

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 17 January 2019**

Present:

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| Michael Chenery of Horsbrugh (Chairman) | Norfolk County Council |
| Ms C Bowes (substitute for Mr F Eagle) | Norfolk County Council |
| Mrs A Claussen-Reynolds | North Norfolk District Council |
| Ms E Corlett | Norfolk County Council |
| Mr D Fullman | Norwich City Council |
| Mrs S Fraser | Borough Council of King's Lynn and West Norfolk |
| Mr D Harrison | Norfolk County Council |
| Dr N Legg | South Norfolk District Council |
| Mrs B Jones | Norfolk County Council |
| Mr R Price | Norfolk County Council |
| Mr P Wilkinson | Breckland District Council |
| Mrs S Young | Norfolk County Council |

Also Present:

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| Prof S Barnett | Trust Chair, The Queen Elizabeth Hospital NHS Foundation Trust |
| Caroline Shaw | Chief Executive, The Queen Elizabeth Hospital NHS Foundation Trust |
| John Webster | Accountable Officer, West Norfolk CCG |
| Jon Wade | Chief Operating Officer, The Queen Elizabeth Hospital NHS Foundation Trust |
| Alexandra Kemp | Local Member for Clenchwarton and King's Lynn South |
| Antek Lejk | Chief Executive, Norfolk and Suffolk NHS Foundation Trust |
| Marcus Hayward | Norfolk and Suffolk NHS Foundation Trust Senior Operational Team |
| Frank Sims | Chief Executive, South Norfolk CCG (lead commissioner for mental health services in Norfolk and Waveney) |
| Dr Tony Palframan | GP Lead for Mental Health, South Norfolk CCG |
| Rebecca Driver | Norfolk and Suffolk NHS Foundation Trust |
| Jane Murray | Member of Suffolk Health Scrutiny Committee |
| Keith Robinson | Member of Suffolk Health Scrutiny Committee |
| Maureen Orr | Democratic Support and Scrutiny Team Manager |
| Chris Walton | Head of Democratic Services |
| Tim Shaw | Committee Officer |

1 Apologies for Absence

- 1.1 Apologies for absence were received from Mr F Eagle, Ms E Flaxman-Taylor, Mr G Middleton and Mr F O'Neill.

2. Minutes

- 2.1 The minutes of the previous meeting held on 6 December 2018 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

- 3.1 There were no declarations of interest.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chairman's Announcements

- 5.1 There were no Chairman's announcements.

6 The Queen Elizabeth Hospital NHS Foundation Trust – response to the Care Quality Commission report

- 6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report from the Queen Elizabeth Hospital NHS Foundation Trust about the QEH response to the Care Quality Commission (CQC) inspection of the QEH between 4 April and 21 June 2018, published on 13 September 2018.
- 6.2 The Committee received evidence from Professor Steve Barnett, Trust Chair, The Queen Elizabeth Hospital NHS Foundation Trust, Caroline Shaw, Chief Executive, The Queen Elizabeth Hospital NHS Foundation Trust, Jon Wade, Chief Operating Officer, The Queen Elizabeth Hospital NHS Foundation Trust and John Webster, Accountable Officer, West Norfolk CCG.
- 6.3 The Committee received a PowerPoint presentation from Professor Steve Barnett, Trust Chair, The Queen Elizabeth Hospital NHS Foundation Trust which can be found on the Committee pages website.
- 6.4 The Committee heard from Alexandra Kemp, local Member for Clenchwarton and King's Lynn South, who said that many of her constituents were concerned about the potential loss of hospital services from the QEH as part of the STP Plan Agenda and would struggle to afford the cost of travel to Norwich if services transferred to the Norfolk and Norwich Hospital. She asked for an assurance from the speakers that they were committed to recruiting and retaining a full complement of suitably-qualified staff at the QEH; and that the QEH Board was still acting on the findings of the HOSC NHS Workforce Planning Task Group in 2015, of which she was a member, which recommended stepping up recruitment through training medical staff in the new Higher Education Department at COWA and making arrangements for UEA nursing students to take up placements at the QEH. She also asked how the QEH Board would ensure the hospital workplace was more attractive to nurses coming to King's Lynn.

6.5 In reply, the speakers said that there were no plans to transfer cancer surgery (or any other form of surgery) to the N&N or to any other hospital because of a shortage of qualified nursing staff at the QEH. This proposal had not originated from within the QEH and the hospital was confident of being able to maintain patient clinical safety. The QEH planned to take all necessary steps to attract and retain qualified nurses so that it remained in control of its own surgical programme and continued to serve the needs of its emergency patients. The speakers added that the means by which the QEH planned to achieve a recruitment drive for nurses was set out on pages 20 and 30 of the agenda. The QEH realised the importance of working with a wide range of partner organisations both in Norfolk and the surrounding counties and planned to continue to do so through the work of the STP.

6.6 During discussion the following key points were made

- The speakers said that since the time of the CQC inspection, the QEH had taken additional measures to fill vacancies and cope with staff sickness.
- At the start of January 2019, the “fill rate” on shifts at the QEH was said to be at between 90% to 95% of the expected number of nursing staff on any given shift. This was an increase from 70% and 80% of the expected number of nursing staff on any given shift at the start of 2018. Approximately 15% of the “fill rate” was currently made up of agency staff. At 90% to 95%, the “fill rate” (which included the full range of nursing skills required to meet the needs of the shift) was now at the national average for an acute hospital.
- Preparations were being made for the impact that Brexit would have on the work of the hospital. Risk assessment and mitigation work was underway. The priority was to ensure that the 115 members of the nursing and support staff at the hospital who might be affected by Brexit understood the steps that they would have to take to remain in the country and felt that they were fully supported by the hospital.
- The speakers said that the QEH would work with local schools and colleges to encourage students to seek rewarding careers within the medical profession and apply to work at the QEH. The QEH would also work with local recruitment agencies to build new and improved links with the local labour market.
- Prof S Barnett said that he had a wide range of experience of working as a non-executive Director at a NHS Trust and would look to remain at the QEH for a minimum of at least 3 years.
- In reply to questions, Caroline Shaw said that as the newly appointed Chief Executive of The Queen Elizabeth Hospital NHS Foundation Trust she would be looking to:
 - Focus on strengthening leadership and staff engagement.
 - Maintain safe staffing levels.
 - Address urgent care and patient flow challenges (including winter pressures).
 - Ensure nursing staff became familiar with the care needs of all the patients on their ward and a more effective patient discharge process was put in place.
 - Resolve quality and governance issues.
 - Develop a plan for financial stability.
 - Ensure that Stroke Services remained rated joint top in the Eastern region and 6th in the country.
- The Committee discussed the commissioners’ and wider health and care system’s role in supporting the QEH to improve and the capacity of the QEH to address the CQC’s requirements for improvement.
- Cllr Sue Fraser, Disabilities Champion for the Borough Council of King’s Lynn and West Norfolk, asked that the speakers from the QEH speak to her after the

meeting about ideas for staff training in relation to patients with Learning Disabilities.

- Cllr Annie Claussen-Reynolds said that she also wanted to talk to the speakers outside of the meeting.
- In reply, the speakers from the QEH said that they were willing to speak to those Members of the Committee who approached them.
- It was necessary to increase bed numbers because of overall population growth and rising demand.
- The QEH was working on future demand and capacity modelling.
- Given the rise in demand for hospital services, Members questioned whether “Block Contracts” (whereby the hospital received a fixed amount of funding regardless of how many patients they served) provided the hospital with a sustainable level of funding. The speakers said that the QEH did not have a Block Contract with the CCG at this time. Whether the hospital would be willing to enter into a Block Contract with the CCG in the future would partly depend on the size of the contract that was offered to the hospital.
- The speakers said that the reason why the QEH was showing less progress against the CQC’s ‘must do’ and ‘should do’ actions than might be expected was because of a rigorous self-assessment process which had led to a recalibration of the hospital’s Quality Improvement Programme. The QEH was in the process of recruiting three Quality Improvement Managers for this work.
- The divisions in leadership within the maternity service were being fully addressed.
- There were plans to expand the size of the A&E Department so that it could cope with increased numbers of patients.
- In reply to questions, the speakers said that there were four resuscitation cubicles at the hospital and that this number had not changed. There had been difficulties fitting new equipment into other cubicles because of room size constraints but this was now rectified.
- In addition to the service improvements required by CQC there were some high-rated risks in the QEH’s risk register relating to the poor state of repair of the hospital building that had to be addressed. A refurbishment programme was planned for the hospital.

6.7 The Committee recommended:

1. That QEH representatives be asked to speak with Cllr Sue Fraser, Disabilities Champion for the Borough Council of King’s Lynn and West Norfolk, regarding ideas for staff training in relation to patients with Learning Disabilities.
2. That the QEH representatives come back to the Committee with a progress report in 6 months’ time; July 2019.

6.8 The Committee **noted** the QEH’s good progress towards completing the ‘must do’ and ‘should do’ actions in the CQC’s report and that the CQC was expected to reinspect the QEH around March or April 2019.

7 Norfolk and Suffolk NHS Foundation Trust – response to the Care Quality Commission report

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a follow up report from the Norfolk and Suffolk NHS Foundation Trust (NSFT) and NHS commissioners about their response

to the Care Quality Commission's (CQC) inspection report of the NSFT between 3 and 27 September 2018, published on 28 November 2018.

- 7.2** The Committee received evidence from Antek Lejk, Chief Executive, Norfolk and Suffolk NHS Foundation Trust, Marcus Hayward, Norfolk and Suffolk NHS Foundation Trust Senior Operational Team, Frank Sims, Chief Executive, South Norfolk CCG (lead commissioner for mental health services in Norfolk and Waveney) and Dr Tony Palframan, GP Lead for Mental Health, South Norfolk CCG.
- 7.3** Cllr Jane Murray and Cllr Keith Robinson, Members of Suffolk Health Scrutiny Committee, were in attendance for this meeting and asked questions of the speakers.
- 7.4** The Committee received a PowerPoint presentation from Antek Lejk, Chief Executive, Norfolk and Suffolk NHS Foundation Trust which can be found on the Committee pages website.
- 7.5** During discussion the following key points were made:
- The speakers said that the NSFT had taken immediate enforcement action in relation to the most significant concerns raised in the Care Quality Commission's (CQC) inspection report.
 - The NSFT recognised the failings identified by the CQC and the potential harm that this had caused for service users.
 - The NSFT had already made significant progress.
 - The NSFT aimed to deliver critical 'Must Do' issues by end of March 2019.
 - The NSFT had reduced layers of management and increased clinical leadership in its operational teams. The NSFT had a new Executive Team in place with the overriding priorities of ensuring service users were safe and of creating a safety culture amongst all staff.
 - Each of the Directors was assigned a geographical area of responsibility and encouraged to take a more "hands on approach" to the everyday work of the NSFT.
 - A new overall staffing structure was being planned and local teams would have control of resources and be able to make decisions themselves. Service users would be included in local teams for decision-making. The new staffing structure would be shared with Members of the Committee.
 - The NSFT was reporting to NHS Improvement on a weekly basis.
 - The NSFT was acting on the downgrading of emergency and urgent referrals, ensuring they were only authorised after a sound evidence-based clinical review.
 - The NSFT recognised the importance of putting in place the staffing and procedural processes to deliver a reliable 24/7 service.
 - There was a high turnover of NSFT staff in the first few months of their employment and national shortages in key areas of specialist staffing.
 - In reply to questions, the GP Lead for Mental Health, South Norfolk CCG said that recruiting and retaining of Admiral Nurses was a challenge although in the central area there number had increased from two to six nurses.
 - The speakers explained the different routes into the services provided by the NSFT and the work that was being done to centralise specialist services. They also spoke about the difficulties in "prioritising" patients who were waiting for mental health services and how this did not compare favourably with patients waiting for acute hospital services.

- The speakers said that the NSFT aimed for all crisis referrals to be seen face-to-face within four hours. This standard was not being met in only a small number of cases.
- Crisis referrals, which had been given a different priority or not seen within four hours, were now reported to the Executive Board daily and were audited to make sure any re-prioritization was valid clinically and that people were safe.
- Attention was being placed on seeing those service users with the longest waits, with steady progress being made.
- Teams were supported by a dedicated experienced clinician and via weekly service user tracker meetings.
- In reply to questions from Members of Suffolk Health Scrutiny Committee, the speakers said that the commissioning of beds for children suffering from eating disorders was the responsibility of NHS England.
- The number of downgrades from emergency care had reduced significantly in the last few months.
- Members expressed concern that some 25% of girls were said to be self-harming in some way. The speakers said that there were different degrees of self-harming and that the primary level of support for many of these girls came from the voluntary sector although there were issues round joined up support with the NSFT that needed to be addressed.

7.6 The Committee **agreed**:

1. NSFT should provide details regarding the numbers of patients receiving urgent mental health assessment in their own homes and the numbers brought in to NSFT team bases for urgent assessment in the weeks since the CQC report was published.
2. NSFT should provide a copy of its staff structure chart in about 4 weeks' time (after consultations are complete).
3. The Commissioners and NSFT should provide details of the number of occasions where families of patients placed in out-of-area beds due to unavailability of local beds have received help with travelling expenses and the number that have had a carer assessment.
4. The Commissioners and NSFT should come back to the Committee with a progress report in 6 months' time; July 2019. Senior clinicians from NSFT (e.g. Medical Director; Chief Nurse) to attend on that occasion.

8 Forward Work Programme

- 8.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out the current forward work programme.
- 8.2 The Committee **agreed** the forward work programme as set out in the report.
- 8.3 Members requested information on the following items to be included in the NHOSC Briefing so that the Committee could decide whether to add the subjects to future meeting agendas:
 - Children's autism services – assessment and diagnosis – progress update since 11 Jan 2018 NHOSC.

- Eating disorder services – information about the community service in central and west Norfolk (information about the Great Yarmouth and Waveney service was included in the January 2019 NHOSC Briefing); information about the tier 4 specialist service available to Norfolk residents.

Chairman

The meeting concluded at 12.50 pm



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