

POLICY REVIEW AND DEVELOPMENT PANEL REPORT

REPORT TO:	Joint Panel		
DATE:	21 st October 2026		
TITLE:	Response to Council Resolution: Queen Elizabeth Hospital		
TYPE OF REPORT:	Response to Council Resolution		
PORTFOLIO(S):	Councillor Alistair Beales, Leader of the Council Councillor Jo Rust, Portfolio Holder for People and Communities		
REPORT AUTHOR:	Kate Blakemore, Chief Executive		
OPEN/EXEMPT	Open	WILL BE SUBJECT TO A FUTURE CABINET REPORT:	Yes/No

REPORT SUMMARY/COVER PAGE

PURPOSE OF REPORT/SUMMARY:
At the Full Council meeting held on 24th September 2026, Full Council considered the report “Queen Elizabeth Hospital (QEH), King’s Lynn”. The report set out the Council’s position on the future of QEH, reaffirmed its commitment to retaining a comprehensive District General Hospital in King’s Lynn and presented six recommendations for consideration. The recommendations agreed by Council was as follows: 1. Support the retention at QEH of 24/7 A&E, acute medicine, emergency general surgery, critical care, anaesthesia and emergency theatres, consultant led maternity and obstetrics, paediatrics and appropriate neonatal care, trauma and orthopaedics, core acute medical specialties, stroke assessment and inpatient care, and comprehensive diagnostic services. 2. Recognise that highly specialised services may appropriately be provided at regional or tertiary centres where there is a clear clinical case. 3. Ask the Leader of the Council to write to the Norfolk and Waveney University Hospitals Group seeking assurance that the new hospital and any future clinical strategy will maintain the complete package of services necessary for QEH to continue functioning as a full District General Hospital serving West Norfolk and its wider catchment. 4. That Council notes the significance of this matter and its relevance to the Council’s scrutiny function and requests the Chairs of the relevant Panels to convene a Joint Panel meeting to consider the future provision of services at the Queen Elizabeth Hospital. 5. The Joint Panel should be informed by the Councillors’ Briefing Session arranged with the Hospital, with Members encouraged to identify and raise key questions and lines of enquiry during that briefing to support the Panel’s subsequent consideration of the issues. 6. That representatives of the Queen Elizabeth Hospital be invited to attend the Joint Panel meeting to provide information, respond to Members’ questions, and assist the Council in understanding the implications of future service delivery and hospital development plans for West Norfolk and its wider catchment area. Council resolved to approve the six points set out above. In particular, Council requested that the Chairs of the relevant Panels convene a Joint Panel meeting, informed by the Councillors’ Briefing Session which took place on 8th October 2026, and that representatives of QEH be invited to provide information and respond to Members’ questions.

The purpose of this report is to respond to the Council resolution by enabling the Joint Panel to consider the matters identified in the report to Council, receive the requested evidence from QEH representatives and determine whether any recommendations should be made to Full Council.

KEY ISSUES:

Consideration of the report to Council, the resulting Council resolution and the future provision of services at QEH, including the relationship between the new hospital and the retention of the core services required for a full District General Hospital.

OPTIONS CONSIDERED:

The Joint Panel is invited to consider the evidence and determine its conclusions and any recommendations.

RECOMMENDATIONS:

The Joint Panel is requested to consider the report and the evidence provided by representatives of the Queen Elizabeth Hospital, and to make any recommendations to Full Council.

REASONS FOR RECOMMENDATIONS:

To enable the Joint Panel to undertake the scrutiny requested by Full Council in relation to the future provision of services at the Queen Elizabeth Hospital, King's Lynn.

REPORT DETAIL

1. Introduction

1.1 At its meeting on 24 September 2026, Full Council considered the report “Queen Elizabeth Hospital (QEH), King’s Lynn”. The report set out the Council’s position on the future of QEH and reaffirmed its commitment to retaining a comprehensive District General Hospital in King’s Lynn.

1.2 The report recommended that Council resolve as follows:

1. Support the retention at QEH of 24/7 A&E, acute medicine, emergency general surgery, critical care, anaesthesia and emergency theatres, consultant-led maternity and obstetrics, paediatrics and appropriate neonatal care, trauma and orthopaedics, core acute medical specialties, stroke assessment and inpatient care, and comprehensive diagnostic services.
2. Recognise that highly specialised services may appropriately be provided at regional or tertiary centres where there is a clear clinical case.
3. Ask the Leader of the Council to write to the Norfolk and Waveney University Hospitals Group seeking assurance that the new hospital and any future clinical strategy will maintain the complete package of services necessary for QEH to continue functioning as a full District General Hospital serving West Norfolk and its wider catchment.
4. That Council notes the significance of this matter and its relevance to the Council’s scrutiny function and requests the Chairs of the relevant Panels to convene a Joint Panel meeting to consider the future provision of services at the Queen Elizabeth Hospital.
5. The Joint Panel should be informed by the Councillors’ Briefing Session arranged with the Hospital, with Members encouraged to identify and raise key questions and lines of enquiry during that briefing to support the Panel’s subsequent consideration of the issues.
6. That representatives of the Queen Elizabeth Hospital be invited to attend the Joint Panel meeting to provide information, respond to Members’ questions, and assist the Council in understanding the implications of future service delivery and hospital development plans for West Norfolk and its wider catchment area.

1.3 Council resolved to approve the six points set out at paragraph 1.2.

1.4 This report has been prepared in response to that resolution. It should be read alongside the report considered by Full Council, which provides the background to the hospital estate, the planned replacement hospital and the Council’s stated position on the future range of services at QEH.

2. Background

2.1 The report to Council explained that QEH faces significant infrastructure and operational challenges linked to the age and condition of its buildings. It stated that the hospital was constructed in 1980 with an anticipated operational lifespan of approximately 30 years and is therefore operating beyond its intended design life.

2.2 The report identified reinforced autoclaved aerated concrete (RAAC) within the hospital roof structure as a significant estate-related risk. It also recorded that, following inspections

undertaken in March 2026, the Care Quality Commission rated the hospital “Requires Improvement” overall.

2.3 The report advised that plans for a replacement hospital had been prioritised. It stated that the first phase of redevelopment included a new multi-storey car park to release the existing surface car park as the intended footprint for the new hospital building.

2.4 The Council report welcomed confirmation through the Government’s New Hospital Programme that a new District General Hospital would be built in King’s Lynn.

2.5 The report emphasised that maintaining a genuine District General Hospital requires more than retaining A&E and maternity in name, as those services depend upon the critical mass of supporting acute services necessary to operate a safe and effective emergency hospital.

2.6 Against that background, Council resolved to support the retention of the complete package of services identified in paragraph 1.2 and requested scrutiny and engagement with hospital representatives to provide information and assurance about the future of QEH.

3. Joint Panel Considerations

3.1 Full Council requested that the Joint Panel be informed by the Councillors’ Briefing Session arranged with the Hospital, which took place on 8th October 2026, and that representatives of QEH attend the meeting to provide information and respond to Members’ questions. The evidence session provides an opportunity to test and update the matters set out in the report to Council, particularly the relationship between the future clinical strategy, the replacement hospital and the continued provision of a full District General Hospital in King’s Lynn.

3.2 In considering the response to the Council resolution, the Joint Panel may wish to seek assurance on:

- how the new hospital and future clinical strategy will support QEH’s continued role as a full District General Hospital;
- how the core services identified by Full Council will be maintained;
- how decisions will be made about services delivered locally and those provided at regional or tertiary centres;
- the implications of future service delivery and hospital development plans for West Norfolk and the wider catchment;
- arrangements for engagement with the Council, patients, staff and local communities as proposals develop; and
- any future information or progress reports that should be provided to the Joint Panel.

3.3 Following consideration of the evidence, the Joint Panel is invited to determine whether any recommendations should be made to Full Council and whether any further scrutiny or monitoring is required.

3.4 Members are encouraged to establish a clear view of the outcomes they wish the Joint Panel to achieve and may pursue all relevant lines of enquiry, subject to the availability of appropriate resources.

4. Corporate Priorities

Consideration of the matter supports the Council's community leadership role, the health and wellbeing of residents and effective partnership working on an issue of strategic importance to West Norfolk.

5. Financial Implications

There are no financial implications.

6. Any other Implications/Risks

The Joint Panel should base its conclusions on the evidence presented and should distinguish between matters within the Council's scrutiny and community leadership role and the clinical and operational responsibilities of NHS and the Queen Elizabeth Hospital.

7. Equal Opportunity Considerations

The Joint Panel may wish to consider the accessibility and equality implications of future service arrangements, including the effects on rural communities and residents who may experience barriers to travelling outside King's Lynn.

8. Environmental Considerations

There are no direct environmental implications arising from this report. Travel implications may be relevant where services are proposed to be delivered outside King's Lynn.

9. Consultation

Representatives of QEH are invited to attend the Joint Panel meeting. The meeting is also to be informed by the Councillors' Briefing Session arranged with the Hospital, which took place on 8th October 2026.

10. Conclusion

The Joint Panel is requested to consider the report and evidence, determine its conclusions and make any recommendations to Full Council.

11. Background Papers

- [Full Council minutes, 24 September 2026.](#)
- [Queen Elizabeth Hospital \(QEH\), King's Lynn – Report to Council, 24 September 2026](#)
- QEH Member Briefing Notes 8th October 2026