



Leicester
City Council

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

Held: WEDNESDAY, 16 NOVEMBER 2022 at 12 noon

P R E S E N T :

Councillor Pantling (Chair)
Councillor Morgan (Vice-Chair)
Councillor Ainsley
Councillor Harrison (substitute)
Councillor Khan
Councillor King
Councillor O'Donnell
Councillor Waller
Councillor Westley

In Attendance

Dr Janet Underwood – Healthwatch
Richard Mitchell CEO UHL
Lorraine Hooper Chief Financial Officer UHL
Kay Darby – CCG LLR

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18. APOLOGIES FOR ABSENCE

The Chair welcomed those present and led introductions.

Apologies for absence were received from Councillor Charlesworth; Ruth Lake; Becky Cassidy (UHL) and Julie Hoggs (UHL).

It was noted that Councillor Harrison was present as a substitute for Councillor Charlesworth.

19. DECLARATIONS OF INTEREST

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

There were no such declarations.

20. MINUTES OF PREVIOUS MEETING HELD 27TH JUNE 2022

RESOLVED:

That the minutes of the meeting held on 27th June 2022 be confirmed as a correct record.

21. PROGRESS AGAINST ACTIONS OF PREVIOUS MEETINGS - NOT OTHERWISE ON THE AGENDA

The Chair referred to the discussion around dental services at the last meeting noting that a number of key partners had agreed to explore the issues raised, however there was no-one present at this meeting who could provide any further progress update to that.

It was noted that Councillor Hills had recently given a very good interview on the radio and spoke about his experience as a dentist.

There was a brief discussion about ongoing concerns over dentistry services, particularly across Rutland which had seen its main dental practice return its contract (25% NHS provision) and no other dentists taking NHS patients.

The Chair confirmed that following the last meeting a letter had been written to the Secretary of State and a response was awaited.

The Chair also advised that in relation to maternity services a further report outlining current provision and performance of the service had been requested to the City Health & Wellbeing Scrutiny Commission, since this was an important area and needed further assurance.

RESOLVED:

That an update report on Dental Services and provision across the area be brought to a future meeting.

22. CHAIRS ANNOUNCEMENTS

None at this time.

23. PETITIONS

The Monitoring Officer reported that no petitions had been received.

24. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

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

25. UHL FINANCIAL ACCOUNTS FOR FINANCIAL YEARS 2019-20 AND 2020-21 REPORT

Members received a report containing details of the University Hospitals Leicester (UHL) Finances and Accounts for the financial years 2019-20 and 2020-21.

Lorraine Hooper, Chief Financial Officer, UHL, informed members that:

- The accounts for 2019-20 were finally adopted and published with a disclaimer opinion on 31st March 2022.
- The audited accounts for 2020-21 were adopted by the Trust Board on 9th September 2022 with an adverse opinion. Due to the Queens passing the Board met in private but did subsequently meet in public on 6th October to ratify that decision.
- In relation to the 2019-20 accounts, external auditor Grant Thornton had provided an updated audit findings report which included the restated balance sheet, this saw the deficit moving from £76.8m to £122.7m following adjustments agreed during the course of the audit.
- Grant Thornton recognised the considerable improvement in account process and culture within the finance team at UHL since their original audit findings report but also recognised some errors still to be addressed and work to do on financial statements to address risks to the Trust's financial sustainability.
- The 2020-21 draft accounts had been produced in line with the National timetable (June 2021) which was a significant step forward.
- The financial position in 2021 improved by £29.8m to £46.2m largely as a result of repatriation of expenditure into the previous financial year as a result of the 2019-20 balance sheet restatement.
- The current financial year (2021-22) accounts were on track and undergoing external audit with KPMG (new external auditor) and it was anticipated those accounts would be adopted in February 2023 by the Trust Board.

In relation to the issues uncovered around the 2019-20 accounts, members were informed that it was clear standards previously fell short of anything that was an acceptable standard, and since those challenges considerable change and improvement had been made across the whole organisation.

Members were advised that the Trust Board had been set up and in place for 14 months, the Board had a wider experience and a committee Chair who ensured challenge was robust. Governance had been revised across the Trust and financial decision making was much tighter and more robust.

The entire finance department had been restructured and a clear skills requirement for each grade had been put in place together with weighting of staff within the structure and a considerable amount of staff training. Mandatory training had been undertaken by budget holders and there was now in place a regular reporting system. All control processes had also been refreshed, reviewed, and rewritten where necessary.

Members noted that as a consequence of the financial challenges the Trust was placed in financial special measures and was now in a recovery support programme so there was additional oversight from NHS England and the Trust

was making good progress to be able to exit that programme.

The Chair invited members to comment which included the following points:

Members remarked that this was clearly a serious historical issue at the hospital and new people had been brought in to rectify the position, however it was queried whether it was internal or external processes that had led to the discovery of the huge financial issues and whether there was now confidence in all processes and procedures in place to avoid the same thing happening.

Members were astounded at the level and depth of financial incompetence and damage to the hospital and concerned as to whether the financial loss impacted on patient care and members sought absolute assurances that robust processes were in place to avoid a similar situation again.

Members stressed the importance of having confidence that UHL was not just delivering good healthcare but that they could handle the millions of pounds handed to them by government to deliver those services. As a consequence of the massive failure regarding public funds it was queried what happened to the people involved and whether any action against individuals was taken?

Members expressed serious concerns that the financial issues of almost 4 years ago were still being resolved and although it was appreciated the Trust were now making strides against the measures put in place there was a need to ensure that this sort of fundamental error could not happen again.

Members were not satisfied that the report provided the level of detail necessary to fully scrutinise what had happened. Members were keen to know more about the new processes in place as well as what the specific weaknesses and errors of accounting were that led to the failings.

Members enquired about the wider implications for the hospital financially, whether it was operating within its means and whether there would be other impacts e.g., upon the reconfiguration programmes.

Responding to the points raised members were informed that:

- In terms of whether internal or external process revealed the discrepancies it was the previous Chief Financial Officer (who came into post in 2020) who unearthed the financial issues and set about a process to put things right, he subsequently retired but the steps put in motion were continued by his successor.
- The current senior management were confident that processes were improving and that there were clear actions in place but recognised there was a need to do more. The process that the Trust had gone through was appropriate and proper oversight was now in place.
- As regards the financial mismanagement, there had been full reflection on how financial decisions were made and assurance was given that all decisions now went through a full and proper procedure which included impact and equality assessments.
- It was asserted that the financial circumstances had not prevented the

hospitals from being able to deliver and the reductions in elective surgery backlog was given as an example.

- In relation to confidence in the current administration, it was noted that the vast majority of the Board and team were new to the organisation over the last 18 months to 2 years and all came with professional skills to deal with the issues identified and were aware of the challenges which they continued to work through.
- In terms of the hospitals living within means, it was stated that this year UHL was delivering within part of its financial plan and working closely with ICB partners to ensure they maintained that over the financial year.
- As far as the recovery support programme, it was anticipated there would be sufficient progress to enable the Trust to exit that in Spring 2023 and it tied in closely to the current audit and 2021-22 financial accounts.

Richard Mitchell, Chief Executive Officer UHL apologised on behalf of the organisation and was regretful that this situation had arisen. Richard acknowledged the concerns raised, noting that the update given today had been shared previously in public, and he was optimistic that with the work they were doing they could evidence more increasingly that the Trust was improving. It was confirmed that the Chief Executive Officer, Trust Chair and Chief Financial Officers at the time of the financial issues occurring were all no longer working in the NHS. As to whether any actions were taken against individuals Members were referred to the Trusts Annual Report which would provide that information and officers agreed to provide the link to that outside this meeting.

As regards to the reconfiguration programme it was stated that this issue bore no relation to the Trust's ability to access money for that programme and it was already well documented that there had been delays in that programme particularly due to Covid, but it was expected a more accurate update on the reconfiguration programme around quantum of monies UHL Leicester would receive should be available soon.

In relation to patient care, members were informed that like wider NHS partners the Trust were working to financial constraints, but the financial issues uncovered in the accounts had not affected that. Examples of improvements to patient care were given noting that no NHS Trust in the country had reduced their number of patients waiting over 2 years for surgery as UHL had and within the last 6 months UHL had also stepped into community provision with local partners to deliver services as well as opening a much needed minor injuries department.

The Chair invited any supplementary comments which included the following: Members suggested that in the interests of transparency and accountability UHL should take an innovative step of having their accounts open for feedback from the public domain and officers agreed to take that away for consideration.

Regarding the auditors adverse opinion for the 2020-21 accounts, Members were advised this was largely in respect of the UHL property plan and capital

expenditure and focused on how the Trust could verify its assets and show how assets under construction were accounted for, that was up to March 2021 and considerable work had been done since then so the remainder of outstanding matters were about smaller control issues which were all close to being completed.

Members referred to the report again, reiterating its lack of detail and requested that more information about the work still needed and how that was being done be provided along with data such as KPI's in an accessible format. Officers took on board the comments about accessibility and were agreeable to sharing a condensed version of data reports that went to the Trust Board if required. Officers agreed to provide members with an abridged version of the improvements required. Members noted that minutes of the Trust Board meetings were all in the public domain and could be accessed through UHL website.

Returning to the points made in relation to reconfiguration proposals, it was noted that since those proposals were put together and the bid submitted the economic situation and increased inflation had become a significant factor, and it would be a challenge to do what was said would be done. Members therefore requested that if UHL found itself having to make modifications to the original plans that impacted on the geographic community that those be brought to committee for discussion as soon as possible.

Members queried the deficit amount from the restated balance sheet and how that would be "paid back". There followed a brief a discussion around the deficit and how that was made up. The Chief Financial Officer clarified that the deficit would be held as part of the accumulated total carried forward and this would show as part of the cycle from being historically behind with accounts, she went on to explain how during the Covid pandemic the NHS went through a process in which NHS's debt was rebased, and debts were effectively written off. Officers agreed to provide a written summary of how that was worked out in practical terms for Members.

The Chair drew discussion to a close.

AGREED:

1. That UHL officers provide the link to the UHLs Annual Report for Members to access outside this meeting,
2. That in the interests of transparency and accountability UHL should consider having their accounts open for feedback from the public domain and to consider sharing those with this committee for scrutiny feedback,
3. That a written summary about the deficit and how that was to be worked out in practical terms be provided for Members outside this meeting,
4. That any potential modifications to the original UHL reconfiguration plans that impacted on the geographic community should be brought to committee for discussion as soon as they arise,
5. That a further update and full report on the UHL's financial recovery, to include an abridged version of the improvements required and the new

processes in place to address the specific financial weaknesses and errors of accounting identified in the financial years 2019-20 and 2020-21 be provided to a future meeting in 2023.

26. CORPORATE COMPLAINTS PROCEDURE REPORT

Members received a report highlighting the management and oversight processes of formal complaints, in University Hospitals of Leicester NHS Trust (UHL) including current performance and actions being taken to improve.

Richard Mitchell Chief Executive Officer UHL introduced the report and noted that the Trust had undertaken a review of its complaints process over the last 12 months and taken steps to improve the management and oversight of its complaints processes as it was felt the complaint process was not working as it should and had probably deteriorated throughout the Covid pandemic.

Members were informed that during the review it was found that it was difficult for patients and people to informally make complaints and so UHL were looking to open up drop in options at some sites across the city centre for people to come in and raise their concerns without the formality of writing a complaint.

It was also found to be difficult for some people to understand how best to contact the organisation and so the Trust was looking at dedicated phone lines that would be answered by people who understood what was being asked as well as making improvements to the website which was not always easy to navigate.

It was noted that 28% of people living in Leicester City did not speak English as their first language so UHL were aiming to take account of that when responding and looking at ways to ensure responses aligned to the diverse needs of population. UHL were working towards a clearer process for handling and responding to complaint letters in clear succinct language and recognised the importance of listening to views of patients and public. Some progress had been made although there was more to do and UHL were committed to engage with patients and communities.

Members welcomed the initiatives being taken forward to improve the complaint procedure and expressed interest in hearing about complaints that led to compensation and figures of money being paid out.

Members were impressed by the move to have drop in options to enable people to informally raise their concern and understood the motivation to reduce complaints although there was some hesitation that it may lead to an increase in “complaints” as more people were likely to drop in as most people don’t take the time to write complaints or did not have confidence to write a complaint.

It was commented that complaints should be resolved as quickly as possible

and if someone can't get what they expect then their feelings should at least be acknowledged.

Members noted that from an organisational point, complaints were opportunity to learn but it was also important to view them alongside any compliments received.

Richard Mitchell CEO agreed with the points made and commented that a primary reason for making the changes was to also ensure it was easier for those who were waiting months and couldn't make contact to be able to raise their concerns and reduce anxiety about waiting etc as well as making services more accessible.

In terms of learning from complaints raised, this was something that UHL did and information was triangulated into dashboards.

It was clarified that changing the way of working would not change or prevent the most serious concerns from being raised but it would help for those that just needed reassurance or an immediate response about being on a waiting list for example.

Members noted the frustrations with the UHL website and suggested improvements to that could help people access information without the need to raise a complaint.

Councillor O'Donnell left the meeting 1.30pm, meeting remains quorate.

Members noted that signage across UHL sites was a cause for complaint and it had previously been indicated that signage would be addressed to improve flow of people around buildings.

Members expressed some concern that communications for local NHS were still not what they should be, and that patient expectation had moved on in last 5 years, but the NHS hadn't moved at all in the way it communicates and one of the problems for people on waiting lists a long time was that they weren't kept updated leading to frustration.

Members asked about corporate patient safety and whether complaints around that showed any trends, increases or reductions.

It was brought to attention that a lot of patients and family members were scared to make complaints about their care as they felt future care would be adversely affected and assurance was sought that would not happen.

Responding to some of the points made it was stated that UHL were moving "complaints" into a wider conversation about patient experience. In relation to the number of complaints about corporate patient safety and trajectories that information was not to hand, and it was recognised there was a need for UHL to understand any trends or themes and it was agreed that as they established a new way of working it was highly likely the overall number of concerns being

raised would increase. UHL also expected that over time they could see concerns raised going up as confidence in being able to raise it but also more balance when things were working and other ways of bringing issues to attention could see a drop. Assurance was given that people's care would not be affected by them raising concerns and there was absolutely not a 2-tiered system of promoting those who "shouted loudest" up waiting lists over those less likely to raise concerns.

The Chair thanked officers for their comments and indicated that she would like to see a report with more narrative to understand how the complaints procedure works and for an update on how the procedure had moved on, including the whole idea of patient experience, and learning from complaints.

AGREED:

That a full report setting out how the complaints procedure works, how the procedure has moved on, including the patient experience and learning from complaints together with performance trends and dashboard data be provided to a future meeting to enable better understanding.

27. MEMBERS QUESTIONS ON MATTERS NOT COVERED ELSEWHERE ON THE AGENDA

Chair agreed to a change in the running order of the agenda to take members questions on matters not covered elsewhere on the agenda.

A question was raised about the possibility of nurses striking and the impact that might have on services across Leicester, Leicestershire and Rutland and any steps put in place to alleviate potential disruption.

Richard Mitchell, CEO UHL advised that a nursing union had balloted last week, and the outcome was to strike, however the criteria had not been met at University Hospitals Leicester, so in terms of this ballot UHL nurses were not striking.

Members were informed that the UHL Winter Plan included various contingencies and was about ability to maintain services. UHL had a responsibility to support people to choose, and it was noted one other union had gone out to ballot and there was also a Junior Doctor's ballot so if those voted to go out then UHL would be preparing to manage the situation through its contingency plan.

28. AUTUMN WINTER VACCINATION PROGRAMME UPDATE

Members received a report providing an update on the Autumn and Winter Covid-19 and flu vaccination programme across Leicester, Leicestershire and Rutland.

Kay Darby gave a brief summary of the report which included the following points:

- Reminder of the background policy framework and previous decisions.
- The Autumn campaign was greater than in previous campaigns, but the pattern of uptake was considerably lower and that was consistent across Leicester Leicestershire and Rutland.
- Teams had started to see slowdown in uptake figures, with Covid at around 2-3% per week, in response there was a concerted push towards Christmas to get people protected.
- Targeted approaches were also being taken to address inequalities and directing resources to areas of lowest uptake as well as specific initiatives for young people, and specific clinics for people with learning disability.

Members discussed the report which included the following comments:

Concerns expressed about low uptake levels across the City but also in Rutland where text messaging from GP's had caused confusion and there was a need to make people better aware of the options available. In response it was advised that vaccination programmes were not in a steady state so there were still different approaches to communication, and it was accepted there was still some confusion as there was not one consistent way of inviting people in.

Concerns had been raised by residents about family members on autistic spectrum and the need for different environments to get vaccinated noting that for Rutland residents the nearest facility catering for special needs was in Melton, which had costs of travel and time implications e.g. if a person finds it stressful then the length of journey is a time when those stress levels are increasing. Officers agreed to consider that point and look at what was being done for those with special needs.

Regarding accessibility for elderly or vulnerable people that had difficulty travelling it was noted that there was now an offer of transport using council vehicles and the team were engaging and co-ordinating efforts to create hubs and get the resources together to provide, targeted ward hubs for vaccination of these groups.

In terms of the issue about all GP surgeries not providing the Covid vaccination it was reminded the limitations, because the vaccine had to be specific stored with specific expiry requirements which all GP surgeries could not meet, and it was important to avoid vaccine wastage which was monitored as it is an expensive vaccine to produce. It was noted that although vaccine producers were looking to develop the vaccine to be just one, they were not at that point yet.

As far as the issues of low take up in the city it was advised that was not through lack of trying and a lot work had been undertaken with public health colleagues but despite that some populations were particularly resistant. Other steps being taken to drive uptake included work with street teams, targeted campaigns and specific engagement activity around educating people why it is important.

They were also still holding webinars for people to directly ask questions or talk

through concerns with a GP. National guidance was not to engage with anti-vaxers or engage in conversation about that, so it was a challenge and there was certainly a greater degree of interest in the covid vaccine and people who were not persuaded by the science.

The Chair commented that a lot of well-known people and prominent people in theatre world were actually promoting the idea of how important the vaccination is too.

Members suggested a leaflet/poster in surgeries warning people about misinformation around vaccine might be helpful.

In relation to efficacy of newer vaccines and longevity of immunity it was advised this was well documented and people could be directed to that outside the meeting. It was noted that the Joint Committee on Vaccination and Immunisation (JCVI) used this data to decide who was vaccinated and reference was made to the Green Book Chapter 14 (b) Rationale and Thinking (HM Treasury issued guidance on appraising policies, programmes and projects). As for further campaigns JCVI were considering a spring campaign similar to that held this year but there was no formal announcement yet.

The Chair thanked officers for the report and answers to points raised.

AGREED:

That the contents of the report be noted.

29. WORK PROGRAMME

Members received and noted the updated work programme.

30. ANY OTHER URGENT BUSINESS

None notified.

31. DATE OF NEXT MEETING

To note the next meeting scheduled on Monday 6th February 2022 at 12.30pm.

There being no further business the meeting closed at 2.22 pm.

