

Minutes of a meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee held via Microsoft Teams video conferencing on Friday, 5 March 2021.

PRESENT

Dr. R. K. A. Feltham CC (in the Chair)

Mukesh Barot
Mr. J. G. Coxon CC
Mrs. A. J. Hack CC
Mrs S Harvey
Dr. S. Hill CC
Cllr. M. March

Mr. J. T. Orson JP CC
Mrs. R. Page CC
Mr T. Parton CC
Cllr. D. Sangster
Dr Janet Underwood
Miss G. Waller

In attendance

Andy Williams, Chief Executive, LLR Clinical Commissioning Groups (CCGs) (minutes 40 and 41 refer).

Tamsin Hooton, Assistant Director of Urgent and Emergency Care, LLR CCGs (minute 40 refers).

Caroline Trevithick, Chief Nurse, WLCCG (minutes 40 and 41 refer).

Rebecca Brown, Acting Chief Executive, UHL (minutes 40 and 42 refer).

Mark Wightman, Director of Strategy and Communications, UHL (minute 42 refers).

Simon Lazarus, Chief Financial Officer, UHL (minute 42 refers).

Please note: This meeting was not open to the public in line with Government advice on public gatherings. The meeting was filmed for live or subsequent broadcast via YouTube:

<https://www.youtube.com/channel/UCWFpwBLs6MnUzG0WjejrQtQ>.

33. Minutes of the meeting held on 23 September 2020.

The minutes of the meeting held on 23 September 2020 were taken as read confirmed and signed.

34. Minutes of the meeting held on 14 December 2020.

The minutes of the meeting held on 14 December 2020 were taken as read confirmed and signed.

35. Question Time.

The Chairman reported that no questions had been received from the public under Standing Order 34.

36. Questions asked by Members.

The Chairman reported that no questions had been received from members under Standing Order 7.

Mrs. S. Harvey CC reminded the Chairman that she had still not received an answer to the supplementary questions that she asked at the Committee meeting on 14 December 2020. The Chairman advised that answers to those questions would again be requested from the Clinical Commissioning Groups.

37. Urgent items.

There were no urgent items for consideration.

38. Declarations of interest.

Mrs. A. Hack CC declared a personal interest in agenda item 9: Covid-19 Vaccination Programme as she worked for an organisation that dealt with people with learning disabilities.

Mr. T. Parton CC declared that he was the paid employee of a mental health charity though stated that this declaration was not in relation to a specific agenda item.

39. Presentation of Petitions.

The Chairman reported that no petitions had been received under Standing Order 35.

40. System Update: Winter Pressures Review and NHS 111 First.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Health and Care System which informed of how the NHS system had managed Covid-19 and the extra pressures over winter 2021/21. A copy of the report marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Andy Williams, Chief Executive, LLR Clinical Commissioning Groups (CCGs), Tamsin Hooton, Assistant Director of Urgent and Emergency Care, LLR CCGs, Caroline Trevithick, Chief Nurse, WLCCG and Rebecca Brown, Acting Chief Executive, University Hospitals of Leicester NHS Trust (UHL).

Arising from discussions the following points were noted:

- (i) The winter pressures plan was led by the Urgent and Emergency Care Group whereas the Covid-19 pandemic resilience arrangements were overseen by the Local Resilience Forum arrangements working alongside the Health Economy Strategic Co-ordinating Group and supporting sub-groups. It was agreed that after the meeting a flow diagram would be circulated to members to show how all these groups interlinked with each other.
- (ii) In the early days of the Covid-19 pandemic there had been concern on behalf of the NHS that some people were not attending Emergency Departments due to Covid related concerns even when they had a genuine medical emergency which required attendance at the Emergency Department. Since then attendances at Emergency

Departments had risen as messages had been publicised encouraging people to still attend Emergency Departments if they had a genuine need for the service. However, the mix of patients seen in Emergency Departments had now changed. The amount of patients being seen in Majors was the same as before the Covid-19 pandemic whereas the number of patients with minor injuries was lower. The reduction in minor injuries was believed to be because due to the lockdown restrictions people were being less active and not getting involved in risky outdoor activities.

- (iii) During the pandemic initiatives had been put in place to enable EMAS staff to better provide clinical advice and enable patients to access alternative care pathways. This resulted in fewer than 50% of patients seen by EMAS being taken to hospital. These initiatives would continue after the Covid-19 pandemic had ended in order to keep Emergency Department attendances low.
- (iv) Due to the Covid-19 pandemic there had been less face to face appointments at GP Practices and members suggested that this could have resulted in an increase in attendance at the Emergency Department. It was also queried whether the lack of face to face appointments could have resulted in underlying health issues being missed by GPs whose only contact with patients was over the telephone. In response it was explained that there had been some positive effects of the additional telephone appointments in that GPs had been able to spend more time talking to patients and therefore were able to identify a patient's needs better. However, the members' concerns were acknowledged by the CCGs and reassurance was given that a large amount of work had gone into addressing the issues arising from less face to face appointments. The CCGs and UHL were aware that whilst some performance targets were being met there could be a hidden backlog of patients that had not come forward for treatment and so work was taking place to assess the possible hidden harm resulting from the pandemic.
- (v) During the Covid-19 pandemic there had been a drop in the requirement for social care, wrap around and reablement services but it was expected that demand would increase again as the impacts of the pandemic abated.
- (vi) In response to concerns raised by members regarding the amount of elected procedures that had been delayed due to the Covid-19 pandemic reassurance was given that regular welfare checks had taken place with the patients that were awaiting an elected procedure. The NHS was using the private sector to help carry out the procedures. It was acknowledged that it could take up to two years to catch up on all the outstanding elected procedures and the NHS intended to be open and transparent with the public regarding this situation. The LLR system would be working with the rest of the region to help reduce the backlog. Dealing with patients that required cancer procedures was the main priority.
- (vii) UHL and the CCGs acknowledged that staff had faced extreme pressures during the pandemic and reassured that support was being provided to staff and consideration was being given to how to tackle sickness rates.

NHS 111

- (viii) When the new NHS 111 telephone service went live in LLR in September 2020 there was no national IT system for booking patients who required care in an Emergency Department (ED) into time slots in the Leicester Royal Infirmary ED.

Despite this the LLR system met its targets for booking patients into ED. Subsequently a national IT solution for booking patients into ED was set up and it went live at 4pm on Thursday 4 March 2021.

- (ix) The 111 First programme aimed for 20% of unheralded attendances at ED or urgent care centres to be re-directed elsewhere, either through the patient calling 111 or by triage at the front door of the ED. The programme had met this target every week so far.

RESOLVED:

- (a) That the update on how the NHS system in LLR managed Covid-19 and the extra pressures over winter 2020/21 be noted;
- (b) That LLR CCGs be requested to update the Committee with the results of the further evaluation work into the changes to the NHS 111 service;
- (c) That LLR CCGs be requested to provide the Committee with a flow diagram relating to the resilience response structures which had been in place during the Covid-19 pandemic.

41. Covid-19 Vaccination Programme.

The Committee considered a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) which provided an update on the progress of the Covid-19 vaccination programme in LLR. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Andy Williams, Chief Executive, LLR CCGs, and Caroline Trevithick, Executive Director of Nursing, Quality and Performance, West Leicestershire CCG.

Arising from discussions the following points were noted.

- (i) The vaccine programme was progressing rapidly and currently people in cohort 7 (aged 60-65) were being vaccinated. Whilst overall the programme was going well certain areas of LLR had seen significantly lower take-up of the Covid-19 vaccine than the rest of LLR. In Leicester City these areas were St Matthews, Spinney Hill, Northfield, Crown Hills and St Saviours, in the County they were North West Leicestershire, Charnwood and Thorpe Astley, and in Rutland they were Market Overton, Cottesmore, and Empingham. Investigations were taking place to try and understand the reasons for the lack of take-up in those areas but at the moment it was not clear. Staff from the Public Health department at Leicestershire County Council were assisting with the investigation. Engagement would take place with the local members for those areas when the investigation was complete.
- (ii) GP Practice patient lists were used to make the decisions on who to prioritise for vaccination. If a patient was registered with a GP Practice in a different County to that which they resided then they would be called for vaccination in line with the GP Practice they were registered with. However, patients could book their appointment online irrespective of where they were registered with a GP and the national booking system offered patients vaccine appointments within 45 minutes travel of

their home post code therefore it was possible for patients to be vaccinated out of the County they resided in.

- (iii) In response to concerns that the vaccination centres in Loughborough and Lutterworth had been closed over the previous week it was explained that they had not been in operation because of a reduction in the supply of vaccines from the manufacturers however supply from the manufacturers was expected to increase again in the coming weeks. Reassurance was given that the planning assumptions indicated that there would be enough vaccine to administer all the required first and second doses. As the planning assumptions had been correct so far it was expected they would be correct again.
- (iv) In response to concerns from members that the media were reporting people with asthma were not being made a priority to receive the vaccine it was clarified that people with unstable asthma were being made a priority to receive the vaccine whereas people with stable asthma were not. This was because the evidence base indicated that people with stable asthma were not adversely affected by Covid-19.
- (v) The advice from the Joint Committee on Vaccination and Immunisation was that the main risk factor for Covid-19 was age which was why teachers and the fire brigade had not been prioritised to receive a vaccine so far.
- (vi) Adult carers would be vaccinated in cohorts 5 and 6. Members pointed out that there were many family members carrying out caring duties even though they were not formally registered as carers. The CCG stated that these people were advised to register as carers as soon as possible so that they could be vaccinated.
- (vii) With regards to fictitious messages regarding Covid-19 which were being disseminated on social media a member suggested that community forums could be used to publicise more positive messages about the vaccine and the CCGs agreed to give this consideration.
- (viii) There was a target for 100% of NHS staff in LLR to receive the Covid vaccine and so far 80% had been vaccinated. Some staff were hesitant about receiving the vaccine and the main reason given was a fear that it could impact on their fertility. One to one meetings were being held with these staff members to allay their concerns. Focus groups were also taking place. The NHS held data regarding which staff had received the vaccine and the data was able to be broken down into different groups.
- (ix) A booster programme for Covid-19 was currently being devised but the details of the programme were not yet known.

RESOLVED:

- (a) That the update on the Covid-19 vaccination programme be noted and the progress made so far be welcomed;
- (b) That LLR CCGs be requested to provide a further update to the Committee regarding the areas of Leicestershire, Leicester and Rutland where vaccination uptake had been comparatively low and the reasons behind this when the information was available.

42. University Hospitals of Leicester NHS Trust Audit.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which explained the events and background to the UHL Trust Board's decision not to agree the 2019/20 annual accounts as 'true and fair' and set out the actions being taken to address the issue. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Rebecca Brown, Acting Chief Executive, UHL, Mark Wightman, Director of Strategy and Communications, UHL and Simon Lazarus, Chief Financial Officer, UHL.

Arising from discussions the following points were noted:

- (i) Members expressed disappointment that no Non-Executive members of the UHL Trust Board were present at the meeting to explain how the errors in the accounts had occurred and why action had not been taken earlier. Some members suggested that all the Non-Executive Directors on the UHL Trust Board that were in post at the time the errors in the accounts were made should consider resigning, not just the ones that had stepped down from the Board so far. In response it was explained that those Non-Executive Directors that had stepped down were the ones that had oversight of finance. The other Non-Executive Directors led on overseeing other areas of the Trust where performance had been better. It was important to strike the right balance between making Board members accountable for failing to identify that errors were occurring, and retaining some continuity on the Board. The errors in the accounts were very technical therefore any Board members without financial expertise would have found it difficult to identify the problems. To prevent this being an issue in the future the Board now had much more financial expertise and two additional associate Finance Directors had been added to the Board who were both qualified accountants. The new Chair of the Audit Committee was also very experienced in financial matters.
- (ii) UHL submitted that the errors in the accounts were the result of the actions of a few individuals and this should not affect the reputation of UHL as a whole as some excellent work was taking place across the Trust. UHL provided reassurance that the errors in the accounts could not occur again because the policies and control procedures at UHL had now been changed and strengthened, a training programme for the finance team had been put in place, and an external Finance Improvement Director was now holding UHL to account. Whilst it was hoped that UHL would be taken out of special measures after 12 months, the emphasis was on instigating a real culture change with regard to finance at UHL rather than coming out of special measures as soon as possible, therefore UHL was prepared to remain in special measures for 18 months if that was what it took to make meaningful changes. UHL were confident that by September 2021 an accurate set of accounts would be reported.
- (iii) Members asked that UHL Board members be given training not just to enable them to understand the finances but on how to properly scrutinise the accounts and ask relevant probing questions. Board members should be encouraged to raise any concerns they might have.
- (iv) In response to a concern raised by a member that even when UHL's external auditors had raised concerns regarding the accounts no action had been taken by

UHL management to address the problem, it was explained that at the time faith had initially been placed in the finance team to address the issues raised by the internal auditors, however once it became apparent that the finance team had not taken the appropriate action to address the auditor's concerns further action was taken by management.

- (v) Every hospital Trust was required to have a local counter fraud specialist in place and PricewaterhouseCoopers (PwC) carried out this function for UHL. The Deputy Director of Finance at UHL was the nominated point of contact for PwC with regards to fraud matters. The errors in the UHL accounts had been referred to the NHS Counter Fraud Authority and they had concluded that no fraud had taken place as there had been no loss to the public purse.
- (vi) Concern was raised by a member that as the Governance system regarding UHL finances had been found to be inadequate then the Governance of other aspects of UHL's work could also be ineffective. In response reassurance was given that as part of the current review the Governance across the whole of UHL was being evaluated not just with regards to finance.
- (vii) A member raised concerns that the Scrutiny Committee had been given insufficient information and documentation to enable it to scrutinise the matter properly, for example the covering report submitted to the Committee was short and the minutes of the Audit Committee meeting on 27 January 2021 had been redacted. In response it was explained that the minutes were only redacted where a matter was commercially confidential or related to a specific individual. In doing this UHL was following the regulations and not trying to hide anything from the public to avoid scrutiny. Members asked UHL to give consideration to whether private meetings could be arranged with Scrutiny Committee members to enable them to view the confidential information and documents and satisfy themselves that they had been made aware of all the important facts. In response it was agreed that UHL would share with Scrutiny Committee members the private sections of minutes if at all possible. UHL would be presenting its 6 month FSM review to senior NHS regulators at an upcoming meeting and it was agreed that this document would be shared with the Committee.
- (viii) UHL was not aware that the errors in their accounts would have any impact on the £450 million grant from the Government and the UHL Acute and Maternity reconfiguration plans.

RESOLVED:

- (a) That the events and background which led to the UHL's Trust Board decision not to agree the 2019/20 annual accounts as 'true and fair' be noted with concern;
- (b) That the actions being taken to address the issues regarding the UHL annual accounts be noted and that UHL be requested to provide future updates to the Committee regarding those actions.

43. Chairman's Announcements.

The Chairman confirmed that as per the Terms of Reference of the Committee, from May 2021 Leicester City Council would nominate the Chairman of the Committee for the

following two years and the administration of the Committee would be carried out by Leicester City Council as well during that period.

10.00 am - 12.55 pm
05 March 2021

CHAIRMAN