

Leicester  
City Council



Leicestershire  
County Council



Rutland  
County Council

## **MEETING OF THE LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE**

**DATE: WEDNESDAY, 16 NOVEMBER 2022**

**TIME: 12:00 pm**

**PLACE: Meeting Rooms G.01 and G.02, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

### **Members of the Committee**

#### **Leicester City Council**

Councillor Pantling (Chair of the Committee)

Councillor Aldred

Councillor O'Donnell

Councillor Westley

Councillor Khan

Councillor Dr Sangster

#### **Leicestershire County Council**

Councillor Morgan (Vice-Chair of the Committee)

Councillor Charlesworth

Councillor Harrison

Councillor King

Councillor Ghattoraya

Councillor Hills

Councillor Newton

#### **Rutland County Council**

Councillor Ainsley

Councillor Waller

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

#### **Officer contacts:**

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If you have any queries about any of the above or the business to be discussed, please contact Anita James, **Democratic Support on (0116) 454 6358** or email [anita.james2@leicester.gov.uk](mailto:anita.james2@leicester.gov.uk) or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

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## **USEFUL ACRONYMS RELATING TO LEICESTERSHIRE LEICESTER AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE**

<b>Acronym</b>	<b>Meaning</b>
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
AMH	Adult Mental Health
AMHLD	Adult Mental Health and Learning Disabilities
BMHU	Bradgate Mental Health Unit
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CMHT	Community Mental Health Team
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CTO	Community Treatment Order
DTOC	Delayed Transfers of Care
ECMO	Extra Corporeal Membrane Oxygenation
ECS	Engaging Staffordshire Communities ( who were awarded the HWLL contract)
ED	Emergency Department
EHC	Emergency Hormonal Contraception
EIRF	Electronic, Reportable Incident Forum
EMAS	East Midlands Ambulance Service
EPR	Electronic Patient Record
FBC	Full Business Case
FYPC	Families, Young People and Children

GPAU	General Practitioner Assessment Unit
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HWLL	Healthwatch Leicester and Leicestershire
IQPR	Integrated Quality and Performance Report
JSNA	Joint Strategic Needs Assessment
NHSE	NHS England
NHSI	NHS Institute for Innovation and Improvement
NQB	National Quality Board
NRT	Nicotine Replacement Therapy
OBC	Outline Business Case
PCEG	Patient, Carer and Experience Group
PCT	Primary Care Trust
PDSA	Plan, Do, Study, Act cycle
PEEP	Personal Emergency Evacuation Plan
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
PSAU	Place of Safety Assessment Unit
QNIC	Quality Network for Inpatient CAHMS
RIO	Name of the electronic system used by the Trust
RN	Registered Nurse
RSE	Relationship and Sex Education
SOP	Standard Operating Procedure.
STP	Sustainability Transformation Partnership
TASL	Thames Ambulance Service Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

## **PUBLIC SESSION**

### **AGENDA**

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#### **1. APOLOGIES FOR ABSENCE**

#### **2. DECLARATIONS OF INTEREST**

Members are asked to declare any interests they may have in the business on the agenda.

#### **3. MINUTES OF PREVIOUS MEETING HELD 27TH JUNE 2022 [Appendix A \(Pages 1 - 14\)](#)**

The minutes of the meeting held on 27<sup>th</sup> June 2022 have been circulated and the Committee is asked to confirm them as a correct record.

#### **4. PROGRESS AGAINST ACTIONS OF PREVIOUS MEETINGS - NOT OTHERWISE ON THE AGENDA**

#### **5. CHAIRS ANNOUNCEMENTS**

#### **6. PETITIONS**

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures

**7. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE**

The Monitoring Officer to report on the receipt of any questions, petitions, or statements of case in accordance with the Council's procedures

**8. UHL FINANCIAL ACCOUNTS FOR FINANCIAL YEARS 2019-20 AND 2020-21 REPORT** **Appendix B**  
**(Pages 15 - 20)**

Members to receive a presentation report on the UHL Financial Accounts for the financial years 2019-20 and 2020-21 including details of how improvements have been made and to highlight any further anticipated issues.

For background information members can access the full published accounts on the links below:

19/20

[\(2022\) - Thursday 31 March 2022 - All Documents \(leicestershospitals.nhs.uk\)](#)

20/21

[\(2022\) - Friday 9 September 2022 - All Documents \(leicestershospitals.nhs.uk\)](#)

**9. CORPORATE COMPLAINTS PROCEDURE REPORT** **Appendix C**  
**(Pages 21 - 24)**

Members to receive a report on the Corporate Complaints Procedure including details of how formal complaints are managed, current performance levels and actions being taken to improve.

**10. AUTUMN WINTER VACCINATION PROGRAMME UPDATE** **Appendix D**  
**(Pages 25 - 36)**

Members to receive a report providing details of the Autumn Winter vaccination programme focusing on the latest position across Leicester, Leicestershire and Rutland and providing details of the areas of particularly low uptake and the reasons behind that.

**11. MEMBERS QUESTIONS ON MATTERS NOT COVERED ELSEWHERE ON THE AGENDA**

**12. WORK PROGRAMME** **Appendix E**  
**(Pages 37 - 40)**

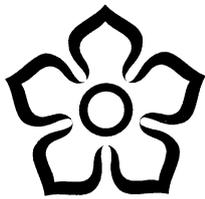
The latest version of the work programme is attached and members of the committee will be asked to note the contents and consider any further items for inclusion.

**13. ANY OTHER URGENT BUSINESS**

**14. DATE OF NEXT MEETING**

To note the date of the next meeting rescheduled to take place on Monday 6<sup>th</sup> February 2023 at 12.30pm at City Hall Leicester.





Leicester  
City Council

# Appendix A

MINUTES OF THE MEETING OF THE  
LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY  
COMMITTEE

Held: MONDAY, 27 JUNE 2022 at 5.30pm at City Hall as a hybrid meeting enabling remote participation via Zoom

P R E S E N T :

Councillor Pantling – Chair  
Councillor Morgan – Vice Chair  
Councillor Aldred  
Councillor Khan  
Councillor O'Donnell  
Councillor Pandya  
Councillor Westley  
Councillor Bannister (substitute)  
Councillor Hills  
Councillor King  
Councillor Newton  
Councillor Waller

In Attendance

Asst City Mayor for Health – Councillor Dempster  
David Sissling – Chair ICS/ICB  
Andy Williams CEO ICS  
Richard Morris ICS/ICB  
Harsha Kotecha – Healthwatch  
Dr Janet Underwood – Healthwatch  
Rose Lynch – Primary Care Dental Services  
Jasmine Murphy – Primary Care Dental Services  
Adam Morby – NHS England  
Steven Claydon – NHS England  
Rob Howard – Public Health (LCC)  
Kelly Evans – Public Health (Leics)  
Julie Hoggs – Chief Nurse UHL  
Elaine Broughton – Head Midwifery UHL  
Richard Mitchell – CEO UHL  
Caroline Trevithick – CCG LLR  
Kay Darby – CCG LLR

\* \* \* \* \*

## **1. CHAIRS ANNOUNCEMENTS AND APOLOGIES FOR ABSENCE**

The Chair welcomed those present and led introductions.

Apologies for absence were received and accepted from Councillor Harrison, Councillor Ghattoraya, Councillor Ainsley and Councillor Charlesworth.

Noted that Councillor Bannister was present as a substitute for Councillor Harrison.

## **2. DECLARATIONS OF INTEREST**

Members were asked to declare any pecuniary or other interests they may have in the business on the agenda.

Councillor Newton declared that her daughter was employed in the NHS as a nurse.

Councillor Bannister declared that his wife was employed by University Hospitals Leicester.

Councillor Hills declared an interest in the Dental Services item as he worked as a dentist.

Councillor Waller declared that she had an interest in the Dental Services item as she would be referring to her own dental practitioners.

Each gave assurance that they retained an open mind for the purpose of discussion and were not therefore required to withdraw from the meeting.

## **3. MINUTES OF PREVIOUS MEETING 28 MARCH 2022**

RESOLVED:

That the minutes of the meeting held on 28<sup>th</sup> March 2022 be confirmed as an accurate record.

## **4. PROGRESS AGAINST ACTIONS OF PREVIOUS MEETINGS (NOT ELSEWHERE ON THE AGENDA)**

No actions outstanding.

## **5. COMMITTEE MEMBERSHIP 2022-23**

RESOLVED:

That the membership of the LLR Joint Health Scrutiny Committee for 2022-23 be noted.

## **6. TERMS OF REFERENCE**

RESOLVED:

That the Terms of Reference and working arrangements for the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee be noted.

## **7. DATES OF MEETINGS 2022-23**

Dates of meetings for 2022-23 noted as follows:

- Monday 27<sup>th</sup> June 2022 at 5.30pm
- Wednesday 16<sup>th</sup> November 2022 at 12 noon
- Wednesday 12<sup>th</sup> April 2023 at 5.30pm

## **8. PETITIONS**

The Monitoring Officer reported that no petitions had been received.

## **9. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE**

The Monitoring Officer reported that no questions, representations or statements of case had been received.

## **10. DENTAL SERVICES UPDATE / NHS ENGLAND/IMPROVEMENT**

Members received a report containing an update on NHS Dental services commissioned in Leicester, Leicestershire and Rutland and an update on the impact of Covid 19 upon those services.

Rose Lynch, Commissioning Manager, Primary Care Dental Services presented an update on dental service coverage across Leicester, Leicestershire, and Rutland, referring to the challenges arising from deprivation issues, areas of deprivation with a comparison of deprivation levels, the location and volume of dental services across the area as well as the recovery of services following the impact of Covid 19 and ongoing steps to improve.

Members were reminded that there were challenges in accessing dental services prior to the Covid 19 pandemic and that Leicester City was rated 11<sup>th</sup> highest for deprivation issues.

During the presentation reference was made to the NHS contracts in primary and community dental care as well as the dental services offered, including out of hours service and secondary care.

Adam Morby, Regional Chief Dentist NHS England highlighted issues around oral health and dental decay in young people; this included a comparison of tooth decay rates for 5 year old children and discussion about the effectiveness of water fluoridation as a safe public health measure to reduce dental decay.

Members were asked to support the Health & Social Care Bill and the fluoridation of water across the area to help improve dental decay levels.

Members noted there were currently no water fluoridation schemes across

Leicester, Leicestershire, and Rutland and were concerned about the committee being asked to lobby fluoridation of water without being presented with all the facts and evidence. Members noted that dental decay was not just related to fluoridation of water and other aspects needed addressing. Members commented that dental decay leads to more serious disease that will put other pressures on NHS Services.

Adam Morby responded that fluoridation reduced decay by 63% in areas where there was decay. It was also reiterated that there was close work with other partners to educate people, encourage brushing regimes, promote healthy eating and low sugar diets and to promote oral health.

Members commented that it was increasingly difficult to access an NHS dentist or affordable dental services and queried the lack of detail within the report, such as levels of people entitled to free dental services who were currently not receiving it and what more was being done to encourage dentists to take more NHS patients. Concerns were expressed that not enough information was given about what was being done to secure dental services for those in areas who were unable to access services particularly across challenging rural areas.

Members were advised that dental practices were independent businesses who made their own decisions about how much NHS provision they gave. Most NHS dentists had a mix of NHS and private patients and that percentage varied. General dentistry was provided through an annual contract and the Golden Hello was a scheme for dentists that provided £15k to target and encourage dentists to particular areas for a period of 5 years.

In terms of those on low income affording dental services it was noted there was a patient low income scheme that helped towards dentistry costs. The HC1 form allowed exemption for those on low income not just benefits. It was acknowledged this was not well publicised and more work was being done around messaging and promoting schemes for the public and patients including marketing access to dental services.

As far as the recovery of dental services to pre pandemic levels for access and treatment it was noted that dental practices had effectively stopped in March 2020 but had re-opened in June 2020 following stringent guidelines, but increasing their provision month by month. Dental practices were still struggling to get to full capacity due to infection prevention measures in place. During the pandemic, procurement had also been paused but was now resuming and would help to get better access to dental services across the area. Members were advised that recovery of services post pandemic would improve.

Members remained troubled by aspects of the report and presentation and felt there were contradictions to what was being said, for instance they were told the Golden Hello was to target new dentists to areas of deprivation then told it was to target rural areas. It had been suggested there were areas of deprivation, but that Rutland was not deprived, however there were areas of deprivation there too, where people couldn't afford basic dental treatment, and this involved people being entitled to free dental care and not being able to

access it.

Members reflected further on the effects of deprivation, the economic diversity of the whole of Leicester, Leicestershire and Rutland and the health inequalities that were presenting and how that impacted on dental health. It was stated that in rural areas the cost of housing was very significant, and people were presenting as homeless because housing benefit did not cover the cost of rent in those areas. 70% of homeless families in Rutland had an adult in employment so it was a much wider issue than just people on income support or universal credit. It was felt that these issues and real people were not being considered. It was also stated that people from wards in the City were presenting at GP appointments and even hospitals with dental issues as they could not see a dentist and immediate measures were needed to make the situation better.

The report was criticised for referring to dental practices handing back their licences, yet it omitted that a very large practice in Rutland was no longer an NHS provider and therefore people in Oakham could not get access to routine dental checks as other practices would not take on NHS patients; also, for suggesting that none of the practices in Rutland had taken up NHS initiatives when there was no NHS dental care in Rutland.

It was noted that Healthwatch had contacted every dentist in Rutland, and none were doing any emergency or check-up appointments. Harsha Kotecha from Healthwatch agreed to send the information gathered in relation to accessing dentistry to share with members outside this meeting.

Members discussed issues with NHS contracts in primary and community dental care, referring to their first-hand experience of how the contracts were operating and the dire state that dentistry was in because of the poor contracts. Members noted the situation had worsened since the NHS had changed the contracts and it was suggested that NHS leaders needed to value the work being done by dentists and improve the contracts to increase availability of an NHS provision of dental services.

Responding to the concerns raised it was accepted there were clear challenges to dentistry; and advised that since the pandemic dental services had been provided a safe threshold in terms of their contractual expectations. As far as incentives to new dental provision, expressions of interest were sought across the whole East Midlands region with incentivised uplifts for the provision of week end access. Regarding Rutland there were plans to intersperse dental services provision within the area and NHS England was working with colleagues in public health to understand where most need was. Members were told that NHS England did recognise the urgency there.

Rob Howard, Consultant in Public Health referred to initiatives around the promotion of oral health and gave assurance that all stakeholders attending the area Health and Wellbeing Board were engaged in tackling the issues of health inequalities and dental decay. Members were advised that the city public health team had just produced an Oral Needs Health Assessment and both counties

(Leicestershire and Rutland) were in process of completing theirs. There was an action plan in place which had led to some improvements. The Oral Needs Health Assessments would be used to review and redevelop the action plan. The Public Health team advised they would be willing to share that in terms of the partnership work being done to improve and address health inequalities and oral health.

Members were informed that the Oral Health Needs Assessment was important in terms of next steps as it was a systematic assessment of the needs of the population. Assurances were given that public health officers would be working closely with county colleagues in terms of what needed to be done as a result of those assessments.

In terms of communications and partnership working it was emphasised that partnership working was taking place, and all stakeholders were engaged in relation to promotion and improved publicising of initiatives and the help available such as the low income scheme, not just to those in receipt of benefits but also those in hardship or on low incomes.

Regarding joint and integrated working Members noted there was now an opportunity to talk about dentistry as it would form part of the delivery of NHS care through the Integrated Care System. Steven Claydon, NHS England agreed to liaise and meet with Andy Williams CEO Integrated Care System, Rose Lynch and Jasmine Murphy outside of this meeting to start a discussion around working together to address dentistry issues raised across LLR and to discuss the transition of commissioning.

Drawing the discussion to a close the Chair noted the depth of feeling on this topic and the concerns and issues raised by the committee. The Chair agreed with the view that the dental practice contracts needed revisions by the NHS to help improve accessing provision.

Given the strength of feeling about the issues raised during discussion of this item it was proposed, seconded and upon being put to the vote agreed that it was appropriate to write to the Secretary of State regarding those concerns and to seek assurances that steps were being taken to address those issues.

The Chair asked that a further report updating on the provision of dental services across Leicester, Leicestershire and Rutland be brought to the committee in 12 months.

18.47 Councillor O'Donnell and Councillor Pandya left the meeting.  
Meeting remains quorate.

**AGREED:**

1. That the contents of the report and presentation be noted,
2. That Steven Claydon, NHS England shall liaise and meet with Andy Williams CEO Integrated Care System, Rose Lynch, and Jasmine Murphy to explore working together to address the dentistry issues

raised across LLR and to discuss the transition of commissioning,

3. That the Secretary of State be written to regarding the concerns raised during this meeting and to seek assurances that steps are being taken to address those issues,
4. That a further report updating on the provision of dental services across Leicester, Leicestershire and Rutland be brought to the committee in 12 months.

## **11. UPDATE ON UHL FINANCES AND ACCOUNTS FOR 19-20**

Members received an update on the UHL Finances and Accounts for the financial period 2019 to 2020 following the UHL process in approving the 2019-20 accounts at their separate Board meetings recently.

It was confirmed that the 19/20 accounts had been approved and this reflected a significant amount of work done over last 2 years, that process was now completed, and everyone involved was thanked. Members noted that the accounts were now formally adopted by the Trust Board and papers were available to see on the Trust website.

Members also noted that the Trust were keen to finalise the 20-21 accounts and that UHL continued to be in recovery support programme and were keen to show they were spending public money effectively.

Richard Mitchell, Chief Executive UHL advised that in relation to being in special measures it was hoped to provide the appropriate evidence to satisfy those measures and be out by November 22 or shortly thereafter.

The Chair indicated that as this was public money it was important there was proper scrutiny and the committee required assurance that lessons had been learnt. The Chair asked that both sets of the accounts referred to be brought to scrutiny in November 2022 to fully appreciate what had been done.

AGREED:

That the UHL financial accounts for the financial years 2019-21 and 2021-22 be brought for scrutiny at the November meeting of this committee.

## **12. LEICESTER LEICESTERSHIRE AND RUTLAND INTEGRATED CARE SYSTEMS UPDATE**

Members received a report updating on the Leicester Leicestershire and Rutland Integrated Care System (ICS) and its Transition Programme.

Andy Williams CEO introduced the report and gave an overview of the background to the establishment of the LLR ICS Transition Programme, system preparedness, committee appointments to the Integrated Care Board (ICB), the Executive Management structure and governance arrangements for

the ICB and ICS.

Members were reminded that the new Health and Care Act 2022 had received Royal Assent in April 2022 and the new Integrated Care Board (ICB) would be created from 1 July 2022 and will assume responsibilities for delivery of NHS care.

Andy Williams clarified the acronyms Integrated Care System (ICS); Integrated Care Board (ICB) and Integrated Care Partnership (ICP) all as set out in the Act.

Members noted that progress towards establishing the ICB was going well, and the 3 CCG's would meet on 28<sup>th</sup> June 2022, the formal AGM had been brought forward to present accounts in public domain and then those CCGs would be closed down.

In terms of the ICB membership it was noted that David Sissling, Chair of ICB had exercised the remit to widen board where possible to give better representation.

Members commented that the information set out in the report was complex and confusing and should be further considered to show who was making decisions.

Andy Williams clarified that the role of ICB was to facilitate NHS working together. Decisions around the NHS and the way it responds to national government guidance would be predominantly through the ICB. The ICB was the statutory body of ICS with discretion to do ICP too. The ICP would be an equal partnership and nominations for membership of that had been requested.

Strong concerns were raised about the accessibility of documents which for some were impenetrable. The public were unaware of who was responsible for what in terms of communications and the ICS needed to better understand what the receiver was going to receive. Online solutions were not always helpful, and it was suggested that having straight forward documentation that people could refer to would be helpful.

David Sissling, Chair of ICB commented that the material produced was required to show governance and constitutional arrangements, and one of the ICS first tasks will be to ensure accessibility.

Andy Williams confirmed that they would be working on making documents accessible and had received that feedback from others too.

In relation to the Health and Wellbeing partnership referred to at page 64 of the report it was advised that there was currently a small core membership to ensure they could orchestrate the wider membership described otherwise it would be too unwieldy at outset. The small core group would meet to initiate matters, and this would involve partnership with the 3 Health and Wellbeing Boards so there would be broader engagement. As far as where Healthwatch

sits, Healthwatch were engaged automatically by the Health & Wellbeing Boards. It was confirmed that Healthwatch would be represented on the Integrated Care Board (ICB)

There was concern that the patient and public voice was missing and it was confirmed that the intention was to facilitate that through the reach of the Health & Wellbeing partnership.

Regarding location it was informed that the ICB was a small organisation and would be situated in the former CCG office at County Hall, Glenfield. It was noted a lot of work had been carried out on decentralising and having officers work alongside partners and other NHS organisations.

The Chair thanked officers for the update and responding to the committees questions.

AGREED:

That the report be noted and a progress update brought to the March 2023 meeting of the committee.

### **13. COVID 19 VACCINATION PROGRAMME UPDATE**

Members received a presentation update on the ongoing situation with Covid 19 vaccination programme and plans for Autumn/Winter.

Caroline Trevithick and Kay Darby of Leicester Leicestershire and Rutland CCG's presented the update on the Covid 19 vaccination programme.

In relation to the completion of the spring booster campaign:

- Boosters had been available since March 2022 and all eligible cohorts had been invited to take up vaccination by end June 2022,
- A downsized summer plan had been put in place to continue vaccination until end August 2022 to allow for preparation of an integrated Autumn/Winter campaign.
- It was recognised vaccination rates had dropped and campaigns for other vaccines had been affected.
- Catch up campaigns for other vaccines were being organised and local commissioners had been asked to consider how these could be supported throughout the summer.

Regarding the Integrated Autumn/Winter campaign:

- Currently 65+ and at risk cohorts would be invited.
- Flu planning guidance had been in place from April 2022.
- Contingency planning was taking place for rapid deployment in the event of any surge. Surge plans were aimed at limiting the effect on primary care providers.

Members discussed the update which included the following points:

As far as the future vaccination and immunisation strategy was concerned

health partners were building on the successes of the Covid-19 programme in partnership with public health colleagues.

As for uptake of the vaccine, 5-11 year olds were still increasing as a new cohort but uptake had been slower. The Spring campaign had an uptake of 4.1% and would continue to focus on groups through summer where needed.

Concerns were raised that drop in centres were not easily accessible for elderly or those who can't travel, and that the vaccine was not available at all GP surgeries.

Regarding availability at GP surgeries, it was noted the vaccine was available at some GP surgeries and as primary care was returning to business as usual there was a wider network becoming available for vaccinations as well as the community pharmacy network. Gaps in provision would continue to be targeted with pop up or proactive events such as at the Horse Fayre, Carnival and Pride.

In relation to the flu vaccine, booking teams and GP surgeries should contact those eligible for vaccines. There was still some work to do on logistics of administering the flu and covid vaccines together as not all GP surgeries were administering the covid vaccine. There was no obligation for people to have both or at the same time and people could elect which one they have or not.

Efficacy of the vaccine was queried, and concern raised that if it lasted only 6 months those receiving boosters at beginning of year would have waning immunity and having to wait until Autumn was a risk that might lead to a surge. Members noted that the clinical effectiveness and booster programmes were subject to national guidance which guided there being a minimum gap between vaccination of 91 days.

Members noted that from Autumn a planned national standard would be put in place for a minimum requirement for geographical coverage over a 10 mile radius. Members were concerned that such a standard alongside the vaccine not being available in all GP surgeries could amount to a long difficult journey for the elderly or most vulnerable, especially in rural areas where public transport could not always be relied upon.

Kay Darby explained that whilst the vaccine was available in some surgeries the GPs had a choice to opt out of delivery so there was no guarantee it would be at everyone's GP surgery. There also remained the issue of proper storage for the vaccines which had to be kept at a certain low temperature. It was advised the number of GPs and pharmacies providing the vaccine would be increasing. As for geographical coverage although the 10 mile radius was a national standard in the city the radius was not likely to be more than 1 mile wide. Members suggested that local areas should determine the radius and for health partners to note the issues facing rural communities in terms of access and lack of public transport.

The Chair commented that the vaccination programme was a big undertaking

and appreciated the strong feelings of the committee on the subject and suggested that more work be done with public health colleagues to ensure vaccines were made available where needed.

The Chair requested more detailed information on how the vaccination programme would be delivered and how the messages around that would be made clearer for the public.

**AGREED:**

1. That the contents of the report be noted,
2. That more detailed information on how the vaccination programme shall be delivered and how the messages around that would be made clearer for the public to be provided outside of this meeting for Members.

#### **14. MATERNITY SERVICES REPORT**

The Committee received a report updating on maternal healthcare and services across Leicester, Leicestershire and Rutland and details of how the LLR Local Maternity and Neonatal System (LMNS) had addressed the immediate and essential actions in relation to the Interim Ockenden Report published in December 2020 (Part 1).

Julie Hogg Chief Nurse, Leicester Hospitals, introduced the report, briefly referring to the background that led to this point and gave an overview of the findings from the report and the immediate actions required following the independent review.

Elaine Broughton, Head of Midwifery at UHL highlighted the 7 immediate and essential actions to improve care and safety in maternity services as set out in the report namely: Enhanced Safety; Listening to Women; Staff Training and working together; Managing Complex Pregnancy; Risk assessment through pregnancy; Monitoring foetal wellbeing and Informed Consent. There were all considered to be important and pertinent to the services UHL provided.

It was noted that maternity services across LLR had met a number of the actions prior to the interim Ockenden report and had embedded and introduced further actions. Regular monitoring of the actions introduced was taking place through audit and spot checks and a maternity services self-assessment had been completed against the final plan whilst the final Ockenden report was awaited.

Members expressed some concern at the number of Trusts where maternity services were not what they should be.

Working across 2 sites continued to be challenging however as both were very large covering Leicester, Leicestershire and Rutland and provided acute services too. Both sites were well covered at the moment, but UHL was aware of the risk of coming under pressure.

Members noted that in terms of addressing challenges such as midwife shortages a lot of work had been done around recruitment and working on retention of midwives. This was a national issue which NHS England had provided money to address the situation going forward and Leicester was in a better position as a university hospital in that it was able to provide qualified midwives.

There was the option for qualified nurses to go on to undertake midwifery training, but some people were put off having to pay additional 2 years university fees, the Health Education funding being made available would support Band 5 pay and the fees during that training period so that was being promoted. There were 7 nurses re-training in the current cohort and more coming forward.

UHL were also going out to international midwives and provided a robust programme to support them which also helped with addressing culture too.

Members noted that nationally there was a lot being done to train, recruit and attract people into the midwifery service. Unfortunately, it was often the case when a report such as Ockenden published that some people left.

UHL were investing time and resource into developing their own midwives, providing support for health and wellbeing and improving culture. The effects were being felt positively and improvements could be seen.

Members welcomed the report and especially the steps taken to undergo more risk assessments throughout pregnancies and recognition of the lessons to be learnt. Members were also pleased to see that steps were being taken to address health and wellbeing of staff and commented that good training for anyone coming into the field was essential.

AGREED:

1. That the contents of the report be noted,
2. That a further update on progress be brought to a future meeting.

## **15. MEMBERS QUESTIONS ON MATTERS NOT COVERED ELSEWHERE ON THE AGENDA**

The Chair indicated that no members questions had been received in advance.

## **16. WORK PROGRAMME**

The contents of the work programme were noted.

Members expressed concerns that there were high numbers of complaints being sent to councillors from their local constituents who were still unable to obtain appointments to see GP's face to face and the perception that GP surgeries were hiding behind Covid. Members suggested the system was broken and wanted to know what was being done to address this issue. It was

noted that a review undertaken with the public across Rutland also showed there was a lot of disquiet about access to GP services.

David Sissling Chair ICS observed that accessing GP appointments and services was a priority issue and one of the first that the newly established ICB would be giving attention to, however an evidence based approach was essential. The scale of the issue was acknowledged, and it was indicated that the ICB would be willing to provide updates and timeframes for improvements once it had opportunity to consider those issues.

The Chair and Vice Chair noted that this issue was already being taken up by prospective individual scrutiny committees for the City, County and Rutland and it would be better to leave it there so that each committee could focus from their own local authority perspective rather than add to the joint committees work programme which was already heavy.

The Vice Chair requested that additional meetings to those already scheduled be avoided as it was difficult to secure Member attendance. The Chair acknowledged that request and was keen to avoid undue pressure on Members who all had other commitments.

It was suggested that future consideration be given to the number of meetings held over the year and whether the Terms of Reference held sufficient flexibility to call an extra meeting for an urgent item.

## **17. ANY OTHER URGENT BUSINESS**

None notified.

There being no further business the meeting closed at 20.19 hours.





University Hospitals of Leicester  
NHS Trust

# UHL 2019/20, 2020/21 accounts update

15

Joint HOSC  
16<sup>th</sup> November 2022

Appendix B



# Accounts Progress Update

## **2019/20**

- Adopted and published 31<sup>st</sup> March 2022 with a disclaimer opinion.

## **2020/21**

- Audited Accounts adopted by Trust Board on 9<sup>th</sup> September 2022 with an adverse opinion.

Audited accounts are available on the Trust website. All papers accompanying the accounts that were presented to Board are available on the Trust website on the 31<sup>st</sup> March and 9<sup>th</sup> September respectively.

# 19/20 Balance Sheet Re-Statement

## 19/20 Impact and outcome of restatement work

An overview of key restatement areas undertaken is provided in the table below.

Balance Sheet Area	Key Restatement Procedures Included
Fixed Assets	<ul style="list-style-type: none"> <li>• Revaluation of Land and buildings based on agreed Estates Strategy</li> <li>• Review of a sample of additions/disposals/AUC</li> <li>• Review and restatement of the revaluation reserve for a 10 year period</li> </ul>
Accounts Payable	<ul style="list-style-type: none"> <li>• Review of a significant sample of payments made after the balance sheet date</li> </ul>
Accounts Receivable	<ul style="list-style-type: none"> <li>• Review of a sample of cash received after balance sheet date</li> </ul>
Payroll Liabilities	<ul style="list-style-type: none"> <li>• Recalculation of annual leave accrual</li> </ul>
Leases	<ul style="list-style-type: none"> <li>• Detailed review and recalculation of medical equipment and IT lease assets and liabilities</li> </ul>
Provisions	<ul style="list-style-type: none"> <li>• Review of VAT and Glenfield land provisions</li> </ul>
Journals	<ul style="list-style-type: none"> <li>• Review of all balance sheet-affecting journals greater than £300k and independent (self assessment) review of journals by the Trust.</li> </ul>

Completion of the work to restate the balance sheet resulted in the Trust's reported deficit moving from **£76.8m** to **£122.7m** following adjustments agreed during the course of the audit.

## 19/20 Balance Sheet Re-Statement

Grant Thornton (GT) provided an updated audit findings report (AFR) upon conclusion of their audit of the 2019/20 financial statements, which included the restated balance sheet. Although GT were unable to conclude that the 2019/20 accounts were free from material error, the AFR noted the following:

- The work done by management to restate the balance sheet was necessary to correct and identify potential errors in the financial statements.
- The work done has provided a better foundation for future financial reporting. Following the completion of the 2019/20 audit, the Trust aim to build on this foundation.

The Trust had previously developed an action plan based on the statutory recommendations made in GT's original 2019/20 AFR. This plan was developed to deliver finance transformation and strategic changes by addressing risks to the Trust's financial sustainability and is used to monitor and manage progress on factors including governance, culture, capacity, capability and controls at a thematic level. The majority of the actions have now been completed or closed.

- Following consideration and review at the Audit Committee on 25 March 2022, the 19/20 accounts were recommended to and formally adopted by UHL Trust Board on 31 March 2022.
- Formal submission of these accounts and supporting schedules were subsequently passed to NHSE.
- The Trust received a "**Disclaimer**" opinion.

## 20/21 Accounts

- The draft Accounts for 2020/21 were submitted in accordance with the national timetable (June 2021) but prepared and submitted at the same time as the 2019/20 Accounts re-statement work was underway. There was a swing in the reported financial position in 2020/21 from draft Accounts to Audited accounts. The financial position improved by **£29.8m** to **£46.2m**. This movement largely arose from the re-patriation of expenditure into the previous financial year (2019/20) as a result of the 2019/20 balance sheet re-statement, to ensure that the costs were accounted for in the correct accounting period. Across 19/20 and 20/21, the Trust reported a net deterioration of **£16.1m** compared with the draft Accounts that were originally submitted for both years to NHSI for the purposes of NHS consolidation.
- As recognised by our external auditors, the accounts presented for audit represented a further improvement on 19/20, with an improvement in the financial controls, in particular the journal control environment and elimination of audit concerns in relation to management override of controls. However, the Auditors identified continued pervasive errors, accounting processes and control weaknesses, in particular relating to the accounting process and controls over non pay expenditure, capital expenditure and management of plant and equipment.
- Officers recognised there was still more work to do, but are clear what actions are required, which has formed the basis of the financial improvement plan, as UHL enters the next phase on its journey towards achieving a qualified by exception audit opinion and ultimately an unqualified audit opinion.
  - Following consideration and review at the Audit Committee on 31 August 2022, the 20/21 accounts were recommended to and formally adopted by UHL Trust Board on 9 September 2022.
  - Formal submission of these accounts and supporting schedules were subsequently passed to NHSI.
  - The Trust received an improved, albeit an **“Adverse”** audit opinion.



**REPORT TO:** LEICESTER, LEICESTERSHIRE & RUTLAND JOINT HEALTH SCRUTINY COMMITTEE

**DATE:** 16<sup>th</sup> NOVEMBER 2022

**REPORT BY:** HEAD OF PATIENT SAFETY

**SUBJECT:** MANAGEMENT AND OVERSIGHT OF FORMAL COMPLAINTS IN UHL

---

## 1. INTRODUCTION

This report highlights how formal complaints are managed and how oversight is provided in University Hospitals of Leicester NHS Trust (UHL). It also highlights current performance and the actions being taken to improve this position.

## 2. MANAGEMENT OF COMPLAINTS WITHIN UHL

UHL is committed to listening to the views of patients and the public about the care we provide and values feedback on the experiences of our patients. The formal complaints process is managed by the Patient Information and Liaison Service (PILS) in line with our local complaints policy. The Trust Complaints Policy is based on “The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009” and the Parliamentary and Health Service Ombudsman’s principles.

## 3. OVERSIGHT OF COMPLAINTS WITHIN UHL

Formal complaints are reported monthly to Clinical Management Groups (CMGs) and quarterly to the Executive Quality Board and Quality Committee (which is a sub-board committee).

Every month each Clinical Management Group (CMG) receives a report that goes to their Quality and Safety Board meetings which contain the number of complaints received, what specialty these relate to, the subject of the complaints and performance both as a whole and broken down to specialty level. The report also includes the number of re-opened complaints and any new or closed cases from the Parliamentary Health Service Ombudsman (PHSO).

Each quarter the Executive Quality Board and Quality Committee receive a report that provides Trust wide data which contains the number of complaints received, what CMG these relate to, the subject and themes of the complaints and performance both as a whole and broken down to CMG level. The report also includes the number of re-opened complaints and any new or closed cases from the Parliamentary Health Service Ombudsman (PHSO). Any upheld PHSO cases are discussed at the Adverse Events Committee and actions taken in response to their recommendations are monitored through to completion by the Head of Patient Safety.

From a PHSO perspective, UHL have few cases taken on for full investigation and very few upheld in comparison to the total number of formal complaints.

The table below shows the PHSO case numbers and outcomes for the past six financial years, which shows an improving picture. In addition to this we have had one case taken on for investigation to date this financial year.

Parliamentary Health Service Ombudsman complaints - April 2016 to March 2022

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Total
Awaiting outcome validation	0	0	0	0	0	4	4
Enquiry only - no investigation	1	1	0	2	3	3	10
Investigated - not upheld	12	6	4	0	0	0	22
Investigated - partially upheld	3	3	3	3	2	0	14
Investigated - upheld	1	0	0	0	0	0	1
<b>Total</b>	<b>17</b>	<b>10</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>51</b>

The number of re-opened complaints is reported quarterly to the Executive Quality Board. This gives some measure of the quality of our responses. The table below shows the percentage of formal complaints re-opened by month for Quarter 1 2022/23. There is no national data set to benchmark this against but informal information from other peer organisations shows others seeing a similar percentage of reopened formal complaint :

Formal Complaints reopened by month	% that have reopened
Apr 22	8%
May 22	10%
Jun 22	8%

Periodically, patient/family stories from complaints are taken to Trust Board. This allows the Board to be presented with a complaint case with the purpose of hearing and understanding the human story behind it.

In addition to these, complaints are also a point of discussion at the CMG Performance Review Meetings held with members of the Executive Team.

#### 4. CURRENT PERFORMANCE AND ACTIONS FOR IMPROVEMENT

For our Quarter 1 2022/23 formal complaints performance we reported an average performance of 54% across the differing agreed timescales of 10, 25 and 45 day complaints. Pre-pandemic our performance averaged 93%.

We know we are not where we want to be with our formal complaint performance. The reduction in performance is mainly due to the legacy of the global Covid-19 pandemic and is a challenge being seen in all other NHS organisations. During the pandemic the PILS team were redeployed to support frontline areas, there was a national ‘pause’ for NHS complaints during this period and UHL are now in a phase of recovery where frontline staff are facing extreme operational pressures. This is still having an impact on the ability to manage complaints in the timeframes we want to.

The Corporate Patient Safety team that includes the PILS function has also had staffing pressures, this and the increase in workload are well documented on the Trust Risk Register ID 3755 at a score of 16.

The Executive team have supported the following measures to improve performance and support the PILS team through this challenging period:

- ✓ Employment of two interim staff to support the drafting of complaint responses.
- ✓ The adoption of a longer formal complaint timeframe for the more complex complaints that are currently given a 45-day timeframe. From 3<sup>rd</sup> October 2022, the 45 day deadline was extended to 60 days. Many other local NHS providers already have done this, and this will give an achievable deadline for the complainant and improve performance for these.
- ✓ Plan to trial a PALS type concern model as a 6 month project. In line with the NHS Complaints regulations (2009) complaints are not required to be dealt with in accordance with these if it is resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made. This gives us the ability to trial an informal resolution team approach (which most Trusts call PALS). We are currently making plans for the recruitment for this and key performance measures for the project. The plan will be to have an office on site at the Leicester Royal Infirmary site for the public to access and that will aim to resolve patient/family/carer concerns within 48 hours. As a result of early intervention, we expect to reduce the number of issues that escalate into a formal complaint. It is the choice of the individual to use either the complaints procedure or this PALS type team. The PALS type team does not aim to reduce complaints to the Trust but to work with individuals to obtain the best possible outcome for them and to ensure the Trust learns from the persons experience.
- ✓ External review of end-to-end complaint process. An interim Complaints Lead commenced in post on 12<sup>th</sup> October 2022. They will provide the 'fresh eyes' review of the current complaint process to identify areas of good practice and areas where we could improve efficiency. They will also operationally lead and manage the 6 month PALS project.
- ✓ Reinstate quality review process of the Independent Complaints Review Panel with refreshed Terms of Reference and approach. Plan to start review of closed Q1/Q2 formal complaint cases in November/December 2022.

To further support CMGs we have increased oversight on their complaints data, the Deputy Director of Quality Governance (Deputy Chief Nurse) and the Head of Patient Safety met with members of the triumvirate for the Clinical Management Groups with the most overdue formal complaints to discuss and listen to feedback on how best to support them to try and reduce overdue numbers. Subsequently, a weekly report is now sent out to the triumvirate of each CMGs and relevant Executive Directors showing current stage for every overdue complaint and those due in the next two weeks.

Improving both the timeliness and quality of our response to complaints is a priority for the organisation. With the agreed actions above, we are confident that the citizens of LLR will see a more responsive service in the coming months.





Leicester, Leicestershire  
and Rutland

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**16 NOVEMBER 2022**

**LLR COVID-19 & FLU VACCINATION PROGRAMME**

**REPORT OF THE**  
**DEPUTY DIRECTOR OF LLR VACCINATION PROGRAMME**

**Purpose of the Report**

1. The purpose of this report is to provide an update on the autumn and winter COVID-19 and flu vaccination programme for the eligible population resident within Leicester, Leicestershire and Rutland.

**Policy Framework and Previous Decisions**

2. In August 2022, the government published its acceptance of Joint Committee on Vaccination and Immunisation (JCVI) guidance to offer a COVID-19 autumn booster to increase immunity in those at higher risk of severe COVID-19 during winter 2022 to 2023. As per this guidance, those eligible are:
  - Residents in care homes for older adults and their staff
  - Frontline health and social care workers
  - All adults aged 50 years and over
  - Persons aged 5 to 49 years in a specific clinical risk group
  - Persons aged 5 to 49 years who are household contacts of people with immunosuppression
  - Persons aged 16 to 49 years who are carers.
3. The NHS Evergreen vaccination offer continues to be available to:
  - Everyone aged 5 (on or before 31 August 2022) and over can get a first and second dose of the COVID-19 vaccine.
  - People aged 16 and over, and some children aged 12 to 15, can also get a booster dose.
  - People aged 5 and over who had a severely weakened immune system when they had their first or second dose will be offered an additional primary dose (third dose) before any booster doses.
4. The NHS influenza (flu) immunisation programme 2022-23 confirms those eligible are:
  - All children aged 2 or 3 years on 31<sup>st</sup> August 2022

- All primary school aged children (from reception to year 6)
- Those aged 6 months to under 65 years in clinical risk groups
- Pregnant women
- Those aged 65 years and over
- Those in long-stay residential care homes
- Carers
- Close contacts of immunocompromised individuals
- Frontline health and social care staff.

## **Background**

### **5. COVID-19 Vaccination Programme**

For this phase of the local COVID-19 vaccination programme, the choice and accessibility of the vaccination offer surpasses previous LLR campaigns, with a greater number of GP practices and community pharmacists participating, supplemented by hospital hubs and some non-NHS sites.

6. Dedicated roving vaccination teams started visiting care homes to vaccinate residents and staff from w/c 5 September. To date 74% of the older adult care home population across LLR have been vaccinated. Housebound people have also been prioritised with a dedicated mobile vaccination team working in conjunction with GPs and community pharmacists.
7. The formal launch of the autumn campaign on 12 September opened up to people aged 75 years and over and self-declaring health and social care workers initially. Over time, other eligible groups of people have been invited to take up their autumn booster vaccination offer. Whilst GPs have been inviting their own patients to be vaccinated, individuals are free to choose to access their vaccination offers from wherever they choose, ie community pharmacist, Glenfield drive-through, etc.
8. People who are eligible may be offered their COVID-19 booster and a flu jab at the same time, subject to supply, with the doses approved to be co-administered.
9. Two mobile vaccination units operate across LLR. Collaborative intelligence and insight carefully select optimum 'heart of the community' locations based on deprivation, low vaccine uptake, high footfall.
10. A dedicated roving team targets and are sited in prime locations based on partnership intelligence and insight located in areas of deprivation and low vaccination uptake.
11. Bespoke work continues to focus on vaccine inequality to improve access, convenience and information in relation to both the flu and COVID-19 vaccination offers. Such work includes homeless/rough

sleepers, asylum seekers, pregnant women, immunosuppressed patients, disadvantaged groups, etc.

12. In addition to existing activity, preparatory work is underway in the event of a national request to accelerate the programme to mitigate broader pressures on the NHS as a whole. This surge planning involves increasing operational capacity across all sites and may include opening new sites to further address vaccine inequalities.

**13. Flu**

The 2022-23 flu programme began as usual from 1 September with sites vaccinating when locally procured vaccine allows. As at 3<sup>rd</sup> November 2022, 259,865 (35.36%) vaccination doses had been given to the total eligible population, some 734,969.

**Background Papers** *(excluding exempt items)*

14. None.

**Circulation under the Local Issues Alert Procedure**

15. None.

**Officer to Contact**

16. Kay Darby, telephone: 07960 144648, email: [kay.darby1@nhs.net](mailto:kay.darby1@nhs.net)

**List of Appendices**

17. Appendix 1: COVID-19 Vaccination Programme Estate  
Appendix 2: COVID-19 Vaccination Programme Coverage  
Appendix 3: Flu Vaccination Programme Uptake: City, County & Rutland  
Appendix 4: Flu & COVID-19 Vaccination Co-administration  
Appendix 5: COVID-19 Autumn Vaccination Performance: City, County & Rutland  
Appendix 6: COVID-19 Autumn Vaccination Ethnicity Uptake  
Appendix 7: LLR ICS COVID-19 Vaccination Uptake Performance by JCI Cohort & National / Midlands Comparison

**Equalities and Human Rights Implications**

18. All local NHS vaccination programme activity is subject standard operational procedures, clinical assurance, risk assessments and is fully compliant with JCVI guidance and NHSE protocols to adhere to equalities and human rights guidance and regulations.

## Appendix 1: COVID-19 Vaccination Programme Estate

Site Name	Provider
Astill Lodge Pharmacy	Astill Lodge Pharmacy
Belgrave Pharmacy	Belgrave Pharmacy
Boots - Fosse Park	Boots
Brennans Pharmacy - Ibstock	Brennans
Burton Street Car Park	Mr Pickfords
Cosby Pharmacy	Village Pharmacy
Countesthorpe Chemist	Countesthorpe Chemist
Delivery Pharmacy - Jacknell Road	Delivery Pharmacy
Evans Pharmacy	Evans Pharmacy
Glenton R & Sons Ltd	Glenton R & Sons Ltd
Hamilton Pharmacy	Hamilton Pharmacy
Healthcare Pharmacy Ltd	Healthcare Pharmacy Ltd
HMS Pharmacy	HMS Pharmacy
Jalaram Community Centre	Patels Chemist

Site Name	Provider
KM Brennan Chemist	Brennans
Masons Chemist	Masons Chemist
Medicure Pharmacy	Medicure Pharmacy
Melton Pharmacy	Melton Pharmacy
Melton Road (Omcare)	Omcare Pharmacy
Mistry Pharmacy	Mistry Pharmacy
Mr Pickfords	Mr Pickfords
Oakwood Pharmacy	Oakwood Pharmacy
Pearl Chemist	Pearl Chemist
Rutland Late Night Pharmacy	Rutland Late Night Pharma
Saffron Lane Pharmacy	Saffron
Severn Pharmacy	Severn Pharmacy
St Theodore's Church	Wymeswold Pharmacy
Vision Pharmacy - Leicester	Vision Pharmacy

### Hospital hubs

- Feilding Palmer Hospital
- Glenfield Hospital
- Leicester General Hospital
- Leicester Royal Hospital
- Loughborough Hospital

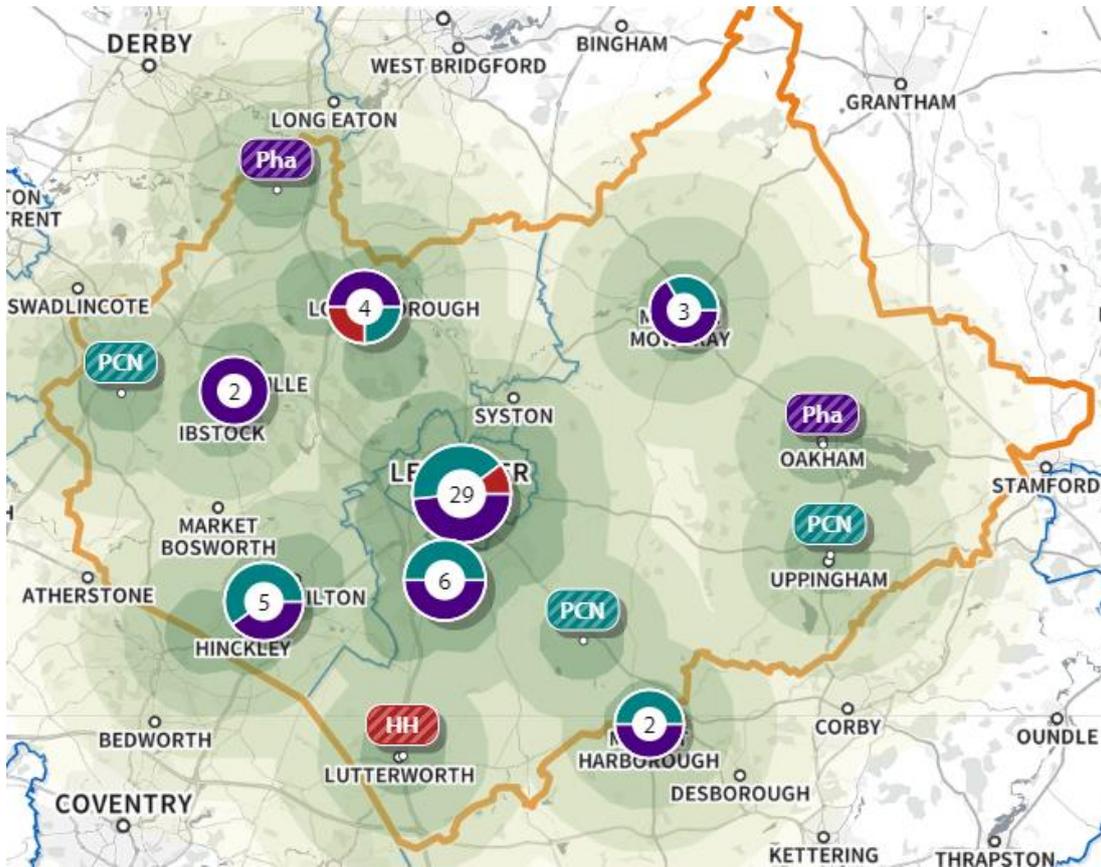
### Other clinic locations:

- Highcross shopping centre
- Drive-through at County Offices, Glenfield
- Burton Street, Melton Mowbray
- Mobile vaccination vehicles operating across LLR

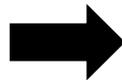
### GPs & locations

Barwell Medical Centre	Fosseway PCN
Community Health Centre	Leicester City Central PCN
Fosse Medical Centre	Millennium PCN
Glenfield Surgery	G3 PCN
Heath Lane Surgery	Bosworth PCN
Humberstone Medical Centre	Salutem PCN
Kibworth Medical Centre	Cross Counties PCN
Latham House - MSV	MSV PCN
Maples Family Medical Practice	Hinckley Central PCN
Market Harborough Medical Centre	Market Harborough PCN
Measham Medical Unit	NWL PCN
Merridale Medical Centre	City Care Alliance PCN
Northfield Medical Centre	South Blaby & Lutterworth
Rosebery Medical Centre	Charnwood Federation
Springfield Road Medical Centre	Aegis PCN
St Peters Health Centre	Leicester Foxes PCN
Sturdee Road	Leicester City South PCN
The Charnwood Practice	Belgrave & Spinney PCN
Thorpe Astley Community Centre	North Blaby PCN
Two Steeples Medical Centre	Oadby & Wigston PCN
Uppingham Surgery - Rutland	Rutland PCN
Victoria Park Health Centre	Leicester City & Uni PCN
Westcotes Health Centre	Orion PCN

## Appendix 2: COVID-19 Vaccination Programme Coverage



Lincolnshire vaccination clinics bordering LLR

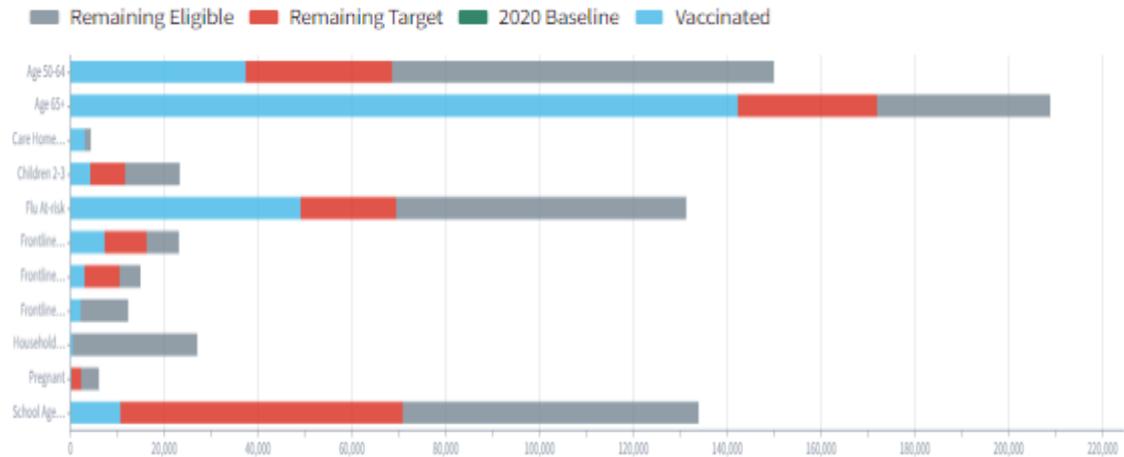


Nottinghamshire vaccination clinics bordering LLR

### Appendix 3: Flu Vaccination Uptake: City, County & Rutland

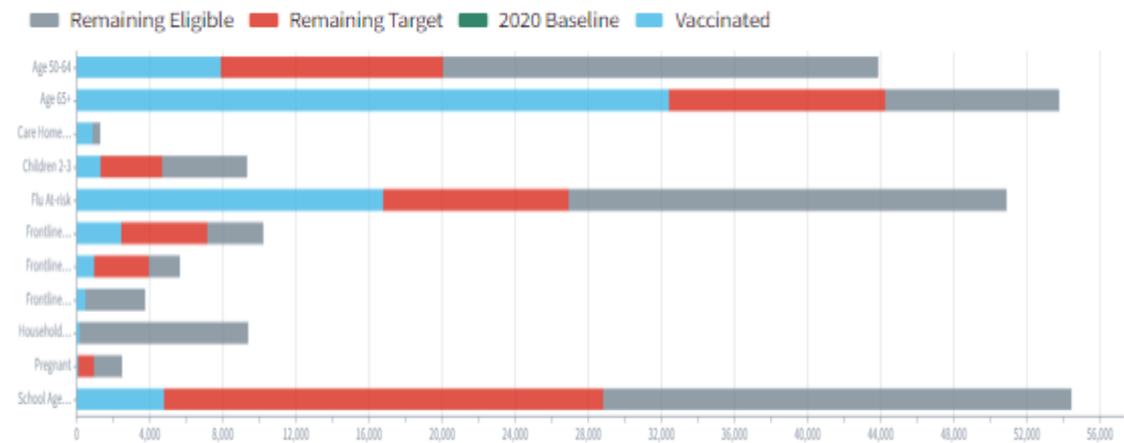
**LLR figures:**

- Eligible population: 734,969
- Vaccines administered: 259,865 (35.36%)



**City figures:**

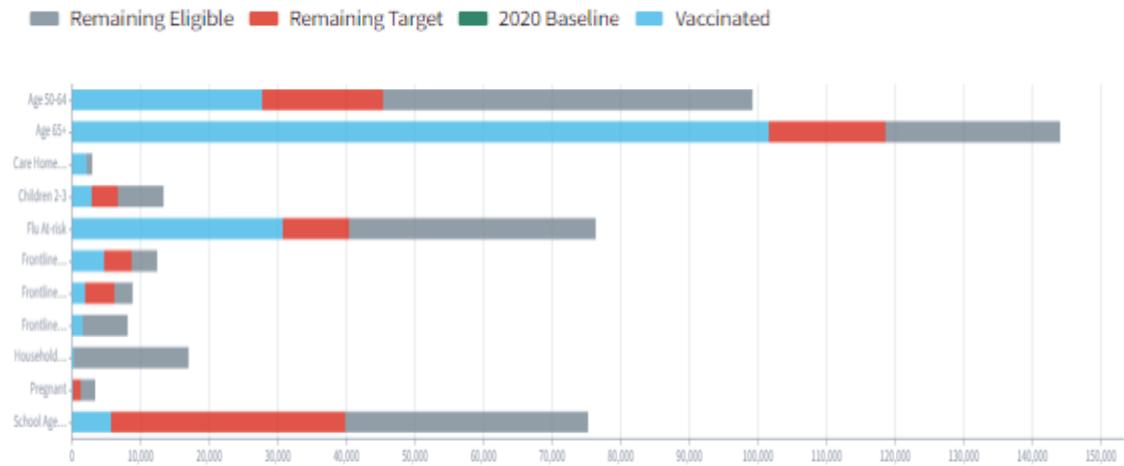
- Eligible population: 245,005
- Vaccines administered: 68,167 (27.82%)



(Source: Foundry 03/11/2022)

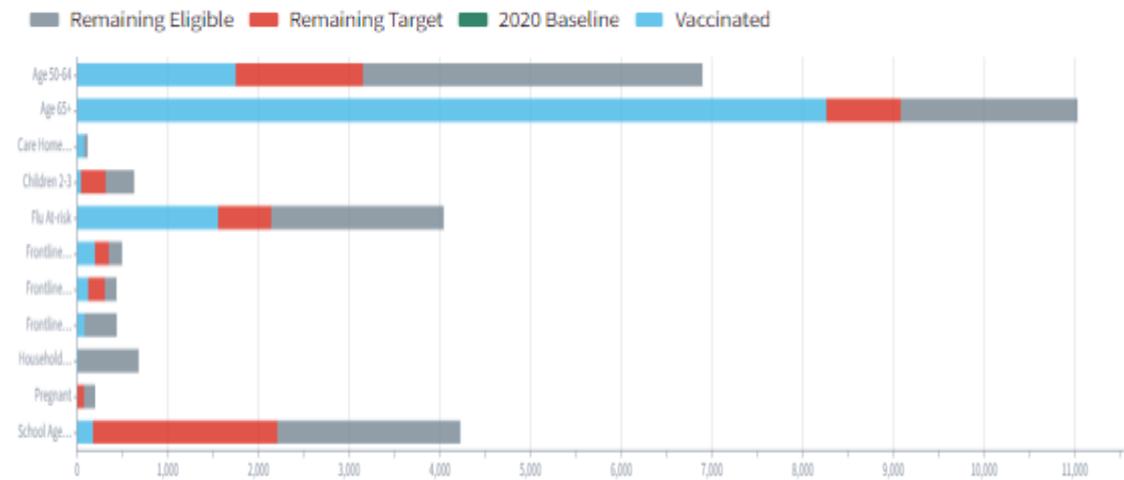
**County figures:**

- Eligible population: 460,749
- Vaccines administered: 179,421 (38.94%)



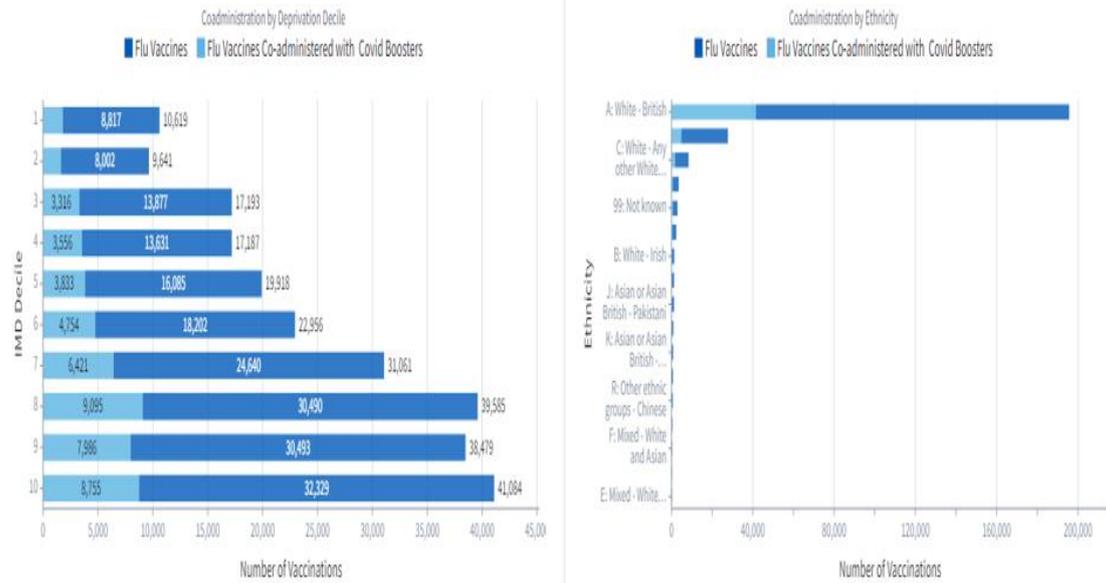
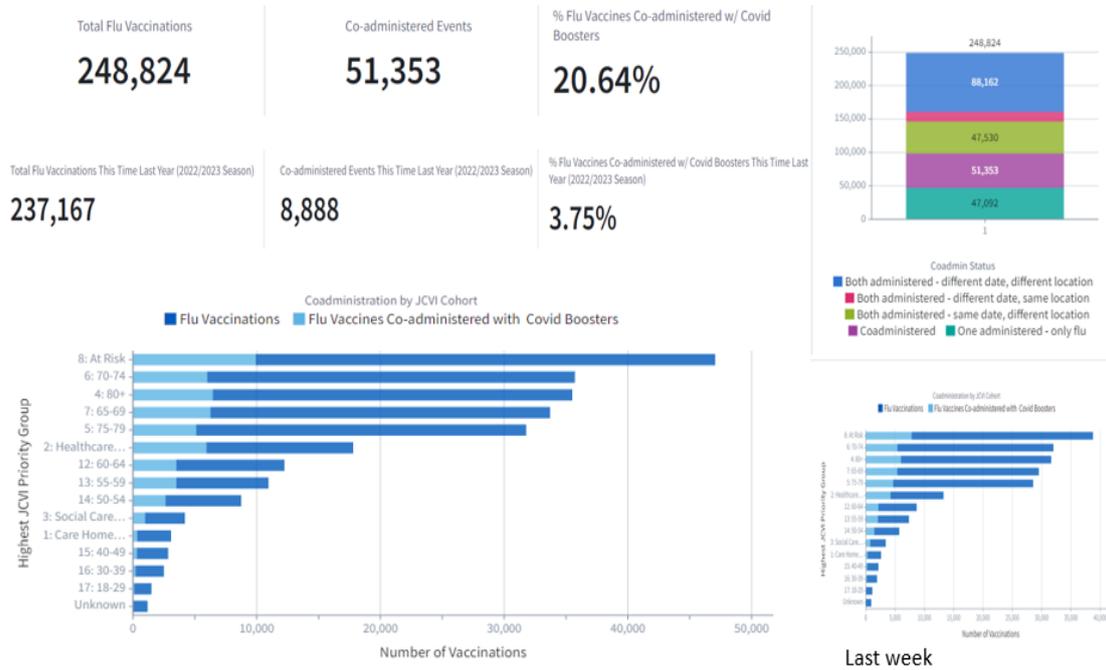
**Rutland figures:**

- Eligible population: 29,185
- Vaccines administered: 12,274 (42.06%)



(Source: Foundry 03/11/2022)

# Appendix 4: Flu & COVID-19 Vaccination Co-administration

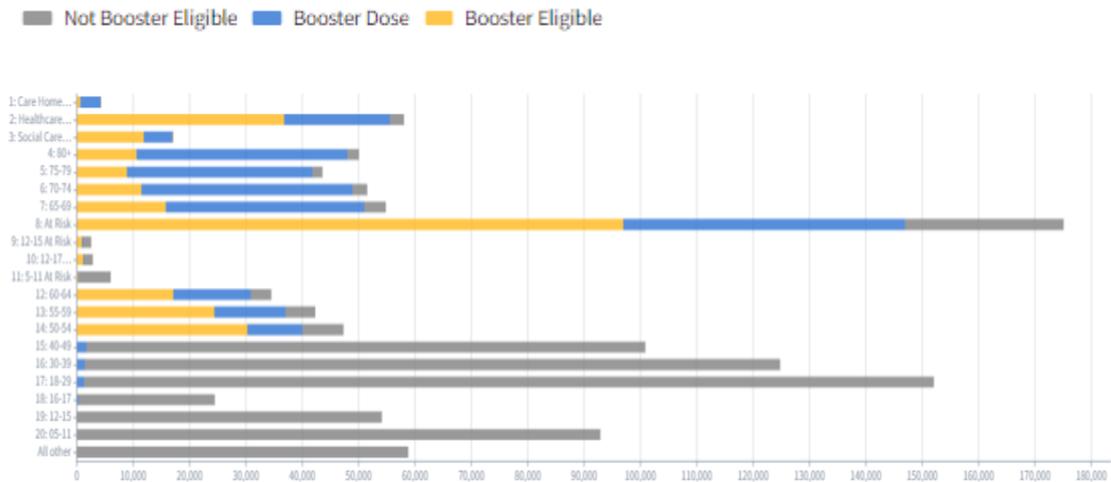


(Source: Foundry 03/11/2022)

## Appendix 5: COVID-19 Autumn Vaccination Performance: City, County & Rutland

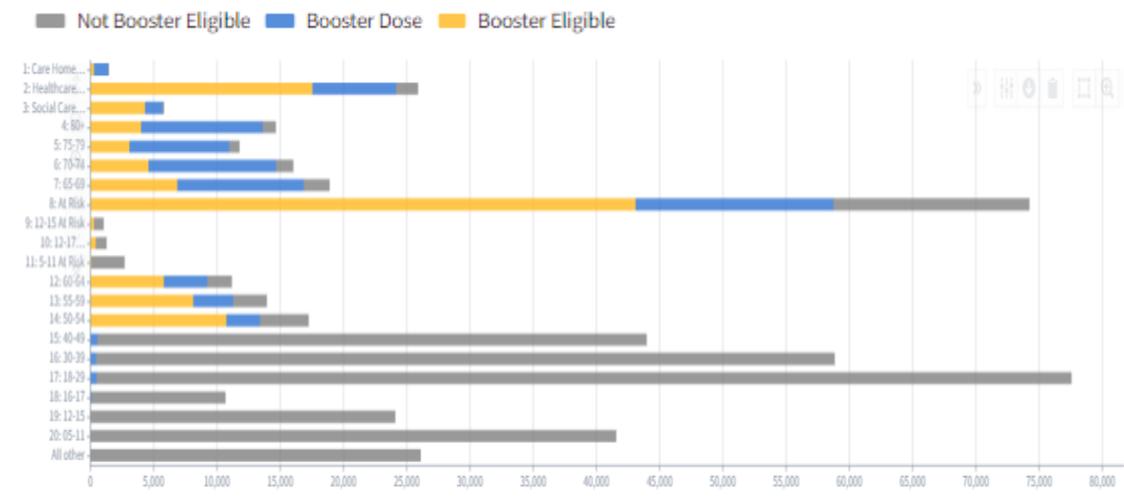
### LLR figures

- Total population: 1,198,354
- Booster eligible population: 523,777
- Booster doses administered: 256,341 (48.9%)



### City figures

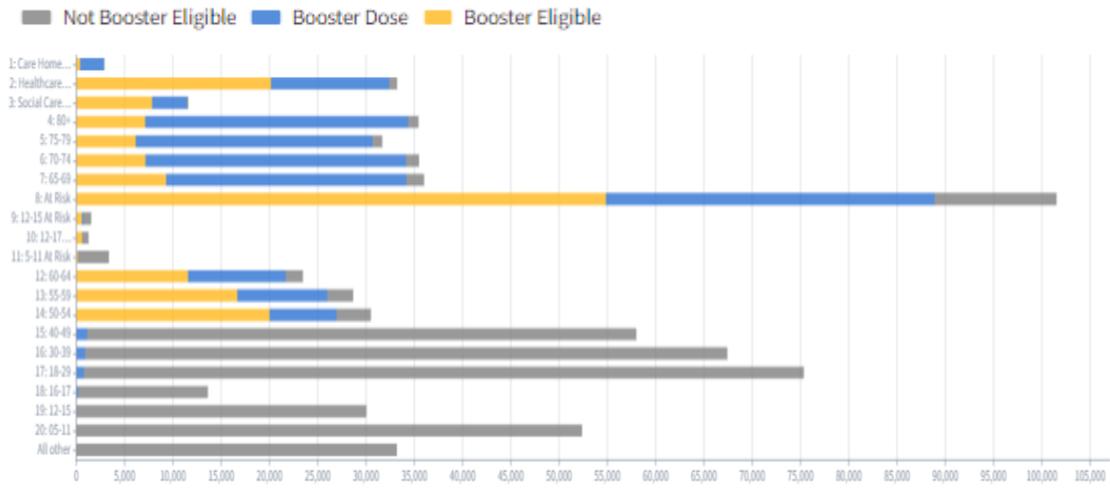
- Total population: 499,237
- Booster eligible population: 181,112
- Booster doses administered: 71,662 (39.6%)



(Source: Foundry 03/11/2022)

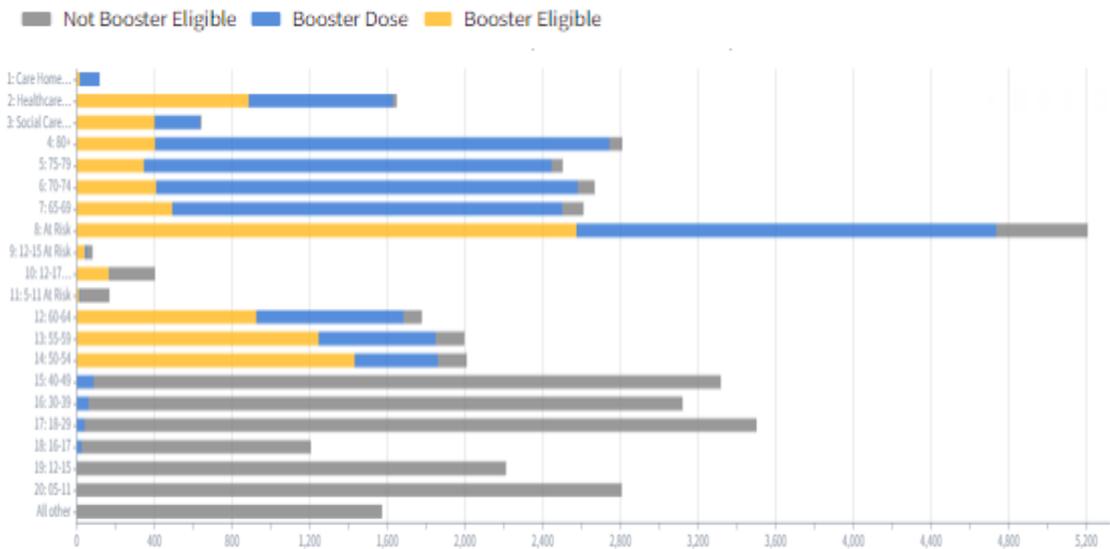
### County figures

- Total population: 706,732
- Booster eligible population: 345,259
- Booster doses administered: 185,640 (52.9%)



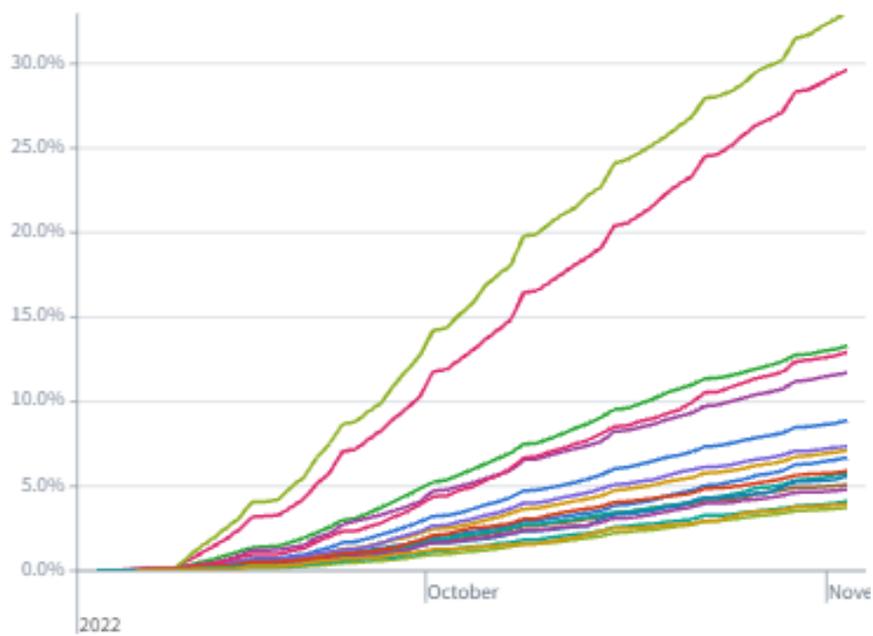
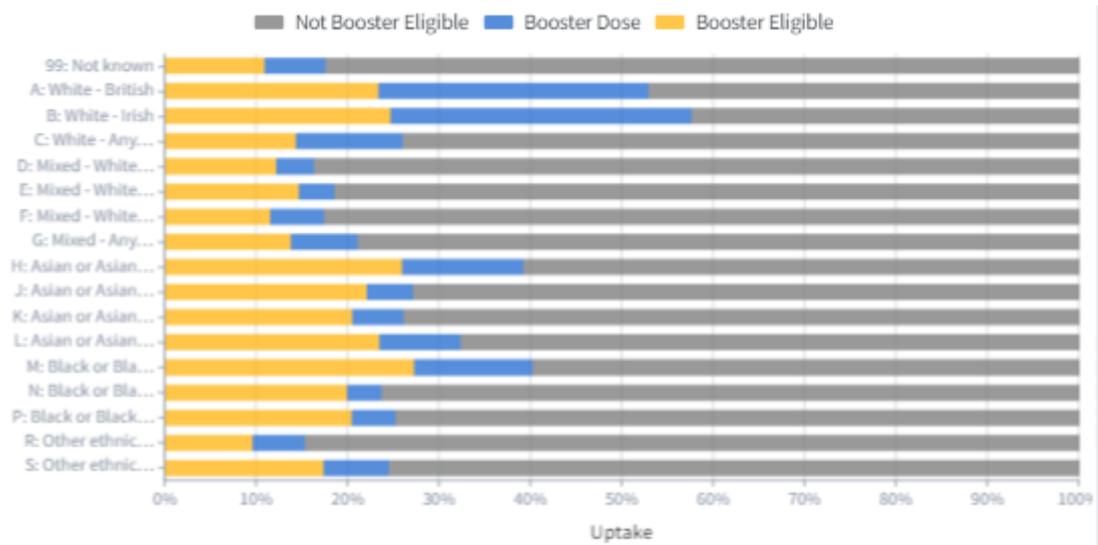
### Rutland figures

- Total population: 42,381
- Booster eligible population: 23,026
- Booster doses administered: 13,886 (59.4%)



(Source: Foundry 03/11/2022)

## Appendix 6: COVID-19 Autumn Vaccination Ethnicity Uptake



## Appendix 7: LLR ICS COVID-19 Vaccination Uptake Performance by JCI Cohort & National / Midlands Comparison

(Source: NHSE 24/10/2022)

Equal to or greater than National Uptake
Within the 70 <sup>th</sup> Percentile of National Uptake
Below the 70 <sup>th</sup> Percentile of National Uptake

JCVI	National	Midlands	LLR
1: Care Home Residents & Residential Care Workers	78.18%	78.26%	81.78%
2: Healthcare Workers	29.41%	29.56%	27.82%
3: Social Care Workers	22.63%	24.04%	23.88%
4: 80+	70.29%	70.30%	70.84%
5: 75-79	72.25%	72.57%	72.20%
6: 70-74	68.84%	69.19%	69.68%
7: 65-69	61.40%	60.41%	60.40%
8: At Risk	27.48%	28.02%	27.80%
9: 12-15 At Risk	14.21%	14.48%	13.17%
10: 12-17 Household contacts of immunosuppressed	1.21%	1.33%	1.69%
11: 5-11 At Risk	19.35%	23.69%	19.56%
12: 60-64	25.51%	26.40%	26.04%
13: 55-59	16.82%	18.41%	18.34%
14: 50-54	11.25%	12.00%	11.91%

ENDS

Leicester, Leicestershire, and Rutland Joint Health Scrutiny Committee

Work Programme – 2022/23

Date	Topic	Actions arising	Progress
27 Jun 22	<ol style="list-style-type: none"> <li>1. Update on Dental Services</li> <li>2. UHL Finances and Accounts for 19-20 and 20-21</li> <li>3. Leicester, Leicestershire, and Rutland Integrated Care Systems Update</li> <li>4. Covid-19 Vaccination Programme Update</li> <li>5. Maternity Services</li> </ol>	<ol style="list-style-type: none"> <li>1. Recovery of services post COVID19 across LLR and access to dentistry.</li> <li>2. This item will be taken to the Committee this year as reports will be decoupled and approved at separate Board Meetings over the last few months.</li> <li>3. Update on organisational arrangements before implementation date of 1 July 22.</li> <li>5. Item to include information on Maternity Services and any self-assessment conducted by UHL, given the recent media interest (Kirkup and Ockendon inquiries)</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete; to return in 12 months' time. Letter to Secretary of State for Health sent in November '22.</li> <li>2. To be considered in Nov 2022.</li> <li>3. Progress update in March 2023</li> <li>4. Updates will be provided where appropriate.</li> <li>5. Updates will be provided where appropriate.</li> </ol>
16 Nov 22	<ol style="list-style-type: none"> <li>1. UHL accounts for 19-20 and 20-21: both accounts need to be looked at in unison</li> <li>2. Corporate Complaints Procedures</li> <li>3. Autumn/Winter Vaccination Programme Update</li> </ol>	<ol style="list-style-type: none"> <li>1. As agreed previously, the committee will inspect the accounts from the previous two years.</li> <li>2. This will provide an opportunity to examine the current UHL Corporate Complaints Procedures.</li> <li>3. This will cover the latest position with the programme across the region – for both COVID and Flu.</li> </ol>	<p><b>Note: this will be a 12pm meeting.</b></p>

Date	Topic	Actions arising	Progress
6 February 23	<ol style="list-style-type: none"> <li>1. Transforming Care – Learning Disabilities and Autism Update</li> <li>2. EMAS Update – Clinical Operating Model</li> <li>3. Leicester, Leicestershire, and Rutland Integrated Care Systems – Organisational Progress Update</li> <li>4. UHL Hospital Reconfiguration Update</li> <li>5. Re-procurement of the Non-Emergency Patient Transport Service (NEPTS)</li> <li>6. Enhanced access to GP Surgeries</li> <li>7. Outcome of Well-led CQC Inspection</li> </ol>	<ol style="list-style-type: none"> <li>1. Comprehensive report requested by the Commission with a joint LLR overview.</li> <li>2. Progress update in relation to the new model being used by EMAS across LLR.</li> <li>3. Follow up to the Committee on how the implementation of the ICS is going.</li> <li>4. Deferred from November 2022</li> <li>5. Deferred from November 2022 given that the procurement exercise was ongoing.</li> </ol>	<b>Note:</b> this will be a 12.30pm meeting.

### Prospective Items for 2022/23

Agenda item	Organisation/Officer responsible	Notes
1. EMAS - Clinical Operating Model and Specialist Practitioners	Russell Smalley, EMAS	This item was presented in March 2022 and an update was requested in 12 months' time once the model has been implemented further. Provisionally scheduled for March 2023.
2. Update on Dental Services	Thomas Bailey, NHS England	This item was presented in July 2021 and September 2021 and June 2022 on the recovery of dental services following COVID and general access to dentistry across LLR. Update in 12 months' time.
3. Progress Updates on the UHL Acute and Maternity Reconfiguration Proposals	CCGs/UHL	Analysis of the UHL Acute and Maternity Reconfiguration Consultation results was taken at the July 2021, with an interim update in March 2022. A further update is expected in February 2023, including

Agenda item	Organisation/Officer responsible	Notes
(Building Better Hospitals Programme)		confirmation on the exact funding available for the hospital programme.
4. Transforming Care – Learning Disabilities and Autism progress update	County/City Council and LPT	This item was taken in March 2022, with a view for this to return to the Committee in February 2023, with a joint LLR overview to this.
5. UHL Finances and Accounts for 19-20 and 20-21	UHL	On 5 March 2021 it was agreed that UHL would come back to the Committee with further updates regarding the actions taken to address the financial issues. This is planned for November 2022 as a sole meeting on UHL related areas, with a Member Briefing beforehand, from UHL.
6. Maternity Services (including Black Maternal Healthcare and Mortality)	UHL	Item was initially considered in November 2021, with further interest in Maternity Services expressed prior to the start of the civic year. A further item on maternal healthcare (Kirkup and Ockenden reports) were taken in June 2022, with a view to receive further updates.
7. Covid-19 Vaccination Programme Update	ICS	This was a former standing item in the previous municipal year and relevant updates in 2022/23 may be requested, where required.
8. Leicester, Leicestershire, and Rutland Integrated Care System	ICS	LLR CCGs successfully applied to become one single CCG by 31st March 2021 ready for organisational change on 1st July 2022 and the Health and Care Act has also received approval; updates on this item anticipated for June 2022 and February 2023.
9. Outcome of LPT CQC inspection	ICS	This was taken at the special meeting in Feb 2022 with a follow up update in March 2022 regarding the dormitory accommodation. Anticipated that an update on inspection outcomes may return to the Committee this year – potentially February 2023.
10. Findings and analysis of the Step Up to Great Mental Health Consultation -	ICS	Consultation about proposals to invest and improve adult mental health services for people in LLR was discussed in Feb 2022 and March 2022. Anticipated that the progress on the implementation of

Agenda item	Organisation/Officer responsible	Notes
Leicester, Leicestershire, and Rutland		the outcomes on the Step Up to Great Mental Health programme may return to the Committee this year – potentially in early/mid 2023.
11. Autumn/Winter Vaccination Programme Report	ICS	A standing item in the previous municipal year, with the Committee having the option to receive an update on this in Autumn 2022.
12. Re-procurement of the Non-Emergency Patient Transport Service (NEPTS)	ICS	Item was taken in March 2022 prior to the start of the procurement exercise. Committee recommended that a further update on procured services and how to access them, will return in February 2023.
13. Specific item on UHL services; Quality Accounts, Financial Accounts, corporate complaints procedure, and CQC inspection follow up.	UHL / ICS	Date and process TBC