Borough Council of
King's Lynn &
West Norfolk

Joint Panel Meeting
Wednesday, 21st October, 2026 at 4.30 pm
in the Assembly Room, Town Hall, Saturday Market Place, King's Lynn PE30 5DQ

Reports marked to follow on the Agenda and/or Supplementary Documents

1. **Response to Council Resolution: Queen Elizabeth Hospital**
   (Pages 2 - 22)

Contact
Democratic Services
Borough Council of King's Lynn and West Norfolk
King's Court
Chapel Street
King's Lynn
Norfolk
PE30 1EX
Tel: 01553 616394
Email: democratic.services@west-norfolk.gov.uk

RT HON STEVE BARCLAY MP

HOUSE OF COMMONS

LONDON SW1A 0AA

Professor Dwyer
Group Chief Executive
Norfolk and Norwich University Hospitals
Colney Lane
Norwich
NR4 7UY

21st September 2026

Dear Professor Dwyer

Following the Annual General Meeting on Thursday, I would be grateful if you could clarify a number of points which arise from your presentations.

1. Medical Students

You referenced the recent decision by Cambridge University and the University of East Anglia to no longer send medical students to the Queen Elizabeth Hospital, King's Lynn (the QEH), because of negative feedback from students.

Please will you now publish any correspondence you have received from the two academic institutions, and any recovery plan presented to the Trust Board and NHS England, including a timescale for when you hope to have addressed these concerns? Can you also clarify the concerns you have regarding the management of resident doctors at the QEH and, if so, the action you are taking to remedy this?

2. 2024 Clinical Review

I asked whether you would publish the 2024 Norfolk and Waveney Acute Services clinical review by Academic Health Solutions and Grant Thornton, given your current clinical review of services at the QEH. I was surprised you were not aware of this review, given it was commissioned by your Trust just two years ago and is relevant to the current work.

Please will you now publish this 2024 review in full, together with the total amount spent on it given its relevance to the work now underway?

3. Maternity services at the QEH

At the AGM you stated “over half of births are expected to be by caesarean section, with it planned”, and that births are expected to reduce “by up to 13%”. Please can you share your modelling behind these assertions, and confirm this includes patients who reside in both Cambridgeshire and South Lincolnshire.

4. Spike in delayed discharge

Last month's figures for the QEH show a worrying 50% rise in delayed discharge days, increasing from 1,041 bed days lost to 1,635 bed days lost. Alongside this, a concerning 925 patients last month waited over 12 hours in A&E at the QEH. As you know, delayed discharge is bad for patients, including the muscle wastage that occurs.

Given that winter will place increased pressure on the QEH, and hospital performance usually deteriorates, please will you publish the recovery plan for delayed discharge, or share your forecast for this and 12 hour A&E wait performance this winter?

5. Specific specialty pressures

A number of specialties show waits far in excess of the national average. Yet to date I have not seen any proposal to expand services at the North Cambs hospital to help the Trust recover its performance. Whilst I appreciate some may not be suitable for the North Cambs site, it is surprising none could better utilise the Wisbech site.

Using the July 2026 data the services currently off target are:

- Respiratory Medicine Service. 445 waits exceeded 18 weeks,
- Trauma and Orthopaedic Service. 972 waits exceeded 18 weeks,
- General Surgery Service. 775 waits exceeded 18 weeks,
- Dermatology Service. 889 waits exceeded 18 weeks,
- Ear Nose and Throat Service. 1,306 waits exceeded 18 weeks,
- Neurology Service. 502 waits exceeded 18 weeks,
- Ophthalmology Service. 697 waits exceeded 18 weeks,
- Other Services. 225 waits exceeded 18 weeks. Only 46.6% were within 18 weeks, against 75.0% nationally.

Likewise on cancer waiting time, performance is off track, such as:

- Overall cancer diagnosis. QEH achieved 73.3% within 28 days, compared with 79.3% nationally and the 80% target,
- Suspected lower gastrointestinal cancer. QEH achieved 52.4% within 28 days, compared with 67.7% nationally.
- Suspected urological malignancies (excluding testicular): QEH achieved 47.4% within 28 days, compared with 67.8% nationally.
- Suspected gynaecological cancer. QEH achieved 52.3% within 28 days, compared with 69.8% nationally.
- Suspected lung cancer. QEH achieved 55.4% within 28 days, compared with 77.8% nationally.
- Overall cancer treatment. Only 59.5% met the 62-day standard, compared with 71.2% nationally and the 85% target.

At the AGM your team repeatedly stated that you wanted to have "more care closer to home". Yet services are being centralised within the Trust - the opposite of your stated aim. This is also the opposite of the Government's aim, which in Fit for the Future, their NHS 10 Year Health Plan, states a move from hospital to community.

You have recently announced what you describe as the "temporary" relocation of endoscopy services from North Cambs Hospital to the QEH. Yet a similar "temporary" relocation, of the MRI scanner moved from Wisbech to Ely by the Central East ICB, never returned.

In a letter from the Central East ICB dated 3 August 2026, I was told that improving access to local healthcare services in Wisbech, including diagnostics such as endoscopy, remained a priority. The ICB stated that it was working with the QEH and other local partners to review the use of North Cambs Hospital and develop future plans, with decisions informed by both data and feedback from local residents and charities. The ICB also advised that stakeholders would be kept informed as this work progressed.

6. North Cambs Hospital

You recently informed staff that endoscopy services at North Cambs Hospital were being “temporarily” relocated to the QEH from 1 September 2026 for a period of six months. You state this is necessary because the current arrangements are “unsafe”.

Yet no evidence has been given as to what work is now being done to make the North Cambs site safe for endoscopy. Regrettably, this leads to the conclusion that it is not being honest with the public in stating this is a temporary closure for six months. If nothing is changed in the next six months, self-evidently the decision is likely to be extended.

Please can you set out what elements of the endoscopy unit you regard as unsafe, what work is planned now to address this, and what budget has been allocated within the next six months to fix it? If not, can you explain why the safety concerns you cite today will not apply in six months time? I would also be grateful if you could provide details of how many members of staff have transferred from the Wisbech unit, and the current number of vacancies both here and at King's Lynn.

7. CQC Well Led review

At the AGM you stated that a CQC Well Led review is currently underway, with CQC visiting the QEH this week. Please can you clarify the timescale for when the review is expected to conclude, when findings will be notified to the Board, and when these findings will be published?

Both the North Cambs and QEH, King’s Lynn sites are greatly valued by residents in Fenland. The last Conservative Government invested in a state of the art £2.1 million new community diagnostic centre at the North Cambs site, and I personally announced the new £1.4 billion hospital at the QEH, King’s Lynn to Parliament. It is therefore a matter of deep concern that there is so little transparency on changes to services like endoscopy, medical students removed, waits for specific treatments significantly off-track, and recent clinical reviews paid for by taxpayers which have not been published.

I hope you will be able to share the requested data at the earliest opportunity.

I look forward to working with you in the coming months to deliver on your stated aim of bringing “more care closer to home”.

Kind regards,

Rt Hon Steve Barclay MP

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted