Norfolk County Council

# Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 23rd March 2023**

Time: **10.00am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

**Persons attending the meeting are requested to turn off mobile phones.**

Members of the public or interested parties may, at the discretion of the Chair, speak for up to five minutes on a matter relating to the following agenda. A speaker will need to give written notice of their wish to speak to Committee Officer, Jonathan Hall (contact details below) by **no later than 5.00pm on Monday 20th March 2023**. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

**Membership**

| MAIN MEMBER | SUBSTITUTE MEMBER | REPRESENTING |
|---|---|---|
| Cllr Daniel Candon | *Vacancy* | Great Yarmouth Borough Council |
| Cllr Penny Carpenter | Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James / Cllr Brian Long | Norfolk County Council |
| Cllr Barry Duffin | Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James / Cllr Brian Long | Norfolk County Council |
| Cllr Brenda Jones | Cllr Emma Corlett | Norfolk County Council |
| Cllr Alexandra Kemp | Cllr Michael de Whalley | Borough Council of King's Lynn and West Norfolk |
| Cllr Julian Kirk | Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James / Cllr Brian Long | Norfolk County Council |
| Cllr Robert Kybird | Cllr Fabian Eagle | Breckland District Council |
| Cllr Nigel Legg | Cllr David Bills | South Norfolk District Council |
| Cllr Julie Brociek-Coulton | Cllr Ian Stutely | Norwich City Council |

| | | |
|---|---|---|
| Cllr Richard Price | Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James / Cllr Brian Long | Norfolk County Council |
| Cllr Martin Murrell | Cllr Peter Bulman | Broadland District Council |
| Cllr Robert Savage | Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James/ Cllr Brian Long | Norfolk County Council |
| Cllr Lucy Shires | Cllr Robert Colwell | Norfolk County Council |
| Cllr Emma Spagnola | Cllr Victoria Holliday | North Norfolk District Council |
| Cllr Alison Thomas | Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James/ Cllr Brian Long | Norfolk County Council |
| **CO-OPTED MEMBER** (non voting) | **CO-OPTED SUBSTITUTE MEMBER** (non voting) | **REPRESENTING** |
| Cllr Edward Back | Cllr Colin Hedgley / Cllr Jessica Fleming | Suffolk Health Scrutiny Committee |
| Cllr Keith Robinson | Cllr Jessica Fleming | Suffolk Health Scrutiny Committee |

**For further details and general enquiries about this Agenda please contact the Committee Officer:**
Jonathan Hall on 01603 679437
or email committees@norfolk.gov.uk

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It will be live streamed on YouTube and members of the public may watch remotely by clicking on the following link: Norfolk County Council YouTube

We also welcome attendance in person, but public seating is limited, so if you wish to attend please indicate in advance by emailing committees@norfolk.gov.uk

We have amended the previous guidance relating to respiratory infections to reflect current practice but we still ask everyone attending to maintain good hand and respiratory hygiene and, at times of high prevalence and in busy areas, please consider wearing a face covering.

Please stay at home if you are unwell, have tested positive for COVID 19, have symptoms of a respiratory infection or if you are a close contact of a positive COVID 19 case. This will help make the event safe for attendees and limit the transmission of respiratory infections including COVID-19.

# A g e n d a

**1. To receive apologies and details of any substitute members attending**

**2. Minutes**

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 19th January 2023 (Page 5)

**3. Members to declare any Interests**

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);
      Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

**4. To receive any items of business which the Chair decides should be considered as a matter of urgency**

**5. Chair's announcements**

**6. 10:10 – 10:30 Ambulance Services in Norfolk and Waveney** (Page 9)

| | | | |
|---|---|---|---|
| **7.** | **10:40 – 11:45** | **Major Trauma Unit at Norfolk and Norwich University Hospital** | (Page 28) |
| **8.** | **11:45 – 11:55** | **Forward Work Programme Discussion** | (Page 37) |

**Tom McCabe**
**Head of Paid Service**
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 11 January 2023

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Norfolk County Council

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE**
**Minutes of the meeting held at County Hall**
**on 19th January 2023**

**Members Present:**

| | |
|---|---|
| Cllr Alison Thomas (Chair) | Norfolk County Council |
| Cllr Julie Brociek-Coulton | Norwich City Council |
| Cllr Penny Carpenter | Norfolk County Council |
| Cllr Barry Duffin | Norfolk County Council |
| Cllr Alexandra Kemp | Borough Council of King's Lynn and West Norfolk |
| Cllr Nigel Legg | South Norfolk District Council |
| Cllr Robert Savage | Norfolk County Council |
| Cllr Lucy Shires | Norfolk County Council |
| **Co-opted Member (non voting):** | |
| Cllr Edward Back | Suffolk Health Scrutiny Committee |

**Substitute Members Present**
Cllr Brian Long substituting for Cllr Julian Kirk

**Also Present:**

| | |
|---|---|
| Dr Mark Lim | Director of Planned Care and Cancer - Norfolk & Waveney Integrated Care Board (ICB) |

**Officers:**

| | |
|---|---|
| Liz Chandler | Scrutiny & Research Officer |
| Jonathan Hall | Committee Officer |
| Peter Randall | Democratic Support and Scrutiny Manager |

The Chair opened the meeting and welcomed everyone present. Members had been advised of the death of Cllr Sue Prutton shortly before Christmas and this was the first meeting of the committee since. The Chair took the opportunity to acknowledge Cllr Prutton's valuable contribution to the committee as well as the numerous roles for both Broadland District and Hellesdon Parish Councils. Cllr Prutton's memorial service was taking place later in the day and the Chair on behalf of the committee conveyed their sincere condolences to Cllr Prutton's family. The committee held a moment of silence to remember Sue.

**1 Apologies for Absence**

1.1 Apologies for absence were received from Cllrs Keith Robinson, Emma Spagnola, Daniel Candon and Cllr Julian Kirk (substitute Cllr Brian Long).

**2. Minutes**

2.1 The minutes of the previous meetings held on 10 November 2022 were agreed as an accurate record of the meeting and signed by the Chair.

Additionally, officers had advised that clarification had been received with regard to item 7.6 bullet point 13. The minute was correct, as this reflected the information given at the meeting. However, the Chair advised that the clarification provided was as follows:

There was support from Mind, which provides a short stay recovery house where people could receive support for maximum 5 day when they experience a mental health crisis. The feedback from police has been very positive in that this has meant a reduction in the numbers of people who have to wait in the custody suite. This demonstrated that not everybody needed an inpatient bed or support from the NHS, but support that could be provided by other community and voluntary services.

The committee agreed to this point of clarification and should be minuted accordingly.

**3. Declarations of Interest**

3.1 Cllr Alison Thomas advised that she has been on a waiting list for a gynaecological appointment for over 12 months.

**4. Urgent Business**

4.1 There were no items of urgent business.

**5. Chair's Announcements**

5.1 Some responses from Norfolk MPs were still awaited in respect of the dentistry item discussed at the last meeting. A response from the Secretary of State for Health was also outstanding. Once all letters had been received, all of the responses will be circulated to committee members in one round of emails.

5.2 The Chair asked Dr Mark Lim, Director of Planned Care and Cancer, Norfolk & Waveney Integrated Care Board (ICB) to provide the committee with an update of the ICB Joint Forward Plan engagement exercise, details of which had been emailed to members on 19 December 2022. Dr Lim advised:

- The survey went live on 16 December 2022 and is scheduled to finish on 23 January 2023. The survey was available online.
- As at 9th January 2023 there had been 477 responses of which 99% were responding as individuals.
- Responses so far indicated that 86% agreed that the correct principles had been adopted by ICB, although 177 respondents had also added significant comments to their responses and suggested that social care should also be a top priority for the ICB, as well as increasing access to GPs and NHS dentistry services. Discharge from acute hospitals was also a concern together with financial restraints restricting provision of services. Many commented that more needed to be achieved in prevention measures, with a request for the ICB to be more involved in the community more generally. Mental health provision was also flagged as a concern.
- 80% of respondents had identified as female with over 60% of total respondents being aged 50 or over.

**6 Examination of menopause services provided in Norfolk by NHS Norfolk and Waveney Integrated Care Board (ICB)**

6.1 The Committee received evidence in person from Dr Mark Lim, Director of Planned Care and Cancer, Norfolk & Waveney Integrated Care Board.

6.2 The committee receive the annexed report (6) from Dr Liz Chandler, Scrutiny & Research Officer, which highlighted the services provided by NHS Norfolk & Waveney ICB. The Chair thanked Dr Chandler for the comprehensive report which contained lots of information for members to gain an understanding of the subject. Members also received an appended report from the ICB outlining an overview of provided services and the answer to detailed questions provided by the NHOSC.

6.3 During discussion the following points were noted:

- There was surprised that most GP surgeries did not have a named menopause contact working within the practice and this was thought to be vital as a starting point for a pathway to services.
- Training and knowledge of menopause issues and the services available was an area that GPs required upskilling and the noted outcomes in the report were not the desired position the ICB would wish to see.
- It was generally felt that the absence of available services, lack of understanding of the wider issues relating to the menopause and the experiences of woman requesting help was not acceptable. Dr Lim agreed that there was much work to do in this area.
- Waiting times for appointments with gynaecological consultants were long with current waits at Norfolk & Norwich University Hospital (NNUH) over 54 weeks and were increasing.
- Patient demand was thought to be considered a priority and Dr Lim promised to take away this issue as an action point to ensure GP practices were encouraged to identify the demand for menopause services and to respond to it accordingly.
- Members felt that training for GPs on the menopause and the effects should be mandatory.
- Dr Lim said he was unaware of any data that was being collected that identified how many woman were reducing their working hours or retiring due to menopause issues. However, he advised he would check the position and return to the committee if any meaningful data was available.
- The first menopause café had been opened on 9 January 2023 in Dersingham, but there were no other known menopause cafes in Norfolk.
- Patients seeking appointments privately with gynaecological consultants could anticipate that their GP would prescribe any appropriate medication once the clinical need had been established. However, this pathway was not supported anecdotally by some members. Although data of woman seeking private appointments was not available, Dr Lim suggested GPs practices could be asked to provide numbers of any private referrals they have made, although it was acknowledged that self referral portals do exist also.
- Birchwood Medical Practice in North Walsham was regarded as a good example of what GP surgeries could undertake and had provided patients with comprehensive information to enable services and medication to be obtained more easily when engaging with consultants.
- It was advised that 20% of menopause patients do suffer some form of mental health issue such as depression or anxiety and associated issues. It was unknown how many of these patients go on to a full mental health diagnoses, although establishing data of links between the two issues could be requested.
- Dr Lim said he was unaware of any mental health and wellbeing programme specifically for menopause and committed to passing on the initiative of wider support and education of the menopause to his colleague Mark Burgess, Director of People and Communities to consider establishing such services including menopause championing.

6.4 The Chair concluded the discussion:

- The prolonged wait for patients to see a consultant to start medication such as HRT was very regrettable. It was clear that there was a lack of knowledge and understanding within a majority of GP surgeries in the county, as to the effects and consequences of delays in patients receiving menopausal advice and treatment.
- The committee **recommended** to the ICB that they strongly encourage every GP practice to have at least one individual who is fully trained on the menopause and can offer advice and support to patients.
- Although 20% of menopause patients present with mental health symptoms, it was unknown whether these symptoms were caused by the menopause and whether an early diagnosis and treatment, such as HRT, would have helped prevent these symptoms from arising.
- Given the long wait times to see an NHS consultant it was unsurprising that patients sought private appointments. However, once treatment had been identified it was questionable, given the NHS wait times, that patients should continue to have to fund any medication required.
- It was pleasing to note the introduction of a menopause café in Norfolk and it was hoped that this could be replicated across Norfolk.
- The committee also **recommended** that contact was made with the wellbeing service, that were created during the pandemic, to set up a menopause seminar that once produced can be run in various locations easily and quickly without further additional resource being required.

## 7 Forward Work Programme

7.1 The Committee received a report from Peter Randall, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details. The committee had a workshop to discuss the programme and suggest possible areas for scrutiny after the meeting. The outcome of the discussion would be shared and a new programme agreed at the next meeting of the committee.

**Alison Thomas Chair**
**Health and Overview Scrutiny Committee**

The meeting ended at 11.09am

**Norfolk Health Overview and Scrutiny Committee**
23 March 2023
Item no: 6

# Ambulance services in Norfolk and Waveney

## Suggested approach from Liz Chandler, Scrutiny and Research Officer

Examination of ambulance services provided in Norfolk and Waveney by the East of England Ambulance Service NHS Trust.

## 1.0 Purpose of today's meeting

1.1 To examine the report from the East of England Ambulance Service NHS Trust (EEAST) regarding ambulance response and handover times in Norfolk and Waveney, current issues affecting EEAST and the actions being taken to address them. The report is attached at **Appendix A.**

1.2 Representatives of EEAST will be in attendance to answer Members' questions.

1.3 This item forms part of NHOSC's exploration of 'The Patient Pathway' which will examine a number of aspects of healthcare provision in Norfolk and Waveney over the next year. The following issues will be explored separately before being collated into a single report at the end of 2023. Subjects will include:

- access to primary care services
- ambulance service
- outpatient services
- A&E/inpatient services
- hospital discharge/end-of-life care

1.4 It also follows the Full Council meeting on 24 January 2023 in which a motion requesting NHOSC review ambulance services in the East of England was passed.

The motion expressed concern at 'the increase in average Ambulance Response times in East of England – which in the last quarter of 2022 consistently failed to meet target response times.' The motion also noted concern about ambulance handover delays.

The motion requested NHOSC to provide further analysis of:

- Ambulance response times in Norfolk.
- Causes of response targets not being met.
- Causes of handover targets not being met.
- What support the Council can give local NHS services to improve local ambulance response rates and handover delays.

The papers, full motion, and minutes for this item can be viewed here.

## 2.0 Previous reports to NHOSC

2.1 The ambulance service was last reviewed by NHOSC at its meeting in September 2021. The committee examined ambulance response and handover times in Norfolk and Waveney since October 2020, as well as the issues affecting EEAST's performance and the action being taken to address them.

## 3.0 Suffolk Heath Scrutiny Committee

3.1 On 25 January 2023, Suffolk County Council's Health Scrutiny Committee examined EEAST – Urgent and Emergency Care and Clinical Strategy 2022-25. The committee considered the current challenges faced by the trust as well as the role of the new Urgent and Emergency Care Clinical Strategy in helping to address these challenges.

## 4.0 Background information

4.1 EEAST provides an emergency ambulance service 24 hours, 365 days a year to six million people across six counties in the East of England (Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk). It also provides non-emergency patient transport to areas within the region. As with all NHS ambulance trusts in the country, EEAST has experienced increased demand and faced significant pressures over the winter in particular.

### 4.2 Care Quality Commission (CQC) inspection report

4.2.1 Following an inspection by the Care Quality Commission (CQC) in April and May 2022 (report published July 2022), EEAST was rated overall as 'requires improvement'. CQC recommended that EEAST remain in the Recovery Support Programme (previously known as 'special measures'). However, the CQC recognised that EEAST had made marked improvement in some areas since its last inspection in 2000, with its rating for leadership rising from 'inadequate' to 'requires improvement'. The Trust has received an overall rating of 'requires improvement' in all CQC inspections since 2016.

### 4.3 EEAST's Urgent and Emergency Care Strategy 2022-25

4.3.1 In November 2022, EEAST introduced its Urgent and Emergency Care Strategy 2022-25. The strategy sets out how EEAST plans to work within the new integrated care system to improve its delivery of care. The revised clinical model aims to move away from conveyance to emergency departments and maximise alternative community care pathways for patients.

## 4.4 Ambulance response time data

4.4.1 The following data covers the entire geographical area of EEAST and comes from NHS England's Ambulance Quality Indicators Data 2022-23. See also The Telegraph newspaper's NHS tracker.

| CATEGORY | NATIONAL TARGET | EEAST RESPONSE TIMES<br>February 2023<br>hours:minutes:seconds |
|---|---|---|
| ***Category One:***<br>Life threatening events such as choking or cardiac arrest | 7 minutes on average and 90% of all calls within 15 minutes | 9:11 |
| ***Category Two:***<br>Serious emergencies such as sepsis, strokes and severe burns | 18 minutes on average and 90% of calls in 40 minutes | 45:06 |
| ***Category Three:***<br>Urgent problems like falls or fractures | 2 hours<br>(90% of all calls) | 2:06:15 |
| ***Category Four:***<br>Non-urgent such as diarrhoea and vomiting, and urine infections | 3 hours<br>(90% of all calls) | 2:57:59 |

## 4.5 Frequency of ambulances queuing outside A&E

4.5.1 According to the BBC NHS Tracker, the national target for ambulances to hand over patients to A&E staff is 15 minutes. The England average for meeting this target is 23% for the week starting 27 February 2023.

4.5.2 Also in the week starting 27 February 2023, the BBC NHS Tracker showed that the percentage of ambulances waiting 30 minutes or more to hand over patients to A&E staff at hospitals in Norfolk and Waveney were as follows:

| HOSPITAL | HANDOVER OF 30 MINS+ FEBRUARY 2023 | HANDOVER OF 30 MINS+ FEBRUARY 2020 |
|---|---|---|
| Norfolk and Norwich University Hospital (NNUH) | 73% of 621 arrivals | 29% of 972 arrivals |
| James Paget University Hospital (JPUH) | 44% of 435 arrivals | 23% of 435 arrivals |
| Queen Elizabeth Hospital King's Lynn (QEH) | 53% of 361 arrivals | 13% or 413 arrivals |

4.5.3 However, according to NHS England, ambulance response times nationally were faster in January 2023 than they were the previous month. Ambulance response times improved in all four categories. Category Two response times were an hour faster than December with an average response time of 32 minutes (down from one hour 32 minutes), and Category One responses took an average of eight and a half minutes (down from almost 11 minutes in December).

## 5.0 Wider local developments

### 5.1 External Ambulance Area at JPUH

5.1.1 James Paget University Hospitals NHS Foundation Trust opened a new temporary External Ambulance Area in November 2022 to support safe handover of patients from ambulances and into the hospital's Emergency Department.

### 5.2 Emergency mental health response service expanded

5.2.1 The emergency mental health response service was expanded in November to include weekends. Jointly operated by EEAST and Norfolk and Suffolk NHS Foundation Trust (NSFT), the service is staffed by mental health professionals and dispatched to attend patients who call 999 during a mental health emergency. Prior to November, the service had one vehicle running 2pm to 2am seven-days a week. The expansion saw an additional car operating on Saturdays, Sundays and Mondays between 1pm and 1am.

### 5.3 'Hear and treat'

5.3.1 In the December 2022 NHOSC Members' Briefing, as part of its 'Winter planning - Urgent and Emergency Care' briefing, Norfolk and Waveney Integrated Care Board (N&WICB) reported that there had been a 37% increase in 'hear and treat' - which is when 999 call handers give advice to callers about where they can get help if they are not ill enough to require an

ambulance. This resulted in fewer ambulances being dispatched and fewer people being conveyed to hospital.

### 5.4 Chair of EEAST steps down

5.4.1 The Chair of EEAST, Nicola Scrivings stepped down from her role in December 2022. The Trust is aiming to appoint a Chair Designate in May 2023.

### 5.5 Report to Prevent Future Deaths

5.5.1 Following the death of a patient in an ambulance outside of JPUH, a Norfolk Coroner sent a Prevent Future Deaths report to the Department of Health and Social Care and the N&WICB warning that delays transferring patients from ambulances to hospitals could cause future deaths. See also: BBC News.

### 5.6 Fast falls response service

5.6.1 In January 2023, the Eastern Daily Press (EDP) reported that N&WICB was investing £150,000 in a 'fast falls response service'. Working in conjunction with EEAST, the aim of the initiative is to enable people who suffer falls to receive faster care at home thus preventing them needing to be admitted to hospital. Consequently, it is hoped it will ease pressure on hospitals and the ambulance service.

### 5.7 New EEAST emergency car service

5.7.1 EEAST is recruiting 40 advanced practitioners to be sent out in cars on emergency calls that are not considered life-threating. It is hoped that this new service will all ow people to be treated at home leaving ambulances free to deal with more serious conditions and reducing the number of people admitted to A&E.

## 6.0 Suggested approach

6.1 The committee may wish to discuss the following areas with EEAST representatives:

a) An update on the appointment of a new Chair.
b) Further information on the 'hear and treat' process – how this process works and the extent to which it is helping to ease pressures on the ambulance service.
c) An update on progress being made to improve culture at EEAST following the results of a piece of independent research into the experiences of colleagues from a BME background within the Trust.
d) According to NHS England's Ambulance Quality Indicators Data 2022-23, EEAST responded to consistently higher levels of Section 136 incidents than other ambulance services in England. (Section 136 of the Mental Health Act gives the police the power to remove a person from a public place to a place of safety, when they appear to be

suffering from a mental disorder.) Figures show that EEAST responded to the following number of Section 136 incidents:

- February 2023: 106 (second highest to West Midlands – 130)
- January 2023: 131 (second highest to West Midlands – 134)
- December 2022: 91 (highest in England)

Is this a usual pattern and if so, is there any reason why EEAST has more Section 136 incidents than ambulance services in other areas of England?

## 7.0 Action

7.1 The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.

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**NORFOLK COUNTY COUNCIL**

**HEALTH SCRUTINY COMMITTEE:**

**23 MARCH 2023**

# REPORT OF EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST

# OVERVIEW AND PERFORMANCE

## Purpose of report

1. The purpose of this report is to provide the Committee with information regarding the performance of the East of England Ambulance Service NHS Trust (EEAST) in Norfolk and Waveney.

## Summary

2. Response times for our most serious (C1) incidents have reduced significantly during January and February 2023 for Norfolk and Waveney sector. During the winter period response times did increase reflecting pressures being experienced across the wider NHS regionally and nationally.

3. Response times for C2 category patients, which includes chest pains and strokes, have also reduced during January and February 2023.

4. EEAST has taken a number of steps to mitigate the pressures we have been under, including working with NHS colleagues to create Ambulance Handover Units at hospitals to speed up the release of ambulance crews, and initiatives to enable less urgent patients to receive care in the community rather than being admitted to an acute hospital.

5. On 20 and 28 December 2022, EEAST declared critical incidents due to the strain the ambulance service was under resulting from both a sustained increase in demand, acuity of patients and significant handover delays at east of England hospitals. While this is of little comfort, this situation is currently being experienced across all ambulance services in England.

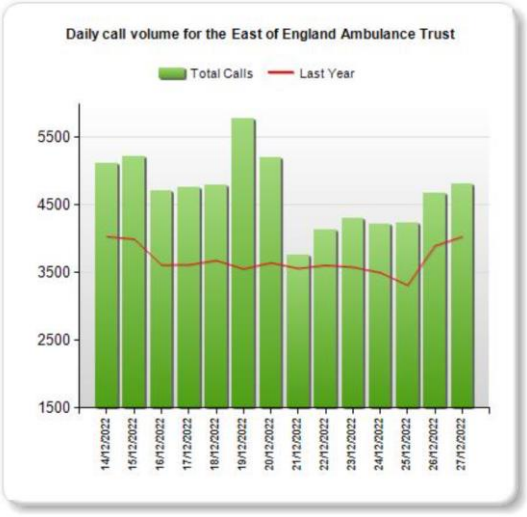
## 1. What are the key challenges faced by EEAST in meeting performance targets?

The East of England Ambulance Service NHS Trust (EEAST) has seen a sustained increase in:

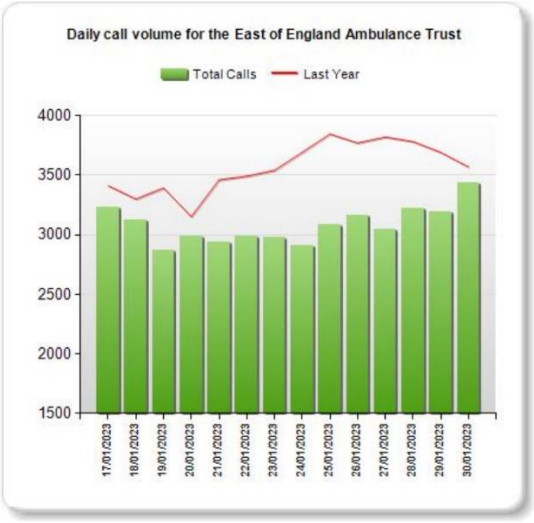
- demand for ambulance services
- acuity of patients
- significant handover delays at hospitals.

**Demand for ambulance services**

The below graph shows the total number of calls handled by the Trust from December 14 to December 27.




December 2022 - 14 to 27




January 2023 – 17 to 30

In this snapshot of the past few weeks, call volume has been greater on each day compared to the corresponding day of the previous year. On Monday 19 December EEAST took in excess of 2,000 more calls than the same day in 2021.

EEAST employees did not vote to take industrial action on 21 December, however, call volumes remained higher than the previous year.

Last year demand was relatively static, but this year the ambulance service is seeing large variance on a day-to-day basis. The second graph shows that currently we have seen call volume drop to below January 2022 levels.

**Acuity of patients**

The NHS is experiencing a very challenging time. At EEAST this means we have seen a significant increase in the number of seriously ill patients we are called to attend – in December 2019 we were called to 8,500 C1 calls (the most serious category of patient) – representing around 10% of all incidents. In December 2022 that figure was more than 11,200 and represented 18% of all incidents.

The ambulance service has a changing patient profile with many more patients presenting with life-threatening conditions and those who have deteriorated due to a significant wait to access medical treatment during the COVID-19 outbreak period.

EEAST's services are contracted on the basis that around 8% of our calls will be to our most serious category of patients (C1).

This acuity profile affects our performance as we are likely to spend more time with patients and this lengthens our job-cycle time. In turn, this has increased pressure to all parts of the NHS and we are working with our NHS partners to find ways to help people get the right care at the right time.

**Significant handover delays at hospitals**

The national target for the handover of a patient at an acute hospital is set at 15 minutes.
Across the Trust regionally around 22.69% (January 2022 to December 2022) of our vehicles have been delayed over 1 hour at an acute hospital handing over a patient.

These delays directly affect our ability to meet the needs of our patients in every area, as any time over 15 minutes spent waiting at hospitals is time wasted to the service.
These delays prevent our crews from responding to more patients in life-threatening situations within the community.

Work that has been undertaken to improve and remove this challenge includes the introduction of an Ambulance Handover Unit to support the handover of patients at James Paget University Hospital.

**Average arrival to handover times: hours: minutes: seconds**

| | Nov 2022 | Dec 2022 | Jan 2023 |
|---|---|---|---|
| **Norfolk and Norwich University Hospital** | 01:43:07 | 02:31:12 | 01:36:14 |
| **James Paget Hospital** | 01:32:23 | 02:21:40 | 01:24:05 |
| **QEH, King's Lynn** | 01:51:17 | 02:51:01 | 01:33:13 |

**Response times snapshot (mean) for Norfolk and Waveney**

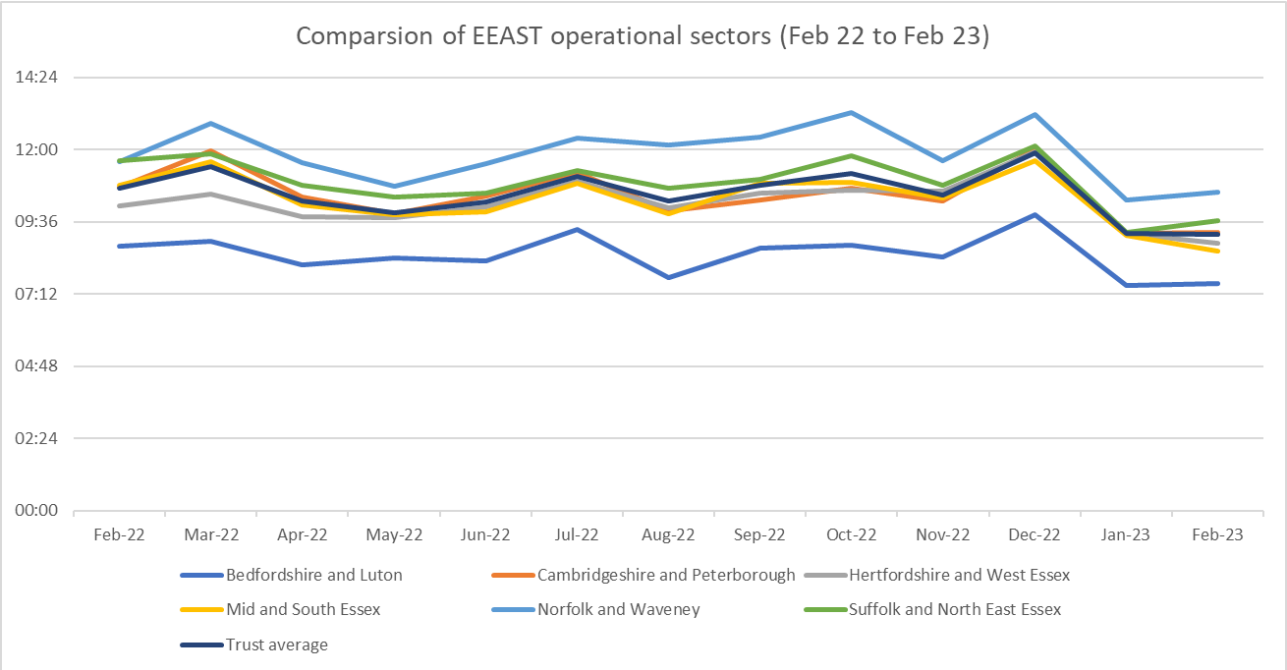
| | C1 | Trust-wide C1 | C2 | Trust-wide C2 |
|---|---|---|---|---|
| **October 2022** | 00:13:15 | 00:11:12 | 01:54:09 | 01:26:53 |
| **November 2022** | 00:11:39 | 00:10:29 | 01:00:25 | 01:02:47 |
| **December 2022** | 00:13:11 | 00:11:54 | 02:24:45 | 02:05:57 |
| **January 2023** | 00:10:19 | 00:09:13 | 01:01:14 | 00:49:03 |
| **February 2023** | 00:10:36 | 00:09:11 | 01:00:37 | 00:45:05 |

## 2. Call category explanations

- **Category 1** - Immediately life threatening injuries and illnesses. Patients will be responded to in an average (mean) time of seven minutes, and within 15 minutes at least nine out of 10 times (90th percentile)

- **Category 2** - Emergency. These will be responded to in an average (mean) time of 18 minutes, and within 40 minutes at least nine out of 10 times (90th percentile)
- **Category 3** - Urgent calls and in some instances where patients may be treated in situ (e.g. their own home) or referred to a different pathway of care. These types of calls will be responded to at least nine out of 10 times (90th percentile) within 120 minutes
- **Category 4** - Less urgent. In some instances patients may be given advice over the phone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least nine out of 10 times (90th percentile) within 180 minutes.

## 3. Comparison between operational sectors for C1 mean average response times




The graph above gives a comparison of EEAST operational sectors for mean response times for C1 incidents.

| | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bedfordshire and Luton** | 08:47 | 08:57 | 08:11 | 08:24 | 08:18 | 09:22 | 07:46 | 08:43 | 08:49 | 08:26 | 09:51 | 07:30 | 07:33 |
| **Cambridgeshire and Peterborough** | 10:45 | 11:58 | 10:25 | 09:52 | 10:28 | 11:15 | 09:58 | 10:19 | 10:44 | 10:17 | 12:02 | 09:13 | 09:15 |
| **Hertfordshire and West Essex** | 10:08 | 10:32 | 09:47 | 09:45 | 10:06 | 10:58 | 10:05 | 10:34 | 10:39 | 10:38 | 11:55 | 09:14 | 08:54 |
| **Mid and South Essex** | 10:49 | 11:36 | 10:10 | 09:50 | 09:56 | 10:53 | 09:53 | 10:53 | 10:55 | 10:23 | 11:39 | 09:09 | 08:37 |
| **Norfolk and Waveney** | 11:36 | 12:53 | 11:34 | 10:48 | 11:33 | 12:23 | 12:09 | 12:25 | 13:15 | 11:39 | 13:11 | 10:19 | 10:36 |
| **Suffolk and North East Essex** | 11:39 | 11:52 | 10:50 | 10:25 | 10:33 | 11:18 | 10:43 | 11:01 | 11:48 | 10:49 | 12:07 | 09:16 | 09:39 |
| **Trust average** | 10:43 | 11:26 | 10:17 | 09:55 | 10:15 | 11:06 | 10:17 | 10:49 | 11:12 | 10:29 | 11:54 | 09:13 | 09:11 |

## 4. How will EEAST's new Clinical Strategy for Urgent and Emergency Care be different to previous arrangements?

The Clinical Strategy has been written to address the current Urgent Emergency Care (UEC) context that the ambulance service has been working in and includes initiatives such as 'Access to the Stack', which seeks to shift some of our lower acuity patients (C3-C5 calls), where appropriate, to community teams who have been commissioned to develop Urgent Community Response Services (UCRS).

UCRS may be better placed to meet patient needs within a two-hour window. EEAST has led a region-wide implementation of 'Access to the Stack' and Norfolk and Waveney Integrated Care System area went live in November 2022 with a successful implementation.

'Access to the Stack' provides a web-based portal to enable a UCRS to gain electronic access to appropriate incidents just as our control room would be able to do. Clinicians in the ambulance control room triage the calls and then offer them to a UCRS. The system allows the UCRS to notify EEAST electronically when they attend the patient. This reduces the need for an ambulance to convey a patient to hospital and often results in the patient getting the appropriate help and support they need in their home.

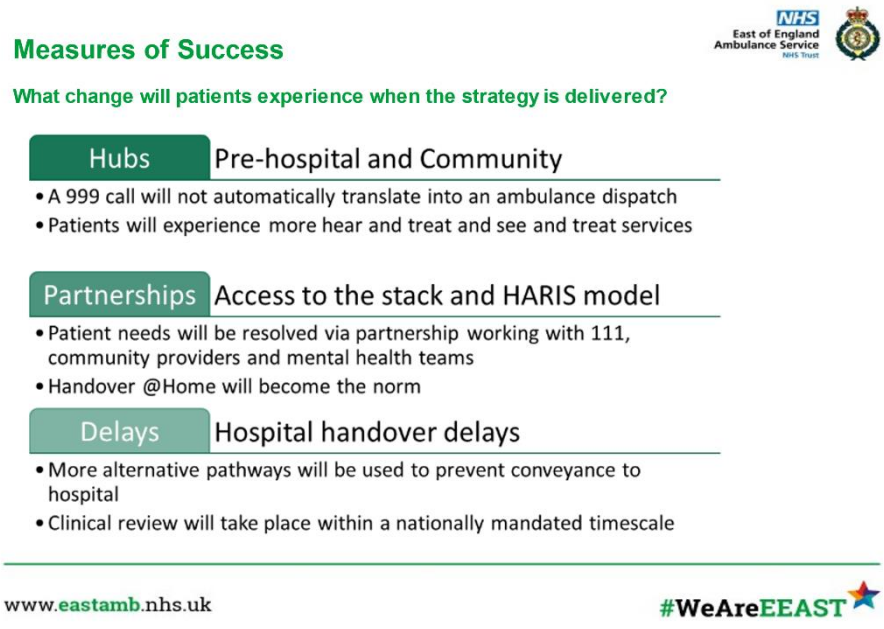
The other changes that the Clinical Strategy envisages are more Hear and Treat and See and Treat calls, using local services more and engaging in more digital ways of helping our patients.

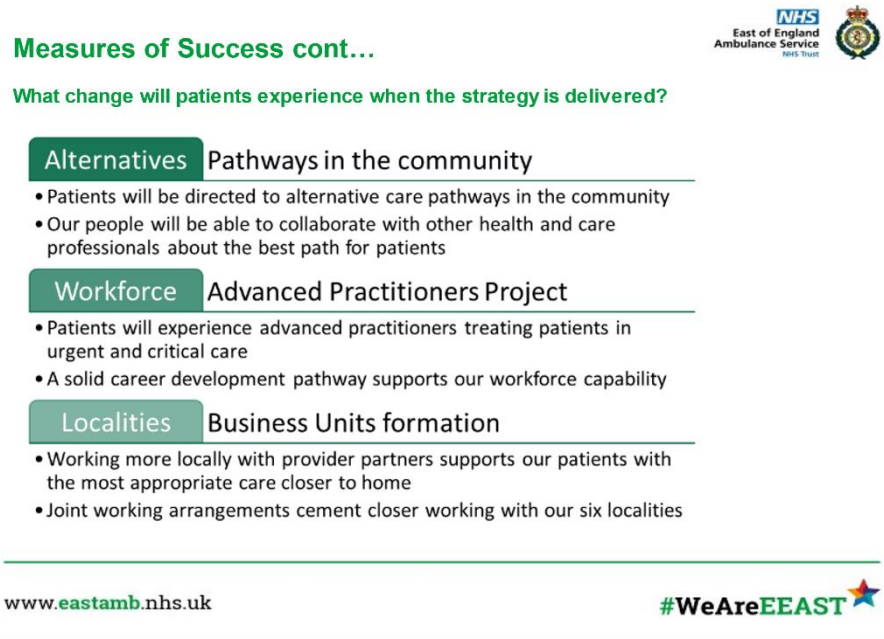
EEAST has also introduced 3 Advanced Paramedic Urgent Care (APUC) cars across Norfolk and Waveney and Suffolk and North East Essex, which are preventing 80% of the patients they go to from attending hospital. Generally, the APUC cars are seeing about 9 patients a day. There are also 2 critical cars on duty, one in Peterborough and one in Norfolk which is being delivered in a partnership with our third sector partners. We are recruiting more Advanced Paramedics over the next month with more of our initial cohort coming online in January and February 2023.

**5. What will change "on the ground" for patients?**

While developing the Clinical Strategy we worked closely with our Community Engagement Group (CEG), our patient involvement representatives and patients.

The following diagram encapsulates some of the differences patients will experience:






**6. How are the ICBs in Norfolk supporting the Trust to help shape the alternative care pathways with system partners?**

EEAST has been working closely with the ICBs on developing the Joint Response Mental Health Vehicle for the area, where alternatives to A&E for patients needing mental health care will be supported via collaboration with community mental health teams.

The ambulance service already has an urgent care early intervention vehicle in the area and we also use the GP Phoneline for advice for our crews. There are other alternative pathways in the pipeline such as a Frailty Service.

David Allen, EEAST's Head of Operations for Norfolk and Waveney is a member of the lead commissioning ICS partnership board for Suffolk and North East Essex and attends their meetings.

**7. Access to the Stack**

This software development has been operational across all 6 counties we service including Norfolk and Waveney. The roll out was successfully implemented over 6 weeks across 18 Providers at the end of 2022.

As a result, our clinicians in the control room are passing referrals for appropriate patients directly to Urgent Care Response Services within the community, such as Norfolk Swift Response Team provided by Norfolk County Council. We believe this is reducing the need for patients to go to emergency departments and helping EEAST to keep ambulances free for those who need them most. It is also a demonstration of our 'no wrong front door policy' whereby our staff can direct patients as required to other community services, for example to book a GP appointment or access community pharmacy services.

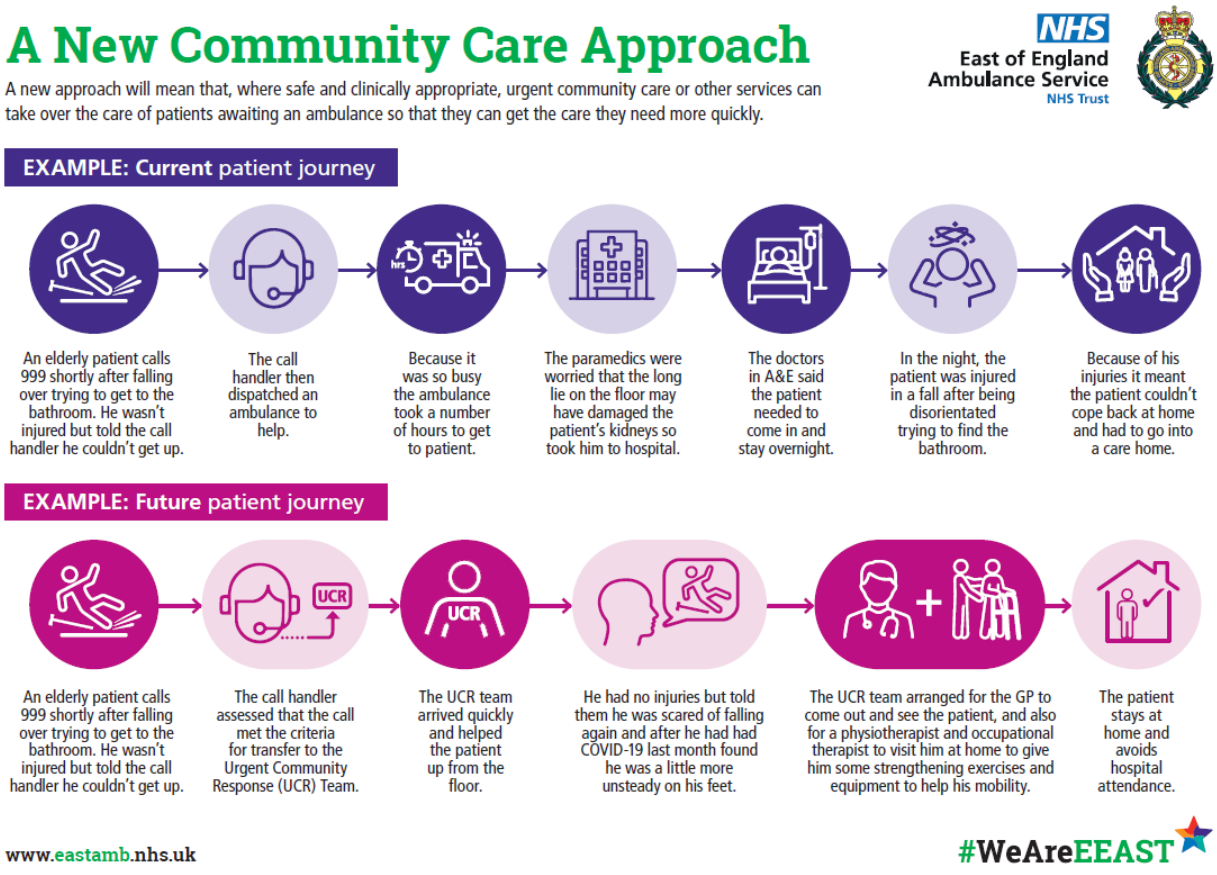
During February we have seen Norfolk Swift Response Team accept 47 patients and this has already risen to 84 in March 2023 (Up to 15 March). This is a developing area and there is more research work to be undertaken through looking at the data, but these types of community response, we believe, are starting to make a huge impact. We are seeing similar increases from

month-to-month for other community-based services in Norfolk, such as The Norwich Escalation Avoidance Scheme and the Norfolk Community Care NHS Trust.

This means that, where appropriate, people have the choice to be seen sooner by the right healthcare practitioner rather than going to hospital – saving hours of delays and in many cases providing a more tailored approach to their care.

This approach also facilitates clinical conversations between EEAST paramedics and local health teams about appropriate patients who could be transferred to their alternative care.

A factsheet is included below to help you understand a current and future patient journey.




**8. Update on the Advanced Paramedic Urgent Car service. Update on the Fast Falls response service.**

We have Advanced Paramedics in Urgent Care Car operating in across the area offer patients greater opportunity to remain out of hospital with appropriate care. The scheme is expanding and we hope to be able to provide more clinicians in the coming year. We are dedicted to ensuring that our patients have equitable access to the right clinician when they need them.

We are currently operating a Falls Response car in the ICS, funded by the ICB as a pilot until the end of March 2022

Commenced on 23 January 2023 and working 7 days per week, 0600 – 1600 hours it is a double crewed, predominantly non-registered staff, non-blue light vehicle with a lifting device. The remit of

the vehicle is to attend Code 17 non injury and minor injury fallers as well as welfare calls and care alarm activations. On occasions upon which one of the clinicians is a paramedic or EMT, we have been able to provide attendance at Recognition of Life Extinct calls supporting the experience of families following a sudden death. For the 6 weeks from 23rd January to end of February the Falls car attended 77 calls, 45 of which were Falls and 30 patients were kept out of hospital and avoided a long lie. We are currently in discussion with ICB and hope that an evaluation will support continued commissioning of the resource.

The N&W Open Room has been operating for 12 months. This allows for Advanced Clinicians in our Emergency Operations Centre (EOC) to focus on patients on our stack who would benefit from intervention from an alternate provider. In collaboration with Norfolk Community Health and Care, East Coast Community Care, 111 and Norfolk County Council, a discussion around suitability of response allows for some patients to be safely transferred to the care of community providers. This service has been somewhat superseded Access to the Stack, however, the local Head of Operations has committed that a clinician will remain in EOC to provide a N&W focus and ensure that the invaluable clinician to clinician discussion with external colleagues facilitates the continued movement of appropriate activity.

This relationship with NCHC has led to the opportunity for us to begin a rotational scheme. We have three Advanced Practitioners embarking on an external secondment opportunity into the community nursing team to complete their prescriber training. This is the first such opportunity in the Trust and we hope that it is a precursor to a full rotational model in the future.

Additionally, we have been invited to embed a clinician into a local 'health hub'. Joining the Rapid Access Intervention Service pilot based in North Norfolk with the NNGPA, we have the opportunity to explore how EEAST clinicians fit in with a primary care team and how we take that into the future. Not only will this allow our patients greater opportunity for care closer to home and avoid admission but these opportunities allow us to offer greater variety of practice and development for our staff and will contribute to our ambition to be an employer of choice.

**9. Update on measures to improve the emergency response to patients with mental health issues.**

We operate 2 Mental Health Joint Response Cars (MHJRC) and we are pleased that Commissioning has been agreed for the coming year. This collaboration with our Mental Health partner and with Norfolk Police allows us to target the right response to patients in crisis with an admission avoidance rate of 85%

MHJRC1 operates 7 days per week 12 hours per day 1400 – 0200 hrs and MHJRC2 currently operates 3 days per week (Sat/Sun/Mon) 1300 – 0100 hrs. We continue to develop the service and ensure that it continues to provide a quality service to patients experiencing mental health crisis and plan to increase provision of the second car in line with requirements of the Long Term Plan.

MHJRC Overview Car 2 February 2023.docx MHJRC Overview Car 1 February 2023.docx

We currently have a Mental Health Specialist Practitioner in Norfolk and her role is to liaise with both internal and external stakeholders. It is her support and guidance that has enabled EEAST in N&W to collaborate and integrate fully with other services to provide the best options for our patients.

We have further Mental Health Specialist Practitioner recruitment ongoing across the Trust and have appointed in Cambridgeshire and Essex. The mental health team continue to pursue recruitment of appropriate professionals in our other areas but due to staffing challenges have found this to be difficult but remain positive that current applicants will move to appointment.

Our Patient Experience Team shared a Young Peoples Mental Health feedback survey of EEAST patients on social media. The results for January 2023 demonstrate that, although the proportion of patients unable to access a mental health service/support prior to calling 999 is still high (64.9%) it is lower that seen during January and October 2022 (77.1% and 81.1% of patients respectively). A greater proportion of patients also felt that they were listened to by the call handler and their needs were understood at the time of the call (74.0%) (which compares to 69.8% and 61.5% of patients during January and October 2022). A larger proportion of patients in January this year also received an emergency response (61.5%) when compared to 2022 (January 55.2%, October 44.6%). We will repeat the survey later this year.


Young Person
Instagram Mental Hea

**10. What has been the staff turnover within EEAST in the past 12 months? What are the key issues affecting recruitment and retention of staff and how is EEAST addressing these?**

EEAST recruitment turnover has stabilised over the past 12 months and has started to see a net increase. As the table below shows.

| Starters Headcount | Norfolk & Waveney AGM Areas | Whole Trust |
|---|---|---|
| Mar-22 | 3 | 81 |
| Apr-22 | 9 | 50 |
| May-22 | 8 | 43 |
| Jun-22 | 17 | 86 |
| Jul-22 | 5 | 51 |
| Aug-22 | 23 | 79 |
| Sep-22 | 29 | 148 |
| Oct-22 | 13 | 91 |
| Nov-22 | 10 | 75 |
| Dec-22 | 1 | 15 |
| Jan-23 | 11 | 95 |
| Feb-23 | 2 | 53 |
| **Rolling 12 Mth Total** | **131** | **867** |

| Leavers Headcount | Norfolk & Waveney AGM Areas | Whole Trust |
|---|---|---|
| Mar-22 | 5 | 131 |
| Apr-22 | 9 | 65 |
| May-22 | 6 | 75 |
| Jun-22 | 4 | 67 |
| Jul-22 | 3 | 50 |
| Aug-22 | 2 | 64 |
| Sep-22 | 6 | 73 |
| Oct-22 | 2 | 52 |
| Nov-22 | 11 | 71 |
| Dec-22 | 4 | 62 |
| Jan-23 | 2 | 48 |
| Feb-23 | 1 | 37 |
| **Rolling 12 Mth Total** | **55** | **795** |

| Variance Starters Vs Leavers | Norfolk & Waveney AGM Areas | Whole Trust |
|---|---|---|
| Mar-22 | -2 | -50 |
| Apr-22 | 0 | -15 |
| May-22 | 2 | -32 |
| Jun-22 | 13 | 19 |
| Jul-22 | 2 | 1 |
| Aug-22 | 21 | 15 |
| Sep-22 | 23 | 75 |
| Oct-22 | 11 | 39 |
| Nov-22 | -1 | 4 |
| Dec-22 | -3 | -47 |
| Jan-23 | 9 | 47 |
| Feb-23 | 1 | 16 |
| **Rolling 12 Mth Total** | **76** | **72** |

| Starters Headcount | Norfolk & Waveney AGM Areas | Whole Trust |
|---|---|---|
| Nov-22 | 10 | 75 |
| Dec-22 | 1 | 15 |
| Jan-23 | 11 | 95 |
| Feb-23 | 2 | 53 |
| **4 Mth Total** | **24** | **238** |

| Leavers Headcount | Norfolk & Waveney AGM Areas | Whole Trust |
|---|---|---|
| Nov-22 | 11 | 71 |
| Dec-22 | 4 | 62 |
| Jan-23 | 2 | 48 |
| Feb-23 | 1 | 37 |
| **4 Mth Total** | **18** | **218** |

| Variance Starters Vs Leavers | Norfolk & Waveney AGM Areas | Whole Trust |
|---|---|---|
| Nov-22 | -1 | 4 |
| Dec-22 | -3 | -47 |
| Jan-23 | 9 | 47 |
| Feb-23 | 1 | 16 |
| **4 Mth Total** | **6** | **20** |

### 11. CQC improvement plan update

EEAST is making good progress on moving out of special measures. The CQC's latest inspection report on the 'well-led' domain was released in July 2022. The CQC visited Trust properties at the beginning of May 2022 and carried out interviews with employees.

The headline outcomes from the latest CQC inspection published in July 2022:

- An overall improved position as we have moved from inadequate to requires improvement for well led
- Responsive and Caring have reduced one rating to requires improvement and good respectively
- Our overall rating of requires improvement does not change

### 12. Community First Responders

Norfolk has a number of Community First Responder Groups but like other counties needs more active volunteers. In total we currently have 223 active volunteer CFRs.

EEAST does note that there is a significant variation between communities with villages such as Sprowston having more than 10 active volunteers compared to Wells-Next-The-Sea registering a single volunteer. Clearly groups with multiple volunteers will log more on-call hours and as a result respond to more incidents.

If members of this committee know of anyone interested in becoming a Community First Responder please point them towards our website, where anyone can sign-up to volunteer and undertake the necessary training. The website address: https://www.eastamb.nhs.uk/join-the-team/community-first-responders

### 13. Conclusion

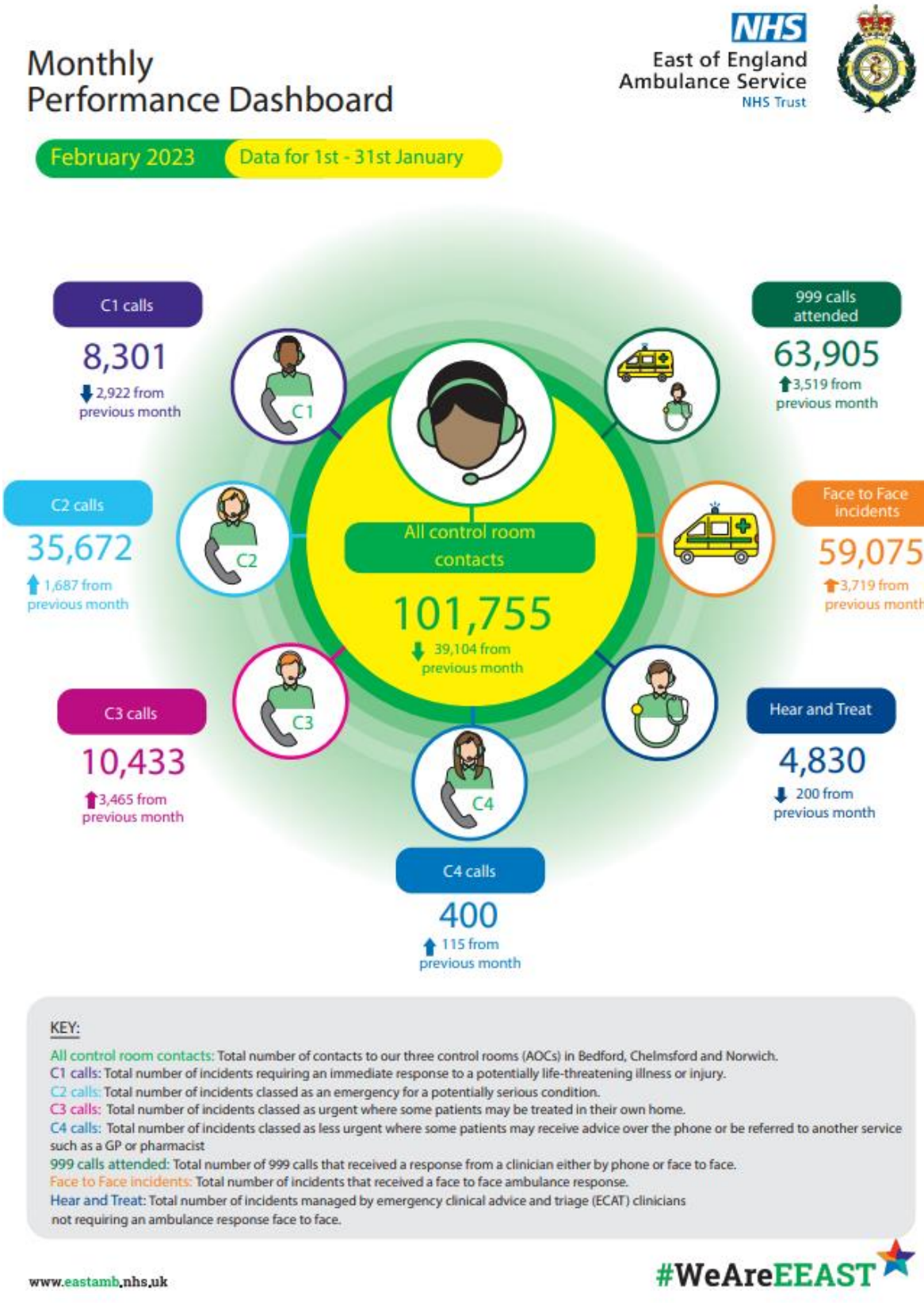
On performance, the picture remains complex as many of the challenges we face are at the system-level nationally and not being faced by EEAST alone.

Hospital handover delays are one such system-issue and we have resourced this with use of community alternative pathways, cohorting options at hospital sites and HALO officers to work closely with the new integrated Care Systems and colleagues in acute hospitals to identify and resolve these issues collaboratively.

'Access to the stack' is also making an impact in helping patients who have fallen by signposting calls to community pathways and avoiding unnecessary conveyance of patients to hospital.

To get the latest information about EEAST, including an update from the Chief Executive, please subscribe to our newsletter for stakeholders: InTouch EEAST
www.eastamb.nhs.uk/intoucheeast.htm

**Region-wide performance for EEAST**



**Norfolk Health Overview and Scrutiny Committee**
23 March 2022
Item no: 7

# Major Trauma Unit at Norfolk and Norwich University Hospital

## Suggested approach from Liz Chandler, Scrutiny and Research Officer

Review the response from NHS England and Improvement (NHSE&I) to NHOSC Members' feedback and questions on the proposed establishment of a Major Trauma Centre (MTC) at Norfolk and Norwich University Hospital (NNUH).

## 1.0 Purpose of today's meeting

1.1 To review the response from NHSE&I to NHOSC Members' feedback and questions on the proposed establishment of a Major Trauma Centre (MTC) at NNUH.

## 2.0 Background

2.1 In the February 2023 NHOSC Members' Briefing, Members received a report from NHSE&I about the establishment of a Major Trauma Centre at NNUH.

2.2 The report explained that NHS guidelines state that it should take no more than 45 minutes travel by ambulance for a patient to access an MTC. Currently, the nearest MTU for residents of Norfolk and Waveney is at Addenbrooke's Hospital in Cambridge. At present, patients can access a Trauma Unit (TU) at NNUH, with those requiring the services of an MTC then transferred to Addenbrooke's once stabilised. The establishment of a second MTC at NNUH would enable patients in Norfolk and Waveney to access the trauma care that they need within a much quicker timeframe.

2.3 Members were asked to provide feedback about the proposal to establish an MTC at NNUH and pose any questions they had.

2.4 The feedback and questions were collated and can be found at **Appendix A** of this agenda. The feedback and questions were then forwarded to NHSE&I and the answers they provided can be found at **Appendix B.**

## 3.0 Action

3.1 The committee is asked to consider and note NHSE&I's response to comments and questions from NHOSC Members.

| | |
|---|---|
| IN TRAN communication for all | If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help. |

# Major Trauma in the East of England and the Potential Establishment of a 2nd Major Trauma Centre in Norwich

**Report by: Simon Griffith, Head of Acute Services, NHS England – East of England**

**Norfolk Health Overview and Scrutiny Committee (NHOSC) Members' Briefing February 2023**

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## Feedback and questions

Firstly, the Chairman of the Norfolk Health Overview and Scrutiny Committee would like to thank NHS England – East of England and Norfolk and Norwich University Hospitals NHS Foundation Trust for their timely and proactive engagement with the committee about the potential establishment of a second Major Trauma Unit (MTC) at the Norfolk and Norwich Hospital (NNUH).

Secondly, the NHOSC welcomes the idea of establishing a second MTU at NNUH the for the many reasons that are stated in the report. As well as an increasing population in the region, it would help to reduce some of the health inequalities experienced by residents of Norfolk and East Suffolk, especially in terms of those living in outlying areas of Norfolk who are well beyond the 45-minute travel time to Addenbrooke's Hospital.

In terms of better health outcomes and the potential to save lives, the benefits to residents of Norfolk and East Suffolk of being able to access to all the services that a MTU offers faster are obvious, as are the benefits of removing the need for patients having to make a second journey to Addenbrooke's after being admitted to the Trauma Unit that already exists at NNUH. It would be interesting to also know to what impact (positive or negative) removing the need for secondary transfers would potentially have on ambulance and medical resources used for those transfers?

Some Members however, have expressed concerns about how the establishment of the MTU at NNUH would be resourced. The NNUH is already stretched to capacity in terms of the services and clinical specialities that a MTC is required to provide as listed on page 9 of the report. What additional resources in terms of estate, facilities and staff would be provided? Would there be a risk that the establishment of a MTC would impact on the services offered to routine patients? For example, would the MTU receive additional resources to ensure 24/7 immediate availability of fully staffed operating theatres, consultants available on site within 30 minutes and so on (as listed in the MTC Requirements section of the report) or would these rely on existing resources? Health services in Norfolk currently struggle to attract appropriately skilled staff – can NHS England guarantee that it will be able to attract and retain enough staff with the appropriate skills for the MTC?

The lack of neurosurgery support is also concerning. One NHOSC Member, who is also a former doctor, believes that onsite neurosurgical facilities are essential at a

MTU. They point out that in cases of multiple injuries, head injuries must take precedence. In their experience of working in A&E departments, they found it extremely difficult to manage cases of multiple injury without immediate neurosurgical involvement. With neurosurgeons few and far between, the cost of providing an extra facility would be considerable. Furthermore, if Cambridge University Hospitals NHS Foundation Trust (CUHFT) is to provide neurosurgery support, what proportion of patients would have to be transferred to Addenbrooke's from NNUH TU anyway, thus negating the benefits of removing the need for secondary transfers?

The report does note that neurosurgical senior clinical fellows will be based at the MTC in phase two, 'providing inpatient care for acute traumatic brain injury admissions'. Members would like to know a bit more detail about the level of treatment these neurosurgical senior clinical fellows will provide.

The report notes that 'the Colman Unit at Norfolk Community Health and Care Trust is the only level 1 neuro-rehabilitation unit in the East of England'. What would be the potential impact (positive or negative) would the establishment of the MTC at NNUH have on the Colman Unit?

What would be the potential impact (positive or negative) to other health/social care services involved in the aftercare, rehabilitation and discharge of patients from the MTU at NNUH?

**Summary of questions**

- What impact (positive or negative) would removing the need for secondary transfers have on ambulance and medical resources used for those transfers?
- What additional resources in terms of estate, facilities and staff would be provided for the establishment of the MTU?
- Would there be a risk that the establishment of a MTC would impact on the services offered to routine patients? For example, would the MTU receive additional resources to ensure 24/7 immediate availability of fully staffed operating theatres, consultants available on site within 30 minutes and so on (as listed in the MTC Requirements section of the report) or would these rely on existing resources?
- Can NHS England guarantee that it will be able to attract and retain enough staff with the appropriate skills for the MTC?
- If CUHFT is to provide neurosurgery support, what proportion of patients would have to be transferred to Addenbrooke's from NNUH TU anyway, thus negating the benefits of removing the need for secondary transfers?
- What level of neurosurgical support would the neurosurgical senior clinical fellows who will be based at the MTC in phase two be able to provide?
- What would be the potential impact (positive or negative) would the establishment of the MTC at NNUH have on the Colman Unit?
- What would be the potential impact (positive or negative) to other health/social care services involved in the aftercare, rehabilitation and discharge of patients from the MTU at NNUH?
- *Point of clarification*: The report notes that the TU at NNUH currently does not offer pelvic trauma support. Will this be offered by the MTC?

- Request an update on the five projects listed on page 6 of the report when available.

**Norfolk and Waveney HOSC Questions 14-3-23**

| Questions and responses |
|---|
| **Q1. What impact (positive or negative) would removing the need for secondary transfers have on ambulance and medical resources used for those transfers?** |
| Response:<br>Early analysis undertaken by EAAA of historic trauma conveyance has demonstrated there would be a significant reduction in travel time (taking landing into consideration) if major trauma patients were accepted at NNUH. This would provide a positive impact for patient transfers and release crews to attend further jobs.<br><br>For land transfers – Between JPH, QEKL, Ipswich & WSH collectively, approximately 10%* of all major trauma patients are transferred out of these hospitals for ongoing care elsewhere. Most of these patients will have been transferred to CUH for MTC level care and as a result their journey times and therefore burden on EEAST should reduce.<br>NNUH transfer out 4.4%* of their major trauma, which would be expecting to remain if designated an MTC, negating the need to undertake secondary transfers for most these patients<br>*Taken from March 2023 TARN Network Clinical Report. |
| **2. What additional resources in terms of estate, facilities and staff would be provided for the establishment of the MTU?** |
| Response:<br>As part of the project The Trauma Network undertook a gap analysis identifying those areas that will need addressing to ensure compliance with the NHSE Major Trauma Service Specification. The Trust Project Team will be submitting a Business case for development of major trauma at NNUH (phased approach) to the Trust Board at the end of March 2023. This can be shared with the HOSC.<br><br>As commissioners of the service NHSE recognise that there will be additional financial requirements to support the transition from a TU to an MTC. £1.5M has already been allocated over the last 24 months to support the enhanced services. The above case to further develop the offer would require increased investment |
| **3. Would there be a risk that the establishment of a MTC would impact on the services offered to routine patients? For example, would the MTU receive additional resources to ensure 24/7 immediate availability of fully staffed operating theatres, consultants available on site within 30 minutes and so on (as listed in the MTC Requirements section of the report) or would these rely on existing resources?** |
| Response:<br>The Business Case is premised around additional resource towards MTC rather than re-distribution of existing workforce. Posts or direct clinical care hours for |

major trauma would be backfilled to mitigate the impact on any routine services such as outpatients, elective surgery, etc.

It is acknowledged that there are existing and future workforce challenges which remain as a high risk associated with MTC development. However, the development provides a positive boost to the Trust's recruitment profile and presence.

**4. Can NHS England guarantee that it will be able to attract and retain enough staff with the appropriate skills for the MTC?**

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Response:
There are workforce challenges in many areas of the NHS. Many of the clinical specialities required to support the MTC are already in place at N&NUH. Agreement has been reached with Cambridge University Hospital to provide on sight neurosurgical support. The status of being a major trauma centre may act as a pull factor for clinicians and staff wishing to expand their experience.

**5. If CUHFT is to provide neurosurgery support, what proportion of patients would have to be transferred to Addenbrooke's from NNUH TU anyway, thus negating the benefits of removing the need for secondary transfers?**

Response:
The expectation is that by phase 3 (see below) most neurosurgery could be dealt with at N&NUH. There will be an incremental increase in N&NUH neuro-trauma capability over time.

Between JPH, QEKL, Ipswich & WSH collectively, approximately 15.9%* of all major trauma patients with head injuries are transferred out of these hospitals. Most of these patients will have been transferred to CUH for MTC level care and as a result their journey times and therefore burden on EEAST should reduce.

NNUH transfer out 17.9%* of their major trauma head injuries, which would be expecting to remain if designated an MTC, negating the need to undertake secondary transfers for most these patients.

*Taken from March 2023 TARN Network Clinical Report

Should NNUH be designated an MTC they will be required to have**:

- on-site neuroradiology;
- on site neuro critical care;
- a neurosurgical consultant available for advice to the trauma network 24/7;
- a senior neurosurgical trainee of ST4 or above;
- all neurosurgical patient referrals should be discussed with a consultant;
- all decisions to perform emergency neurosurgery for trauma are discussed with a consultant;
- facilities available to allow neurosurgical intervention within 1 hour of arrival at the MTC.

**Taken from 2016 National Major Trauma Quality Indicators

**6. What level of neurosurgical support would the neurosurgical senior clinical fellows who will be based at the MTC in phase two be able to provide?**

Response:

**Phase 1**

Establishing a neurotrauma clinic in Norwich

We propose a multidisciplinary neurotrauma clinic (Neurosurgery, Neurorehabilitation, Neuropsychology, Headway) to see:

a. new patients (Emergency Department, GP referrals),
b. follow up patients after admission to NNUH,
c. follow up patients after admission to Cambridge.
d. Investigation, treatment of post-concussion syndrome, pituitary dysfunction, seizures, cranial reconstruction, advice on return to employment, driving etc.

To provide senior support, monitor the above activities and develop future initiatives. (suggest commence with 2 sessions per week).

**Phase 2**

Neurotrauma Senior Fellow posts to support Norwich

Appointment of neurosurgical senior clinical fellows in Norwich, who will have completed or be near to training completion and will rotate from Cambridge. They would be able to support a range of activities at NNUH, including:

a. In-patient care for acute Traumatic Brain Injury (TBI) admissions. Opinion on TBI patients, liaison with Cambridge, assisting with transfer to Cambridge or on-going local management in Norwich if appropriate.
b. Surgical activity. Scope and consider ability to manage straightforward neurotrauma – this would require significant development of whole multi-disciplinary workforces (theatres, intensive care, anaesthetics and surgical expertise), and would need lengthy consultation and phased approach.
c. Working with other specialties at NNUH for TBI patient including neurology / stroke, orthopaedics – provide neurosurgical input into the management of spinal injury in-patients, operative management (? theatre opportunities) follow up (also opportunities for training beyond trauma).
d. Providing neurosurgical opinion to the Colman Hospital.
e. Teaching. Contribution to undergraduate (UEA) and postgraduate teaching on neurosurgical curriculum.
f. Research opportunities for research in collaboration with UEA e.g. via the NIHR Brain Injury Medtech Co-operative and the BRC.

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| **Phase 3**<br><br>Building neurosurgical operative capacity in Norwich: simple surgery e.g. burrholes for CSDH, potentially moving towards more complex surgery e.g. pituitary surgery, potential joint operating with spinal surgery. |
| **7. What would be the potential impact (positive or negative) would the establishment of the MTC at NNUH have on the Colman Unit?** |
| Response:<br>Rehabilitation of patients is a key component of the Trauma pathway. The Colman Unit is the only Level 1 (the most severe) Neurotrauma facility in the East of England so the establishment of NNUH as an MTC does not affect this status or patient pathways. Opportunities of closer partnership with Norfolk Community Health and Care to provide level 2 Rehabilitation for trauma patients are being explored, however, discussions are at an early stage. |
| **8. What would be the potential impact (positive or negative) to other health/social care services involved in the aftercare, rehabilitation, and discharge of patients from the MTU at NNUH?** |
| Response:<br>Joint rehabilitation posts between NNUH and NCHC will be put forward as part of MTC development with clinicians having a holistic overview of a patient rehabilitation pathway across the two Trusts. The exemplar care pathway for neurosciences/stroke is being used to plan an improved model for trauma rehabilitation. |
| **9. Point of clarification: The report notes that the TU at NNUH currently does not offer pelvic trauma support. Will this be offered by the MTC?** |
| Response;<br>NNUH currently has one pelvic trauma surgeon able to support existing cases. However, for resilience and to provide 7 day cover additional surgeons would be recruited to provide this service and also support with elective orthopaedics. |
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# Norfolk Health Overview and Scrutiny Committee

## Proposed Forward Work Programme 2023/24

**ACTION REQUIRED**

Members are asked to consider the current forward work programme:

- whether there are topics to be added or deleted, postponed or brought forward
- to agree the agenda items, briefing items and dates below.

**NOTE: These items are provisional only. The NHOSC reserves the right to reschedule this draft timetable.**

| *Meeting dates* | *Main agenda items* | *Notes* |
|---|---|---|
| 23 March 2023 | **Patient pathway item**<br>East of England Ambulance Service – to include full council motion (24/01/23)<br><br>**Major Trauma Centre at Norfolk and Norwich Hospital**<br>Feedback and answers to Members' questions | All patient pathway items to include request for workforce strategy data for each area then to be collated into single sub-report in end-of-year report. |
| 11 May 2023 | **Patient pathway item**<br>Access to primary care services:<br>• general practice<br>• pharmacy services<br><br>**Rouen Road WiC/GP/VAS consultation**<br>Analysis of the results of the consultation and next steps | |
| 6 July 2023 | **Patient pathway item**<br>Outpatient services<br><br>**Eating disorders**<br>To examine eating disorder services in Norfolk and Waveney. To include review of contract change from Norfolk and Suffolk NHS Foundation Trust (NSFT) to Cambridge and Peterborough Foundation NHS Trust (CPFT). | |

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| 7 September 2023 | **Patient pathway item**<br>A&E/ inpatient services:<br>• To include addiction management of inpatients and assessment of suicide risk of patients in A&E as discussed at January's FWP workshop.<br><br>**Digital transformation strategy**<br>An examination of N&WICB's digital transformation strategy as part of its vision to develop a fully integrated digital service across Norfolk and Waveney. | |
| 9 November 2023 | **Patient pathway item**<br>Hospital discharge/palliative care | |

**Information to be provided in the NHOSC Members' Briefing 2023/24**

Apr 2023

- **Norfolk and Norwich University Hospital (NNUH) Care Quality Commission (CQC) report** - an update following an inspection by the CQC in November 2022 (report published February 2023) which rated the NNUH overall as 'requires improvement'.

- **James Paget University Hosptial Care Quality Commission (CQC) report** - an update following an inspection by the CQC in January 2023 (report due March 2023) which raised safety concerns about JPUH's maternity services.

- **Excess deaths** – an update into excess deaths at NNUH after NHS Digital data showed it had the highest death rate of all Trusts in the country.

- **Mental health community services** – an outline from Norfolk and Suffolk NHS Foundation Trust (NSFT) and N&WICB of mental health community services in Norfolk and Waveney. To include an update of the refurbishment of NSFT's Blickling Ward.

- **Hewitt Review** – an update into the independent national review into the oversight and governance of integrated care systems by N&WICB Chair Patricia Hewitt.

June 2023

- **Pain management** – an overview of pain management services/support available to patients in Norfolk and Waveney.

- **Chronic Obstructive Pulmonary Disease (COPD)** – an overview of services/ support available to patients with COPD in Norfolk and Waveney.

- **Diabetes services** – an overview of services/support available to patients with diabetes in Norfolk and Waveney.

- **Care Homes At Scale (CHAS**) – an overview of the services/support offered by CHAS.

- **My Views Matter** – an update from Healthwatch Norfolk about is report on residential care for people with learning disabilities and autism.

Further topics for future briefings as discussed at January's FWP workshop:

- speech and language therapy
- focus group re. LGBT+ health services
- Change Grow Live (CGL) addiction services
- blood donation
- long Covid (Healthwatch Norfolk report forthcoming)
- Carers Identity Passport
- vaping
- new hospitals programme
- cancer services for people with disabilities

**NHOSC Committee Members have a formal link with the following local healthcare commissioners and providers:**

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| Norfolk and Waveney ICB | - | Chair of NHOSC<br>(substitute Vice Chair of NHOSC) |
| Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust | - | Julian Kirk<br>(substitute Alexandra Kemp) |
| Norfolk and Suffolk NHS Foundation Trust (mental health trust) | - | Brenda Jones<br>(substitute Lucy Shires) |
| Norfolk and Norwich University Hospitals NHS Foundation Trust | - | Dr Nigel Legg |
| James Paget University Hospitals NHS Foundation Trust | - | Daniel Candon |
| Norfolk Community Health and Care NHS Trust | - | Emma Spagnola |

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