

## **Norfolk and Suffolk NHS Foundation Trust – mental health services in Norfolk**

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

A report on the impact of the latest Care Quality Commission inspection of Norfolk and Suffolk NHS Foundation Trust (NSFT) on the provision of mental health services in Norfolk.

#### **1. Background**

##### **1.1 Care Quality Commission (CQC) inspection reports**

1.1.1 The report of the Care Quality Commission (CQC) inspection of NSFT in July 2017 was published on 13 October 2017. The Trust was rated 'Inadequate' and returned to special measures by NHS Improvement, the regulator of NHS trusts. The full CQC report is available at:-

<http://www.cqc.org.uk/provider/RMY>

1.1.2 When an NHS trust is placed in special measures it means that:-

- An improvement director can be appointed to provide assurance of the trust's approach to performance
- NHS Improvement review the capability of the trust's leadership
- A 'buddy' trust may be chosen to offer support in the areas where improvement is needed
- Progress against action plans is published monthly on the trust's website and NHS Choices

An Improvement Director has been appointed for NSFT, East London NHS Foundation Trust (rated 'outstanding' by the CQC) is its buddy Trust and the CQC and NHS Improvement (NHS I) will be monitoring the NSFT's progress.

1.1.3 NSFT was previously rated 'Inadequate' and placed in special measures following CQC inspections in October and November 2014. The CQC raised its rating to 'Requires improvement', and the Trust came out of special measures, following an inspection in July 2016. The overall rating was raised at this point because the CQC had seen considerable progress since 2014, although concerns remained about the safety of some services, including unsafe environments, insufficient staffing levels, inadequate arrangements for medication management and concerns regarding seclusion and restraint practice.

1.1.4 The CQC said that the return to an 'inadequate' rating following the inspection in July 2017 was because (in summary):-

- The board had failed to address all the serious concerns that had been reported to them since 2014.
- The CQC lacked confidence that the trust was collecting and using data about performance to assure itself that quality and safety were satisfactory.
- Performance improvement tools and governance structures had not facilitated effective learning or brought about improvement to practice in all areas.
- Mandatory training was below acceptable levels. Many staff had not received regular supervision and appraisal.
- A lack of availability of beds meant that people did not always receive the right care at the right time.
- Community and crisis teams' targets for urgent and routine assessments following referral were not always being met in all areas.
- Poor performance of the single electronic records system had a negative impact on staff and care.
- Errors in the application of the Deprivation of Liberty Safeguards and the Mental Health Act.

1.1.5 In summary, the CQC's findings in 2017 compared to 2016 were:-

Domain	Rating	
	October 2016	October 2017
Safe	Inadequate	Inadequate
Effective	Requires improvement	Requires improvement
Caring	Good	Good
Responsive	Requires improvement	Requires improvement
Well-led	Requires improvement	Inadequate
<b>Overall</b>	<b>Requires improvement</b>	<b>Inadequate</b>

On 28 September 2017 NSFT announced the retirement of its Chief Executive. The resignations of the Director of Nursing, Quality and Patient Safety and the Director of Strategy and Resources were announced on 18 October 2017. All left their posts with immediate effect.

1.1.6 Details of the CQC's overall findings within each of the services inspected are shown at Figure 1 below, including the 'Outstanding' rating for child and adolescent mental health wards at the Dragonfly Unit, Carlton Colville, Suffolk, which opened in September 2016. It should be noted that the caring shown by staff was rated 'Outstanding' in child and adolescent mental health wards and 'Good' across all other services.

Figure 1: CQC findings published in October 2017

Final updates for publication						
Name of provider	Norfolk and Suffolk Foundation Trust					
	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Long stay/rehabilitation mental health wards for working age adults	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Forensic inpatient / secure wards	Requires Improvement	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Outstanding	Outstanding	Outstanding	Good	Outstanding
Wards for older people with mental health problems	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Wards for people with a learning disability or autism	Requires Improvement	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Mental health crisis services and health based places of safety	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Specialist community mental health services for children and young people	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community-based mental health services for older people	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Community mental health services for people with a learning disability or autism	Good	Good	Good	Good	Requires Improvement	Good
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

← Overall provider

- 1.1.7 On 18 September 2017 the CQC published the report of its inspection of Mundesley Hospital, which took place on 7-9 June and 19-20 June 2017. The hospital was rated 'Inadequate'.

Mundesley Hospital was a 27 bed private mental health hospital run by Hope Community Healthcare Limited. Norfolk and Suffolk NHS Foundation Trust had been placing adult acute patients at the hospital when beds were not available at its own facilities, as it seemed preferable to place people closer to home rather than out of county. It was NSFT that commissioned the beds, not the CCGs. The hospital first received an 'Inadequate' rating in September 2016.

In July 2017 NHOSC was informed that in the period from June 2016 to May 2017 NSFT had placed patients at Mundesley Hospital as follows:-

Patient category	Number of patients	Number of bed days
Adult	145	4378
Complexity in later life	3	145

A report to the NSFT Board on 26 October showed the number of bed days at Mundesley hospital continuing at a high level from July to September 2017, with figures as follows:-

OOT PLACEMENTS	12 MONTHS ACTUALS TO MARCH 2018												
Bed Days	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD
Mundesley	559	454	583	425	582	452							3,055
Ellingham				27	91	150							268
OOA	61	72	183	413	348	119							1,196
TOTAL	620	526	766	865	1,021	721	0	0	0	0	0	0	4,519
Total spend £'000s	466	322	551	574	574	423							2,910
Budget £'000s	83	83	83	83	83	83							500
Variance	(383)	(239)	(468)	(491)	(491)	(340)	0	0	0	0	0	0	(2,410)

The contractual arrangement with effect from 1 April 2017 is that the Norfolk and Waveney CCGs will pay for out of Trust placements over and above £1m.

- 1.1.8 On 20 October 2017 NSFT confirmed that following a meeting with the Norfolk's CCGs Mundesley Hospital had received notification from NSFT that they had been requested to withdraw all patients from Mundesley Hospital and hoped to place most patients at other hospitals in Norfolk. Mundesley Hospital closed on 20<sup>th</sup> October.

## 1.2 Norfolk Health Overview and Scrutiny Committee's (NHOSC) scrutiny of mental health services since 2016

- 1.2.1 NHOSC has received reports from NSFT and / or representatives have attended to answer questions on the following occasions since September 2016 (agenda reports and minutes of the meetings are available on the Norfolk County Council website through the date links below):-

Date	Subject
<a href="#">8 Sept 2016</a>	Norfolk and Suffolk NHS Foundation Trust – unexpected deaths
<a href="#">13 Oct 2016</a>	Letter to Norfolk and Suffolk NHS Foundation Trust regarding unexpected deaths (NSFT's responses to this letter and to a follow-up request for information were circulated to Members in the NHOSC Briefings on 8 Dec 2016 and 23 Feb 2017; copies are available

	on request from the Democratic Support and Scrutiny Team Manager).
<a href="#">20 Jul 2017</a>	Availability of acute mental health beds
	Waiting times for children's mental health services

1.2.2 Other specific actions agreed by NHOSC in relation to mental health services in 2017 included:-

12 Jan 2017 Commenting to Norfolk and Waveney Sustainability and Transformation (STP) Executive Board:-

‘People with mental health problems do not have access to health services on a parity with the population as a whole, resulting in significantly shorter life expectancy and often inappropriate treatment. These inequalities should be addressed by integrating mental health with other services.’

Response received 3 Feb 2017:-

‘The Mental health workstream has proposed Parity of Esteem as one of its key priorities in line with the Five Year Forward View. This will include improving how mental health is treated across primary and secondary care; a focus on psychological therapies to support patients with long term conditions; improving psychiatric liaison with acute services and integrating mental health into perinatal services.’

20 Jul 2017 Writing to the Secretary of State for Health expressing the opinion that:-

- i. uplift funding for Local Transformation Plans (LTP) for children's mental health services should be ring-fenced
- ii. the national target of at least 35% of children with diagnosable mental health conditions accessing local NHS-funded community services by 2020/21 sets the target too low.

A reply dated 1 September 2017 from NHS England was circulated to NHOSC Members by email on 11 Sept 2017 (copies are available on request from the Democratic Support and Scrutiny Team Manager). It was clear that funding for transformation of children's mental health services would not be ring-fenced. NHS England also said that from April 2017 criteria for measurement of mental health performance for both children's and adult services was based upon outcomes rather than financial inputs, and that local plans and agreements could be developed to increase the pace and quantum of change.

1.2.3 On 20 July 2017, when NHOSC examined ‘Availability of mental health beds’ and ‘Waiting times for children's mental health services’ the committee was aware that a comprehensive CQC inspection was underway and agreed to

await publication of the report before deciding how to proceed with scrutiny of NSFT and mental health issues.

## **2. Purpose of today's meeting**

2.1 On 26 October NHOSC agreed to a one item agenda at its 7 December 2017 meeting to examine NSFT and the Norfolk Clinical Commissioning Groups' (CCG) action on the provision of mental health services in Norfolk in light of the CQC report.

2.2 NSFT and the South Norfolk CCG (lead CCG for mental health commissioning in the Norfolk and Waveney STP area) were asked to report with the following information:-

### **2.3 NSFT**

- The action plan to address performance, as required by the CQC
- The trend in out-of-Trust placements – figures showing month-by-month out of-Trust (OOT) placements from June 2017 to present; showing both the number of individual placements and the total bed days; showing OOT placements within Norfolk and Suffolk as well as OOT placements outside the two counties; showing the locations of the placements and the organisations with which the patients are placed, showing the category of patients adult; child and adolescent mental health services (CAMHS); dementia with complexity in later life; complexity in later life; with totals in each category.
- Progress with the actions outlined in the Bed Review by Mental Health Strategies as the means by which NSFT could manage within its current bed numbers.
- The number of complaints raised by NHS patients at Mundesley, either whilst an in-patient or after leaving the facility, and the number of those reported to the police or Local Authority Designated Officer.
- Current NSFT staff vacancy rates, per service line, per locality, along with the numbers of staff on maternity leave or long term sick leave and whether these posts are being covered.
- NSFT's income each year from 2012-13 to 2017-18 (to date) and the number of referrals to NSFT in each year from 2012-13 to 2017-18 (to date).
  
- Will delivery of the action plan to address the CQC findings require increased investment by the CCGs over and above the additional investment planned in the STP?
- Who is the responsible clinician for an NSFT patient when they are placed out-of-Trust and how is the patient's progress reviewed?
- Is there cause for concern about the quality of any of the independent or NHS mental health providers with which NSFT currently places patients when no beds are available within its own facilities? (Acknowledging that NSFT itself is rated 'inadequate', but that its 'caring' by staff is rated 'good', this means any organisation whose CQC ratings are lower than NSFT's in any of the 5 CQC assessment categories – safe, effective, caring, responsive, well-led).

- Who decided to stop sending patients to Mundesley Hospital and why was the decision made at that point?
- What contingency planning was done after Mundesley Hospital received its consecutive 'inadequate' ratings to allow NSFT patients to stop being placed there?
- With the 27 beds at Mundesley no longer available and the numbers of out-of-Trust placements still required, how does NSFT plan to accommodate in-patients?
- It is understood from press reports that beds at Priory Group's Ellingham Hospital will be used, but that facility is for patients aged 12 to 25. What are the plans for older patients?
- Will the cost of out-of-Trust placements increase now that Mundesley Hospital is no longer available? If so, where will the additional funding be found?
- Were safeguarding concerns raised by patients at Mundesley Hospital shared with NSFT?
- How can NSFT assure itself that it would be made aware of any problems with safety of care arising at the independent and other out-of-Trust facilities at which patients are placed?
- How many patients are sent to NSFT in-patient facilities by other mental health trusts and who is responsible for their care?

NSFT's report is attached at **Appendix A** and representatives will attend the meeting to answer Members' questions.

#### 2.4 South Norfolk CCG (mental health lead for the Norfolk and Waveney CCGs)

- What is the CCGs' role in monitoring satisfactory delivery of service that NSFT sub-contracts to independent providers?
- Do the CCGs get the same level of performance and other information about sub-contracted service as they get about the service that NSFT provides direct?
- Do the CCGs consider that NSFT will need more funding over and above the additional investment outlined in the STP to meet the requirements of the CQC report?
- Do the CCGs consider that NSFT will need more funding for the placement of patients at out-of-Trust facilities following the closure of Mundesley Hospital?
- In each year since the establishment of the CCGs (i.e. the years from 2013-14 to 2017-18) how much has each of the five CCGs in Norfolk allocated at the start of the year to:-
  - NSFT
  - Mental health services provided by others than NSFT or its subcontractors – specifying who the other providers were and what the other services were
 (showing both the actual amount allocated by each CCG each year and what percentage of the CCG's overall spending that amount represents).
- How much additional funding has each CCG put in by the end of each of the financial years (i.e. each year from 2013-14 to date in 2017-18) to cover mental health overspends by:-

- NSFT – specifying what the overspend was for (e.g. NSFT's out of trust / area in-patient placements) and showing both the actual amount and what percentage of the CCG's overall spending it represents.
- Providers other than NSFT – specifying which provider, what the overspend was for and showing both the actual amount and what percentage of the CCG's overall spending it represents.

South Norfolk CCG's report is attached at **Appendix B** and representatives will attend the meeting to answer Members' questions.

- 2.5 Although Mundesley Hospital has now closed, NHOSC will be examining the extent to which potential problems with its service were known to and monitored by NSFT and / or the CCGs during the time when NHS patients were placed there. This line of enquiry is in the context of seeking assurance about the safety, care and treatment of NSFT patients currently placed in out-of-Trust facilities within and outside of Norfolk. In this connection, Hope Community Healthcare Limited (Mundesley Hospital) was asked to provide the following information:-

- The number of complaints raised by NHS patients at Mundesley, either whilst an in-patient or after leaving the facility, and the number of those reported to the police or Local Authority Designated Officer.
- The staffing levels at Mundesley – month-by-month figures for 2017 showing actual numbers on shift as well as expected numbers, and the mix of registered and non-registered staff.

The information is attached at **Appendix C**.

- 2.6 The Campaign to Save Mental Health Services in Norfolk and Suffolk asked to submit a paper to NHOSC and this is attached at **Appendix D**. A representative of the Campaign will be invited to speak at the meeting.

The second paragraph of the report at Appendix D refers to an EDP article on 21 November 2017 based on the Campaign's analysis of NHS Digital payroll data comparing doctors, nurses and managers in post in July 2012 with July 2017.

Members may be aware that the EDP article also included NSFT's response which questioned the accuracy of the picture drawn from the data. The EDP also reported that NSFT produced data for between March 2013 and March 2017 showing a 2.13% decrease in doctors, a 15% drop in nurses, a 23.5% drop in managers and a 6% increase in unregistered clinical support staff.

### 3. Suggested approach

- 3.1 After the representatives from NSFT and South Norfolk CCG have presented their reports and a representative from the Campaign to Save Mental Health Services in Norfolk and Suffolk has spoken, the Chairman will invite Members to question the representatives from NSFT and the CCGs under the following headings. Potential questions for discussion are suggested below:-



### 3.2 NSFT's overall approach to improvement

- (a) Given that NSFT has returned to special measures in 2017 partly because it did not meet CQC requirements from 2014:-
- i. Can NSFT explain what is different about its approach to emerging from special measures this time that will enable it to sustain the improvement?
  - ii. Is NSFT entirely clear about all it needs to do to meet the CQC requirements over the coming months
  - iii. Has the CQC agreed that NSFT's action plan will meet the requirements
  - iv. Does NSFT believe the required action is deliverable within its agreed level of funding from the Norfolk and Waveney CCGs?
- (b) NSFT's improvement plan says that 'support and engagement of our staff and our stakeholders will be fundamental to making the sustainable changes that are required for the benefit of everyone who uses our services'. What are the Trust's plans for the ongoing engagement of service users and carers in the period of improvement?

#### **Availability of beds and out of trust / out of area placements**

- (c) In January 2014 a representative from North Norfolk CCG told NHOSC they were working closely with NSFT to prevent out-of-area placements and were confident that by the end of April 2014 bed capacity in the central Norfolk area would be 'about right' to prevent out-of-area placements. In subsequent years, despite always aiming to reduce the numbers of these placements NSFT has continued to need out-of-Trust and out-of-area placements due to lack of availability of its own beds. More than £7m has been spent on out-of-Trust placements since April 2016. In the current financial year NSFT had already spent £2.9m on out-of-Trust placements by September 2017, which was £2.4m more than its budget for the whole year. Also, some of NSFT's own adult acute and older people acute wards have been running at a very high occupancy rate (some wards ran at 100, 102, 103 and 107% in August 2017 according to the October Trust Bed Occupancy report to the NSFT Board).

It was announced on 13 November 2017 that NHS Improvement had added out-of-area placements to its single oversight framework as part of the national drive to eliminate out of area placements by 2020-21. Mental health service providers will be expected to meet a trajectory to reduce out-of-area placements each quarter until they are eliminated in 2020-21.

Given this situation, is there a case for opening more NSFT in-patient beds until community and other services demonstrate that they can reduce the need for beds?

- (d) NSFT proposes establishing a Crisis Hub and a small number of additional step down beds in a city centre location by October 2018 as a

means of reducing admissions to hospital and alleviating the pressure on beds. Can NSFT explain how this model would work for the whole County?

- (e) NSFT mentions Delayed Transfers of Care (DTOCs) as a priority area for improvement (Appendix A, paragraph 3(ii)). Whilst acknowledging that DTOCs should be reduced, how far will this go towards alleviating the pressure on beds? How many patients on NSFT's wards are currently classified as DTOC and how does this number compare with the current number placed in out-of-Trust beds?
- (f) The CQC report mention people being discharged early or managed within an inappropriate service due to lack of beds. How closely do NSFT and the CCG monitor the inappropriate placement of patients within NSFT (e.g. placement of patients with dementia and complexity in later life on adult acute psychiatric wards) and the re-admissions of patients who have been discharged too soon? How are they taken into account in the bed review work?
- (g) There were 57 out-of-Trust & out-of-area placements from Norfolk and Waveney in October 2017 but NSFT's report mentions just 11 at the time of writing in November 2017 (Appendix A, paragraph 12). How has this been achieved?

## **Staffing**

- (h) Safe staffing was cited by the CQC as one of the areas of significant concern at NSFT in 2014, 2016 and in the latest inspection. NHOSC has been aware of difficulties of staff recruitment since its 'NHS Workforce Planning in Norfolk' scrutiny in 2015, and of NSFT's work to address this challenge over the last few years.

Given that NSFT already appears to have tried hard to ensure safe staffing, and in light of the national withdrawal of student nursing bursaries, the drop in nurses from the European Union registering to work in the UK and the cap on agency rates paid by NHS providers, can NSFT be confident that it will meet the staffing requirements?

- (i) What new recruitment, retention and staffing strategies will be tried?
- (j) Is it possible for the CCGs and / or NSFT to provide additional financial or other incentives to attract staff to work in services or geographic localities with the greatest shortages?
- (k) NSFT must ensure that staff receive regular supervision, annual appraisals and mandatory training. How will these be achieved in the services that have high levels of vacancies?

## **IT system**

- (l) In a letter dated 28 October 2016 responding to NHOSC queries, NSFT acknowledged that, as with any new IT system, there had been challenges during the introduction of the single electronic record system but assured NHOSC that the system was continually being improved. In July 2017 the CQC found that 'the poor performance of the single electronic records system had a negative impact on staff and patient care'. What more can NSFT do to speed up improvement of its IT system?
- (m) The CQC improvement plan identifies a high risk of issues with the Lorenzo patient records system at NSFT not being resolved and gives it an amber rating. The contract for Lorenzo is between NHS Digital and the provider DXC. What more can be done about this situation?

### **Future commissioning strategy and funding**

- (n) At NHOSC on 26 October 2017 the Norfolk and Waveney STP Lead said that a fundamental rethink of mental health services was required. Whilst acknowledging that this will take time, what early are the early indications of the direction that this will take and what progress is being made?
- (o) The October 2016 Norfolk and Waveney STP submission outlined investment of £14.1m in mental health services by 2021 to meet the NHS Five Year Forward View priorities for mental health. This comprised £5.9m for acute liaison, £6m for reablement and recovery, £0.8m for dementia and £1.4m for integrating physical and mental health care. There was also an additional £1.9m per annum investment in child and adolescent mental health services through the Local Transformation Plan. Does the planned increase in investment need to be higher to meet increasing mental health demand, to achieve the necessary improvements in local service and to reflect Parity of Esteem with physical health services across the period of the current STP?
- (p) Given the dramatic rise in referrals to NSFT from 2012-13 to 2017-18 (see Appendix A, paragraph 6) are the commissioners and provider planning adequately for growth in future years?

### **Other questions**

- (q) The Campaign to Save Mental Health Services in Norfolk and Suffolk's paper mentions investment in forensic and secure services which do not appear to be under as much pressure as adult and older people's acute services (Appendix D, final page). Can NSFT comment on this?

## **4. Action**

### **4.1 NHOSC may wish to:-**

- (a) Make comments and / or recommendations to the commissioners and NSFT based on the information received at today's meeting.

Areas in which NHOSC may wish to consider making comments and / or recommendations could potentially include:-

- NSFT's involvement of service users, staff and other partners in its journey towards improving services
- NSFT and the CCGs' consideration of how and where investments could be made within NSFT and in the wider health and care system to produce long term savings for reinvestment in sustainable mental health services
- Consideration of local incentives to attract staff to areas and services with most vacancies

(b) Ask for further information for the NHOSC Briefing or to examine specific aspects of the mental health services at a future committee meeting. For instance:-

- Updates on the progress of the NSFT improvement plan
- Details of NSFT's quarterly trajectory targets to eliminate out-of-area placements by 2020-21, and progress towards this goal.
- An update on progress after the CQC's next inspection (i.e. by July 2018)

(c) Suggest that NSFT invites Members of NHOSC to visit the mental health services to learn more about progress.



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