Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 13 February 2020**

Time: **10.00am**

Venue: **Edwards Room, County Hall, Norwich**

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

Those members of the public or interested parties who have indicated to the Committee Officer, Hollie Adams (contact details below), before the meeting that they wish to speak will, at the discretion of the Chairman, be given a maximum of five minutes at the microphone. Others may ask to speak and this again is at the discretion of the Chairman. 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 Penny Carpenter	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Alison Thomas	Norfolk County Council
Cllr Michael Chenery of Horsbrugh	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Alison Thomas	Norfolk County Council
Cllr Fabian Eagle	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Alison Thomas	Norfolk County Council
Cllr Emma Flaxman-Taylor	*Vacancy*	Great Yarmouth Borough Council
Cllr David Harrison	Cllr Tim Adams	Norfolk County Council
Cllr Brenda Jones	Cllr Julie Brociek-Coulton / Cllr Emma Corlett	Norfolk County Council
Cllr Chris Jones	Cllr Julie Brociek-Coulton / Cllr Emma Corlett	Norfolk County Council
Cllr Alexandra Kemp	Cllr Anthony Bubb	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Cllr Susan Dowling	Breckland District Council
Cllr Nigel Legg	Cllr David Bills	South Norfolk District Council
Cllr Richard Price	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton	Norfolk County Council

	/ Cllr Thomas Smith / Cllr Alison Thomas	
Cllr Sue Prutton	Cllr Peter Bulman	Broadland District Council
Cllr Jane Sarmezey	Cllr Matthew Fulton-McAlister	Norwich City Council
Cllr Emma Spagnola	Cllr Wendy Fredericks	North Norfolk District Council
Cllr Sheila Young	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Alison Thomas	Norfolk County Council

For further details and general enquiries about this Agenda please contact the Committee Officer:
Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

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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 10 October 2019. (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 Chairman decides should be considered as a matter of urgency**	
5.		**Chairman's announcements**	
6.	**10:10 – 11:15**	**The Queen Elizabeth NHS Foundation Trust** Response to the Care Quality Commission report – progress during 2019	(Page **14**)
	11:15 - 11:25	**Break**	
7.	**11:25 – 12:05**	**Future of primary care (GP) services for residents of Fairstead, King's Lynn** Consideration of West Norfolk Primary Care Commissioning Committee's decisions following public consultation	(Page **57**)
8.	**12:05 – 12:15**	**Forward work programme**	(Page **67**)
Glossary of Terms and Abbreviations			(Page **70**)

Chris Walton
Head of Democratic Services

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Date Agenda Published: 5 February 2020

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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held in the Council Chamber, County Hall
on 10 October 2019 at 2pm

Members Present:

Cllr Penny Carpenter (Chairman)	Norfolk County Council
Cllr Nigel Legg (Vice-Chairman)	South Norfolk District Council
Cllr Michael Chenery of Horsbrugh	Norfolk County Council
Cllr Fabian Eagle	Norfolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr David Harrison	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 Sue Prutton	Broadland District Council
Cllr Sheila Young	Norfolk County Council

Substitute Members Present:
Cllr Matthew Fulton-McAllister for Cllr Jane Sarmezey
Cllr Emma Corlett for Cllr Brenda Jones

Also Present:

Clare Angell	Senior Commissioning Manager for Children, Young People and Maternity, Norfolk and Waveney (hosted by GY&W CCG)
Michael Bateman	Special Educational Needs and Disabilities and Alternative Provision Transformation Lead, Children's Services, Norfolk County Council
Lorna Bright	Assistant Director of Integrated Operations (Mental Health and Learning Disabilities), Adult Social Services, Norfolk County Council
Karin Bryant	Associate Director of Local Commissioning for North Norfolk, Norwich and South Norfolk, Norfolk & Waveney CCGs
Cath Byford	Chief Nurse, the NHS Clinical Commissioning Groups for Norfolk & Waveney
Craig Chalmers	Director of Community Social Work, Adult Social Services, Norfolk County Council
Lorraine DeVere	Family Voice
Catherine Haig	Autism Services Norfolk Clinical Psychologist, Norfolk Community Health and Care NHS Trust
Jane Hayman	Headteacher, Fred Nicholson School, Dereham
Danielle Tebo	SENsational Families Group
Fiona Theadom	Contract Manager, NHS England & NHS Improvement, East of England
Patrick Thompson	member of the public
Mark Walker	Assistant Director for Vulnerable Adult Services, Norfolk Community Health & Care NHS Trust
Tracey Walton	Autism Commissioning Manager, Adult Social Services, Norfolk County Council
Rachel Webb	Director of Primary Care & Public Health, NHS England & NHS Improvement, East of England
Greg Insull	Assistant Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Hollie Adams	Committee Officer

1. Election of Chair

1.1 Cllr Michael Chenery of Horsbrugh, seconded by Cllr Sheila Young, nominated Cllr Penny Carpenter. Cllr Emma Corlett, seconded by Cllr Alexandra Kemp, nominated Cllr Brenda Jones.

1.2 With 7 votes for Cllr Penny Carpenter and 5 votes for Cllr Brenda Jones, Cllr Penny Carpenter was elected as Chairman for the remainder of the ensuing Council year.

1.3 Cllr Penny Carpenter in the Chair

2 Apologies for Absence

2.1 Apologies were received from Cllr Brenda Jones (Cllr Emma Corlett substituting), Cllr Richard Price, Cllr Jane Sarmezey (Cllr Matthew Fulton-McAllister substituting) and Cllr Emma Spagnola.

3. Minutes

3.1 The minutes of the previous meeting held on 5 September 2019 were agreed as an accurate record and signed by the Chairman.

4. Declarations of Interest

4.1 There were no interests declared.

5. Urgent Business

5.1 There were no items of urgent business.

6. Chairman's Announcements

6.1 The Chairman had no announcements.

7. City Reach service

7.1.1 The Committee received the report examining the service provided by City Reach Health Services in comparison to the commissioned service level and how the service provider, Norfolk Community Health and Care NHS Trust, and commissioner, NHS England and NHS Improvement East of England Specialised Commissioning, supported by the local NHS Clinical Commissioning Group (CCG), were addressing staffing shortfalls that had affected the service.

7.1.2 The Chairman welcomed Officers who had attended the meeting to introduce the report and answer the Committee's questions. The Director of Primary Care & Public Health, NHS England & NHS Improvement, East of England, introduced the report:

- Since the topic was last considered by the Committee, the team had made progress and recruited clinicians and felt that a safe service would be provided until the new model was introduced in 2020

7.2 The following points were discussed and noted:

- Officers were asked whether the service was now adequately staffed; the Assistant

Director for Vulnerable Adult Services reported that the service was over-delivering to contract on staff; eight GP sessions, compared to the required five, were now provided per week.

- Members queried patient engagement; the Contract Manager, NHS England & NHS Improvement, reported there had been three service reviews in the past 6 years. Service users were involved in the service redesign from April 2020. Officers had mapped patient pathways and engaged with service user groups and providers of services in Norwich
- Cllr Robert Kybird arrived at 2.11
- A Member queried capacity at the five surgeries that will take on patients stepping down from the service in the new model; the Assistant Director for Vulnerable Adult Services reported that City Reach had 365 patients on their caseload; in practice this was closer to 200, around 40 patients per surgery
- A Member queried risk assessments in place to tackle recruitment barriers; the main barriers were around newly qualified GPs' lack of experience working with patients with mental health, drug abuse and related issues. Staff with experience working with this patient group had been recruited to pass on expertise and knowledge.
- The Associate Director of Local Commissioning for North Norfolk, Norwich and South Norfolk, Norfolk & Waveney CCGs, reported that Officers had engaged with GP practices to ensure they could accommodate patients; a workshop was held in March 2019, discussions held at CCG meetings and GP practices and primary care networks were on the development group; a meeting had been held with the practices who wanted to provide the enhanced service.
- Noting that Norwich was an outlier for drug related deaths, a Member queried how the new model would be safer for patients who could not be moved to primary care and if their voice had been sought. The Associate Director of Local Commissioning for North Norfolk, Norwich and South Norfolk, Norfolk & Waveney CCGs, reported that drop-in clinics, outreach and GP outreach were part of the new model.
- A concern was raised that no Equality Impact Assessment had been carried out; the Associate Director of Local Commissioning for North Norfolk, Norwich and South Norfolk, Norfolk & Waveney CCGs, **agreed** to take this away as an action
- The Assistant Director for Vulnerable Adult Services, Norfolk Community Health & Care NHS Trust, confirmed that the 8 GP sessions per week were carried out by a GP who could do enhanced prescribing; a nurse prescriber was also employed by the service. Prescribing staff were now available 5 days per week
- A Member noted there was no information in the report about staff training; the Assistant Director for Vulnerable Adult Service reported that skilled staff with experience and knowledge working with the patient group had been employed
- A Member queried whether work with asylum seekers and refugees would be in alignment with the People from Abroad team, and whether this work would be free from a "duty to report". The Associate Director of Local Commissioning for North Norfolk, Norwich and South Norfolk, Norfolk & Waveney CCGs, confirmed that the team aimed to commission a culture of asking no questions
- Members discussed the importance of patient perception and the impact colocation with the People from Abroad team could have on this
- The Chairman requested information about continuation of the service after March 2020. Commissioners and the provider would work together until March 2020 to ensure a smooth transition; funding was secured for after this time. The locum GP working for the service 2 days a week was due to leave in October 2019, however, new GPs had been recruited and this service would therefore continue.
- The Chairman queried access to dentistry; Officers reported that Norfolk Community Health & Care NHS Trust provided access dentistry at Norwich Community Hospital and in Kings Lynn for emergency dentistry. City Reach could

provide bus tickets and support workers to help homeless people attend appointments. A dentistry practice in the centre of Norwich worked with the Syrian resettlement scheme to support refugees and other vulnerable patients.

- Through service redesign, Officers hoped to achieve more sustainable staffing and step down for more patients to allow experts to focus on those with greatest need. Having more patients registered with a GP would make a wider range of services available to them.
- Availability of interpreters was queried; the Assistant Director for Vulnerable Adult Services reported that City Reach used the telephone interpreter service Language Line; the NHS had also commissioned a service offering telephone and face to face translation for primary care services.
- Specialist Hepatitis C clinics would continue in the new model via outreach, and it was hoped that GPs would also be involved moving forward
- Cllr Emma Corlett **proposed** that a paper was brought back to Committee, including evidence of consultation and patient participation in service redesign and an Equality Impact Assessment. The Chairman **agreed** with this proposal
- The Chief Nurse, the NHS Clinical Commissioning Groups for Norfolk & Waveney, noted that there was not a substantial change requiring consultation; she suggested that Officers submitted a Member briefing addressing the concerns raised. If Councillors still had concerns, a report could be brought back in 2020; Members **agreed** with this approach

7.3 Following the discussions with representatives at today's meeting the Committee **AGREED** that Commissioners would provide the following information for the November NHOSC Briefing:

- An explanation of exactly how the new service model will address issues experienced in the current service
- Evidence of engagement / involvement of patients in the design of the new service model
- Evidence of an Equality Impact Assessment of the change in service model.

To enable NHOSC Members to decide whether or not to propose the subject for a future NHOSC agenda

8. Children's speech and language therapy (central and west Norfolk)

8.1.1 The Committee received the report providing an update from Commissioners on access to and waiting times for children's integrated speech and language therapy in central and west Norfolk, focussing on the progress made following in a 30% uplift in funding which began in April 2019.

8.1.2 The Chairman welcomed Officers who had attended the meeting to answer the Committee's questions.

8.2.1 Member of the public, Patrick Thompson spoke on the item

- Mr Thompson was pleased with progress of the service, recruitment of extra therapists and good working between senior management; he was disappointed that some sections of the report did not reflect parent, carer and specialist school expectations, and felt this needed clarification
- Mr Thompson highlighted page 26 paragraph 2 of the report, which referred to additional resources in place; he hoped this included resource for cleft lip and palate patients, noting that they needed support during and after leaving school
- With reference to the suggested approach referencing an 18-week referral at page

26 section 3 3.1 paragraph b, Mr Thompson hoped that the indicators would allow patients with special needs to get input as soon as possible

- Mr Thompson queried whether the causes of unattended appointments had been considered, such as low income, single parents and travel expenses; he felt this needed attention from the provider.
- Mr Thompson noted that the report showed the service had improved, but felt there could still be a postcode lottery in provision of services

8.2.2 The Headteacher, Fred Nicholson School, Dereham, spoke to the Committee:

- schools took advice from professionals to assist in drawing up and delivering care plans, therefore therapists also acted as advisors to schools and teachers
- work on social and language interaction was ongoing during the day to day work at schools; the work of Speech and Language Therapy was only part of language development work in schools

8.2.3 The Representative from Family Voice spoke to the Committee:

- In the series of reports provided to the committee there were concerns which occurred many times
- Some schools didn't engage in the balanced model
- Some people with autism and other conditions found it hard to access support; as autism was not recognised as a learning disability there was no support for non-verbal autistic children. Selective mutism was reported as another area without support
- Parents had also noted long waits for services

8.2.4 The Representative from SENsational Families spoke to the Committee:

- There was a greater feeling of co-production with families since the last Committee meeting, however, she reported that autistic children were not able to access Speech and Language Therapy for support with communication and social issues
- Children with Downs syndrome with Speech and Language issues had been offered a "one size fits all" of 6 sessions, or an enhanced offer of 12 sessions, which was not based on what the child needed

8.2.5 The Special Educational Needs and Disabilities and Alternative Provision Transformation Lead, Children's Services, Norfolk County Council

- It was at the discretion of headteachers how they used their funding, however, Officers could work with schools to show them how to best use funding to support children with Speech and Language difficulties
- The Chairman felt that, at that time, some children may be 'falling through the net'
- Changes were ongoing, and the Council shared the same ethos as and had good engagement with stakeholders. Officers and Commissioners were aware of the areas where work was needed

8.3 The following points were discussed and noted:

- A Member discussed differences in quality of service provided in West Norfolk; the Senior Commissioning Manager for Children, Young People and Maternity, Norfolk and Waveney, was not aware of this and would find out information.
- A Member raised concerns over a postcode lottery in support for Children with Downs Syndrome accessing speech and language support.
- The Senior Commissioning Manager for Children, Young People & Maternity clarified that children would be supported by their school where possible so children who needed specialist input could be seen sooner. The Vice-Chairman was concerned there was insufficient resource in schools to provide Special Educational Needs and Disability (SEND) support, and reallocating resources

would not address this.

- The Special Educational Needs and Disabilities and Alternative Provision Transformation Lead clarified that Speech and Language Therapists identified therapy for children regardless of other presenting needs.
- Schools received £85m and £35m funding to meet children's SEND needs; it was at headteachers' discretion how to allocate their own school's funding.
- The service was moving towards an outcomes-focussed framework
- A Member queried staff sickness rates at SEND schools and the impact on children; the Headteacher of Fred Nicholson School, Dereham, replied that it was important to create school environments which supported ongoing language and communication development. She suggested providing training for whole schools in the recommissioning process to reduce the need to remove staff during the day for training, and introducing accreditation for staff providing advice to schools
- A Member noted that there was variation in provision from month to month; the Senior Commissioning Manager for Children, Young People and Maternity, Norfolk and Waveney, **agreed** to find out reasons for this and circulate to Members
- A meeting was due to be held in October 2019 with the Children's Health Commissioning Group to look at gaps in service, challenges and ways to meet them
- It was noted that NHS support available to schools was variable and suggested that availability of teaching assistants to support in schools should be improved
- Officers confirmed that providing therapy in blocks of 6 or 12 weeks was not based on evidence but was intended to allow progress to be reviewed and identify where children only required some of the sessions. The Representative of SENsational Families Group reported that Therapists were still allocating in full blocks
- The Senior Commissioning Manager for Children, Young People and Maternity confirmed that the 18-week referral time was an NHS constitutional standard
- It was clarified that screening was used to identify common communication difficulties which could be easily addressed. The graduated approach would ensure children who needed more intensive support received it quicker
- Officers confirmed that to decrease waiting time to 6 weeks, a significant increase in speech and language therapists and funding would be needed
- The Chairman felt there were gaps in provision which required further scrutiny. The Vice-Chairman suggested the topic was brought back to a future meeting with evidence that the whole spectrum of needs, including speech difficulties, were covered. Members discussed the possibility of making recommendations to Cabinet regarding the prioritisation and provision of speech and language therapy in schools. The Democratic Services and Scrutiny Support Manager advised and the Special Educational Needs and Disabilities & Alternative Provision Transformation Lead confirmed that running of schools was delegated to headteachers and they could not be directed by Council.
- Cllr Emma Corlett suggested that the Committee report should be shared with the Cabinet Member for Children's Services noting the geographical variation in service provided by schools.
- The Representative from Family Voice reported that at the SEND support peer review meeting in 2018 no alternative model was identified to provide special educational needs support in schools other than teaching assistants
- The Department for Education had confirmed that SEND funding would not be ringfenced; funding on school budgets was not ringfenced
- Information on the impact of additional staffing was **requested** in a future report
- The Chairman **proposed** that a report was brought back at a future meeting which would also be sent to the Cabinet Member for Children's Services
- The Senior Commissioning Manager for Children, Young People and Maternity, Norfolk and Waveney, reported that impacts from staffing and other changes

would start to be seen by the end of quarter 3 and **suggested** the report was brought back in 2020

8.4 Following the discussions with representatives at today's meeting the Committee **AGREED**

- That commissioners would bring a report to NHOSC in spring 2020 providing an update on the progress of the re-modelled service and including:
  - Implications for service across the speech, language and communication needs spectrum following discussions on children's integrated health provision (initial meeting planned for 25 October 2019)
  - Details of staffing and vacancies in the SLT service

8.5 The Committee had a break from 15:45 until 16:05

8.6 The Vice Chairman left the meeting during the break

9. Adult autism diagnosis with pre and post diagnosis support – Autism Service Norfolk

9.1.1 The Committee received the report giving information about Autism Service Norfolk, the service for assessment and diagnosis of autistic spectrum disorders (ASD) for adults in Norfolk and suggesting an approach to scrutiny

9.1.2 The Chairman welcomed Officers who had attended the meeting to answer the Committee's questions

9.2 The following points were discussed and noted:

- A Member queried the capacity to accommodate increased referrals; the Assistant Director of Integrated Operations (Mental Health & Learning Disabilities) reported that recruitment of speech and language therapists, bank staff, a clinical psychologist and 5 support workers would increase capacity from 1 to 5.6 full time equivalent staff, reduce the waiting list and increase productivity.
- There was an ambition to reduce the waiting list to the NICE (National Institute for Health and Care Excellence) target.
- The new Autistic Spectrum Disorder (ASD) definition covered all previous diagnoses; all people with these diagnoses would have access to services.
- The Autism Service Norfolk Clinical Psychologist reported that support sessions were delivered by experienced support workers with clinical support to help people come to terms with diagnosis, look at the impact on their life, signpost and support to access services
- A Member queried the local register; Officers confirmed that Liquid Logic would be used to ensure professionals were aware of people's needs and give information about the number of autistic people and the level of services needed in Norfolk. Liquid Logic was bound by patient confidentiality rules under GDPR (EU General Data Protection Regulation) regulations
- Cllr Fulton-McAllister shared the story of his autism diagnosis and felt that the long waiting times were issue, noting that some people would only seek diagnosis in a time of crisis; he felt that a Key Performance Indicator (KPI) should be in place of no more than a 4 week wait for people in crisis. The Director of Community Social Work **agreed** to look to introduce this KPI
- The Autism Service Norfolk Clinical Psychologist reported that staff prioritised support for people with immediate need by reviewing questionnaires.
- The Autism Commissioning Manager reported that monthly conversations were held to identify unmet needs and feed this into the Norfolk Autism Board.

- Officers were not fully confident that they could meet need at that time, however felt they could once all staff were recruited.
- Diagnosis of ASD in women was queried, noting the different presentation of signs in women and that current diagnostic techniques could overlook this. The Autism Service Norfolk Clinical Psychologist reported that assessment tools were being designed to highlight signs more applicable to women and that the multidisciplinary element of the team would support this.
- Work with the Norfolk Autism Partnership Board to co-create the Norfolk Autism Strategy included awareness raising. E-learning and face to face autism training had been introduced for partners to help raise awareness about autism including gender differences; the Autism Commissioning Manager **agreed** to share the e-training with Committee Members.
- The Assistant Director of Integrated Operations (Mental Health and Learning Disabilities) confirmed that vacancies were advertised locally and nationally. Organisation and development teams were working across the NHS and social services to promote Norfolk as an attractive place to work and live through the recruitment process. It was noted that more could be done to promote Norfolk as an affordable place to live. Relocation packages were offered.
- Concern was raised about the ability of staff to stay in contact with people about the likely timescale to wait for an appointment; Officers confirmed that moving forward they would be able to give a higher level of contact
- Norfolk Autism Partnership Board included a forum for people to let them know about issues by attending the forum or in other ways; these would be fed into the Board and direction of travel of the service
- In response to a query, the Autism Commissioning Manager reported that, post screening, 80% of people received a positive diagnosis; the post diagnosis support service prepared people for additional support they may need and how to manage their diagnosis. Officers wanted to make better links with other services such as mental health, social care and employment.
- The Assistant Director of Integrated Operations (Mental Health and Learning Disabilities) confirmed that the waiting time was measured from referral to start of assessment. The average time on the waiting list at that time was 72 weeks; the longest wait for a diagnostic assessment recorded was 208 weeks; over the past 6 months, priority patients were seen in an average of 46 weeks.
- Officers noted that it was important to think about post-diagnosis support outside of statutory services, such as voluntary services
- The drop-out rate from the waiting list was not measured at that time but it was thought to be low. The Autism Services Norfolk Clinical Psychologist **agreed** that dropout rate would be added as a KPI
- To give a diagnosis, enough markers of ASD during childhood were needed; it was recognised that some people did not have parents or did not have contact with their parents, therefore this part of diagnosis was not always possible. It was also the case that signs of autism were not always clear during childhood.
- The Chairman **requested** Officers to return with a report including information on staffing arrangements, noting her concerns about resilience in the team and the 72week average waiting time; she wanted to see more joined up recruitment across agencies. The report was also to include information on the impact of the new service model on other services. impact of the new service on other parts of the service included in the next report

9.3.1 Following the discussions with representatives at today's meeting the Committee **AGREED:**

- That Commissioners would bring a report back to NHOSC in 6 months' time (i.e.

May 2020), with a progress update and including information on the staffing of the service and impact of the new model of service on other services.

9.3.2 The Committee **RECOMMENDED** that the commissioners look to introduce a four-week waiting standard for people in crisis.

10. Forward work programme

10.1 The Committee received and considered the forward work plan outlining items for meetings from November 2019 to March 2020.

10.2.1 The Committee **APPOINTED:**

- Cllr Penny Carpenter as the Joint Strategic Commissioning Committee link
- Cllr Michael Chenery of Horsbrugh Norfolk and Suffolk NHS Foundation Trust substitute link

10.2.2 The Committee **AGREED t**he forward work programme with the following alterations:-

- 28 Nov 2019 Agenda:
  - **AGREED** to remove the report on Eating disorder services. (On the understanding the access threshold has returned to the commissioned level and that NHOSC will be notified if there is a need to raise it in future).
  - **AGREED** to add a report on Future of primary care (GP) services for residents of Fairstead, King's Lynn
- 28 Nov 2019 Member Briefing:
  - **AGREED** to add information on City Reach service, Norwich (see item 7 above)
- Spring 2020 Agenda:
  - **AGREED** to add a report on Children's speech and language therapy (SLT) (central and west Norfolk) – update from 10 October 2019
- May 2020 Agenda:
  - **AGREED** to add a report on Merger of Norfolk and Waveney CCGs – to examine how the potential new CCG will maintain local focus (dependent on the CCGs' application for merger)
  - **AGREED** to add a report on Adult autism diagnosis with pre and post diagnosis – Autism Service Norfolk – update from 10 October 2019. Including information on the impact of the new model of service on other services

Chairman

The meeting ended at 17:12

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

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

Examination of the Queen Elizabeth Hospital NHS Foundation Trust's (QEH) progress in response to the Care Quality Commission's (CQC) inspection between 5 March and 24 April 2019, published on 24 July 2019.

1.0 Purpose of today's meeting

1.1 To receive and examine the QEH's action plan to address the issues raised by the CQC inspection report.

The key focus areas are:-

(a) The QEH's progress in addressing the CQC's requirements for improvement.

(b) Capacity of the QEH to manage current and future demand for services.

(c) The commissioners' and wider health and care system's role in supporting improvement at the QEH.

1.2 The QEH was asked to provide the following information for today's meeting:-

- Action taken in line with CQC requirements since QEH representatives' last attended NHOSC in Jan 2019
- Action taken following Healthwatch Norfolk's engagement work at the QEH in 2019
- Action still to be taken and the timeline for doing so
- The trend and current position in respect of the hospitals key performance indicators (KPIs); service quality and financial
- Action to reduce ambulance turnaround times at the hospital
- The current situation with regard to staffing and action to address any shortfalls
- The current situation with regard to risk to the hospital roof and any planned action
- Any other information

The QEH's report is attached at **Appendix A**.

1.3 Representatives from the QEH and the Norfolk and Waveney Clinical Commissioning Groups will attend to answer the committee's questions.

2.0 Background

2.1 Representatives of the QEH attended NHOSC on 17 January 2019 when the committee examined the Trust's response to the CQC's inspection report published on 13 September 2018, which rated the hospital 'inadequate' overall. The report to NHOSC and minutes of the meeting are available through the following link:- NHOSC 17 Jan 2019.

NHOSC was assured that there were no plans to transfer cancer surgery, or any other form of surgery, to the Norfolk and Norwich hospital because of a shortage of qualified nursing staff at the QEH. The newly appointed Chief Executive was 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.

NHOSC originally asked the QEH representatives to return to the committee with an update in July 2019 but this was later postponed until today's meeting.

2.2 The latest CQC report

2.2.1 The CQC returned to the QEH between 5 March and 24 April with the core inspection from 5 – 7 March. The new Chief Executive had been in place for 7 weeks at the time the CQC inspection began.

Details about the inspection report were included in the September 2019 NHOSC Briefing. The overall rating for the hospital remained 'inadequate' and the hospital remained in special measures. The CQC found the Trust's performance in respect of the 'Caring' and 'Effective' domains had got worse since its inspection in April – June 2018. In terms of individual service areas, Maternity had improved but End of Life Care and Diagnostic Imagining had deteriorated.

2.2.2 The CQC report, published on 24 July 2019 is available on their website:- https://www.cqc.org.uk/provider/RCX. The table below shows the ratings of services within the Trust and whether their position had improved (↑), deteriorated (↓) or stayed the same (→←) since the previous inspection of

each service. Latest inspection dates for each service are included in the table.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency care	Inadequate → ← Jul 2019	Inadequate ↓ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement → ← Jul 2019	Inadequate → ← Jul 2019	Inadequate → ← Jul 2019
Medical care (including older people's care)	Inadequate → ← Jul 2019	Inadequate ↓ Jul 2019	Requires improvement → ← Jul 2019	Requires improvement → ← Jul 2019	Inadequate → ← Jul 2019	Inadequate → ← Jul 2019
Surgery	Requires improvement → ← Jul 2019	Good ↑ Jul 2019	Good → ← Jul 2019	Requires improvement → ← Jul 2019	Good ↑ Jul 2019	Requires improvement → ← Jul 2019
Critical care	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015
Maternity	Requires improvement ↑ Jul 2019	Good ↑ Jul 2019	Good → ← Jul 2019	Good ↑↑ Jul 2019	Requires improvement ↑ Jul 2019	Requires improvement ↑ Jul 2019
Gynaecology	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Services for children and young people	Good → ← Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019	Requires improvement ↓ Jul 2019	Good → ← Jul 2019
End of life care	Requires improvement → ← Jul 2019	Inadequate → ← Jul 2019	Good → ← Jul 2019	Inadequate ↓↓ Jul 2019	Inadequate ↓ Jul 2019	Inadequate ↓ Jul 2019
Outpatients	Good ↑ Jul 2019	Not rated	Good → ← Jul 2019	Requires improvement → ← Jul 2019	Requires improvement → ← Jul 2019	Requires improvement → ← Jul 2019
Diagnostic Imaging	Inadequate ↓ Jul 2019	Not rated	Good → ← Jul 2019	Requires improvement → ← Jul 2019	Inadequate ↓ Jul 2019	Inadequate ↓ Jul 2019
Overall trust	Inadequate → ← Jul 2019	Inadequate ↓ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement → ← Jul 2019	Inadequate → ← Jul 2019	Inadequate → ← Jul 2019

2.2.3 Overall the CQC listed 74 actions necessary for the QEH to comply with its legal obligations (must dos) and 34 actions to prevent it failing to comply with legal requirements in the future or to improve services (should dos). In the report from an engagement project commissioned from Healthwatch Norfolk

by the Trust (see paragraph 2.3 below) the findings of the CQC were summarised as including but not limited to:-

- Staff having limited time and capacity to meet required expectations in terms of care and support.
- Lack of cohesion among the consultant body, especially in maternity, and a general lack of engagement by the consultant body.
- Shortcomings in incident reporting and investigation.
- Substandard staff awareness about patient consent to treatment.
- Training and safeguarding compliance below the trust's target, and poor risk identification facilities.
- Efficiency of services being impeded by poor departmental layout.
- Limited confidence in the recording of competencies of paediatric nurses.
- Inconsistent means of storing medical records and medicines.
- Substandard implementation of measures designed to improve safety in surgery.
- Shortcomings in workplace culture.
- Inconsistent and, at times, substandard measures to deal with various organisational and staff issues.

To find that 'Caring' overall requires improvement is an unusual finding at an NHS Trust.

2.3 **Healthwatch Norfolk's QEH engagement project**

2.3.1 The QEH commissioned Healthwatch Norfolk to spend time on wards talking to patients and staff about their experience of care.

Healthwatch spoke to patients, family members and carers on 1) Oxborough Ward (general medicine), 2) Stanhoe Ward (gastro/endocrine) and 3) Urgent and Emergency Care at different times of the day and night and engaged with staff directly on Stanhoe Ward and in the Emergency Department (ED) as well as holding staff focus groups. The 61-page report, from September 2019, is available on Healthwatch Norfolk's website via the following link:- https://healthwatchnorfolk.co.uk/wp-content/uploads/2019/10/QEHKL-Ward-Engagement-Report-FINAL.pdf

Healthwatch conclusions were (in summary):-

From the patient engagement

- A large proportion of patients acknowledged the frenetic environment in which ward staff work. Many were sympathetic of the pressures that staff face, understanding it to be the root cause of some of the difficulties experienced around patient care.

- Patients generally felt that staff dealt with patients as attentively and compassionately as possible, but not always. Attention to detail was said to be lacking in some respects, often leaving patients feeling vulnerable or isolated.

- Some patients and family members reported not feeling as though they were being kept informed about plans for their care (e.g. the reasons for why they are moving beds, transferring to new wards, changing medication

- A friendly and compassionate approach, taking a personal interest in patients and making time to listen to them was regarded as highly important as was a professional manner and detailed understanding of the patient's condition and risks associated with it.

From staff focus groups

- Elements of patient care such as personal care, spending time listening to and building relationships with them had been eroded due to operational difficulties within the departments.

- In ED high volumes of inappropriate admissions, restricted working environment and variable nursing skill level were cited as major barriers to delivering the best possible treatment. In all focus groups the inconsistency in competency of agency staff protruded as a dominant issue (e.g. in relation to completing paperwork; undertaking basic duties such as blood sugar testing and cannulation; delivering medication).

- Conveyance of patient information between staff requires adjustment and plans for future treatment are inhibited by internal processes, e.g. having adequate time to read notes or deliver thorough handovers.

- Some staff reported not receiving feedback or reassurance about the performance of their department from senior hospital management.

2.4 **NHOSC Members' visit to the QEH**

2.4.1 Following scrutiny of 'Access to palliative and end of life care' by NHOSC on 5 September 2019 the committee asked for a Member visit to the QEH to be arranged for the committee to better understand the action underway to improve end of life care. The visit took place on 27 January 2020, with six Members of NHOSC in attendance.

As well as hearing about the fast-track improvements for end of life care, which have resulted in a clear pathway for identifying end of life patients and establishing plans of care, Members heard about the QEH's progress overall and visited the following departments:-

- Accident & emergency
- Same day emergency care unit
- Ambulatory emergency care
- Discharge lounge
- Maternity department and the midwife-led Waterlily birth centre

The departments were busy but Members commented on the calm atmosphere and welcomed the environmental changes that they saw.

3.0 Suggested approach

3.1 After the QEH representatives have presented their report, the committee may wish to discuss the following areas with them and the CCG representatives:-

(a) The QEH has prioritised improving culture and engagement at the Trust so that staff feel well supported, comfortable speaking up about their concerns, valued, appreciated and empowered to lead positive change. The latest staff survey results will be published on 18 February 2020.

How frequently does the Trust intend to repeat the survey, or what other steps is it taking to systematically check whether its aims are being achieved?

(b) End of life care at the hospital was a significant concern in the last CQC report. The QEH's report at Appendix A says that improving end of life care and recognising and responding to deteriorating patients remains a priority. Members who visited the QEH on 27 January also heard that a fast-track 90-day improvement plan had been implemented.

What are the details of the improvements in end of life care at the hospital and what more remains to be done?

(c) In relation to reducing the time taken to accept patients into the QEH's care from the ambulance crews, the report at Appendix A mentions increased patient cohorting capacity out of hours and at weekends, a standard operating procedure with the ambulance service and clear escalation triggers for bringing the additional capacity into use.

Is the increased patient cohorting capacity already in place; how much extra capacity is there; how does it work and how often is it being used?

(d) The QEH's vacancy rate for qualified nurses is at an all-time low (5% overall, and around 1% on the wards). 140 nurses have joined from the Philippines & India.

Given that the hospital is working to make all its staff feel supported,

valued and appreciated, what extra steps are taken to help nurses coming from abroad to settle into the local community and feel encouraged to stay?

(e) The QEH's report at Appendix A says that the hospital has been identified as being one of the least digitally mature healthcare organisations in England. What does this mean for patient care?

(f) What can the commissioners do to support the QEH to improve its Information and Communications Technology (ICT) given the pressure on local NHS finances overall?

(g) The QEH building is already 10 years older than its original expected life of 30 years. What can the commissioners do to help the QEH secure the very significant national capital investment required?

4.0 Action

4.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-

(a) There is further information or progress updates that the committee wishes to receive at a future meeting or in the NHOSC Briefing.

(b) There are comments or recommendations that the committee wishes to make as a result of today's discussions.

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The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Update for the Norfolk Health overview and Scrutiny Committee 30 January 2019

The Committee has requested updated from the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH)on the following areas which we will cover in turn.

- **Action taken in line with CQC requirements since the Chief Exec last attended NHOSC in Jan 2019**

Whilst we remain in the early phases of our improvement journey, there are many positive signs that the Trust is turning a corner, with our new leadership team absolutely determined to put in place the foundations that are needed to ensure we consistently deliver safe and compassionate care to our patients and their families.

Examples of our positive progress in 2019, and since our last Care Quality Commission inspection, include (but are not limited to):

- Our vacancy rate for qualified nurses being at an all-time low (November 2019: 5.2%)
- Much improved financial performance (on track to delivery our year-end financial plan and our £6m efficiency and productivity savings in 2019/20)
- Very clear plans to improve our performance against constitutional standards
- Our Infection Prevention and Control rating from NHS Improvement has moved from 'red' to 'amber', demonstrating continued progress and improvements in this area and a determination to raise the standards for our patients and their families
- Our Maternity Services are no longer under national surveillance, recognising our improvements in this area
- Progress against our Integrated Quality Improvement Programme which has a strategic focus is encouraging, with strong engagement and ownership at Executive and Divisional level (see below)
- 37 members of Team QEH have completed Quality, Service Improvement and Redesign (QSIR) training, and are now leading positive changes across the Trust, with a rolling programme of QSIR training in place for staff
- Sherwood Forest Hospitals NHS Foundation Trust is our buddy Trust (rated CQC 'Good') from whom we are learning and receiving support.

At the time of writing this paper (30 January 2020), we can report the following positive progress against our Integrated Quality Improvement Plan (IQIP), as follows against the actions (which includes must dos, should dos and condition notices:

- 206 actions – 75 (36%) approved as completed internally
- 46 conditions – 22 (48%) approved as completed internally

Progress against our IQIP is monitored monthly by our Trust Board and by our external stakeholders and regulators, via Oversight and Assurance Group (includes attendance by

CQC, NHS Improvement/England and Healthwatch monthly and Oversight and Support Meeting (with NHS Improvement/England, monthly).

There are 8 strategic objectives in our IQIP – and we have detailed below the progress we are making against each of these areas:

1. Leadership and management

- Fully recruited & substantive Trust Board and Executive Team in place by January 2020 – bringing considerable experience & stability to QEH
- New Divisional Leadership Teams (DLTs)
- Development programmes in place for Trust Board, DLTs, Band 7s & middle managers

2. Safe and compassionate care

- Improving End of Life Care & how we recognise and respond to deteriorating patients remains a priority
- Focus on consistently ensuring we get the basics right, deliver the fundamentals of care to our patients and improve staff attitude and behaviour

3. Culture and engagement

We have developed a staff engagement programme for 2020, which sets out how we will work to create the right climate and culture for the organisation, and one where staff feel well supported, comfortable speaking up about their concerns, valued and appreciated at work, where learning from complaints and incidents informs continuous improvement and where staff feel empowered to lead positive change.

The top 3 top priorities in 2020 for our staff engagement work are:

1. Culture & learning
2. Strengthened reward and recognition
3. Staff health and wellbeing

To be published on 18 February 2020, our latest staff survey scores show modest improvements across most domains, though there is considerable work still to be done which will be driven by our staff engagement programme.

4. Governance

- Director of Patient Safety appointed
- New Governance structure
- Review of current incident reporting process, including compliance with Duty of Candour
- Strong focus on creating a safety culture, sharing learning from deaths, incidents and complaints and risk management reporting

5. Recruitment and retention

- At 5.2%; our vacancy rate for qualified nurses is at an all-time low (vacancy rate on our wards circa 1%) – which is amongst the best in the NHS
- 140 international nurses have joined Team QEH in last 12 months from the Philippines & India
- Recruitment campaign ongoing
- Healthcare Academy
- Working with partners to bring a Local School of Nursing to West Norfolk

6. Emergency Department

    - Extended Same Day Emergency Care unit opened 13 January
    - Extended Discharge Lounge building work completed on 17 January
    - Building work underway to improve environment in our ED – new reception and main entrance lobby and better privacy and dignity for our patients

7. Closer working relationships with external partners and stakeholders

    - A planned & proactive approach to engagement with our key external partners
    - Strong engagement with patients and external partners re: development of new QEH 5-year Corporate Strategy
    - Fulsome engagement with Norfolk & Waveney health and care system, including 5-year system plan, Hospital Services Strategy & Acute Services Integration work
    - Board to Board with CCGs, James Paget University Hospitals and Norfolk and Norwich Hospital and regular meetings in place with Borough Council King's Lynn (as examples) in place to strengthen relationships

8. Medical Education

    - New Director of Medical Education
    - Medical Education Committee
    - Discussions with UEA re: expansion of Physician Associate places from next academic year
    - Positive General Medical Council (GMC) feedback re: progress
    - New Junior Doctors' Forum

We are expecting a return CQC inspection by Summer 2020.

- **Action taken following Healthwatch Norfolk's engagement work at the QEH in 2019. Action still to be taken and the timeline for doing so**

Healthwatch visited QEH on a monthly basis in 2019 to speak to our patients about their experiences of healthcare – not just hospital experiences but across all settings.

The Trust also commissioned a report from Healthwatch to visit and spend time on the wards talking to patients and staff about their experience of care. Healthwatch visited Stanhoe and Oxborough Wards and our Emergency Department, with feedback informing our Integrated Quality Improvement Plan (as above).

The invitations to collect feedback are based on areas the Trust was interested in learning more about and areas that Healthwatch were focused on for projects, including:

- Antenatal and Gynaecology outpatient area
- Audiology
- Oral Surgery

- Physiotherapy
- Diabetes (adult and paediatric)
- Ophthalmology
- Discharge Lounge
- Breast Care Unit

A report is presented monthly from Healthwatch to the Trust, with most feedback positive (and therefore shared with staff and teams) with the remainder informing improvements via our Divisional Leadership Teams.

The areas for improvement which have since been addressed by our service and Divisional leads are summarised below:

January 2019
Gynaecology afternoon appointments are often hard for working patients to attend especially those with young children.

June / July 2019
Oncology – good care but delay in receiving test results.

Gestational Diabetes – good first group appointment. Not advised how to store insulin, hard to reach staff by phone (call backs at 6.30pm) – suggested dedicated nurse call back system. No response re blood results sent weekly. Conflicting advice received.

Urology – delay receiving scan results and not informed that referred for routine not urgent appointment. Suggestion from patients that results which are not serious are communicated by letter or telephone to prevent the stress of waiting for results.

September / October 2019
A&E – good care but long wait.
A&E – GP referral for cancer patient – staff unaware of referral resulting in long wait (10 hours)

ENT – waiting for appointment (2 hours), question could have been answered by telephone.

Haematology - 11 days on a ward followed by 2 days in a private room. During this time she was not washed or had her teeth taken out at all. Delays in prescriptions.

Paediatric Services - The poor communication between different hospitals is an issue.

November 2019
Discharge Lounge - It was not explained why could not be discharged directly from the ward. I had to wait for my discharge letter and medication for a long time. Sitting waiting, lack of refreshments and lots of belongings that could get lost.

- **The trend and current position in respect of the hospitals KPIs; service quality and financial**

Winter update

The start to 2020 has been incredibly challenging for Team QEH, with very high demand on our emergency services, mirroring the picture regionally and across the wider NHS. Emergency Department (ED) attendances were up 9% in December 2019 compared to the

previous year and emergency admissions increased by almost 4% when comparing the same period. We have seen four times more cases of flu this year versus last, with flu-related bed closures adding to our challenges.

Despite the pressures we have experienced, our staff and volunteers have gone above and beyond what can reasonably be expected over the last month; remaining absolutely focused on the delivery of safe care despite the very pressured and challenging circumstances in which we have been working.

There is already much learning from winter, which we are capturing as we go by listening to our staff ahead of a wider debrief in the months to come.

A number of capital schemes have either started or been completed this month, each of which aims to improve the experience of our urgent and emergency care patients. This includes opening our same day emergency care unit on 13 January, providing extra capacity for patients who require same day emergency care. This has increased capacity from 35 to 65 patients, with six beds available for patients. Our expanded discharge lounge opened on 17 January, which means the lounge will be suitable for up to 4 stretcher patients in addition to ambulatory patients. In the same week, an eight-week improvement programme began in ED which will provide better patient access and facilities, including improved public and ambulance reception and lobby areas and improved screening areas.

A new decant ward (30 beds) will open on 23 March 2020 (Feltwell Ward), which will support our cleaning programme and environmental improvements for our patients.

Wider performance update

Four-hour performance in December was 71.21% compared to 76.24% in November. Ambulance handover within 15 minutes improved from 43.39% in November to 45.83% in December. There was one 12-hour trolley wait in December which related to a patient requiring a side room.

18-week Referral to Treatment performance in December was 76.41% against the trajectory of 80.94%. At the end of December 2019, the total Trust waiting list was 14,776 against a trajectory of 14,782 and the total backlog of patients waiting over 18 weeks was 3,485 against a trajectory of 2,818.

6-week diagnostic performance for December was 96.1%, against the standard of 99%. There were 147 breaches in the month, of which 87 were in ultrasound and 36 in echocardiography.

The Trust achieved six of the seven cancer waiting time standards for November. 62-day performance improved from 63.87% in October to 64.14% in November. There were 72.5 treatments in November, of which 26 were not treated within 62 days from referral.

Our financial performance saw us report a positive variance to plan for December of £370k and a year-to-date position of an overall favourable variance to plan of £8k. This means the Trust will receive central funding support totalling £5.9m for the quarter in the form of Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF). To date we have received all of the central funding support available to us, totalling £12.8m. We continue to forecast delivery of our year-end plan, however, it is recognised that the remaining quarter will be very challenging given winter pressures and our Cost Improvement Delivery requirement of £2m, a third of the total value of the annual plan.

The Trust's latest Integrated Performance Report (presented at our 4 February Board meeting, and reporting on December's performance) is available on our website via the following link:-
http://www.qehkl.nhs.uk/boardMeeting040220.asp?s=Trust&p=Trust
(Click on Agenda and associated papers; then click on 10 IPR Template 2020 01)

- **Action to reduce ambulance turnaround times at the hospital**

Ambulance handover within 15 minutes

Performance improved from 43.39% in November to 45.83% in December.

Performance is off track due to the continued overcrowding in and exit block from the ED; the department has limited capacity to cohort ambulance patients which leads to delays in handover.

Performance will be improved by;

- Capital investment in the ED to improve the environment and increase capacity. Phase 2 of this scheme started on 13 January 2020
- Capital investment in Acute Medicine to improve the environment and increase capacity, enabling direct access for GP referred patients and rapid transfer from ED to Acute Medicine. The new Same Day Emergency Care Unit (SDEC) opened on 13 January 2020
- Increased cohort capacity out of hours and weekends. A standard operating procedure has been agreed with the ambulance service with clear escalation triggers for utilisation of this additional capacity

- **The current situation with regard to staffing and action to address any shortfalls**

Vacancy rate and Turnover

The Trust vacancy rate as at is 10.2% (against a target of 10%) and has reduced from 14.58% in July 2019. In addition, there has been a decline in the Trust turnover rate which decreased to 11.79% in December from 12.18% the previous month.

A number of key actions have taken place which includes a significant reduction in the time to recruit staff which has fallen from 97.3 days in September 2019 to 60.6 days in December 2019.

We have maintained a nurse vacancy rate of 5% due to International Nurse recruitment, investment in "grow your own" opportunities, and a new internal nurse transfer policy. The Trust will be undertaking a further recruitment event in the Philippines in February 2020.

For general recruitment, we have run phase one of a recruitment campaign which looks at the balance of working in Norfolk and at the Trust, which we are currently analysing the success of this campaign. This will continue alongside phase two which will address the hard to recruit

areas. This will include medical staffing and Allied Health Professionals mainly physiotherapists, occupational therapists and radiologists.

The Trust is also looking at widening participation which includes the implementation of a Healthcare Academy that saw 19 students commencing on this programme in January 2020. As part of our future strategy, it is our ambition to reinstate a local school of nursing in King's Lynn, which has support from the Town Deal Board.

- **The current situation with regard to risk to the hospital roof and any planned action**

The Queen Elizabeth Hospital is 40 years old this year. One of five in the country built to a 'Best Buy' design with an original expected life of 30 years and to serve a different and smaller demographic, the Trust is now identifying structural issues which require significant capital investment to address. This is currently being undertaken on a short-term, risk-assessed basis, however, minor fixes and repairs and short-term solutions are now insufficient.

In addition, there has been historic under-investment in the Trust's ICT infrastructure resulting in QEH being one of the least digitally mature healthcare organisations in England.

In order to address fundamental areas of concern in relation to patient safety and experience highlighted in recent Care Quality Commission (CQC) reports and to allow the Trust to deliver its strategy for the future of healthcare provision in West Norfolk, very significant national capital investment is urgently required.

Our case

1. Regrettably, QEH did not feature in the list of hospitals in the Health Infrastructure Plan 2 (HIP2) announcements in 2019, which saw a number of hospitals receive significant funding to develop plans for significant investment into their hospitals. This announcement saw a number of other 'Best Buy' hospitals, so of or around the same age and built to largely the same specification as the Trust's hospital. Some of these hospitals have recently had significant levels of investment into their sites which the QEH has not.

2. £19m critical backlog maintenance requirement

3. Emergency Department (ED) – minimum of £25m needed to redevelop our ED, including expanding the facility and create a fit for purpose environment to meet demand (current space and layout constraints impact adversely on patient experience and operational performance). The CQC (2019) also raised concerns; this is part of the reason QEH was placed in 'Special Measures'

4. New or refurbished hospital roof is needed (estimated £20m cost to extend life by 10 years).

Short-term actions to ensure roof safety include:

- Regular planned maintenance programme

- Additional checks and external structuring engineering advice following SCOSS safety alert to 'Best Buy' hospitals
- Hospitals managing RAAC structures to adopt the best practice developed by West Suffolk NHS Foundation Trust: specifically that all RAAC planks to be identified as separate assets, recorded on CAD plans and spreadsheets and be subject to survey with the condition of each plank recorded
- Risk register & Trust Board monitoring

Investment priorities

QEH has developed a proposal for a significant national capital investment that incorporates a mix of new build, refurbishment and redevelopment of existing accommodation. This includes funding for the Trust to progress with its digital strategy.

This funding would allow a combination of new builds and modernised facilities. The new facilities would include a new emergency floor, inpatient wards and improved theatres and the modernised areas would include the creation of a single outpatient department and significant investment in our women and children estate, including an expanded neonatal intensive care unit.

- **Any other information or development of which you think NHOSC should be aware**

1. **Development of our new 5-year corporate strategy**

There has been very extensive engagement as we seek to develop our new 5-year corporate strategy. Over 300 patients, staff, volunteers, Governors, Members and Partners have contributed to the development of our new strategy; for which we are incredibly grateful. This has included extensive conversations via face-to-face meetings, formal agenda items at partners' meetings, dedicated events, email and opportunities to share thoughts via a giant feedback wall in our hospital. A final version of the strategy will come to the Trust Board in March for approval – following further engagement – ahead of a formal launch in April 2020.

Our QEH strategy is aligned to the direction of travel and commitments that are described in the 5-year system plan for Norfolk and Waveney.

Please refer to the attached presentation for an update on our strategy development.

2. **Our commitment to the Norfolk and Waveney Sustainability and Transformation Partnership and working with our neighbouring acute trusts to further improve care for our patients**

To improve the care patients receive at the hospitals within the Norfolk and Waveney STP footprint (QEH, James Paget and Norfolk and Norwich), we are already starting to join-up the teams who provide some of our specialist services. We struggle to recruit the right staff for

some specialties, so we are creating single clinical teams that work across more than one hospital. Our aim is to make these services more resilient and sustainable.

From early 2020 we plan to launch a single clinical team for urology services across our three acute hospital trusts, as well as a single team providing ENT (ear, nose and throat) services across the Norfolk and Norwich University Hospital and the James Paget University Hospital. These will be followed by single clinical teams for haematology and oncology working across the Norfolk and Norwich University Hospital and the James Paget University Hospital from 1 April 2020. Once these teams are established they will share expertise and equipment across the hospitals.

The system is developing an ‘umbrella’ hospital services strategy that asks the fundamental question of which services should be provided where, and in what form, in the future and how might we best deliver any change. We will specifically aim to reduce the time it takes for patients to access their planned care appointments. There will be proactive communications and engagement with patients, carers and clinicians to develop our strategy, focusing on how we can get the best care for people, regardless of organisational boundaries.

Update to the Norfolk Health Overview & Scrutiny Committee

Laura Skaife-Knight, Deputy CEO
Denise Smith, Chief Operating Officer

To cover

1. Progress since 2019 CQC inspection
2. Winter & capital investments
3. Performance overview
4. Modernising the QEH
5. 5-year strategy development
6. Strategic priorities for 2020
7. Questions & discussion

Progress since 2019 CQC inspection

Recap:

- Trust remains in special measures with an ‘inadequate’ rating
- Significant improvements in Maternity (no longer under national surveillance)
- Infection Prevention and Control rating from Regulator has improved from Red to Amber
- 206 actions – 75 (36%) approved as completed internally
- 46 conditions – 22 (48%) approved as completed internally

Progress since 2019 CQC inspection

1. Leadership and management

- Fully recruited & substantive Trust Board and Executive Team in place by January 2020 – bringing experience & stability to QEH
- New Divisional Leadership Teams (DLTs)
- Development programmes in place for Trust Board, DLTs, Band 7s & middle managers

Progress since 2019 CQC inspection

2. Safe & compassionate care

- Improving End of Life Care & how we recognise and respond to deteriorating patients remains a priority
- Focus on consistently ensuring we get the basics right, deliver the fundamentals of care to our patients and improve staff attitude and behaviour

Progress since 2019 CQC inspection

3. Culture & engagement

1. Culture & learning
2. Strengthened reward and recognition
3. Staff health and wellbeing
4. Listening
5. Communications
6. Staff leading change
7. Leadership & development

Progress since 2019 CQC inspection

4. Governance

- Director of Patient Safety appointed
- New Governance structure
- Review of current incident reporting process, including compliance with Duty of Candour
- Strong focus on creating a safety culture, sharing learning from deaths, incidents and complaints and risk management reporting

Progress since 2019 CQC inspection

5. Recruitment & retention

- Vacancy rate for qualified nurses at all-time low (5%) and at circa 1% on our wards
- 140 international nurses have joined Team QEH this year from the Philippines & India
- Recruitment campaign ongoing
- Healthcare Academy
- Local School of Nursing ambition

Progress since 2019 CQC inspection

6. Emergency Department

- Extended **Same Day Emergency Care** unit opened 13 January
- Extended **Discharge Lounge** building work completed on 17 January
- **Building work underway to improve environment in our ED** – new reception and main entrance lobby and better privacy and dignity for our patients

– A decant ward (30 beds) will open on 23 March 2020 (Feltwell Ward)

Progress since 2019 CQC inspection

7. Closer working with external partners

- A planned & proactive approach to engagement with our key external partners
- Strong engagement with patients and external partners re: development of new QEH 5-year Corporate Strategy
- Fulsome engagement with Norfolk & Waveney health and care system, including 5-year system plan, Hospital Services Strategy & Acute Services Integration work
- Board to Board with CCGs, JPUH/N&N and regular meetings in place with Borough Council King's Lynn (as examples) in place to strengthen relationships

Progress since 2019 CQC inspection

8. Medical Education

- New Director of Medical Education
- Medical Education Committee
- Discussions with UEA re: expansion of Physician Associate places from next academic year
- Positive GMC feedback re: progress
- New Junior Doctors' Forum

Winter summary

- **4-hour performance -** December – 71.21% (versus 95% standard) – week ending 26 January up to 85.75%
- **1 x 12 hour trolley wait in Jan**
- **Quick recovery after a challenging start to the year**
- **Emergency Department attends** up 8.9%
- **Emergency admissions** up by 3.8 %
- Four-fold increase in flu cases
- **Staff sickness** challenges

Performance overview

- **4-hour emergency access**

December – 71.21% (versus 95% standard) – week ending 26 January up to 85.75%

- **Ambulance handovers**

December – 15 min handovers 45.83% (versus 100% standard) – w/e 19 January up to 66.82%

- **62 day cancer**

November 64.14% (versus 85% standard) – 26 patients not treated within 62 days of referral

- **18-weeks referral to Treatment**

December 76.41% (versus trajectory of 80.94%). At the end of December 2019, the total Trust waiting list was 14,776 against a trajectory of 14,782 and the total backlog of patients waiting over 18 weeks was 3,485 against a trajectory of 2,818

Significant national capital needed to modernise QEH

- 40-year-old hospital; now beyond end of life (30-year predicted lifespan)
- Historic under-development & investment
- Minor fixes and repairs no longer sufficient
- Modernisation of our hospital is desperately needed & this is central to QEH's long-term strategy

Our case

- Missed out on Health Infrastructure Plan 2 funding
- £19m critical backlog maintenance requirement
- Emergency Department – minimum of £25m needed to redevelop our ED, including expanding the facility and create a fit for purpose environment to meet demand The CQC (2019) also raised concerns; this is part of the reason QEH was placed in ‘Special Measures
- New or refurbished hospital roof is needed (estimated £20m cost to extend life by 10 years)

Investment priorities

- A new hospital is unaffordable
- We have therefore made a case for a mix of new build, refurbishment and redevelopment of existing accommodation
- £250million proposal

Investment priorities (2)

New facilities

1. New emergency floor
2. Inpatient wards
3. Improved theatres

Modernising existing estate

1. Addressing roof risks
2. Creating a single outpatient department
3. Endoscopy
4. Women and Children's (including an improved delivery suite, gynaecology assessment area and bereavement suite)

Digital investment

- We are one of the most digitally immature hospitals and health and care systems in the NHS

- Significant investment is needed in technology to bring us up-to-date

- Priorities for QEH and wider health system investment include:

- E-prescribing (funding already secured)
- E-observations
- Electronic Patient Record

Investment will benefit patients, staff & local population

- Patients will receive excellent care in state-of-the-art facilities
- Better co-location of services – resulting in smoother operational running of our hospital, positively impacting on the delivery of patient care and access times (ie performance versus constitutional standards)
- QEH will become a place where people want to come and work and are proud to work, with improved recruitment and retention
- Positive impact on Trust's financial position (ie deficit)
- Will enable QEH to fulfil its role alongside system partners in delivering the clinical service strategy for Norfolk & Waveney

5-year strategy development

Summary of engagement with patients, staff & partners from phase 1

- November-December 2019 – feedback from **over 300** patients, staff, Governors, members, volunteers, partners & external stakeholders
- Face-to-face meetings, drop-in sessions, open forums, comments wall, emails

Also informing our strategy is…..

- Constitutional standards
- 5-year system strategy for Norfolk & Waveney
- CQC inspection rating and feedback
- Inpatient survey results
- Staff survey results
- QIPP

Priorities for our strategy – based on what we've heard

3 main areas of focus:

- **Q**uality
- **E**ngagement
- **H**ealthy lives

Emerging strategic objectives

1. **QUALITY**

- Consistently provide safe and compassionate care
- Modernising our hospital (estate & digital infrastructure)

Emerging strategic objectives

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

2. ENGAGEMENT

- Strengthening staff engagement and relationships with external stakeholders and partners

- Working with staff and partners across Norfolk & Waveney to deliver efficiencies, improve productivity and become financially sustainable

Emerging strategic objectives

3. HEALTHY LIVES

- Supporting our patients and staff to stay fit and well and improving health and clinical outcomes

- Helping our staff to deliver their true potential

Next steps

- January – February 2020: Further engagement with patients, staff, Governors, members, volunteers and wider stakeholders re: principles of our strategy
- Annual Planning process underway to inform year 1 milestones (QEH) and Divisional annual priorities
- Feb and March 2020 – Draft strategy to come to confidential Board in full for comments/feedback
- April 2020 – Final strategy to public Board for approval followed by launch of new strategy internally and externally
- Beyond April – Develop underpinning strategies, including Clinical Services Strategy, People Strategy, Digital Strategy etc

Discussion & questions

Future of primary care (GP) services for residents of Fairstead, King's Lynn

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

The committee will receive West Norfolk Primary Care Commissioning Committee's decision in relation to proposals regarding the future of primary care (GP) services for residents of Fairstead, King's Lynn, and discuss the next steps.

1.0 Purpose of today's meeting

1.1 On 31 January 2020 West Norfolk Primary Care Commissioning Committee (WN PCCC) approved West Norfolk Clinical Commissioning Group's (WN CCG) recommendation not to accept the preferred option in the consultation on the future of primary care (GP) services for residents of Fairstead, King's Lynn.

The preferred option, which was not accepted by WN PCCC, was to expand the Gayton Road Health Centre and the St Augustine's branch surgery, close the Fairstead branch surgery, and offer all Fairstead patients access at one of the other two sites.

WN PCCC also approved the next steps to embark on a wider piece of work to look at other options for the future of primary care (GP) services for residents of Fairstead and the establishment of a community group to take this work forward.

In the meantime, Vida Healthcare has confirmed it will continue to provide care for the people of Fairstead and continue to provide services from the Fairstead building. In tandem it will also continue to develop plans to expand at Gayton Road in order the support population growth in the area

1.2 As there is currently no proposal on the table for a substantial change to GP primary care services for Fairstead, the purpose of today's meeting is to examine:-

- The reasons for withdrawal of the original proposal
- The alternatives available for addressing the concerns about the Fairstead surgery building and its fitness for providing a modern GP primary care service, particularly in the short term
- The arrangements for involving local people in finding a sustainable solution

- How the Fairstead surgery and Vida Healthcare's other surgeries in King's Lynn will be managed to provide the best possible service for Fairstead residents in the existing facilities until a longer-term solution is found.
- The timetable for action

1.3 At today's meeting Norfolk Health Overview and Scrutiny Committee (NHOSC) will receive a report from WNCCG covering:-

- Feedback received during the public consultation which ran from 30 May to 30 August 2019 and Vida Healthcare & the CCG's responses to the points made.
- Outcomes of the meetings between Vida Healthcare / the CCG and Borough Councillors, which were held following Norfolk Health Overview and Scrutiny Committee's (NHOSC) recommendation made on 25 July 2019.
- The CCG's recommendation to West Norfolk Primary Care Commissioning Committee (PCCC) on 31 January 2020 and the reasons for it.
- The PCCC's decisions on 31 January 2020 regarding the future of primary care (GP) services for the residents of Fairstead
- The timetable for action
- Any other relevant information

The CCG's report is attached at **Appendix A**.

Representatives of **Vida Healthcare** and **West Norfolk CCG** will be present to answer Members' questions.

2. Background

2.1 NHOSC received the consultation regarding the Fairstead surgery during the public consultation period. The report to the committee and minutes of the meeting are available via the following link:-
NHOSC 25 July 2019 (agenda item 7)

Representatives from Vida Healthcare, supported by WN CCG, attended the meeting to answer Members' questions. Healthwatch Norfolk also attended to provided information on how the public consultation was progressing.

2.2 On hearing the concerns of the Borough Council of King's Lynn and West Norfolk Member of NHOSC, various other Members of NHOSC, the County Councillor for Gaywood South, the Borough Councillor for Fairstead Ward, and the Chairman of Fairstead Patient Participation Group, NHOSC **recommended** that:-

'The CCG and Vida Healthcare meet with King's Lynn and West Norfolk Borough Councillors to explain and discuss the proposed option for the future of primary care service for the residents of Fairstead'.

The CCG and Vida Healthcare accepted the recommendation and met with Borough Councillors on 27 August and 8 October 2019. A summary of the outcome of those meetings is included in the report at Appendix A. The CCG met with Borough Councillors again on 22 January 2020 to brief them about the recommendation they intended to make to WN PCCC.

3.0 Suggested approach

3.1 After the Vida Healthcare and the CCG representatives have presented their report Members may wish to examine the following areas with them:-

(a) What were the predominant factors in Vida Healthcare and WN CCG's decision to withdraw the proposal to close Fairstead Surgery?

(b) The CCG's report at Appendix A mentions that they are now exploring two possible estates options for the future of GP primary care services for residents of Fairstead and are having ongoing discussions with the Borough Council of King's Lynn and West Norfolk.

Can the CCG outline what these options are, or can they give an indication of when they might be able to make them public?

(c) A community group will be established to develop a range of further options between February and May 2020. Who will be on the group, who will chair it and how often will it meet?

(d) Vida and the CCG outlined the expansion plans for the Gayton Road and St Augustine's surgeries for NHOSC on 25 July 2019:-

- There was planning permission for four additional consultation rooms at Gayton Road
- Vida was in the final stages of agreeing the lease on an additional consultation room at St Augustine's

What do the expansion plans now include?

(e) Can Vida and the CCG give assurance that GP services are currently being provided at Fairstead surgery and that all services currently provided at the site will continue to be provided there while options for the longer-term are explored? (Provided patient safety can be maintained).

(f) The community group will be working on possible options for the longer term between February and May 2020. When do Vida and the CCG expect that new proposals for the future will be brought forward?

4.0 Action

4.1 Members may wish to ask the CCG to:-

- Keep NHOSC informed regarding further options that may emerge for the future of primary care (GP) services for Fairstead and King's Lynn.

- Inform NHOSC of any new proposals for substantial change to the services, which may require consultation with the committee.

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Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Provision of primary care (GP) services to the patients of Fairstead

Norfolk Health Overview and Scrutiny Committee (NHOSC)
13 February 2020

Background
Vida Healthcare, an NHS partnership which provides primary care services for over 37,000 patients at six west Norfolk health centres, undertook a public consultation over the summer of 2019 with patients and the public on the future of primary care (GP) services provided to the residents of the Fairstead estate in King's Lynn.

Vida Healthcare provides primary care (GP) services for patients on three sites in King's Lynn. Gayton Road Health Centre is the site of the main surgery and Fairstead and St Augustine's are branch surgery sites. One of these sites, the Fairstead branch surgery, is not fit for purpose, having been deemed non-compliant with the Care Quality Commission (CQC) building standards in 2012.

The consultation, which was run on behalf of Vida Healthcare by Healthwatch Norfolk and supported by NHS West Norfolk Clinical Commissioning Group (CCG), began on Thursday, 30 May 2019 and finished on Friday, 30 August 2019.

Vida Healthcare's preferred proposal, as outlined in the consultation document, was to expand the Gayton Road Health Centre and the St Augustine's branch surgery, close the Fairstead branch surgery, and offer all Fairstead patients access at one of the other two sites.

All residents, stakeholders and those with an interest in the Fairstead surgery were invited to participate in the consultation, with a number of events and meetings organised for local people and councillors to have their say on the proposals.

Engagement with local people
Over the 90-day consultation period, Healthwatch Norfolk organised a range of community stakeholder engagement opportunities. A range of techniques and opportunities were adopted with the aim of ensuring that participation in the consultation process was accessible for as much of the community as possible.

Three public meetings were held during June, July and August which were open for anyone to attend and were intended to help inform residents, patients and stakeholders of the

proposals, as well as to give attendees an opportunity to pose questions to those involved in the decision-making process.

A consultation survey was coproduced by Vida Healthcare, West Norfolk CCG and Healthwatch and was hosted on the Healthwatch website.
Due to the large proportion of elderly, digitally-excluded patients that could be affected by the proposals, paper copies of the consultation survey were also made available. A series of eight pop-up events were also organised in the area to help raise awareness of the consultation and encourage local people to take part. A total of 339 completed responses were received from the consultation surveys.

Two meetings were organised by the CCG with local councillors to discuss the consultation and issues around Fairstead branch surgery, the first in August 2019 and the second in October 2019. These meetings were useful and constructive and there was an opportunity for all sides to talk about the issues arising. It was apparent at these meetings that concerns and questions remained from local people who use health services in the area and this, together with feedback from the public consultation, has been instrumental in forming our approach and next steps which are outlined in this report.

Key outcomes from these meetings can be summarised as follows:

- We all want good quality primary medical services for the people of Fairstead to improve people's health outcomes. We were all committed to continuing to work together in the best interests of local people.

- There are challenges in recruiting to GP practices in King's Lynn, which is reflective of a wider national issue. The CCG is trying to support recruitment and retention such as participating in national funding schemes and offering GP fellowship programmes. Vida Healthcare, Southgates and St James are all training practices in King's Lynn.

- There are some things we cannot change: Medical and nursing models are changing, to the benefit of patients and many GP practices now employ a wide range of health professionals. The way in which GP and practice staff need to work has to change, while also maintaining strong personal and community relations so that patients see the right clinician in the right place.

- There is much we must work on, such as workforce recruitment and continuing to examine how we can meet the growing and changing demand for health and care.

- We acknowledge some of the concerns raised about the building and its fitness for purpose. The CCG has engaged independent technical estates support to help us determine the condition of the building and how we then use that information to explore options for the future.

- We heard that it was important to local councillors that services continued to be provided from the estate.

Results of the public consultation

A report detailing the findings of the public consultation and feedback received by local people was published by Healthwatch Norfolk on October 21, 2019. The document details Healthwatch Norfolk's approach to the public consultation, an overview of the area and demography and findings from surveys and public meetings. It includes a statement from West Norfolk CCG and responses from Vida Healthcare to key questions raised. This can be found via the following link:-
https://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/128/ctl/ViewMeetingPublic/mid/496/Meeting/1654/Committee/22/Default.aspx

The five prevailing themes emerging from the consultation surveys were as follows:

- Difficulty with travel, transport and accessibility;
- The impact of the 'preferred option' on adjacent medical and healthcare services;
- The potential decline in service quality that could result from the 'preferred option';
- Concerns about some of the services provided by Vida Healthcare;
- The 'preferred option' and its disproportionate impact on certain demographics.

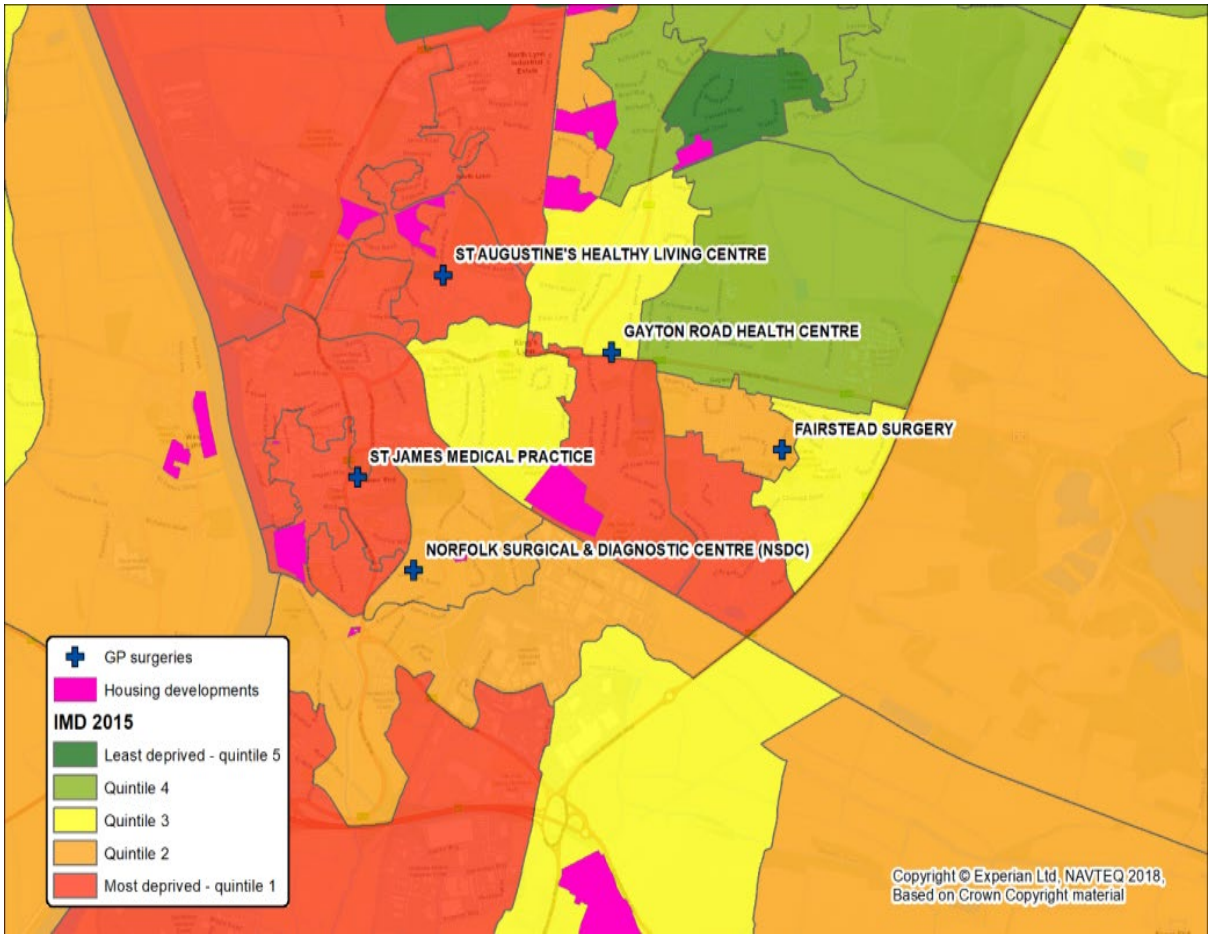
While the formal public consultation has now closed, Vida Healthcare and the CCG will continue to listen to the views of local people and are keen to work with the local community.

The Population of Fairstead

- Fairstead estate population is 7,500
- 1,800 Fairstead residents are nominally registered to use the Fairstead branch surgery, 2,100 Fairstead residents use the Vida Healthcare Gayton Road site and 3,600 are registered with other King's Lynn practices
- Fairstead residents experience higher levels of deprivation, higher proportion of children in poverty, higher proportion of older people experiencing deprivation

King's Lynn Deprivation and Housing Growth

The diagram below shows the proposed areas of housing development in King's Lynn and the current levels of deprivation across the town.



Fairstead surgery building and workforce requirements
The building has a significant backlog of maintenance requirements and is unfit for purpose. The CQC has raised concerns about the ability of the building to support the delivery of modern primary medical services.

Vida Healthcare has had to restrict the provision of services in the building due to poor physical access, rooms that are too small and Disability Discrimination Act (DDA) compliance issues.

The CCG accepts that Fairstead branch surgery is not currently operating at capacity due to the limitations on the fabric of the building. This in turn limits the ability for the provision of primary medical services in line with the desired model of care, ie a multi-disciplinary team, rather than a single practitioner working in isolation.

We recognise that Vida Healthcare is striving to provide the best possible care for their patients in a building that does not fit their clinical model of care. This is not just an issue for Vida or for King's Lynn, the shape of primary care is changing across the country.

These days GP practices employ a wide range of staff, not just GPs, to look after patients. Who patients see will increasingly depend on their needs, for example they might get to see

a specialist pharmacist to make sure they are on the right medicines or a specialist nurse to help manage ongoing health problems. It is a model where lots of staff work together under one roof and Fairstead branch surgery does not enable Vida Healthcare staff to work in that way.

It is difficult to encourage staff to work from a building that is not fit for purpose and where they have to work in an isolated way. Vida Healthcare employs a number of young GPs who want to work in modern facilities and as part of a bigger team to support their training and professional development.

Recommendation to West Norfolk PCCC

Vida Healthcare and the CCG have listened to local people and to community representatives and have been able to understand much more fully the issues that matter to people. We have attended public meetings and also took part in discussions with local councillors which, again, provided us with valuable insight into the feelings of local people and the real need for health services which are appropriate and accessible.

The people of Fairstead need to access good quality primary care services so that they improve their health outcomes. This may mean accessing health care from a different place or in a different way. With this in mind we need to think more widely and to develop different options, taking into consideration the feedback we have received from local people.

Having listened to these views, Vida Healthcare asked the CCG to support them in reviewing alternative options for the Fairstead branch surgery.

The CCG therefore recommended not to approve the closure of the Fairstead branch surgery at a meeting of West Norfolk Primary Care Commissioning Committee on 31 January 2020.

Decision at West Norfolk PCCC

The recommendation not to accept the preferred option in the consultation was approved. Committee members also approved the next steps to embark on a wider piece of work to look at other options and the establishment of a community group to take this work forward. A paper updating members on progress will be brought to the next committee meeting on Friday, 27 March and regularly thereafter.

Next steps

Our next steps are to undertake a wider piece of work to look at other options while continuing to talk to local people and clinicians. We will look at this with an open mind and from every angle to try and find a sustainable solution that works for local people and all the partners involved.

We are exploring two possible estates options currently and we are having ongoing discussions with the King's Lynn and West Norfolk Borough Council. We will be able to say more on this once discussions have progressed.

In the meantime Vida Healthcare has confirmed it will continue to provide care for the people of Fairstead and to continue to provide services from the Fairstead building. In tandem it will also continue to develop plans to expand at Gayton Road in order the support population growth in the area.

We recognise that all practices in King's Lynn are experiencing some level of pressure in delivering services. As such we are at the early stages of a piece of work to review all GP practice estates in King's Lynn against population health need and projected housing growth. This will enable us to develop a plan for the whole of King's Lynn to make sure our buildings are fit for the future.

We will continue to work with the local community and wider partners to develop a range of further options for consideration and this work will take place between February and May 2020. This will be followed by a further briefing to this committee on our preferred approach.

We will establish a community group to take this work forward in Fairstead and hope to hold an initial meeting within the next month. This will be supported by the CCG locality team, based in King's Lynn.

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED
Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

Proposed Forward Work Programme 2020

Meeting dates	*Briefings/Main scrutiny topic/initial review of topics/follow-ups*	*Administrative business*
19 Mar 2020	Access to NHS dentistry – progress since report to NHOSC on 11 April 2019 Norfolk and Suffolk NHS Foundation Trust – response to the CQC report Access to palliative and end of life care – update on progress since Sept 2019	
23 April 2020		*Subject to NHOSC's agreement. (Date added due to cancellation of Nov 2019 meeting.)*
May 2020	Children's speech and language therapy (SLT) (central & west Norfolk) – update on progress of the re-modelled service since October 2019 and including:- • Implications for service across the speech, language and communication needs spectrum following discussions on children's integrated health provision (meeting planned for 25 October 2019) • Details of staffing and vacancies in the SLT service. Adult autism diagnosis with pre and post diagnosis support – Autism Service Norfolk – update since October 2019 and including information on the staffing	

	of the service and the impact of the new model of service on other services. Merger of Norfolk and Waveney CCGs – to examine how the potential new CCG will maintain local focus.	*Item dependent on the progress of the CCGs' application for merger*
Jul 2020	Local action to address health and care workforce shortages – update	

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

Provisional dates for reports to the Committee / items in the Briefing 2019-20

Mar 2020 (in NHOSC Briefing)	-	Progress updates on 'Physical health checks for adults with learning disabilities'
September 2020 (Agenda item)	-	Ambulance response and turnaround times in Norfolk - update since Sept 2019

Other activities

Visit to be arranged *(in 2020)*	-	Follow-up visit to the Older People's Emergency Department (OPED), Norfolk and Norwich hospital to be arranged after expansion works are completed in 2019-20.

Main Committee Members have a formal link with the following local healthcare commissioners and providers:-

Clinical Commissioning Groups

North Norfolk	-	Emma Spagnola (substitute David Harrison)
South Norfolk	-	Dr Nigel Legg (substitute Robert Kybird)
Gt Yarmouth and Waveney	-	Emma Flaxman-Taylor

West Norfolk	-	Michael Chenery of Horsbrugh (substitute Sheila Young)
Norwich	-	Brenda Jones

Norfolk and Waveney Joint Strategic Commissioning Committee

Link	-	Penny Carpenter
Substitute for meetings held in west and north Norfolk	-	Michael Chenery of Horsbrugh
Substitute for meetings held in east and south Norfolk	-	Dr Nigel Legg

NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Sheila Young (substitute Michael Chenery of Horsbrugh)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	David Harrison (substitute Michael Chenery of Horsbrugh)
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr Nigel Legg (substitute David Harrison)
James Paget University Hospitals NHS Foundation Trust	-	Emma Flaxman-Taylor
Norfolk Community Health and Care NHS Trust	-	Emma Spagnola

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Norfolk Health Overview and Scrutiny Committee 13 February 2020

Glossary of Terms and Abbreviations

A&E	Accident and emergency
CAD	Computer aided design
CCG	Clinical Commissioning Group
CIC	Community Interest Company
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission – the independent regulator of health and social care in England. Its purpose is to make sure health and social care services provide people with safe, effective, high quality care and encourage care services to improve.
DDA	Disability Discrimination Act
DLT	Divisional Leadership Team
ED	Emergency Department
ENT	Ear, Nose and Throat
FRF	Financial Recovery Fund
GMC	General Medical Council
GP	General Practitioner
HIP2	Health Infrastructure Plan 2 – published by the Department of Health & Social Care, September 2019
ICT	Information and communications technology
IQIP	Integrated Quality Improvement Plan
NHOSC	Norfolk Health Overview and Scrutiny Committee
NHSE&I EoE	NHS England and NHS Improvement, East of England. One of seven regional teams that support the commissioning services and directly commission some primary care services and specialised services. Formerly two separate organisations, NHS E and NHS I merged in April 2019 with the NHS England Chief Executive taking the helm for both organisations. NHS Improvement, which itself was created in 2015 by the merger of two former organisations, Monitor and the Trust Development Authority, was formerly the regulator of NHS Foundation Trust, other NHS Trusts and independent providers that provided NHS funded care.
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
OPED	Older People's Emergency Department
OSC	Overview and Scrutiny Committee
PCCC	Primary Care Commissioning Committee

PCN	Primary Care Network
PCT	Primary Care Trust (replaced by Clinical Commissioning Groups)
PSF	Provider Sustainability Fund
QEH	Queen Elizabeth Hospital, King's Lynn
QIPP	Quality, Innovation, Productivity and Prevention: A Department of Health and Social Care agenda, looking at health economy solutions to meet local financial challenges
QSIR	Quality, Service Improvement and Redesign
RAAC	Reinforced autoclaved aerated concrete
SCOSS	Standing Committee on Structural Safety - a committee established to maintain a continuing review of building and civil engineering matters affecting the safety of structures
SDEC	Same Day Emergency Care Unit
SLT / SALT / S&LT	Speech and language therapy
STP	Sustainability & transformation plan / partnership (from 2019 known as the The Health and Care Partnership for Norfolk and Waveney)
UEA	University of East Anglia
WNCCG	West Norfolk Clinical Commissioning Group
WNPCCC	West Norfolk Primary Care Commissioning Group