patients, staff and groups such as Local Involvement Networks. Most popular dishes will be retained following a trial.
- Monthly audits now undertaken, including whether assistance with eating is being provided to those who wanted it. This enables support to be targeted at wards where it is most needed.

36.4 The following issues were covered in response to the Committee's questions:

36.5 **Patient satisfaction**
In response to feedback from patients to the Care Quality Commission (CQC) regarding the adequacy of supper meals, Ms Clements advised the Committee that ESHT's patient satisfaction questionnaire had been updated in order to differentiate between lunch and supper. Ms Clements explained that, as feedback to CQC had been from a limited number of patients, the Trust wished to obtain a wider view before making changes to the menu. The questionnaire also now gathers feedback on whether assistance with eating had been provided.

36.6 **Protected mealtimes – compliance by consultants**
Ms Lynes-O'Meara assured the Committee that the importance of protected mealtimes had been reinforced with ESHT's consultants and consideration will be given as to how compliance could be audited. Mr Hutchinson confirmed that BSUH also works with consultants to make clear the importance of protected mealtimes.

Dr James Wilkinson confirmed that consultants do recognise its importance and there are very few circumstances where medical need overrides a patient's protected mealtime. He indicated that any issues of non-compliance could be brought to the attention of ESHT's divisional directors who could take it up with the consultant in question.

With regard to the presence of visitors during mealtimes, both Trusts emphasised the need for ward teams to be empowered to determine what was appropriate, dependent on the circumstances. Assistance by visitors with eating should be encouraged, but their presence would not be appropriate if it was distracting the patient from their food.

36.7 **Assisted eating – staff resources**
Mr Hutchinson agreed that it is challenging for ward staff to provide all the necessary support for patients with eating during the short mealtime period. To support the ward team relatives are encouraged to assist and the Trust uses a system of nurses delivering meals from ward kitchens to establish what help is needed when the meal is served. Key success factors are targeting of help where needed and staggering the serving of meals.

Ms Lynes-O'Meara agreed that it is challenging, particularly on stroke units where the level of support required is often higher. However, many relatives offer assistance which supports the ward teams. Mr Grayson added that ESHT had addressed a shortfall of nursing staff which had been identified and the level of vacancies was now as low as it had ever been.

36.8 **Comfort/essential rounds**
Both Trusts confirmed that their systems of regular nursing rounds included mealtime preparations and regular prompts to patients to see whether they are hungry or thirsty. At night, checks are made regularly but patients are not woken. ESHT's new 'essential rounds' system, currently being trialled, will consist of one or two-hourly rounds dependent on what is appropriate for individual wards.

36.9 RESOLVED to:
(1) welcome the progress made by both Trusts.

(2) request a further report from both Trusts on dignity in care, including progress on nutrition and hydration and nursing rounds, in March 2013.

37. STROKE CARE IN EAST SUSSEX

37.1 The Committee considered a report by the Assistant Chief Executive which presented an update on the Trust's progress against HOSC recommendations and wider stroke strategy.

37.2 Sarah Blow, Interim Chief Operating Officer, introduced the progress report by NHS Sussex on behalf of local partners in the stroke strategy, highlighting the following points:

- There is a strong commitment from both commissioners and providers to improve stroke services, for example through the East Sussex Healthcare NHS Trust (ESHT) clinical strategy which sets a high ambition for stroke care.
- There had been recent improvements in three key areas:
    - Improved participation of GPs in the diagnosis of atrial fibrilation.
    - Funding for a new CT Scanner at ESHT
    - Introduction of a new model of early supported discharge for stroke patients. It is hoped that this will be a best practice model which can be rolled out to other local Trusts.
- Although there remains need for improvement in the proportion of stroke patients spending 90% of their hospital stay on a stroke unit, there had been an improvement in recent months (since the period cited in the written report).

37.3 The following points were made in response to the Committee's questions:

37.4 **Achievement of stroke targets at ESHT**

In response to HOSC's concerns regarding performance against key stroke targets, Dr James Wilkinson, Divisional Director, advised the Committee that the Trust had reached a milestone of 60% of patients spending 90% of their stay on a stroke unit by December 2011 but acknowledged that there is further work to do if the Trust is to reach the national target of 80%. He added that it had been challenging to make progress since December due to instances of norovirus causing ward closures which had put pressure on beds at the hospitals. Dr Wilkinson assured the Committee that all phases of the stroke pathway were being examined to understand the issues and to identify strategies to address these.

Dr Wilkinson described the link to the availability of scans within one hour and the need for direct admission to the stroke unit. The management of the initial admission is critical and recent changes had been made, in partnership with A&E staff, to ensure that stroke patients are no longer diverted to the Medical Assessment Unit. The role of the stroke nurse co-ordinator had changed and they now 'shepherd' patients through the system from admission to scan to stroke unit. Finally, Dr Wilkinson explained that issues to do with clinical coding were being addressed so that data more accurately reflected the reality of patient experience.

37.5 **Clinical strategy**

Dr Wilkinson assured HOSC that it had been a key aim of the clinical lead for the stroke care workstream that the service model would be in line with all national guidance and be based on achieving a top quality service.

Flowie Georgiou, Associate Director – Unplanned Care, added that the Trust had demonstrated its commitment to stroke care by appointing an additional consultant, advertising for a further consultant role and creating a new management post to focus on stroke across the community and acute settings. Part of the manager's role is to ensure actions are taken forward.

Stuart Welling added that the Trust recognised the need to accelerate the pace of improvement in stroke care and he confirmed the Trust's clear aspirations for excellence.

37.6 **Allied Health Professional (AHP) shortages**

Jenny Darwood, Clinical Service Manager – Stroke, responded to HOSC's concerns regarding the identified shortages of AHPs by assuring the Committee that staffing levels had increased since summer 2011. Dedicated dietetic staff and increased speech and language therapy support are now available in the two stroke units, which has impacted positively on the average length of stay for patients. The dedicated stroke rehabilitation unit, the Irvine Unit at Bexhill Hospital, had also increase its capacity to 18 beds and the skill mix required to support this unit was under review. The introduction of rehabilitation support workers to support the delivery of care programmes designed by senior therapists forms part of business planning for 2012/13.

37.7 **Direct admissions**

Ms Darwood advised the committee that direct admission to the stroke unit had been introduced at the Trust in October 2011 in conjunction with a review of the whole pathway. Staff in A&E had been educated to identify potential stroke patients quickly and to call the stroke nurse co-ordinator. This facilitates a direct pathway to a CT scan and provision of information to the stroke unit medical team that a patient has arrived. If there is doubt over whether the patient's condition is in fact a stroke, the policy is to admit them to the stroke unit and then move them to a different ward later on if the diagnosis turns out not to be a stroke.

37.8 **Scan availability**

Ms Darwood confirmed that performance on scanning within 24 hours for stroke patients is consistently over 80% including weekends and bank holidays. It is, however, more challenging to achieve the one hour scanning target which is currently around 20%. An improvement is expected following recent changes to the pathway which have enabled nurses to act as referrers for scans. Also, the purchase of a second CT scanner for the Conquest Hospital will help.

37.9 **Stroke patients on other wards**

Ms Darwood assured HOSC that the nurse stroke co-ordinator is called if stroke symptoms are seen in patients on other wards. The patient will then either be brought to the stroke unit or, if that is not appropriate, stroke care will be provided into their ward. In relation to stroke patients who are admitted to other wards due to a lack of beds on the stroke unit (outliers), Ms Darwood outlined a new policy of keeping a bed free at all times on the stroke unit which aimed to increase the Trust's ability to ensure direct admission and to increase the proportion of time patients spend on the stroke unit. This had proved challenging at peak times, for example during periods of ward closures due to norovirus. However, measures are taken to monitor any stroke patients who are admitted to other wards.

37.10 **Rehabilitation – impact on length of stay**

Ms Darwood confirmed that expected improvements in average length of stay in the acute stroke units when the Irvine Unit had increased capacity to 12 beds had not materialised. The identified reasons were that there is a longer than ideal length of stay at the Irvine Unit and a lack of capacity at the unit, hence the increase to 18 beds. She expected this to have an impact, assisted by the introduction of the early supported discharge service which will support patients to return home earlier, thus freeing up space in the acute units.

37.11 **Hospitals outside East Sussex**

When asked what equivalent measures to support discharge were being put in place for patients attending hospitals outside East Sussex, Alistair Hoptroff, Programme Lead for Stroke and Long-term Neurological Conditions, advised that the focused attention on ESHT reflected the fact that the Trust is the major acute and community provider for the county. However, he acknowledged the need to also focus on arrangements with other Trusts. He expected the early supported discharge model to be evaluated and, if positive, to be extended to other Trusts. Mr Hoptroff added that discussion had begun with Maidstone and Tunbridge Wells NHS Trust.

37.12 **Newhaven rehabilitation beds**

Ms Blow confirmed that rehabilitation beds in Newhaven were closing but she advised HOSC that the beds had been commissioned by NHS Brighton & Hove and so were not intended for use by East Sussex residents. The equivalent rehabilitation for the county's residents is provided at the Lewes Victoria Hospital. Although there had been some sharing between the two units when one had a peak in demand, there would be minimal impact on East Sussex from the bed closures.

37.13 **Psychological impact of stroke**

Mr Hoptroff assured the Committee that counselling for stroke patients is available through the support service commissioned from the Stroke Association. The lead for this service sits with the County Council. ESHT had also recently participated in a pilot project with Sussex Partnership NHS Foundation Trust to provide psychological support to patients and carers of stroke patients. The results of this pilot, expected imminently, would determine how to proceed.

37.14 RESOLVED to:

(1) Note the progress which has been made and the actions identified to achieve further improvement.

(2) request a written statement on the availability of counselling for stroke patients from the lead commissioner at East Sussex County Council.

(3) request a further progress report in March 2013.

38. HOSC ACTIVITY UPDATE

38.1 Individual HOSC Members' activities included:

38.2 **Councillor Rupert Simmons**

- Chaired meetings of the HOSC Clinical Strategy Task Group.
- 5th December 2011 – attended stakeholder event to inform the development of Healthwatch in East Sussex.

- 7th December 2011 – meeting of south east HOSCs with the Strategic Health Authority and PCT Clusters – focused on the NHS reforms and the introduction of a new telephone service, 111, to replace NHS Direct and GP out of hours numbers.
- 24th January 2012 – meeting with Darren Grayson and Stuart Welling, ESHT.
- 26th January 2012 – meeting with Amanda Fadero, Chief Executive of NHS Sussex, with the other Sussex HOSCs, to discuss the Sussex Together project.
- 9th February 2012 – visit to South East Coast Ambulance Service NHS Foundation Trust (SECAMB) control centre in Lewes.
- 14th February 2012 – visit to the Royal Alexandra Children's Hospital in Brighton.
- 23rd February 2012 – met with the local hospital campaign groups regarding the development of the ESHT clinical strategy.
- 6th March 2012 – attended the first public meeting of the East Sussex Health and Wellbeing Board.

38.3 **Councillor Ruth O'Keeffe**

- 9th February 2012 – visit to SECAMB control centre in Lewes.
- Attended opening of Dementia Café in Lewes.

38.4 **Councillor Barry Taylor**

- Attended Sussex Partnership NHS Foundation Trust's opening of its new secure and forensic mental health unit at Hellingly on behalf of HOSC.
- 14th February 2012 – visit to the Royal Alexandra Children's Hospital in Brighton.

38.5 **Mr David Burke**

- Attended a meeting of approximately 30 voluntary and community organisations regarding the ESHT clinical strategy.

38.6 **Councillor Peter Pragnell**

- 9th February 2012 – visit to SECAMB control centre in Lewes.
- 1st March 2012 – Chaired a meeting of the County Council's Adult Social Care and Community Safety Scrutiny Committee which included reports on the identification of carers and carers' respite. The committee had also begun a review on care for people with challenging needs as a result of dementia.

38.7 **Councillor Elayne Merry**

- Attended meetings of the HOSC Clinical Strategy Task Group.

38.8 **Councillor Philip Howson**

- 14th February 2012 – visit to the Royal Alexandra Children's Hospital in Brighton.

38.9 **Mr Maurice Langham**

- Participated in Patient Environment Action Team (PEAT) visits to local acute and community hospitals managed by ESHT, which had included aspects of nutrition. The food provided had received positive ratings.

38.10 **Councillor Diane Phillips**

- Visited the Crowborough Birthing Unit and is aware of concerns regarding its future.

- 9th March 2012 - attended the Kent HOSC.
- Attended meetings of the HOSC Clinical Strategy Task Group.

38.11 **Councillor Angharad Davies**

- Attended meetings of the HOSC Clinical Strategy Task Group.
- December 2011 – attended a meeting of the Stroke Improvement Board.
- February 2012 – attended ESHT clinical strategy stakeholder event.
- 14th February 2012 – visit to the Royal Alexandra Children's Hospital in Brighton.

38.12 **Councillor John Ungar**

- Attended meetings of the HOSC Clinical Strategy Task Group and had raised concerns regarding the need for concrete financial assessment.
- February 2012 – attended ESHT clinical strategy stakeholder event.

38.13 **Councillor Carolyn Heaps**

- Attended the opening of a new carers centre in Eastbourne.
- Attended a training course on blood-bourne viruses in populations which is relevant to work with the homeless.

38.14 **Councillor David Rogers**

- 14th February 2012 – visit to the Royal Alexandra Children's Hospital in Brighton.
- 14th February 2012 - Attended a meeting of the Brighton and Sussex University Hospitals NHS Trust Patient Experience Panel which included items relevant to the national report recently published by the Dignity in Care Commission.
- 6th March 2012 – attended the first public meeting of the East Sussex Health and Wellbeing Board
- Ongoing work with the Local Government Association related to the Health and Social Care Bill, including meetings regarding the development of Healthwatch.

38.15 **Ms Janet Colvert**

- Ms Colvert gave an update on the work of the Local Involvement Network (LINk) which included the following points:
    - Visits had been undertaken to assess discharge processes at acute and community hospitals – report to be published shortly.
    - Unannounced visits to acute hospitals to assess nutrition – information is being collated and a report will be published in due course.
    - Visits to care homes to assess nutrition are currently at the planning stage.

38.16 RESOLVED to note the HOSC work programme.

The Chairman declared the meeting closed at 12.25pm