

**Norfolk and Suffolk NHS Foundation Trust – response to the Care Quality Commission report**

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

Follow up to previous scrutiny of Norfolk and Suffolk NHS Foundation Trust (NSFT) and examination of the Trust and commissioners' response to the report of the Care Quality Commission's (CQC) inspection between 3 and 27 September 2018, published on 28 November 2018.

**1.0 Purpose of today's meeting**

1.1 The key focus areas for today's meeting are:-

- (a) How NSFT intends to meet the requirements highlighted by the latest CQC inspection.
- (b) The commissioners' and wider health and care system's role in supporting NSFT to improve, including the implications of:-
  - i. The Norfolk and Waveney Sustainability Transformation Partnership's (N&W STP) review of mental health services for adults (by Boston Consulting Group)
  - ii. The similar review of mental health services for adults in Suffolk
  - iii. The N&W STP review of mental health services for children and young people (by Rethink Partners)
- (c) NSFT's current position in relation to previous scrutiny and recommendations made by Norfolk Health Overview and Scrutiny Committee (NHOSC).

1.2 NSFT and South Norfolk CCG (lead commissioner for mental health services in Norfolk and Waveney) have been asked to provide information reports on the current position and how they intend to improve it. NSFT's report is attached at **Appendix A** and South Norfolk CCG's report is attached at **Appendix B**.

1.3 Representatives from NSFT and South Norfolk CCG will attend the meeting to answer NHOSC's questions about the commissioning of mental health services and action to improve the provision of services.

## 2.0 Background

### 2.1 CQC reinspection

2.1.1 The CQC re-inspected NSFT from 3 – 27 September 2018 and its report was published on 28 November 2018: <https://www.cqc.org.uk/provider/RMY>. The Trust continued to be rated 'Inadequate' overall. 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 in July 2017.

#### Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate →↔ Sept 2018	Requires improvement →↔ Sept 2018	Requires improvement ↓ Sept 2018	Inadequate ↓ Sept 2018	Inadequate →↔ Sept 2018	Inadequate →↔ Sept 2018
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement →↔ Sept 2018	Good ↑ Sept 2018	Good →↔ Sept 2018	Good →↔ Sept 2018	Requires improvement →↔ Sept 2018	Requires improvement →↔ Sept 2018
Forensic inpatient or secure wards	Requires improvement →↔ Sept 2018	Good →↔ Sept 2018	Good →↔ Sept 2018	Good →↔ Sept 2018	Good →↔ Sept 2018	Good →↔ Sept 2018
Child and adolescent mental health wards	Good →↔ Sept 2018	Outstanding →↔ Sept 2018	Outstanding →↔ Sept 2018	Outstanding →↔ Sept 2018	Outstanding ↑ Sept 2018	Outstanding →↔ Sept 2018
Wards for older people with mental health problems	Requires improvement →↔ Sept 2018	Good ↑ Sept 2018	Good →↔ Sept 2018	Good →↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement →↔ Sept 2018
Wards for people with a learning disability or autism	Requires improvement →↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good →↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Community-based mental health services for adults of working age	Inadequate →↔ Sept 2018	Requires improvement →↔ Sept 2018	Good →↔ Sept 2018	Inadequate ↓ Sept 2018	Inadequate →↔ Sept 2018	Inadequate →↔ Sept 2018
Mental health crisis services and health-based places of safety	Requires improvement →↔ Sept 2018	Good ↑ Sept 2018	Good →↔ Sept 2018	Requires improvement →↔ Sept 2018	Inadequate →↔ Sept 2018	Requires improvement →↔ Sept 2018
Specialist community mental health services for children and young people	Inadequate ↓ Sept 2018	Good ↑ Sept 2018	Good →↔ Sept 2018	Inadequate ↓ Sept 2018	Inadequate ↓ Sept 2018	Inadequate ↓ Sept 2018
Community-based mental health services for older people	Requires improvement ↑ Sept 2018	Requires improvement →↔ Sept 2018	Good →↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement →↔ Sept 2018	Requires improvement →↔ Sept 2018
Community mental health services for people with a learning disability or autism	Good →↔ Sept 2018	Good →↔ Sept 2018	Good →↔ Sept 2018	Good →↔ Sept 2018	Good ↑ Sept 2018	Good →↔ Sept 2018
<b>Overall</b>	Inadequate →↔ Sept 2018	Requires improvement →↔ Sept 2018	Good →↔ Sept 2018	Inadequate ↓ Sept 2018	Inadequate →↔ Sept 2018	Inadequate →↔ Sept 2018

2.1.1 The CQC's rating of the NSFT's overall responsiveness went down from 'Requires Improvement' to 'Inadequate'. It noted that:

'Almost 2400 adult patients across the trust had not been allocated a care coordinator in community mental health services for adults. A further 636 patients were waiting for treatment as of 20 September 2018 in children's and young people's mental health services CAMHs. Waiting lists across services were a serious issue. In July 2018, over 220 people had been waiting more than 18 weeks for treatment.'

The main reasons for the continued rating of 'Inadequate' overall were:-

- Leadership - the Board had not driven effective change as required.
- Safety – not all ward and community environments were safe; not all clinical risks were managed; nursing and medical staff vacancies remained high; there were not enough staff in some community services to meet the needs of patients. All these issues had been raised with the Trust during previous inspections.
- Morale – low across services. This was attributed to a 'do unto' attitude staff felt came from senior management and directors.
- Risk management – key risks that were considered closed or mitigated in the Trust's assurance process had not, in fact, been fully addressed. In some cases, the work undertaken had created new risks.
- Waiting lists – not all services were meeting their target for assessment. Too many referrals were refused or downgraded from urgent to routine without due care. There were many instances of people who had significant needs being denied a service.

It should be noted that the Trust's rating for 'Caring' remained 'Good' with the CQC finding that staff continued to show kindness and compassion.

2.1.2 The CQC has once again given NSFT a list of 'must do' and 'should do' actions. The 'must dos' address 61 breaches of legal requirements across 9 of NSFT's services.

2.1.3 Since NSFT last attended NHOSC on 5 April 2018 there have been the following changes in leadership at the Trust:-

- Antek Lejk took up the post of Chief Executive on 1 May 2018.
- A new Head of Quality Improvement started in May 2018.
- The Chairman, Gary Page, stood down on 20 November 2018
- A new Interim Director of Corporate Affairs and Communications started on 20 November 2018
- A new Chief Nurse started on 21 November 2018

## **2.2 Review of mental health services in Norfolk and Waveney**

2.2.1 On 10 December 2018 Norfolk and Waveney STP published the first draft of its new Adult Mental Health Strategy, which is available to read on the Healthwatch Norfolk website:-

<https://www.healthwatchnorfolk.co.uk/ingoodhealth/stp-mental-health/>

This follows on from a review by Boston Consulting Group, which the five CCGs commissioned in mid 2018. The pillars of the new draft strategy are:-

- Focus more on prevention and wellbeing
- Ensure clear routes into and through services and make these transparent to all
- Support the management of mental health issues in primary care settings
- Provide appropriate support to those in crisis
- Ensure effective in-patient care for those that really need it
- Ensure the system is focused on working in an integrated way to care for patients

It also says '*... it will be important to examine how organisations work together to deliver the services in future. Key to this is taking a 'whole system' approach to improving mental health and wellbeing, working with schools, police, housing, employers, the voluntary sector and other partners*'.

The draft strategy identifies three key areas that need to be worked on to enable success of mental services within a 'whole system':-

- Workforce – in primary care (i.e. General Practice) and secondary care
- Information technology – harmonisation of systems across a Norfolk and Waveney integrated system
- Estates – resolving current mismatches between demand and capacity and addressing future expected growth.

2.2.2 A separate review focusing on the mental health of children and adolescents across Norfolk and Waveney took place between September and December 2018. The draft Adult Mental Health Strategy says that future work will build on the two documents to shape an all age mental health strategy for Norfolk and Waveney.

## 2.3 Previous reports to NHOSC

2.3.1 The committee has received numerous previous reports from NSFT and the commissioners and has made its own recommendations for improvements. The following links will take you to the reports on Norfolk County Council's website where the recommendations NHOSC made on 7 December 2017 and NSFT and CCG's responses to them before 5 April 2018 can be found (click on 'Reports'):-

[5 April 2018](#)  
[7 December 2017](#)

The report to 7 December 2017 NHOSC also set out the history of the committee's scrutiny of mental health services back to September 2016, including the actions the committee had previously taken.

2.3.2 Following the meeting on 5 April 2018, NHOSC wrote to NHS Improvement (NHSI) on 13 April 2018 to express support for NSFT's bid for £5.2m capital funding from national funds to support improvements. NSFT's report for today's meeting (Appendix A, paragraph 20) confirms that they received approval for the funding, but that it was granted as a loan rather than the public dividend capital for which they applied.

2.3.3 In view of the fact that out-of-area and out-of-Trust placements to non-specialist beds were continuing despite past assurances to NHOSC that they would be stopped, the committee recommended to the CCG and NSFT on 5 April 2018:-

*'That the local NHS should reimburse travel costs for families of service users who were placed in out-of-area beds due to unavailability of local beds (i.e. placed out-of-area for non-clinical reasons).'*

The South Norfolk CCG and NSFT did not accept the recommendation and after further correspondence NHOSC raised the matter with NHS England (NHSE). NHSE responded on 8 October 2018 encouraging both the CCG and the Local Authority to review applications for support with travelling costs on a case by case basis and confirming the ambition for out-of-area placements to reduce to zero by March 2021.

The full correspondence is attached at **Appendix C**.

### **3.0 Suggested approach**

3.1 After the NSFT and the CCG have introduced their reports, the committee may wish to discuss the following areas with them:-

#### **For discussion with NSFT**

- (a) What are the main factors that have prevented NSFT making the changes the CQC required of it in 2014 and 2017?
- (b) What more can NSFT do to make the necessary improvements this time around?
- (c) The CQC report highlighted low morale at the Trust and staff's impression of a 'do unto' attitude from senior management and directors. Are the NSFT representatives certain that they have staff support for the actions they are now taking to bring about improvements?
- (d) The CQC's found that some of the action NSFT had taken since 2017 had actually made matters worse. Is the Trust certain that it is now on the right course?

## **For discussion with commissioners**

- (e) What do the commissioners think are the main factors that have prevented improvement of mental health services in Norfolk and Waveney?
- (f) What solutions are emerging from the review of adult and children's mental health services?
- (g) What solutions are emerging from the commissioners' review of adult mental health services in Suffolk and how do these impact on Norfolk and Waveney?
- (h) The review of adult mental health services in Norfolk and Waveney highlighted workforce shortages in primary and secondary care as a significant challenge. What more can be done at local level that has not already been tried?
- (i) The review also highlighted harmonisation of information technology across the Norfolk and Waveney care system as essential for improvement of the mental health services. How is this to be achieved in the current financial climate?

## **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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