

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on Thursday 12 May 2022**

Present:

Cllr Alison Thomas(Chair)	Norfolk County Council
Cllr Daniel Candon	Great Yarmouth Borough Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Barry Duffin	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Lana Hemsall substitute for Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District Council
Cllr Robert Savage	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
Cllr Adam Giles substitute for Cllr Ian Stutely	Norwich City Council

Co-Opted Members

Cllr Edward Back	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

**Also Present in
person:**

Rebecca Hulme	Associate Director of Children, Young People and Maternity, Norfolk and Waveney CCG (All items)
Laura Skaife-Knight	Deputy Chief Executive Officer, Queen Elizabeth Hospital NHS Trust (Item 8)
Denise Smith	Chief Operating Officer, Queen Elizabeth Hospital NHS Trust (Item 8)
Alex Stewart	Chief Executive Healthwatch Norfolk (Item 8)
Kevin Clark	Deputy Governor HMP Norwich (Item 9)
Peter Randall	Democratic Support and Scrutiny Team Manager
Maureen Orr	Democratic Support and Scrutiny Team Manager
Jonathan Hall	Committee Officer

Present via video link

Claire Weston	Regional Head of Health and Justice East of England (Item 9)
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1. Election of Chair

The committee officer Jonathan Hall opened the meeting and invited nominations for the election of the Chair. Cllr Alison Thomas was nominated by Cllr Carpenter and seconded by Cllr Barry Duffin. All in agreement. Cllr Alison Thomas was elected Chair for the forthcoming year.

2. Election of Vice Chair

Cllr Thomas thanked members for electing her as Chair for the forthcoming year and invited nominations for the election of Vice Chair. Cllr Daniel Candon was nominated by Cllr Kybird and seconded by Cllr Prutton. All in agreement. Cllr Daniel Candon was elected Vice Chair for the forthcoming year.

3. Apologies for Absence and details of substitutes

- 3.1 Apologies for absence were received from Cllr Richard Price (substitute Cllr Lana Hemsall), Cllr Ian Stutely (substitute Cllr Adam Giles) and Cllr Emma Spagnola.

4. Minutes

- 4.1 The minutes of the previous meeting held on 10 March 2022 were agreed by the Committee and signed by the Chair as an accurate record of the meeting.

5. Declarations of Interest

- 5.1 Cllr Penny Carpenter disclosed an other interest as a board member of the Norfolk Safeguarding Board (Item 11).

6. Urgent Business

- 6.1 There were no items of urgent business.

7. Chair's Announcements

- 7.1 The Chair had no announcements.

8. The Queen Elizabeth Hospital NHS Foundation Trust – progress report

- 8.1 The Committee received the annexed report (8) from Maureen Orr, Democratic Support and Scrutiny Manager, which provided an update on progress in addressing the issues raised by the 2019 CQC full inspection report. The Queen Elizabeth Hospital (QEH) had provided detailed information on their actions which had met the CQC requirements together with current performance and the on going situation regarding building safety and bids for funding for a rebuild. The committee had last considered the item in March 2021 where representatives of the hospital and the CCG provided a response to the CQC inspection. The hospital at that stage remained in special measures.

- 8.2 The Committee received evidence in person from representatives of QEH: Laura Skaife-Knight, Deputy Chief Executive and Denise Smith, Chief Operating Officer, Norfolk and Waveney CCG: Rebecca Hulme Associate Director of Children, Young People and Maternity, Healthwatch Norfolk: Alex Stewart Chief Executive.

Laura Skaife-Knight and Denise Smith gave a presentation which is available on the [committee's website pages](#). The presentation reflected the hard work that had been undertaken in the past three years and documented the enormous progress that had

been made. Following CQC inspections in December 2021 and January 2022 their findings had seen Medicine, Urgent and Emergency Care and Critical Care all rated as 'Good' alongside the Trust's rating for Well Led. The Trusts overall rating had improved from Inadequate to Requires Improvement. The Trust also received its first rating of 'Outstanding' for Well Led for Critical Care. This overall rating reflects that only three core services were inspected during the last inspection which was due to the Covid 19 Pandemic and therefore reflected what was technically possible for this inspection. The improvements had all been achieved against a backdrop of a building that was being held up by over 1500 props which was affecting patient experience.

Alex Stewart, Chief Executive of Healthcare Norfolk commented that the transformation of the hospital was phenomenal. Engagement with patients was excellent and there was a willingness and openness from all staff to help improve services and patient experience. The mix of approach to provide all types of appointments from telephone, virtual and face to face was welcomed and was helping patients receive treatment and services faster and more effectively. He concluded by saying that he hoped good news would be forth coming soon with a positive announcement of funding of a new hospital.

8.3 The reports submitted were taken as read and during the ensuing discussion the following points were noted:

- The committee congratulated the QEH staff and management in their achievements and echoed the hope that funding for a new hospital is announced soon.
- In March 2021 the committee learnt that due to the poor state of the building 40 operations had to be cancelled however since then no further selective surgery has had to be cancelled, but the hospital facing significant challenges to operating on a day to day basis.
- The School of Nursing was now operational and had 20 nurse associates already recruited. This was a good example of a partnership working well with the Borough Council and West Anglia College. The School should bring through dozens of "home grown" nurses to the hospital in the future.
- In February 2022 the CQC had removed 18 of the 22, section 31 conditions from the Trust's Certificate of Registration. In July, the hospital will apply to have 3 of the remaining 4 to be lifted.
- Regular audits and robust monitoring were in place to ensure that resuscitation equipment was always operational in the hospital. This area had been highlighted as an area of concern in the latest inspection.
- The expected life of the hospital building was for a further eight years to 2030. The situation if no funding is found to build a new hospital is bleak with the possibility of whole areas of the hospital would need to be shut down.
- Fail safe funding to ensure the continuation of services stood at £90m but this only secured the ground floor of the hospital. This would ensure the status quo and no improvements would be made.
- Cancer wait times did not meet the national standards overall, however times for initial consultation and treatment once diagnosed were good, diagnostic waits were longer, meaning overall wait times did not meet the national standard. Plans were in place to address this. Referrals had also increased towards the back end of the pandemic, although additional MRI and CT scanners being installed this year will help reduce waiting times.
- After having completed a Duty of Candour exercise the hospital published a Learning from Covid report which demonstrated their commitment to openness and transparency. Laura Skaife- Knight said she would return to the

committee with precise numbers, but she believed that around 200 patients had contacted Covid whilst in the care of the hospital.

- The hospital ensures that progress is sustained against its 21/22 Integrated Quality Improvement Plan (IQIP) by closely monitoring changes to ensure these are sustained and embedded over several quarters before approving closure of the action.
- Once the hospital had been lifted out of special measures the monitoring of the 'must and should do' actions moved to a compliance plan. Laura Skaife-Knight said she was happy to share the plan with members of the committee but the types of issues still outstanding, of which there was 35, includes items such as mandatory training which accounted for about a third.
- Rebecca Hulme, Associate Director of Children, Young People and Maternity for Norfolk & Waveney CCG thanked the committee for the acknowledgement of progress QEH had made. In addition, she added that throughout the process of improvement the QEH had been good system partners offering advice and help and sharing openly their experiences with other health providers both locally and nationally.

The Chairman concluded the discussion by acknowledging this had been a very pleasing report and the good progress had been noted. There was still some work to do and the determination of the QEH staff to complete the job and to sustain improvements was clearly in evidence. It is hoped that the hospital will be included on the list of funding for new hospitals to be built as the current state of the building is of great concern but despite those challenges vast improvements had been made.

The Committee undertook a short break and reconvened at 11.12am

9. Prison Healthcare – access to physical and mental health services

- 9.1** The Committee received a briefing report by Maureen Orr, Democratic Support and Scrutiny Manager updating members on Prison healthcare services following a report from commissioners, NHS England and NHS Improvement (NHESI) which the committee received in February 2021.

Norfolk has three prisons, HMP Wayland, HMP Bure and HMP Norwich. Norwich also has the only Young Offenders Institute (YOI) in Norfolk. NHESI commissions all health services for the prisons, including drug and alcohol services but it excludes emergency and out of hours services which are provided by the CCG for the whole community, not just the prison service.

- 9.2** The Committee received evidence online from representatives of NHESI; Claire Weston Regional Head of Health and Justice East of England, and in person from HMP Norwich; Kevin Clark, Deputy Governor.

- 9.3** The following points were noted during the discussion:
- Covid measures had only just been lifted and there was a gradual return to business as normal for prisoners. Any denial of wellbeing and health services to prisoners should be reported as incidents and follow the appropriate complaint procedures.
 - NHS standard contracts terms apply to all health care providers who have services commissioned from NHESI and processes are followed if contractual failures happen. Monitoring of services takes place by inspection, quality care visits, observation by prison staff and feedback from prisoners.
 - HMP Norwich has 24 hour healthcare beds available and because of this these beds were in high demand, including requests received from out of

area. These beds are managed by the healthcare provider although the prison is included in bed management meetings.

- Dental care data seemed to indicate that treatment was received quickly but it was established that through the triage of cases, prisoners often had telephone consultations and treatment for pain management or infection control rather than receive dental services.
- Mental Health training was available for all staff through module 5 of the ACCT (assessment, care in custody and teamwork) training (this was mandatory) and by NSFT who run a programme that could also be accessed online. 45 members of staff were undertaking the NSFT training.
- During inspection HMP Bure had been commended for notable positive practice for identification and addressing mental health needs of prisoners.
- The GP-to-GP programme meant that the transfer of medical records, with the patients consent, was much easier once a prisoner had left prison and was moved back into primary care.
- The Government introduced a new programme to help drug and alcohol misuse called from Harm to Hope and the prison service was actively engaging with partners to roll out this programme in the service.
- Claire Weston committed to providing the committee with links to metrics and data concerning substance misuse. Any further clarification could be followed up.
- There has been a move away from a medical model to support prisoners with a learning disability to a more community based model. The emphasis was on assessment and diagnosing. This move was based to help support prisoners to fulfil their potential. Neuro Diversity Support managers were currently being recruited to in 2 of the 3 prisons in Norfolk to provide support for this area.
- There were several programmes and processes to assess a prisoner's educational needs on admission and relevant support and help was provided by a variety of sources to address those needs whilst someone was in prison.
- The data provided indicated that prisoners at HMP Norwich were twice as likely to suffer depression above the national average. A medical day care centre had just been opened in Norwich to address the concern of which prisoners can either self refer or be referred by any staff member. This takes those referred out of the main stream prison routines to work with health, educational and wellbeing professionals.
- The diversion process should take place before individuals get to prison. Those individuals who agreed to intervention and assessment did receive different sentencing to help and support their needs. Claire Weston committed to providing further details on the diversion schemes running.
- Those prisoners who were assessed for Tier 4 beds and were sectioned needed to be done so quickly and concerns of the speed of the process had been raised nationally recently. Sectioning of a prisoner had to be carefully considered as it reduced a prisoner's freedoms whilst in prison.

The Chair concluded the discussion by acknowledging that a large number of issues had been discussed including how services were returning to normal coming out of the pandemic, how contracts were managed, training for staff for identifying and helping prisoners with mental health issues, transfer of patient records and details on the diversion schemes.

It was agreed that an update via a HOSC briefing would be appropriate in 9 months time.

Cllr Jones asked whether she could supply written questions she was unable to ask. Claire Weston agreed to the request.

A open invitation to the committee was made by Kevin Clark to visit HMP Norwich and assess the healthcare services in situ.

9.5 The Chair thanked all those who had taken part in the discussion both online and in person.

10. Norfolk Health Overview and Scrutiny Committee appointments

10.1 The committee **agreed** to the following appointments:

CCG / Provider Trust	Governing Body / Board meeting schedule	Current NHOSC link
Norfolk and Waveney CCG (& subsequently Norfolk and Waveney integrated Care Board from 1 July 2022, pending legislation)	Every other month, usually on the last Tuesday, 1.30 – 4.00pm (online)	Chair of NHOSC (substitute – Vice Chair of NHOSC)
Queen Elizabeth Hospital NHS Foundation Trust	Monthly, on the first Tuesday, 10.00am (online)	Julian Kirk (substitute - Alexandra Kemp)
Norfolk & Suffolk NHS Foundation Trust	Every other month, usually on the fourth Thursday, 12.30pm (online)	Brenda Jones (substitute - Lucy Shires)
Norfolk & Norwich University Hospitals NHS Foundation Trust	Usually every other month, on the first Wednesday, 9.30am (online)	Dr Nigel Legg
James Paget University Hospitals NHS Foundation Trust	Every other month, usually on the last Friday, 10.00am (online)	Daniel Candon (substitute – Vacant)
Norfolk Community Health and Care NHS Trust	First Wednesday of every month except Jan & Sept, 9.30am (online)	Emma Spagnola

11. Forward Work Programme

- 11.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details that was agreed subject to the following:
- 11.2 The Committee **agreed** additionally for the NHOSC Member Briefing:
- June 2022 – Menopause services. What is available and how is access gained?
- 11.3 The committee agreed to the forward work programme and in addition:
- 8 Sept 2022
Norfolk and Suffolk NHS Foundation Trust – action plan for improvement.

Meeting concluded at 12:22

Cllr Alison Thomas, Chair



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