

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**Minutes of the meeting held on Microsoft Teams (virtual meeting)**  
**at 10am on 18 March 2021**

**Members Present:**

|                                   |   |
|-----------------------------------|---|
| Cllr Penny Carpenter (Chair)      | Norfolk County Council                          |
| Cllr Nigel Legg (Vice-Chair)      | South Norfolk District Council                  |
| Cllr Michael Chenery of Horsburgh | Norfolk County Council                          |
| Cllr David Harrison               | Norfolk County Council                          |
| Cllr Brenda Jones                 | Norfolk County Council                          |
| Cllr Chris Jones                  | Norfolk County Council                          |
| Cllr Alexandra Kemp               | Borough Council of King's Lynn and West Norfolk |
| Cllr Robert Kybird                | Breckland District Council                      |
| Cllr Laura McCartney-Gray         | Norwich City Council                            |
| Cllr Richard Price                | Norfolk County Council                          |
| Cllr Sue Prutton                  | Broadland District Council                      |
| Cllr Sheila Young                 | Norfolk County Council                          |

**Substitute Members Present:**

Cllr Wendy Fredericks for Cllr Emma Spagnola North Norfolk District Council

**Also Present:**

|                   |   |
|-------------------|---|
| Hollie Adams      | Committee Officer, Norfolk County Council   |
| Cath Byford       | Chief Nurse, Norfolk and Waveney Clinical Commissioning Group (CCG)               |
| Anna Morgan       | Director of Workforce, Norfolk and Waveney Health and Care Partnership            |
| Maureen Orr       | Democratic Support and Scrutiny Team Manager, Norfolk County Council              |
| Caroline Shaw     | Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust                    |
| Dr Frankie Swords | Medical Director, Queen Elizabeth Hospital NHS Foundation Trust                   |
| Emma Wakelin      | Head of Workforce Transformation, Norfolk and Waveney Health and Care Partnership |

**1. Apologies for Absence**

- 1.1 Apologies were received from Cllr Emma Flaxman-Taylor, Cllr Keith Robinson and Cllr Emma Spagnola (Cllr Wendy Fredericks substituting). Cllr Fabian Eagle and Cllr Judy Cloke were also absent.

**2. Minutes**

- 2.1 The minutes of the meeting on 4 February 2021 were agreed as an accurate record.

**3. Declarations of Interest**

- 3.1 Cllr Alexandra Kemp declared an "other" interest as she had been working with the NHS to help set up a system to help care leavers find work in the NHS.

**4. Urgent Business**

- 4.1 There were no items of urgent business.

## **5. Chair's Announcements**

- 5.1 The Chair acknowledged that the meeting was being held at a time of great pressure for the NHS, during the pandemic, and thanked representatives who were present at the meeting. One item had been postponed due to pressures on commissioners and would be rescheduled for later in the year.

## **6. The Queen Elizabeth Hospital NHS Foundation Trust**

- 6.1.1 The Committee received the report examining the Queen Elizabeth Hospital NHS Foundation Trust's (QEH) progress following the Care Quality Commission (CQC) full inspection in 2019 and the hospital's last report to the Norfolk Health Overview and Scrutiny Committee in February 2020.
- 6.1.2 The Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust, introduced the report:
- Staff survey results placed the QEH as the twelfth most improved Trust in the country for every key indicator.
  - A clear strategy had been approved for the hospital around quality, engagement and healthy lives.
  - The Trust had set up and were running two vaccination hubs, one on the hospital site and one in Downham Market.
  - A key stakeholder review and medical staff engagement review had been carried out with positive feedback.
  - There had been improvements in the operational performance for ambulance offloads and this was on course to achieve the target by March 2021.
- 6.2.1 The following points were discussed and noted:
- The Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust, updated the Committee about the issues with the roof; because of this, 71 props had been placed throughout the hospital. A positive meeting had been held with the Health Minister and money would be awarded through the STP to help with stabilisation of the roof and decamp patients into other ward areas. In the 2021 spending review there would be a push to for the QEH to be included in the 8 hospitals to receive funding for a new build or partial new build.
  - Members praised the Trust on the improvements they had made since the last report.
  - Work on the nurse training centre had begun and was on track. The Trust was working closely with the local college and work was underway to link the centre to a university to accredit the training.
  - Overall recruitment at the hospital was good with a low vacancy rate among nurses and nurse assistants. There was recruitment drive for more midwives, and an international recruitment campaign had been carried out.
  - The inclusivity of recruitment was queried; QEH representatives reported that work was being done to attract candidates from all backgrounds, including a piece of work being carried out to value equality and diversity.
  - There was a legacy programme offering staff the opportunity to remain in the NHS in a more advisory role at a later stage in their career.
  - Coordination across the 12 hospitals affected by the Reinforced Autoclaved Aerated Concrete (RAAC) planks was queried. The Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust, reported that a network was in place between the 12 hospitals to review which were most at need of replenishing their planks. There

was funding for only 8 hospitals at that time, and it was noted that the QEH was at a greater need regarding this issue than some of the other hospitals.

- Clinical services in Norfolk were working more closely with one another and across the three acute hospitals with an aim to improve quality and access to care across the county.
- QEH representatives reported that staff turnover rates had improved, in part due to the pandemic, as some staff had joined on temporary contracts and chosen to stay on a full-time basis.
- Recruitment days carried out each month had helped address issues around recruitment of healthcare assistants. Recruitment in physiotherapy, occupational therapy and radiography was challenging across the country, and the workforce model was being reviewed to see what could be done.
- The Nursing vacancy rate had reduced and was now 7% and 5% on wards.
- The inspection in September was a partial inspection due to the pandemic but QEH representatives hoped that the area of “well led” would improve on reinspection.
- Twenty members of staff had been trained across the hospital to provide mental health first aid. Discussions were ongoing on how to introduce regular mental health support for staff.
- The Vice-Chair asked how much the work to review and maintain safety of the roof would cost; the Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust, **agreed** to find out and circulate details to Committee Members after the meeting.
- The Chair noted the high instance of pressure ulcers reported. The Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust, confirmed that there had been a spike in pressure ulcers nationally caused by Covid-19 patients on ventilators being placed in the prone position, as it was found this was beneficial to their recovery. Learning from the first wave had prevented proning related pressure ulcers during the second wave of Covid-19.
- QEH representatives discussed that the performance in the emergency department in February 2021 indicated that a bigger hospital was needed.
- The ability of staff to speak out about issues was queried. QEH representatives reported that staff could now use “speak up guardians” and there was a proactive “speak up group” in place helping the Trust to learn and change practice.
- The Medical Director, Queen Elizabeth Hospital NHS Foundation Trust, confirmed that the Trust was on track to achieve the 3 “must-dos” placed on it by the CQC around staff training for anaesthetic staff by April 2021. The 2 “must-dos” around diagnostic imaging staff were underway including succession planning and a dedicated culture programme to improve engagement and happiness in the team to retain existing staff and attract new staff.
- QEH representatives confirmed that the Trust was now resuming its elective service. The focus under national guidance was to assess and clinically prioritise patients on waiting lists to ensure those in most need received treatment first and everyone on waiting lists had been contacted. There were 15000 people on the Trust’s waiting list in total, and 10000 were within the 18 week referral to treatment national target.
- Clinics, such as diabetes and renal clinics, had continued throughout the pandemic focusing on the most urgent patients and those who needed regular surveillance. Most appointments had been virtual or by phone. Some appointments were difficult to carry out in this way and therefore the Trust was prioritising which patients most urgently required face to face appointments.
- The Chair and Committee were unhappy that hospital staff had to manage around ceiling props and wished to offer their support by writing to MPs.

**1. AGREED to:**

- Write to Norfolk MPs and the Secretary of State for Health and Social Care about the condition of the QEH building and the need for funding for a new hospital. Details of the risks to the local population and the cost of mitigation measures to be included.
  - Letter to be drafted & circulated to committee member for comment before final sign off by the Chairman.
- Recommend that Norfolk and Suffolk NHS Foundation Trust liaises with the QEH to provide joined up community mental health services to support staff.

**2. ASKED:**

- QEH representatives to return to NHOSC with a progress update before the end of 2021.

**7. Local actions to address health and care workforce shortages**

7.1 The Norfolk Health Overview and Scrutiny Committee received the report examining the Norfolk and Waveney Health and Care Partnership's workforce workstream's local action to address and mitigate the effects of national workforce shortages affecting health and care services.

7.2 The following points were discussed and noted:

- The Director of Workforce, Norfolk and Waveney Health and Care Partnership, reported that the launch of the adult social care strategy helped in the work to encourage people to work in Norfolk by spotlighting people working in social care and highlighting the benefits of living and working in Norfolk.
- The announcement in the budget about freezing lifetime allowances for NHS staff for 5 years was noted as likely to encourage workers to retire earlier. Representatives were asked how this would be mitigated. The Health and Care Partnership were working with unions to look at the impact of this issue. Because 45% of the Norfolk workforce were over 45, officers were looking at ways for staff to work more flexibly such as with a portfolio-based career, with different organisations, part time and carrying out other roles to encourage older workers to stay on. The legacy programme would support experienced staff to be re-engaged following retirement by supporting development of new staff.
- The Director of Workforce, Norfolk and Waveney Health and Care Partnership, reported that work was ongoing to join up with the Local Enterprise Partnership to identify roles that could be advanced jointly. Officers were working with local job centres to encourage people looking for a job change to apply for roles, such as the apprenticeship programmes which were available for people of all ages.
- Some of the £2m social care grant was used to help people achieve the level of English and Maths training they needed to go on to social care training pathways.
- A workshop was carried out in October looking at issues for Black, Asian and Minority Ethnic staff which identified recruitment as a barrier to inclusion. An action plan was developed to address the issues identified and help Norfolk and Waveney Health and Care Partnership be a more inclusive employer.
- Representatives were asked about the issue of low paid and zero hours contracts in care, particularly in North Norfolk. The Director of Workforce, Norfolk and Waveney Health and Care Partnership, replied that a project was underway in Wells to support with recruiting younger people to health and social care.
- The high number of requirements for retired staff to re-join the NHS was noted as a barrier. Representatives agreed the recruitment processes could be bureaucratic and this was something the Health and Care Partnership wanted to look at. A

reservist scheme was in place so that less training was required for retired staff wishing to return to help with the vaccination scheme.

- The Norfolk and Waveney strategy had been delayed slightly but launched in August 2020; bringing in apprenticeships of all ages had continued during the pandemic.
- In the second Covid-19 peak in December 2020 there were 2000 staff absent from NHS organisation in Norfolk and support from the armed forces, District Councils and fire service was brought in. Sickness had reduced significantly over the last few months reducing the need for this support.
- The Health and Care Partnership were satisfied that there was planning for future staffing in GP, dental, pharmacy and optician practices. Funding was available for new roles in Primary Care Networks and therefore Health and Care Partnership officers were working with Primary Care colleagues to identify new roles.
- The health and care ambassador programme had set up webinars and support for interviews on a 1:1 basis for care leavers seeking health and care careers. The programme had also visited young carers groups to offer support on this topic.
- The number of students at UEA medical school had increased from September 2020, and the Health and Care Partnership was working with them to look at increasing the number of clinical placements that could be offered each year.
- Support for staff suffering from “long Covid” was queried. The Director of Workforce, Norfolk and Waveney Health and Care Partnership, replied that funding had been received to provide services for people with long Covid, including staff.

### 7.3 Norfolk Health Overview and Scrutiny Committee

- **AGREED** to write to Norfolk MPs highlighting concerns affecting recruitment and retention of health and care staff including:
  - Impact of recent changes to pension and tax rules on retention of senior staff
  - Overly bureaucratic recruitment procedures for people wishing to help in the response to Covid 19
  - Impact of the issue of low pay in care careers.
    - Letter to be drafted & circulated to committee members for comment before final sign off by the Chairman.
- **RECOMMENDED** that the Health and Care Partnership provides careers advice on new health care roles, liaising with Children’s Services to make schools aware of the emerging new roles.
- **AGREED** that the Health and Care Partnership provide a written update on progress in 12 months’ time.

## 9. Forward work programme

- 9.1 The Norfolk Health Overview and Scrutiny Committee received and reviewed the forward work programme.
- 9.2 The report on access to local NHS services for patients with sensory impairments had been rescheduled for 15 July 2021.
- 9.3 The Norfolk Health Overview and Scrutiny Committee
- **AGREED** the forward plan with the addition of:
    - A progress report from the QEH before the end of 2021 (agenda item)
    - A written update from the HCP on progress in addressing health and care workforce shortages in 12 months’ time (in the NHOSC Briefing)

- **AGREED** that service providers would be invited to attend the item “Access to local NHS services for patients with sensory impairments” on 15 July 2021

**Chairman**

The meeting ended at 12:04



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