

**SUMMARY REPORT
FROM THE HEALTH SCRUTINY MEETING OF
7 JULY 2021**

This meeting saw the formulation of the new Committee following the elections in May. The meeting focussed on introducing new members to the work of the Committee and providing background information to the structure of the NHS.

Richard Watson – Deputy Chief Executive and Director of Strategy and Transformation, Ipswich and East Suffolk, West Suffolk and North East Essex Clinical Commissioning Groups and Dr Mark Lim, Interim Director for Clinical Services and Clinical Transformation from Norfolk and Waveney CCG presented information on the current Clinical Commissioning Structure and the proposed changes to Integrated Care Systems.

It was recommended that Committee Members view the Kings Fund website. <https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work>

I have included here pages 15 to 19 (**Appendix 1A**) of the Agenda Pack from the meeting of 7 July, which gives very useful summary information on how the current system works.

I have then attached Richard Watson's short presentation (**Appendix 1B**), which will inform you of the changes taking place and the new responsibilities for the Integrated Care Systems (currently Clinical Commissioning) which are outlined in the Government's new White Paper.

From Richard's presentation I asked the following questions:

- Suffolk continues to be underfunded under the Carr-Hill Formula – is this being fully addressed under the new arrangement? (*The Carr-Hill formula is the formula that is applied to calculate the Global Sum payments for essential and some additional services. It replaced the Jarman index. This allows payments to be made based upon the cost of providing primary care services for a given population and their respective needs*) is this acknowledged and corrected in the new structure? Richard said that this is being incrementally addressed year on year.
- Dentistry is significantly under-funded and responsibility is about to transfer from NHS England to the newly created ICS (currently CCG). Will this funding shortfall be address and if not, which service budgets will have to be cut in order to improve this service? Richard was not able to answer that question currently.
- Integrated Care is intended to treat patients holistically and seamlessly, currently there is significant shortfall in staffing capacity is there a plan to address this? Richard responded that there is a People's Plan which addresses Recruitment and Retention.

Members of the Committee are asked to observe at strategic NHS Governing Body meetings and report back on any issues that may require Scrutiny. I have been allocated:

WEST SUFFOLK HOSPITAL
WEST SUFFOLK CLINICAL COMMISSIONING
EAST OF ENGLAND AMBULANCE SERVICE
TASK AND FINISH GROUP – WEST SUFFOLK HOSPITAL NEW BUILD PROGRAMME

West Suffolk Hospital – New Hospital Project

The plans for the new hospital continue to progress with the main focus on Environmental Issues and the Planning Application which is expected to be submitted by Oct/November.

As noted previously, there are risks associated with this proposal – the most significant being:

- Funding
- Change of Government
- Failure to achieve Planning Permission

However, the current hospital is not fit for purpose and is in an extremely poor state of repair with the RAAC Plank situation needing over 800 acrow props (huge metal props with a wide flange each end) and safety nets in place to prevent collapse. The economic case for a new build is strong.

It is also estimated that within the next 10 years, with the current growth in demand, a hospital 3x the size of the current hospital would be needed to maintain the status quo. Upscaling via the new build, future proofing, co-location of non-acute services and working with Primary and integrated care forms an essential part of the business case.

The Project Team has run community engagement events across the district and has widely promoted these. However, despite every effort, the number of public members attending is remarkably low.

At a recent event I attended, I noted that the maps were not annotated which I found challenging, and I have asked if this can be done for future events.

The Committee will of course know of the resignation of Steve Dunn CEO and I am assured that this will not impact on the development of the plans for the new build. Craig Black will act as interim CEO during the recruitment phase.

West Suffolk Hospital – Maternity Services

Perhaps first it is worth noting that there are 2000 midwives short across the UK. Midwifery has been the subject of significant debates and most recently on Radio 4 was a most distressing report identifying the pressures on existing staff. I recently met a Midwife of many years standing and this is what she told me (not verbatim but translated into my words).

The Continuing Care element demanded by NHS England worked historically because Community Midwives lived local to their patients and had a manageable case load. Now they are located over large areas, the case load is as high as 100 patients per midwife, the system requires that effectively they are on call 24/7 (since continuing care means you follow the patient from pregnancy through delivery) and you may be out all night but still have your clinics to run. This is not sustainable – and staff are leaving or not joining as they feel they cannot adequately care for their patients under this system. Wards are short due to sickness and community nurses, not trained in acute care, are being called in to cover complex cases.

So, although I have attached the CQC Report on West Suffolk Hospital and it identifies areas needing improvement, I would ask that you consider this in the light of the national picture.

West Suffolk Hospital has been working extremely hard to ensure safe working practice and meet the demand of the CQC Report. Health Scrutiny will be asking for a current update from WSH as part of the review process.

Please see **attached CQC report (Appendix 1C)**.

West Suffolk Hospital – Whistleblower Report

Some 18 months ago a patient was injured during a procedure and this may have contributed to her death. Following the event, a member of staff wrote to the patient's relatives informing them of the incident and this resulted in an internal investigation seeking to identify the staff member. The Government considered the method of internal investigation to be inappropriate and ordered an external enquiry. The result of this enquiry is awaited, and it is expected that the draft form will be available in October. However, that will then be subjected to review by all those included in the report which may further delay in public release.

Margaret Marks
5 August 2021