Minutes of a meeting of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee held at County Hall, Glenfield on Monday, 18 December 2023.

PRESENT

Mr. J. Morgan CC (in the Chair)

Cllr. S. Bonham
Mr. M. H. Charlesworth CC
Mr. D. Harrison CC
Mr. R. Hills CC
Cllr. M. March
Ms. Betty Newton CC
Mr. T. J. Pendleton CC
Cllr R. Ross
Cllr. L. Sahu
Mrs B. Seaton CC
Cllr. G. Whittle

In attendance

Jon Melbourne, Chief Operating Officer, UHL (minutes 14, 18, 19 and 22 refer).
Danielle Burnett, Director of Midwifery, UHL (minute 18 refers).
Siobhan Favier, Deputy Chief Operating Officer, UHL (minute 19 refers).
Louise Young, Deputy Chief Officer (People and Workforce), LLR Integrated Care Board (minute 20 refers.)
Robert Toole, Chief Finance Officer, LLR ICB (minute 21 refers).
Spencer Gay, Deputy Director of Finance, LLR ICB (minute 21 refers).
Ben Teasdale, Associate Medical Director - Reconfiguration & Digital Transformation, UHL

12. Minutes of the previous meeting.

The minutes of the meeting held on 18 September 2023 were taken as read, confirmed and signed.

13. Question Time.

The Chairman reported that no questions had been received in accordance with Standing Order 34.

14. Questions asked by Members.

The Chairman reported that four questions had been received under Standing Order 7.

1. Question by Mr. Phil King CC:

Hospital Parking and Blue Badge Holders

Over the past year or so, for a variety of reasons I have had to visit all three main hospital sites in Leicester with a family member who is a blue badge holder.

There appears to be a disparity regarding the treatment of Blue Badge parking.

Glenfield- free

General- free

But at the LRI site, there are signs up everywhere stating that Blue Badge parking has to be paid for.

However, some weeks ago, by chance I overheard another visitor to the LRI site being informed that Blue Badge parking was now free, contrary to the public signage, so long as you get your badge validated at the parking office.

Upon querying this at the parking office, I was told that yes the policy had been changed by the government and blue badge parking now was free at the LRI hospital car-parks.

When I was last at the site in late November, there was still no amended signage, no information in any patient communication, and numerous blue-badge holders paying in error at the parking payment machines.

But there is a new webpage with the correct information.

I would like UHL NHS Trust to confirm:-

- When did these new arrangements start from?
- When are you going to start publicising this change?
- When will all the signage and machines be correctly updated by?
- When will the pre-appointment information sent to patients be changed?
- And for those who have paid charges during this 'free' period, does UHL have any plans to re-imburse those who have made such payments?

Reply by the Chairman:

I have sought a response from UHL to the issues raised in the question and they have provided the following statement:

"UHL recognises the importance of appropriate accessible parking to the many patients, staff and visitors that have access needs. Parking is therefore free of charge for patients, staff and visitors with a blue badge at all our sites. Different technologies are used, such as pay and display or ANPR parking at different sites, and this requires a different approach at each site. At the LRI, blue badge holders are asked to either take their badge to the car park office or to buzz the exit terminal when leaving the car park.

A recent review has found no signage instructing blue badge holders to pay for parking. However, we recognise that more can be done - on site, on our digital channels, and via patient letters to improve awareness of free parking to eligible groups, including people with accessibility needs, and to ensure compliance so the facilities are not abused.

We have no plans to reimburse those who have paid charges since the changes were rolled out in December 2021."

<u>Supplementary question from Mr King CC</u>

Mr King CC stated that he did not feel the answer sufficiently addressed his original question and raised concerns that the changes to blue badge parking had not been well enough communicated to the public. Mr King CC asked for a timescale of when further communication with the public would be carried out.

Reply from the Chairman

The Chairman asked Jon Melbourne, Chief Operating Officer - University Hospitals of Leicester NHS Trust (UHL), who was present at the meeting, whether he could provide any further information regarding the question. Jon Melbourne confirmed that parking was free for all blue badge visitors to UHL and promised that after the meeting he would provide a timescale of when further communications to the public would take place.

2. Question by Mr. Phil King CC:

Leicester General Hospital and the Hydrotherapy Pool

During the pandemic in 2020 the Hydrotherapy Pool at LGH was closed as a consequence of the Covid19 regulations and has remained closed ever since.

Earlier this year, in response to my question on the 18th January, 2023:-

UHL stated that

A repair was required which would cost £153000, plus VAT, but that this

… is subject to availability of capital funding in 2023/24. A detailed proposal for capital expenditure in 2023/24 financial year will be brought to the Trust Board in the Spring of 2023 for review and approval, and the hydrotherapy pool will be considered in this process

To the best of my knowledge this has not happened.

Can UHL now confirm what their plan is for this pool facility?

When is it going to be repaired, and most importantly reopened for the patients of LLR?

Reply by the Chairman:

UHL have provided me with the following information in response to the question:

"A proposal was submitted during the 2023/4 planning round to fund the approximately £500,000 identified by a feasibility study to meet the costs of repairing the hydrotherapy pool and bringing it up to current standards.

Funds for capital expenditure are very limited and other projects identified as having greater clinical risk were identified and prioritised. The proposal will be re-considered in the 2024/25 planning round.

In the meantime, we are committed to support patients to find alternative community-based provision, where practical."

Supplementary question from Mr King CC

Mr. King CC asked for confirmation of whether the matter was going to be resolved and if so, when.

Reply from the Chairman

The Chairman asked Jon Melbourne, Chief Operating Officer - University Hospitals of Leicester NHS Trust (UHL), whether he could provide any further information regarding the question. Jon Melbourne confirmed that the proposals for the hydrotherapy pool would be re-considered in the 2024/25 planning round but stated that he could not guarantee that the proposals would be approved for capital funding. He offered reassurance that patients were receiving alternative evidence based provision in the meantime.

3. Question by Cllr. Ramsay Ross:

There has been a report of ambulances being used at LRI for holding patients prior to admission (BBC – 10th December 2023) – can we have an explanation from UHL, why this situation has arisen and what remedial steps are in hand, given that this event has occurred in early December.

Reply by the Chairman:

I have sought a response from UHL regarding the issue and they have provided the following statement:

"We have made significant progress this year in reducing ambulance handover times, with an 80% reduction in the number of lost hours when compared to 2022 for much of the year. However, demand for urgent and emergency care services is currently exceptionally high, with a significant rise in emergency admissions when compared to the same period last year, driven by the onset of winter and higher patient acuity, particularly with flu and other viruses, respiratory issues, and frailty. We apologise to anyone who experiences a delay in their care.

Patient safety remains our first priority, and we are doing all we can to ensure people are treated as quickly and safely as possible. In the event that anyone had to wait in an ambulance upon arrival, we ensure they are cared for safely, with regular observations and clinical reviews. We will continue to do all we can to bring handover times down, in line with the UHL urgent and emergency care plan we published in March 2023. This includes increasing our capacity, improving patient flow through our hospitals and working closely with our partners in the ambulance service and the wider health and care system to improve.

We are asking people to only attend the Emergency Department if they have a life-threatening injury or illness or to call 111 or use the 111 online service to get advice on the best course of action."

Supplementary question from Cllr. Ross

Cllr Ross asked for clarification with regards to where the answer referred to increasing capacity and questioned what impact this would have on patients from Rutland.

Reply from the Chairman

The Chairman asked Jon Melbourne, Chief Operating Officer - University Hospitals of Leicester NHS Trust (UHL, whether he could provide any further information regarding the question. Jon Melbourne explained that the plans to increase capacity included opening a new ward at Glenfield Hospital and opening new beds in the community. Jon Melbourne pointed out that overall the ambulance handover times had improved since the previous year (2022) but acknowledged that in recent weeks there had been a high demand which had affected handover times. Jon Melbourne provided reassurance that work was taking place across the system to ensure that performance in relation to ambulance handovers continued to improve.

4. Question by Cllr. Ramsay Ross:

At the Joint Health Scrutiny Meeting on 18th September 2023 under Agenda Item 8: 'Delivery Plan for recovering access to Primary Care - LLR System Level Access' Members emphasised the importance of clearly communicating to the public any changes to the way GP Practices operated. In particular Members felt it needed to be made clear to patients in advance whether their appointment was with a GP, a nurse or a pharmacist. In response it was explained that the ICB's Engagement Team was carrying out work in this regard. The current absence of such a communication plan was also raised by the ICB at the Rutland Scrutiny Committee of 23rd November 2023. When will a communication plan be actioned to define the changed roles within our primary care sector?

Reply by the Chairman:

I have sought a response from the ICB and they have provided the following statement:

"*The ICB has been promoting the changes taking place in primary care over the last 12 months and the development of new roles in GP practices has been a key part of our campaign. More recently, the focus on primary care recovery by reducing pressures on GPs and improving access for patients means there is renewed focus on the role of alternative health professionals in GP practices.*

The campaign on alternatives to GPs should be seen as an integral part of a broader campaign to explain the changes taking place in GP practices.

The ICB's ***Getting in the Know*** *campaign aims to raise awareness and support patients to access the right care for their condition by helping them to understand the services available to them. The campaign covers Urgent and Emergency Care, Mental Health and Primary Care. The Primary Care campaign supports patient to access the right care by explaining the options to them and helping them to determine what be the most appropriate service and care for their needs. Full details of the campaign are at*:

https://leicesterleicestershireandrutland.icb.nhs.uk/your-health/get-in-the-know/

The specific primary care campaign is at:
https://leicesterleicestershireandrutland.icb.nhs.uk/your-health/find-the-right-service/your-gp-practice/

The primary care campaign covers:

- *Access to GP practices*
- *Minor ailments and self-care*
- *Role of community pharmacist*
- *Appointment options*
- *Self - referral services*
- *Online services (e.g., NHS App)*
- *Practice teams including alternatives to seeing a GP.*

Information on alternatives to GPs is available at: https://leicesterleicestershireandrutland.icb.nhs.uk/your-health/find-the-right-service/your-gp-practice/the-practice-team/

A national campaign commenced in October to raise awareness of the of the different health professionals in GP teams. The campaign highlights the important role of reception teams in using information provided by patients to help identify which health professional or local service is best placed to help them, such as a community pharmacy.

The campaign is delivered through multi – cultural assets and is targeted at those more likely to need a GP appointment: working age adults, parents , olde people and those with long term conditions. There is also a focus on black and southeast Asian communities.

In the new year, the ICB will be working with practices to enhance the local campaign by:

- *Ensuring information is available on practice websites. In particular making the information clearly visible and high profile including how referrals to other health professionals works at the practice.*
- *Creation of local materials to promote the different roles.*
- *Social media and media campaign to raise awareness of the different roles and explain the support they can provide to patients. This will include examples of when a patient might be referred for an appointment with a different health professional as an alternative to a GP.*

The campaign will aim to create patient confidence in alternatives to GPs and support the local system level access and improvement plan.

To keep in touch with the campaigns it is suggested signing-up for 5 on Friday, the weekly stakeholder bulletin. Information on campaigns is included in the bulletin along with a partner toolkit to help local authorities and other organisations promote our activities on their social media channels. To sign – up, please email llricb-llr.corporatecomms@nhs.net

You can also follow us on X @NHS_LLR or Facebook https://www.facebook.com/NHSLLR/"

Supplementary question from Cllr. Ross

Cllr. Ross asked for a commitment on the timescales for when the communications work in relation to pharmacies would be complete.

Reply from the Chairman

The Chairman offered to seek further information from the Integrated Care Board on this point and provide a written answer after the meeting.

15. Urgent items.

There were no urgent items for consideration.

16. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mrs. M. E. Newton CC and Mrs. B. Seaton CC both declared non-registerable interests in all agenda items as they had close relatives that worked for the NHS.

Cllr. L. Sahu declared a registerable (Disclosable Pecuniary) interest in all agenda items as she co-owned a trainee and consultancy business that worked with the NHS.

17. Presentation of Petitions.

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

18. Care Quality Commission report into maternity services at the University Hospitals of Leicester NHS Trust.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) regarding the outcome of the Care Quality Commission (CQC) inspection of maternity services at UHL. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

The Committee welcomed to the meeting for this item Danielle Burnett, Director of Midwifery, UHL and Jon Melbourne, Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

(i) The key findings from the CQC inspection were that UHL's maternity services were understaffed and improvements needed to be made with regards to leadership within the services. However, UHL were now able to give assurances that a large amount of recruitment had taken place and maternity leadership had been strengthened including the appointment of a Director of Midwifery. In 2023 nine specialty doctors had been recruited and 57 new midwives had joined UHL. At the time of the CQC inspection there had been 48 midwifery vacancies in UHL. As 20 midwives had left UHL in 2023 there were currently 36 full time equivalent midwife vacancies.

(ii) A member noted that UHL had been given advance notice of the CQC inspection of maternity services and yet the CQC had still found so many areas of concern which raised the question of why the issues could not have been addressed before the inspectors arrived. In response it was explained that improvements had

commenced ahead of the CQC visiting but some of the issues took time to resolve such as recruitment and digital matters.

(iii) A member questioned how maternity services at UHL had apparently deteriorated so quickly since previous CQC inspections of UHL. In response it was clarified that the CQC inspections of UHL's maternity services in February and March 2023 were focussed on looking at the 'safe' and 'well-led' domains which was a different approach to previous CQC inspections. Therefore, the results of the 2023 inspections could not be directly compared with inspections from previous years. It was also pointed out that there appeared to have been a deterioration nationally across maternity services.

(iv) A member acknowledged the improvements that had been made by UHL since the CQC inspection but raised concerns that these improvements had only been instigated because of the CQC inspection and would not have happened otherwise. In response UHL stated that action had already been taken prior to the CQC inspection such as the recruitment of Julie Hogg as Chief Nurse and reassurance was provided that improvements would have been made in 2023 regardless of the CQC inspection.

(v) On 12th June 2023 UHL was notified that the CQC had formed the view that the quality of health care provided by the maternity services required significant improvement and a regulation 29A (warning notice) was issued to UHL. Accompanying the warning notice was a list of 64 actions which UHL was required to take and dates by which significant improvement in relation to those actions was required by. In response to a query from a member as to what the consequence would be if the action was not taken by those dates, UHL stated that this was a decision for the CQC but further regulatory action was possible.

(vi) In response to a question from a member as to whether the CQC had given any indication of when they would be inspecting maternity services at UHL again it was explained that no specific indication had been received, but where Section 29a Warning Notices had been issued the usual timescale for re-inspection was 6 months. UHL confirmed that they welcomed the return of CQC as soon as possible as they believed that the action that had been taken had led to positive outcomes which CQC would be able to see.

(vii) A member submitted that given the maternity services at St Mary's Birth Centre had received an overall rating of 'Good' from the CQC, reconsideration should be given to the plans to 'close' St Mary's Birth Centre. In response it was confirmed that there would be no change to the plans for St Mary's Birth Centre. It was intended that the positive work taking place at St Marys would be replicated at Leicester Royal Infirmary and Leicester General Hospital.

(viii) A member raised concerns that recent changes in visa rules could affect recruitment from abroad and suggested that UHL should look at midwifery apprenticeships. In response it was confirmed that this was already under consideration by UHL and links with both universities in Leicester were being explored and news regarding this would be publicised in the coming weeks.

RESOLVED:

That the contents of the report be noted with concern.

19. Restoration and Recovery of Elective Care.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Health System which provided an update on the elective care recovery progress for the patients of LLR. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Siobhan Favier, Deputy Chief Operating Officer, UHL and John Melbourne, Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

(i) UHL had the 10th largest Referral to Treatment (RTT) waiting list nationally, based on September 2023 published data. UHL had seen a reduction in the overall waiting list since the start of the year (April 23 117,318), which was in contrast to national trends, and UHL was on track to achieve the waiting list target within the operational plan of 103,000 by the end of March 2024. The Committee welcomed this improvement though noted that the population of Leicester, Leicestershire and Rutland was approximately 1.1 million people, therefore a significant proportion of the population was on the waiting list.

(ii) A patient could be counted on the list more than once if they were waiting for more than one treatment. Patients who had already received treatment and were awaiting an annual review were counted on a separate non-RTT waiting list.

(iii) UHL had used the private sector to help reduce the waiting list, but use of the private sector was now decreasing. Care had been taken to ensure that the private sector offered value for money.

(iv) UHL was implementing a Patient Initiated Follow-Up (PIFU) scheme where patients were able to initiate a follow-up appointment when they needed one, based on their symptoms and individual circumstances, rather than having a set timescale for follow-up appointments. However, PIFU was not suitable for all specialties/medical conditions and not suitable for all patients. Members raised concerns that PIFU could give an advantage to those patients that were more proactive in seeking appointments. In response it was explained that less confident patients did not have to be placed on the PIFU scheme. Reassurance was given that the Director of Health Equality and Inclusion at UHL was involved in the scheme to ensure patients were not disadvantaged. Further reassurance was given that PIFU was patient and clinician led, and management were not setting any targets. It was, however, noted that the best way to reduce inequalities in relation to appointments was to reduce the waiting list.

(v) UHL was taking part in the Getting It Right First Time (GIRFT) national programme designed to improve the treatment and care of patients. This work included tackling health inequalities.

(vi) Concerns were raised about cancer waiting times and specifically prostate cancer. In response it was explained that there had been a sustained improvement in the numbers of cancer patients waiting more than 62 days from referral to treatment. The specific data for prostate cancer could be provided after the meeting.

(vii) A member raised concerns that the size of the waiting list was deterring patients from coming forward for treatment. In response UHL acknowledged these concerns and stressed the importance of good and regular communication with patients and GP Practices around waiting lists. It was noted that both UHL and GP Practices were involved in the Planned Care Partnership so discussions on the issue could take place in that forum. The best way to build trust in the service was to reduce the waiting list.

(viii) UHL was making greater use of Day Case appointments where patients were not required to stay at the hospital overnight and could return home when the procedure was completed. Clinical evidence demonstrated that Day Case appointments resulted in better outcomes for patients including better recovery.

(ix) The second phase of the East Midlands Planned Care Centre (refurbishment of the Brandon Unit) was due to be complete by December 2024. Recruitment was taking place to prepare for that.

(x) In response to a question from a member about the Hinckley Community Diagnostics Centre and specifically delays in obtaining planning permission, reassurance was given that the project remained on track to be complete in January 2025.

RESOLVED:

(a) That the contents of the report be welcomed;

(b) That officers be requested to provide further updates on elective care, PIFU and health inequalities to a future meeting of the Committee.

20. NHS Workforce in Leicester, Leicestershire and Rutland.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Integrated Care Board which provided a summary of the NHS workforce in LLR and the approach being taken to address workforce challenges. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Louise Young, Deputy Chief Officer (People and Workforce), LLR Integrated Care Board.

Arising from discussions the following points were noted:

(i) A member emphasised the importance of the UK growing its own workforce, and the workforce having strong ties to the locality. The ICB concurred with this point and provided reassurance that efforts were being made to develop local talent.

(ii) The ICB was looking to expand the use of apprentices, and 147 clinical apprenticeships were to be recruited in 2024 including Trainee Nurse Associates, Advanced Clinical Practitioners, Radiographers, Mammographers, Physician Associates and Medical Physicians. Non-clinical apprenticeships were also being considered for example in the areas of digital and commissioning.

(iii) In response to a suggestion from a member that greater use should be made of the Trainee Nursing Associate (TNA) role it was explained that 185 TNA roles had been identified for 2024.

(iv) A member raised concerns that the ICB was waiting for the funding that came with the NHS Long Term Workforce Plan before recruiting rather than taking action immediately. In response the ICB assured that this was not the case. It was agreed that further detail on this point and apprenticeships generally would be provided after the meeting.

(v) Strict financial controls were in place with regards to the use of agency workers, and the long term plan was to reduce the use of agency staff and replace them with permanent staff.

(vi) A member raised concerns that the workforce was aging and some staff might struggle to physically cope with the rigours of the job, and therefore they needed help to enable them to work for longer. In response it was explained that a report was being taken to the People and Culture Board in January 2024 regarding retention. As part of this work consideration was being given to how to redesign jobs so that the experience of older employees could be retained whilst ensuring that the demands of the job were appropriate for people of that age. Retire and return schemes were also being considered.

(vii) A member emphasised the importance of culture and leadership with regards to recruitment and retention.

(viii) In March 2024 a system recruitment session would be taking place and support from the Committee in publicising the event would be welcome.

RESOLVED:

(a) That the contents of the report be welcomed;

(b) That officers be requested to provide a report for a future meeting of the Committee on the use of apprenticeships within the ICB.

21. Integrated Care Board Medium Term Financial Plan.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) Chief Finance Officer which informed the committee about the level of financial pressure facing the NHS in the medium term as published in the five-year plan. A copy of the report, marked ‘Agenda Item 10’, is filed with these minutes.

The Committee welcomed to the meeting for this item Robert Toole, Chief Finance Officer, LLR ICB and Spencer Gay, Deputy Director of Finance, LLR ICB.

Arising from discussions the following points were noted:

(i) In response to an observation from the Chairman that the inflation figures in the report looked low compared with the level of inflation the UK was experiencing generally, it was explained that these were the figures the NHS had used for its latest planning round and all modelling had been based on those figures, however they could be adjusted at a later date.

(ii) It was questioned whether the ICB target of delivering 5% efficiency savings per annum was realistic. In response it was acknowledged that the savings would be difficult to achieve and explained that this was the required figure, not what was actually forecast. There was confidence that 2 or 3% savings could be made using traditional methods. Further savings could be made by providing services in a different way such as encouraging patients to see their GP rather than go to A&E and focusing on prevention rather than treatment.

(iii) A member raised concerns about the deficit of £(70.9)m for the current financial year and whether there was an incentive for the ICB to balance their accounts if the Treasury covered any deficit each year. In response it was clarified that whilst in the past the deficit had not been required to be paid back by the ICB, guidance indicated that repayment could be a requirement in future years. Further reassurance was given that challenging discussions took place between the Treasury and the NHS regarding how the money was spent. There was also a consequence to the deficit in that the budget for future years could be reduced. If the ICB failed to break-even 3 years running a referral to the Secretary of State would be made. In response to a question from a member about when the LLR ICB last broke-even or made a surplus it was agreed that this information would be provided after the meeting.

(iv) When the ICB was loaned cash or capital funding, interest was required to be paid in the form of a Public Dividend Capital (PDC) payment of around 3.5% per annum.

(v) Increases in National Living Wage did not generally affect the NHS as the lowest NHS salary was usually higher than the Living Wage.

RESOLVED:

That the contents of the report be noted with concern.

22. <u>UHL - Our Future Hospitals Programme update.</u>

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which provide an overview and update of UHL's 'Our future hospitals programme'. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Ben Teasdale, Associate Medical Director - Reconfiguration & Digital Transformation, UHL, and Jon Melbourne, Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

(i) UHL was waiting for the New Hospitals Programme (NHP) to confirm the funding envelope to progress the design of the new buildings. Funding had been received from the NHP to prepare both the Leicester Royal Infirmary and Glenfield Hospital sites for the large-scale building works. In response to a request from a member for a detailed plan and timetable for the New Hospital Programme, rather than just a narrative update, it was explained that this was not yet available as the Programme had been paused whilst confirmation of the funding was awaited.

(ii) Hospitals in the New Hospital Programme were required to use a standardised modular design approach known as 'Hospital 2.0'. The modules would be built offsite and then placed into position at the site using a crane. This would result in economies of scale and increase the speed of construction. However, it was not expected that hospitals in Cohort 3 such as UHL would have to completely comply with Hospital 2.0. Those hospitals would implement the Minimum Viable Product (MVP) approach but exactly how this would work was not yet clear. A member raised concerns with regards to how the modular approach would fit alongside existing older style buildings at UHL. In response it was clarified that the modular approach only applied to the 'new build' areas and not to where old buildings were being refurbished.

(iii) The relocation of the Leicester Royal Infirmary Hearing and Balance service had not been part of the acute and maternity Public Consultation completed in 2020, as at that point in time, there were no plans to move the service. It was now proposed that the service be moved to the Leicester General Hospital (LGH), forming a part of the East Midlands Planned Care Centre. A patient engagement exercise had been completed, involving a survey of patients attending the LRI Hearing and Balance clinic, with staff proactively distributing questionnaires and supporting people with completion as necessary. A member raised concerns that this method of engaging with patients would not result in full and accurate feedback as patients would not be so frank and honest as they would be in a private consultation process. In response reassurance was given that patients were not required to complete the questionnaires on the premises.

(iv) A satellite hearing booth would be built within a dedicated room at the Leicester Royal Infirmary ENT clinic, primarily to support inpatients onsite. It was not a mobile unit; it was referred to as 'satellite' because it was not part of the core hearing service based at Leicester General Hospital.

(v) Given that there had been some changes to UHL's proposals which were originally consulted on, for example the budget and bed numbers, Members queried what the threshold would be for a full re-consultation having to take place. In response it was explained that the main criteria was whether the clinical plans had changed. UHL sat in Cohort 3 as one of eight new hospital developments but were re-consultation to be required UHL's place in Cohort 3 would be put at risk. UHL assured that the clinical plans had not changed and UHL was taking all measures possible to ensure re-consultation was not required.

(vi) As part of the New Hospital Programme UHL would be making greater use of digital technology. A new Patient administration System (PAS) had been written for UHL which would be used from 2024 onwards.

(vii) It was questioned whether the removal of Intensive Care beds from the General Hospital should be reconsidered and whether the number of High Dependency beds were adequate. In response reassurance was given that the numbers of beds were adequate.

RESOLVED:

(a) That the contents of the report be noted;

(b) That officers be requested to provide a further report on the Future Hospitals Programme for a future meeting of the Committee once there has been any significant developments, to include a detailed explanation of how modular building construction works.

23. Date of next meeting.

RESOLVED:

That the next meeting of the Committee take place on Wednesday 27 March 2024 at 2.00pm.

2.00 - 5.00 pm CHAIRMAN
18 December 2023