

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 4 March 2026.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. L. Danks CC

Mr. P. King CC

Mrs. K. Knight CC

Mr. J. McDonald CC

Mr. J. Miah CC

Mr. P. Morris CC

Mr. D. Page CC

Mr. B. Piper CC

Mr J. Poland CC

Mr. K. Robinson CC

In attendance

Fiona Barber – Healthwatch Leicestershire

Jean Knight - Managing Director, Leicestershire Partnership NHS Trust (minute 58 refers)

Saskya Falope - DMH Head of Nursing, Leicestershire Partnership NHS Trust (minute 58 refers).

Siobhan Favier - Director of Planned Care, University Hospitals of Leicester NHS Trust (minute 59 refers)

Suzanne Nancarrow - Deputy Chief Operating Officer - Planned Care, University Hospitals of Leicester NHS Trust (minute 59 refers)

Kelly Lambert - Associate Medical Director for Cancer, University Hospitals of Leicester NHS Trust (minute 59 refers).

51. Minutes of the previous meeting.

The minutes of the meeting held on 14 January 2026 were taken as read, confirmed and signed, subject to the addition of Fiona Barber (Healthwatch Leicestershire) to the attendance list.

52. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 32.

53. Questions asked by members.

The Chief Executive reported that no questions had been received under Standing Order 7.

54. Urgent items.

The Committee noted an urgent statement provided by the Integrated Care Board regarding Out of Hours medical appointments which had been produced in response to

concerns raised in the Market Harborough area over the previous 24 hours. A copy of the statement is filed with these minutes.

55. 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.

Mr. J. Poland CC declared a registerable interest in agenda item 8: LPT CQC Inspection as he was a Trustee of the Loughborough Wellbeing Centre.

The Cabinet Lead Member for Health Mr. M. Squires CC declared an interest in all substantive agenda items due to his employment with a partner organisation.

56. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

57. Presentation of Petitions.

The Chief Executive reported that no petitions had been received under Standing Order 33.

58. CQC Inspection Update: LPT Adults Community Mental Health Services

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) regarding the Care Quality Commission (CQC) inspection of the Trust's adult community mental health services. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Jean Knight, Managing Director, LPT and Saskya Falope, DMH Head of Nursing, LPT.

Arising from discussions the following points were noted:

- (i) In response to a query about the exact scope of the CQC inspection, it was explained that this was set out in the CQC report, a link to which was provided in the covering report to the Committee. The voluntary sector, who played a significant role in LPT services, had not been part of the CQC inspection. The delivery of mental health services was complex and it was not possible to cover it all in the report.
- (ii) In November 2020 LPT's adult community mental health services were receiving approximately 200 referrals a month, whereas in November 2025 the service received around 700 referrals. In response to a question as to why there had been such a significant increase in demand, it was suggested that isolation during the Covid-19 pandemic was a big factor, but it could also be due to socio-economic/cost of living factors. In addition, the introduction of the Central Access Point made it easier for people to refer themselves into LPT, whereas before they had to be

referred from their GP. Whilst this was a positive, it had resulted in an increase in demand on LPT services.

- (iii) In response to concerns raised by members about waiting times and patients failing to attend appointments, it was explained that a person's mental health could fluctuate and may have improved between the time the appointment was booked and the actual date of the appointment. There were also trends with regards to missed appointments for example Mondays and Thursdays were the days of the week on which the most Did Not Attends (DNAs) occurred. Some patients struggled with appointments earlier in the day. Text messages were sent out to remind patients of appointments. Reassurance was given that there was a robust process in place for managing DNAs and assessing whether immediate action needed to be taken, such as contacting relatives.
- (iv) In response to further questions about LPT activity and performance trends it was agreed that more detailed information would be provided after the meeting.
- (v) A member raised concerns that people having a mental health crisis might feel overwhelmed by the amount of services, websites and phone numbers available. In response it was explained that the Central Access Point was there to simplify the whole process from a patient perspective and all a patient had to do was call NHS 111 and then select Option 2 in order to be directed to the appropriate place for them.
- (vi) The Community Connector was a new role within LPT Mental Health Planned Care Services designed to help support people to achieve better mental health and wellbeing and link them in with a wider integrated team of voluntary sector, local authority, and primary care staff.
- (vii) LPT was making use of technology to help patients, such as with the Joy mobile phone app which connected people with local community services and wellbeing groups.
- (viii) One of the areas the CQC had identified for improvement was unfilled vacancies and reliance on long-term temporary staffing. This was partly a result of mental health services expanding quickly in a short space of time. However, since the inspection had taken place in May 2025 improvements had been made and there were now less vacancies and more qualified staff available for recruitment.
- (ix) A member raised concerns that the adult community mental health services were not the only services provided by LPT that CQC rated as 'requires improvement' and queried whether there was a more systemic problem in LPT. In response it was submitted by LPT that overall the CQC ratings for LPT had improved, and also pointed out that some of the CQC inspections for other LPT services had been several years ago so the CQC ratings could be out of date. The approach of the CQC had evolved over the years and it was difficult for Trusts to know what the inspection criteria was and what actions would result in a good inspection report. In response, the member noted that some of LPT's failures related to government regulations which the Trust was in breach of and stated that LPT should have been clearly aware what those regulations were.
- (x) It was queried how LPT compared with other Trusts and whether the complexity of the services provided by LPT made it difficult to improve performance. In response

it was explained that when compared with other Trusts LPT was about average. In addition to the CQC there were other mechanisms for measuring performance such as the National Oversight Framework.

RESOLVED:

That the contents of the report be noted with some concern.

59. Elective Care, diagnostics and cancer performance.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which provided an update on elective care, diagnostics and cancer operations plus work being carried out to reduce waits for patients. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Siobhan Favier, Director of Planned Care, UHL, Suzanne Nancarrow, Deputy Chief Operating Officer - Planned Care, UHL, and Kelly Lambert, Associate Medical Director for Cancer, UHL.

In presenting the report it was emphasized that UHL was not content with the performance for elective care, diagnostics and cancer, and the impact on patients due to delays in receiving care was acknowledged.

Arising from discussions the following points were noted:

- (i) Members raised strong concerns about the length of the waiting lists and a lack of overall progress with performance over recent years. In response UHL argued that there had been improvements particularly with regards to the numbers of patients waiting the longest. In response to a request for more detail on the actions being taken by UHL to tackle performance issues, including the dates that the actions would be completed, it was agreed that the improvement plan would be shared with the Committee after the meeting.
- (ii) The industrial action being taken by resident doctors did have an impact as activity needed to be reduced during strike periods as the staff was not available to cover it.
- (iii) UHL was the NHS Trust most badly affected by the Covid-19 pandemic therefore it was taking longer to recover from the pandemic.
- (iv) Whilst UHL was not meeting the NHS standards for cancer with regards to timescales, other NHS Trusts nationally were in a similar position. UHL was the largest NHS trust in the East Midlands for cancer referrals and it had a good reputation for cancer treatment therefore continued to receive more referrals than other Trusts. Whilst on a waiting list cancer patients were assessed and prioritised based on a mixture of need and risk but also the length of time they had been waiting. Administrative staff regularly tracked the patients on the waiting list.
- (v) Whilst campaigns which had taken place over the years regarding stopping smoking had a positive effect on the amount of patients presenting with cancer, this was balanced out by the ageing of the population and the greater likelihood of cancer in the older population.

- (vi) East Midlands Planned Care Centre based at the General Hospital was designed to reduce the number of patients waiting for appointments and treatment. Hinckley Community Diagnostics Centre which had recently opened would also have an impact. Members raised concerns that plans for a same-day surgery unit in Hinckley had been cancelled and therefore the Community Diagnostics Centre would stand in isolation in Hinckley. In response reassurance was given that the cancellation of the same-day surgery unit would not have a significant impact on the planned care waiting lists.
- (vii) UHL was working with the Getting It Right First Time (GIRFT) programme which was a national NHS England programme designed to improve the treatment and care of patients. The GIRFT programme was helping UHL improve productivity, throughput and patient follow-ups.
- (viii) Going forward technology would play an increasingly important role in diagnostics and treatment. Artificial Intelligence (AI) could be used for assessing scans, though humans would still play a role in viewing scans as well. AI could also be used to summarise consultations and dictate letters. The NHS app was gaining greater functionality particularly with regards to primary care. The use of robotics for surgical procedures was becoming more prevalent and UHL had recently received its third surgical robot.
- (ix) Currently a patient's full medical record could not be viewed throughout all parts of the NHS; only the summary care record could be viewed. A balance needed to be struck with sharing the right level of detail about a patient's history. A new Patient Administration System known as 'Nervecentre' was being implemented in UHL which would enable better sharing of information across the NHS and management of patients.

RESOLVED:

That the update on elective care, diagnostics and cancer operations be noted with concern.

60. Issues arising from Health Performance report that merit more detailed scrutiny.

The Committee considered a joint report of the Director of Public Health, Law and Governance and the ICS Performance Service which provided an update on public health and health system performance in Leicestershire and Rutland based on the available data in January 2026. A copy of the report, marked 'Agenda Item 10' is filed with these minutes.

Members were asked whether there were any areas identified in the report that they felt required more detailed scrutiny at a future meeting but no suggestions were made. Members were advised they could submit any suggestions after the meeting.

RESOLVED:

That public health and health system performance in Leicestershire be noted.

61. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on Wednesday 3 June 2026 at 2.00pm.

2.00 - 3.45 pm
04 March 2026

CHAIRMAN