

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 23 March 2023

Members Present:

Cllr Penny Carpenter	Norfolk County Council
Cllr Julie Brociek-Coulton	Norwich City Council
Cllr Barry Duffin	Norfolk County Council
Cllr Victoria Holliday	North Norfolk District Council
Cllr Alexandra Kemp (from 10.47am)	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Martin Murrell	Broadland District Council
Cllr Lucy Shires	Norfolk County Council
Cllr Richard Price	Norfolk County Council
Cllr Maxine Webb	Norfolk County Council
Cllr Lana Hempsall	Norfolk County Council

Co-opted Member (non voting):

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

Also Present:

David Allen	Head of Operations – East of England Ambulance Service NHS Trust (EEAST)
Mark Burgis	Director of Patients and Communities – Norfolk & Waveney Integrated Care Board (ICB)

Officers:

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

The Committee Officer opened the meeting and welcomed everyone present. As both Chair and Vice Chair were absent, nominations were taken from members present to appoint a chair for the meeting. Cllr Barry Duffin proposed Cllr Penny Carpenter, which was seconded by Cllr Nigel Legg. All in agreement. Cllr Penny Carpenter took the Chair for the meeting.

1 Apologies for Absence

- 1.1 Apologies for absence were received from Cllrs Alison Thomas (substituted by Cllr Lana Hempsall), Daniel Candon, Robert Savage, Robert Kybird, Emma Spagnola (substituted by Cllr Victoria Holliday) and Brenda Jones (substitute Cllr Maxine Webb).

2. Minutes

2.1 The minutes of the previous meetings held on 19 January 2023 were agreed as an accurate record of the meeting and signed by the Chair, subject to the following corrections:

- Cllr Richard Price was present at the meeting.

3. Declarations of Interest

3.1 None

4. Urgent Business

4.1 There were no items of urgent business.

5. Chair's Announcements

5.1 None

6 Ambulance Services in Norfolk & Waveney

6.1 The Committee received evidence in person from David Allen, Head of Operations EEAST and Mark Burgis, Director of Patients and Communities – Norfolk & Waveney ICB. The Chair on behalf of the committee, thanked all staff at EEAST for their continuing hard work especially considering the difficult circumstances they have experienced over the winter period and continue to experience. Local media reports criticising their work had not helped and was felt to be unjust.

6.2 The committee receive the annexed report (6) from Dr Liz Chandler, Scrutiny and Research Officer, which provided details of ambulance response and handover times in Norfolk and Waveney as well as highlighting current issues affecting EEAST and the actions that had been taken to try and resolve them.

6.3 During discussion the following points were noted:

- Although exact numbers were not known, the recruitment of 40 advanced practitioners was progressing well and those currently in place are making a difference to reducing ambulance waiting times and hospital admissions. Other preventative measures, such as the establishment of falls fast response service, in conjunction with ICB colleagues, was also easing pressures on the ambulance service.
- A review of the decision to base the Rapid Response Vehicle (RRV) at Cromer instead of North Walsham was underway. It was noted that a RRV may attend lower grade calls so this needed to be considered when the assessment is carried out.
- Section 136 call levels were high as EEAST is commissioned to provide that service to deal with that type of call. In other parts of the country, Section 136 calls were having to be dealt with by the police service. All trends and themes captured from these calls were helping the wider sector provide more a more holistic approach to patient needs.
- It has been recognised nationally that category 2 calls account for up to 60% of all calls received to the ambulance service although pilots were in place to consider splitting these types of calls into higher and lower priority. The vast majority of category 2 calls had to be dealt with by a double staffed ambulance and delays of handovers to hospitals was having direct effect to the response times in dealing with category 2 calls.
- Ambulances are attending calls to patients who are presenting with more acute and chronic conditions often meaning an ambulance can be on-site for several

hours at a time. On-site times were monitored carefully and consideration given to how to best treat patients in the future to include the use of specialist teams and the advanced practitioners currently being recruited.

- Members learnt that a 'stack' system operated for those patients either waiting for an ambulance or had an ambulance on its way to them. Access to the stack was provided to all community partners who were able to intervene and divert patients to their service to help provide the best and quickest service.
- It was noted that two-thirds of delays of the ambulance service was created at the acute hospitals, in particular at Norfolk and Norwich University Hospital (NNUH). The ICB was working with colleagues across all 3 acute hospitals in Norfolk. Same-day emergency care services have been introduced in hospital departments to speed up patients through the system to reduce ambulances waiting at hospital A&Es. Community First Responders (CFR) also played a significant part in providing support to the ambulance service especially in rural areas.
- The James Paget University Hospital (JPUH) was operating an ambulance handover unit which provides more capacity at the front door.
- The workforce for EEAST was at levels above budget and recruitment was helped by individuals wishing to work in the region. Work was being undertaken to support career paths and training to ensure staff continued their careers within EEAST.
- Community teams provided support to improve capacity to ensure access to such services as physiotherapy and occupational therapists reduced the need for ambulances. This work had also been built upon from the stack system.
- The EEAST will appoint a new Chair in May 2023 following the resignation of the previous Chair Nicola Scrivens.
- The role of the newly recruited advance practitioners was not only to be on the road in response vehicles but to help manage the triage system and provide guidance for access to other service providers who can help patients other than staffed ambulances.
- The ambulance service expects that pain management for patients would be triaged and that chronic severe pain was directed to primary care or NHS 111 service in out of hours.
- Support and training were being provided to care homes where management adopted a no lift policy in situations where falls were involved. This would hopefully reduce inappropriate calls to 999 service to pick up patients from the floor when no medical care is required.
- There was acknowledgement that EEAST had work to do around culture change and especially the experiences of Black and Minority Ethnic (BME) staff. The Director of Culture, Strategy and Education for the Trust had already reviewed some survey data and taskforces will be set up to tackle the issues identified. There was a determination within the Trust to deal with these issues in a robust manner.
- Packages of support were in place to help staff after dealing with traumatic calls and situations, including immediate debriefing, counselling support services and the use of wellbeing dogs situated in ambulance stations.

6.4 The Chair concluded the discussion:

- The Chair echoed her earlier comments supporting and thanking the EEAST for the service they provide in very challenging circumstances.

- The Chair advised that a briefing and a report would return to the committee, for further consideration, which would identify all areas such as hospital delays and pressures on social care as well as cultural changes.

6.5 The committee took a brief comfort break and returned at 11.27am.

7. **Major Trauma Unit at Norfolk and Norwich University Hospital (NNUH)**

7.1 The committee receive the annexed report (7) from Dr Liz Chandler, Scrutiny and Research Officer.

7.2 Members received a report from NHS England and Improvement (NHSE&I) about the establishment of a Major Trauma Centre (MTC) at Norfolk and Norwich Hospital in the February edition of the NHOSC Members' Briefing. Members were asked to provide feedback about this proposal and any questions they wanted put to NHSE&I. The feedback and questions, together with the answers provided by NHSE&I, were included in the appendices of the agenda. Members were asked to consider and note the response from NHSE&I.

7.3 The committee thought that the addition of a MTC at NNUH was a much-needed service in the East of England. However, concerns were expressed about the level of neurosurgical support that would be available at the MTU and queried why a phased introduction was required which would see some services not available from the outset. Officers agreed to pursue an answer to this question. The report was noted.

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 agreed the details for both briefings and future meetings.

7.2 It was also noted that the Rouen Road Walk in Centre (WiC) consultation was still ongoing and this matter would be discussed further at the next HOSC meeting in May.

7.3 Peter Randall advised the members that the excess deaths data at the NNUH was an item for the April Members' Briefing. Once this has been received, members can consider if they wish to bring this issue forward as a formal agenda item.

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

The meeting ended at 11.40am



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