

# Norfolk Health Overview and Scrutiny Committee

Date: **Thursday, 07 December 2017**

Time: **10:00**

Venue: **Edwards Room, County Hall,  
Martineau Lane, Norwich, Norfolk, NR1 2DH**

**Persons attending the meeting are requested to turn off mobile phones.**

Members of the public or interested parties who have indicated to the Committee Administrator, Timothy Shaw (contact details below), before the meeting that they wish to speak will, at the discretion of the Chairman, be given a maximum of five minutes at the microphone. Others may ask to speak and this again is at the discretion of the Chairman.

## Membership

<b>Main Member</b>	<b>Substitute Member</b>	<b>Representing</b>
Mrs J Brociek-Coulton	Ms L Grahame	Norwich City Council
Michael Chenery of Horsbrugh	Mr S Eyre	Norfolk County Council
Ms E Corlett	Miss K Clipsham/Mr M Smith-Clare	Norfolk County Council
Mr F Eagle	Mr S Eyre	Norfolk County Council
Mrs M Fairhead	Vacancy	Great Yarmouth Borough Council
Mrs S Fraser	Mr T Smith	King's Lynn and West Norfolk Borough Council
Mr A Grant	Mr S Eyre	Norfolk County Council
Mr D Harrison	Mr T Adams	Norfolk County Council
Mrs L Hemsall	Mr J Emsell	Broadland District Council
Mrs B Jones	Miss K Clipsham/Mr M Smith-Clare	Norfolk County Council
Dr N Legg	Mr C Foulger	South Norfolk District Council
Mr R Price	Mr S Eyre	Norfolk County Council
Mr P Wilkinson	Mr R Richmond	Breckland District Council
Mr G Williams	Vacancy	North Norfolk District Council
Mrs S Young	Mr S Eyre	Norfolk County Council



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Tim Shaw on 01603 222948 or email [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

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## **A g e n d a**

- 1 To receive apologies and details of any substitute members attending**

- 2 NHOSC minutes of 26 October 2017**

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- 3 Declarations of Interest**

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

If that is the case then you must declare such an interest but can speak and vote on the matter.

- 4 Any items of business the Chairman decides should be considered as a matter of urgency**

- 5 Chairman's Announcements**

- 6 Norfolk and Suffolk NHS Foundation Trust - mental health services in Norfolk**

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Appendix A (**Page 24** ) - Norfolk and Suffolk NHS Foundation Trust

Appendix B (**Page 68** ) - Clinical Commissioning Group



Appendix C (**Page 72** ) - Mundesley Hospital  
information

Appendix D (**Page 73** ) - Campaign to Save Mental  
Health Services in Norfolk and Suffolk

<b>7</b>	<b>Forward work programme</b>	<b>Page 77</b>
<b>8</b>	<b>Glossary of terms and abbreviations</b>	

**Chris Walton**  
**Head of Democratic Services**  
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**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH  
on 26 October 2017**

**Present:**

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mrs J Brociek-Coulton	Norwich City Council
Ms E Corlett	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mrs B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mr R Price	Norfolk County Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	Norfolk County Council

**Substitute Member Present:**

Mr T Smith	King's Lynn and West Norfolk Borough Council
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**Also Present:**

James Bullion	Executive Director, Adult Social Services
Antek Lejk	Lead for Norfolk & Waveney STP (and Chief Exec of North Norfolk and South Norfolk CCGs)
Jane Harper-Smith	Norfolk & Waveney STP Programme Director
Michael Ladd	Suffolk Health Scrutiny Committee
Jane Murray	Suffolk Health Scrutiny Committee
Terry Hicks	Sector Head for Norfolk & Waveney, East of England Ambulance Service NHS Foundation Trust
Richard Parker	Norfolk and Norwich University Hospital NHS Foundation Trust
Simon Hackwell	Director of Strategy, Norfolk and Norwich University Hospitals NHS Foundation Trust
Mark Burgis	Chief Operating Officer, North Norfolk CCG
David Russell	Cromer Town Council
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

**1. Apologies for Absence**

Apologies for absence were received from Mrs M Fairhead (Great Yarmouth Borough Council), Mrs S Fraser (King's Lynn and West Norfolk Borough Council), Mr A Grant (Norfolk County Council), Mr G Williams (North Norfolk District Council) and Mrs L Hemsall (Broadland District Council).



## **2. Minutes**

The minutes of the previous meeting held on 7 September 2017 were confirmed by the Committee and signed by the Chairman.

It was noted that the comment on page 11 of the agenda papers attributed to the Chief Officer of Great Yarmouth and Waveney CCG about a significant additional investment, the level of which could not be divulged at that point, related to her initial verbal update to the written report.

## **3. Declarations of Interest**

Mr D Harrison declared a personal interest in the report on ambulance response times because his daughter was a paramedic. Mr P Wilkinson also declared a personal interest in this item.

## **4. Urgent Business**

There were no items of urgent business.

## **5. Chairman's Announcement**

- 5.1 The Chairman welcomed to the meeting Mr Thomas Smith who was attending the Committee for the first time as substitute for Mrs Sue Fraser, King's Lynn and West Norfolk Borough Council.

## **6 Norfolk and Waveney Sustainability and Transformation Plan – progress update**

- 6.1 The Chairman welcomed Mr Michael Ladd who was the Chairman of Suffolk Health Scrutiny Committee and represented the Kessingland and Southwold division on Suffolk County Council and Mrs Jane Murray who was a member of Suffolk Health Scrutiny Committee and represented the Oulton ward on East Suffolk, Waveney District Council. Mr Ladd and Mrs Murray had been invited to the meeting for the opportunity to ask questions and make comments on the progress of Norfolk and Waveney Sustainability and Transformation Plan alongside members of Norfolk Health Overview and Scrutiny Committee.

The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to an update report on progress with the Norfolk and Waveney Sustainability and Transformation Plan to date and the timetable for consultation with health scrutiny on proposed changes arising from the Plan.

- 6.2 The Committee received evidence from Antek Lejk, Lead for Norfolk and Waveney STP (and Chief Exec of North Norfolk and South Norfolk CCGs) and Jane Harper-Smith, Norfolk & Waveney STP Programme Director. The Committee also heard from Michael Ladd and Jane Murray, Members of the Suffolk Health Scrutiny Committee.

- 6.3 The following key points were noted:

- The Norfolk and Waveney Sustainability and Transformation Plan (STP) was one of 44 STPs across the country.



- The Lead for the Norfolk and Waveney STP said that when the STPs were being planned in 2016 NHS England and NHS Improvement officials had told STP Boards not to publish the STPs before they had received feedback on their plans. As a result of this, the planning within the NHS for the STPs had initially been undertaken in secrecy.
- The Norfolk and Waveney Sustainability and Transformation Plan was published at an early stage but the timescale for the publication of the plan had meant that any involvement from the public had inevitably been limited.
- There was much work now being done through the STP with the County Council and Healthwatch to involve the public in the co-design of health and social care services.
- The Health and Wellbeing Boards (Norfolk and Suffolk), together with the County Council and local councils and the Boards of provider and commissioning organisations, played an important role in the strategic oversight of the Norfolk and Waveney STP programme and were looking to speak with a “single voice”.
- The speakers said that only by working together and successfully implementing change with other service providers would the acute hospitals and the CCGs be able to provide customer-oriented, safe and sustainable quality services. The way in which the partners would coordinate their approaches and work together to achieve the aims of the STP was explained in the report.
- The delivery of the STP change programme required all organisations to accept significant change in the way services were currently delivered and develop joint commissioning strategies. The CCGs’ process of establishing the new single Joint Strategic Commissioning Committee was ongoing, with four out of five CCGs having approved it to date.
- In order to deliver public aspirations in Norfolk and Waveney for improved health and care, and the most efficient use of resources, the CCGs were coordinating their approach through the STP to issues such as workforce development, information technology, the 111 service, estates and other common service provision.
- Norfolk and Waveney generally had an older population that was projected to increase at a greater rate than the rest of England. This created a key challenge for the health and social care system.
- The overarching theme of the STP was for more people to be treated in the community.
- The speakers were questioned about whether they felt that more resources should be invested through the STP in mental health services, as a response to the recent inspectors report. In reply, the speakers said that while the Norfolk and Suffolk NHS Foundation Trust had been given 6 months to come up to standard, a 12 months fundamental review of mental health services was required. There was already a review taking place into mental health services for children and, following the publication of the inspectors’ report, it was now generally accepted that more had to be done to achieve the cultural changes that would lead to fundamental improvements in all mental health services. This included looking at the level of resources in mental health services and in approaches to keeping people mentally well, and making sure that delayed transfers of care were addressed so that mental health beds were used for their intended purpose.
- The data made available to the Committee showed that the STP had been awarded £2.2m to enable more GPs to be hired from abroad. The NHS was continuing to look to countries in the EU for the filling of vacancies for GPs and nurses.



- It was pointed out that the STP was spending £250,000 on Attain consultants to help develop a series of detailed options on service changes within the areas served by the three acute hospitals. The changes could include creating a single waiting time list for certain services. Members were assured that the NHOSC would be kept informed of developments.
- Alongside the review of acute services, planning was also taking place about the optimal future configuration for the 5 CCGs and the integrated social care commissioning units.
- The implementation of the Norfolk and Waveney Sustainability and Transformation Plan was not expected to lead to the closure of hospital wards. The plans that made up the STP did not currently include any proposals for substantial changes to clinical services that would require formal consultation.

6.4 The STP Lead indicated that the public would be engaged in the co-design of services and that the STP partners would consult with health scrutiny about any proposed substantial changes to services.

6.5 It was noted that Members of NHOSC and other County Councillors would be informed of the details of the engagement events being run with Healthwatch Norfolk towards the end of 2017, to encourage attendance.

## **7 Ambulance response times and turnaround times in Norfolk**

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report on the trends in ambulance response and turnaround times in Norfolk and action underway to improve performance.

7.2 The Committee received evidence from Terry Hicks, Sector Head for Norfolk & Waveney, East of England Ambulance Service NHS Foundation Trust, Richard Parker, Norfolk and Norwich University Hospital NHS Foundation Trust, Simon Hackwell, Director of Strategy, Norfolk and Norwich University Hospitals NHS Foundation Trust and Mark Burgis, Chief Operating Officer, North Norfolk CCG. The Committee also heard from David Russell of Cromer Town Council.

7.3 The following key points were noted:

- The East of England Ambulance Service NHS Trust (EEAST) had implemented the new Government-approved categories for how emergency calls were triaged, responded to and reported.
- The new ambulance standards, under the Ambulance Response Programme (ARP), could not be compared to the previous standards as the call categories and associated response times were significantly different.
- Given the ongoing pressures on the ambulance service, urgent and emergency and the wider health and social care system, it would take some time before EEAST was able to bed down the ARP standards, however, EEAST expected to see significant benefits in improved response times before April 2020. The extra 4 minutes triage time would enable EEAST to send the right response first time in more cases.
- The speakers said that whilst EEAST was working hard to make further improvements to its response times, it was important to remember that they were not the only measure of the care EEAST provided to patients and the focus remained on providing the safe and high-quality services that were outlined in the report.



- Rural areas of Norfolk presented unique challenges in meeting time targets due to the nature of their infrastructure, particularly during severe weather, along with the fact that demand could not be predicted with the same kind of accuracy as in urban areas. While EEAST was commissioned on a region-wide basis to meet national targets EEAST was committed to improving the performance and quality of services they provided to patients in all of their areas.
- The speakers confirmed that EEAST would continue to examine what if any patient harm arose for every stroke patient that had not been conveyed to hospital within 60 minutes of their call.
- EEAST was constantly monitoring and reviewing resource allocation to achieve optimum response times. EEAST was redesigning services for patients to ensure they were more tailor made so that patients got the care that they really needed, whether that was at home, in hospital or by directing them to a more appropriate service. This would cut down on unnecessary hospital admissions and improve the experience for patients while enabling ambulances to reach high priority emergencies more quickly.
- The speakers said that an early intervention vehicle to support the needs of the frail and the elderly had been operating across the central Norfolk system since January 2017. This was part of a collaborative scheme with colleagues at NCH&C who provided an occupational therapist to work with EEAST in meeting the needs of the frail and elderly and had received funding outside of the core contract by Norwich CCG until the end of the financial year. EEAST had received additional funding via the STP to put on two more such vehicles which were due to join the ambulance fleet to cover the East and West of the county in the next two months.
- EEAST was looking at transferring much of its existing staffing from Rapid Response Vehicles (RRV) to ambulances to facilitate an increase in ambulance cover.
- The delay in ambulance turnaround times was partly attributed by the speakers to full beds in community hospitals and in-patient wards in acute hospitals which was creating a backlog at A&E and delaying new admissions.
- The situation was made worse by people calling ambulances when they had difficulty getting appointments to see a GP.
- Attention was drawn to the work of the Hospital Ambulance Liaison Officers (HALOs) who supported the N&N around the clock; this team of officers continued to play a key role in capacity planning and managing the flow of patients through to the hospital. Talks had begun between EEAST and the CCGs about the funding of the role in the next financial year.
- Members raised the issue of EEAST's involvement in the transport of patients in mental health crisis to acute hospitals and to acute beds at mental health hospitals after a Mental Health Act assessment. In reply, the speakers said that there was confusion on whether some types of journey were included in the contract with the ambulance service. Work was underway to identify and resolve gaps in the transport pathway for mental health patients.
- EEAST also received urgent calls from GPs and other health professionals requesting ambulance transport for their patients. The response to these calls was tailored to each individual patient's need as determined by the Doctor or health professional requesting the ambulance. In addition to dealing with emergency care, EEAST provided a range of other emergency, urgent and planned healthcare and transport services for instance for those patients requiring transport to mental health hospitals outside of the county.
- Members praised the work of the ambulance crews operating in Norfolk and spoke about the worthwhile experiences that they had gained from their visits to the Emergency Operations Centre (EOC).



- The speakers explained the procedure that staff at the EOC used to decide what kind of response was needed and whether an ambulance was required. The EOC staff included people with clinical knowledge who were able to ask more detailed questions than normal call handlers. This made for earlier identification and recognition of life-threatening conditions and more time to assess patients who did not have life-threatening conditions.
- The practice of having the 111 service directly transfer work into the ambulance call taking system as 'already triaged' and 'ready to dispatch' could be expected to have an impact on the workload of ambulance crews. The pre-triage questions asked by the 111 service helped to identify those patients in need of the fastest response. EEAST was able to re-triage calls handed over to it by the 111 service.
- EEAST worked closely with services provided by Swifts and Night Owls and could be expected to benefit from forthcoming improvements in NHS IT systems.
- EEAST awaited the results of the Independent Service Review, commissioned by its regulators, to identify if it needed to recruit more staff into Norfolk and Waveney and the approach being taken to fill the immediate gap in paramedics including supporting ambulance technicians more effectively during their training period.
- David Russell from Cromer Town Council asked a number of detailed questions about the fine monies relating to EEAST and Norfolk & Norwich Hospital under the former financial penalties regime. The CCG representative confirmed that the contracts with the N&N and EEAST were now under the STF (Sustainability Transformation Fund) arrangement which meant that financial penalties in relation to ambulance response times and turnaround times were no longer applied.

7.4 The NN CCG was asked to ensure that outstanding Freedom of Information requests from Cromer Town Council regarding the fine monies relating to EEAST and Norfolk and Norwich Hospital under the former financial penalties regime received a response.

7.5 The East of England Ambulance Service NHS Trust (EEAST) was asked to consider involving service users in a workshop currently being arranged on the conveyance of mental health patients to hospital and other facilities.

## 8 Forward work programme

8.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out the current forward work programme.

8.2 The forward work programme was **agreed** as set out in the agenda papers with the addition of Mental Health Services in Norfolk as a one item agenda on 7 December 2017.

8.3 The following items were also **agreed** for addition to the programme:-

- Delayed discharged / transfers of care – work by the Norfolk and Norwich Hospital and local district councils to address delays
- Physical health checks for adults with learning disabilities
- Access to NHS dentistry in west Norfolk (including service personnel's families at RAF Marham)



- Implementation of the Suicide Prevention Action Plan 2016-21 (relating to the county-wide Suicide Prevention Strategy) - progress by service providers

### **Chairman**

The meeting concluded at 12.45 pm



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**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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**Mental Health Services in Norfolk**  
**Report for the Health Overview and Scrutiny Committee**  
**7<sup>th</sup> December 2017**

**A. Introduction**

This report provides information for members of the Health Overview and Scrutiny Committee on the current position with Norfolk and Suffolk NHS Foundation Trust, following the CQC reports which were published in October 2017.

**B. Response to Questions**

**1. The action plan to address the CQC recommendations is attached.**

The Committee should note that the Trust fully accepts the CQC findings and requirements and the plan addresses systemic themes and the 'must do's' and 'should do's' contained within the overall Provider report. The CQC requires significant improvement by March 2018. A re-inspection of those 'must do's' and 'should do's' will occur before July 2018 and a full inspection is expected within 12 months of entering 'special measures'. It is likely that this will be in the autumn of 2018.

The systemic themes are:

- Leadership
- Staff engagement
- Clinical engagement
- Culture

These issues are longer term and have the support of NHS Improvement and the CQC. As part of the special measures support package, East London NHS Foundation Trust (ELFT) has been appointed as our 'buddy trust'. ELFT has offered their support and advice with regards to the systemic issues having experienced similar issues. ELFT is rated as 'outstanding' by the CQC.

The summary plan is attached for information. Detailed action plans at service line level have been established with dedicated service line leads and project management to deliver the plans.

A Quality Programme Board, chaired by the Chief Executive, meets weekly to review the plans and each service line is reviewed on a fortnightly basis. Progress against the plans will be reported to the Trust Board.



## 2. The trend in out of Trust placements is as follows:

NORFOLK & WAVENEY										
	JUNE		JULY		AUGUST		SEPTEMBER		OCTOBER	
	Bed Days	Number of Placements	Bed Days	Number of Placements	Bed Days	Number of Placements	Bed Days	Number of Placements	Bed Days	Number of Placements
<b>SERVICE</b>										
Acute	714	44	695	51	756	47	625	43	700	53
CLL acute	0		0		22	1	13	1	64	3
DCLL Acute	52	7	169	7	201	11	79	6	31	1
	766	51	864	58	979	59	717	50	795	57
<b>OOT / OOA</b>										
OOT	583	29	461	34	660	40	608	43	493	38
OOA	183	22	403	24	319	19	109	7	302	19
	766	51	864	58	979	59	717	50	795	57
<b>LOCATION</b>										
Mundesley Hospital	583	29	422	32	533	35	450	36	294	26
Ellingham Hospital	0		39	2	127	5	158	7	199	12
Cygnets - Harrogate	13	2	30	2	0		0		36	3
Cygnets - Harrow	7	2	67	5	10	1	0		20	1
Cygnets - Stevenage									32	2
Kneesworth House - Royston	40	2	43	3	45	2	30	1	26	1
Potters Bar	30	1	38	2	32	2	0			
Priory - Chelmsford	0		11	2	9	2	0		27	3
Priory - Nottingham	0		0		0		0			
Priory - Roehampton	19	4	16	1	0		0		20	1
Priory - Southampton									13	1
Priory - Ticehurst	4	1	25	1	0		0		48	3
Priory - Woking	2	1	0		0		0			
St Andrews - Northampton	52	7	169	7	201	11	79	6	60	2
St Neots	0		0		22	1	0			
The Dene - Sussex	16	2	4	1	0		0		20	2
	766	51	864	58	979	59	717	50	795	57

## 3. Progress with the actions outlined in the Bed Review

The following actions have been developed from the recommendations in the Bed Review which was jointly commissioned by the Trust and CCGs and undertaken by Mental Health Strategies. The recommendations have been accepted by Norfolk and Waveney STP and are overseen by the STP's Mental Health workstream, chaired by Tony Palframan, General Practitioner.



- (i) Clinical variance (both primary and secondary) should be addressed.

Primary Care:

The CCG is leading a piece of work looking at referrals into the crisis team from primary care. Work is ongoing focusing on the number of referrals by practice and of those how many would benefit from alternative signposting.

Secondary Care:

A project has been established, led by the Medical Director to assess clinical variation across the Trust. This is focused on discharge processes and admissions criteria, to ensure that these are consistent within NSFT; and upon any possible efficiencies or improvements within bed management within the Trust. A Trust-wide set of standards of how the Crisis, Home Treatment and In Patient services should function was drafted on 21<sup>st</sup> November. This is now subject to Service User and Carer review of these standards. The specific ways in which those with Personality Disorder will be managed by Acute pathways was also agreed in the meeting and has been shared with the Personality Disorder strategy project.

- (ii) Crisis hub and a small number of additional step down beds would offer the most useful means of alternatives to admission.

A business case has been prepared and accepted to establish a crisis hub in Norwich, based on evidence from Aldershot, Bradford and Leeds which shows that the crisis hub model has been effective in reducing out of area placements and has had a significant impact in improving the options available to service users and to GPs. A city centre location will be the best venue for the crisis hub. The procurement for the service will be undertaken and the expected opening of the service will be October 2018.

Seven step down beds have been procured through Evolve who provide accommodation and integrated services to support people as an intermediary step between hospital care and home. Evolve help to support the patients whose discharge has been delayed.

Patients whose discharge has been delayed for social care reasons are a focus for the STP Mental Health workstream. The Chief Executive for NSFT and the Director of Social Care have discussed the position and the national pressure to reduce the number of delays. In light of Norfolk's deteriorating position with delays progress is expected as a matter of urgency.

- (iii) A community personality disorder service would be a useful addition to current services (although it should not be seen as a replacement for any existing services).

NSFT is drafting a Personality Disorder Strategy which has been co-produced with frontline clinicians, service users and carers. The outline strategy and proposals will be presented to the STP in January and will then be considered for implementation under the STP's Mental Health workstream.

- (iv) Demand and capacity on community teams is out of balance and should be addressed.

In July 2017 a business case was prepared for additional staff for the community team in Norwich and 10 posts were agreed. The CCG has agreed funding for these posts. Further work is underway



between the Trust and CCGs to assess demand and to consider what else needs to be done to support the staffing capacity available.

**4. 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. (Hope Community Healthcare Trust will also be asked to provide this information).**

NSFT were aware of a total of five patient complaints involving Mundesley Hospital. Of these five, two were reported to the police but did not result in prosecution due to a lack of evidence.

Two complaints are still under investigation and the outcome of the fifth was that Mundesley hospital was reminded of the importance of 'keeping the nearest relative notified'.

The Trust stopped admitting any new patients to Mundesley Hospital from 6<sup>th</sup> October, following the publication of the hospital's CQC inspection report.

The Trust sought immediate assurances as to remedial safety actions being put in place to ensure the safety of any NSFT patients already placed there.

The Trust continually monitored the standards of care at the hospital – as with all other providers' we use – with regular visits by senior Trust staff. Patient review meetings were held twice-a-week to ensure that each of our patients was receiving appropriate standards of care.

Meetings between the hospital's senior management, the CCGs and the Trust's executive were also held.

When these parties were no longer assured that the hospital's remedial safety actions were being put in place quickly enough or effectively enough, we took action to remove the remaining few NSFT patients.

By Friday, 20<sup>th</sup> October the small remaining number of patients still at the hospital all NSFT patients were all safely transferred to beds within our Trust, or beds in a nearby provider (Ellingham Hospital, near Attleborough).

No incidents were reported in that interim period (6<sup>th</sup> to 20<sup>th</sup> October) relating to NSFT patients.

**5. 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.**

To ensure we keep our services users and staff safe, at NSFT we have made recruitment and retaining our existing staff an organisational priority. In the meantime, we make effective use of bank and agency workers to maintain safe staffing levels.

Of some assurance, is the fact our vacancy rate at the end of October 2017 was 9.95% and below the national average for mental health trusts of 13%, which indicates this is not just an issue for NSFT.



Recruiting sufficient staff is a risk for all NHS trusts as we are all managing increasing pressures and demands upon services while coping with a national shortage of qualified staff. Sadly, this is not an issue which is going away in the short or even medium term.

In October, Jeremy Hunt agreed we are facing an 'unprecedented crisis in shortage of nursing staff, with 40,000 posts unfilled in England'

In mental health, recruitment can be even more difficult as there are less and less numbers of people going into this more specialist profession. Last year, the Royal College of Nursing claimed that the number of mental health nurses working in the NHS had dropped by almost a sixth since 2010.

There are plans to recruit more clinical staff that are already very much in action, and have been for the past two years. As of today, we are advertising around 60 clinical posts for our new and existing services. And this rate of recruitment activity has been ongoing for the past two years and will continue.

In response to the national shortage of mental health nurses and doctors in the country, within mental health trusts there has been a strong emphasis on developing new job roles. Therefore, mental health services are provided by a much wider range of multi-disciplinary teams, more so than in most physical health services.

At NSFT a large percentage of our staff are highly qualified and trained NHS staff such as Allied Health Professionals. They are vital in providing appropriate care to our service users and they free up the nurses and doctors for work which specifically requires their skills.

The number of these Allied Health Professionals has significantly increased by 69% between March 2013 and March 2017.

Other initiatives to retain or develop our own staff includes, every student nurse who takes a placement with NSFT is guaranteed to be offered a job on qualifying. In September, we welcomed 20 newly qualified nurses to our Trust under this initiative, and in the summer 14 nurses graduated and joined our teams. A further 54 students were recently welcomed to locally train as mental health nurses. We have also welcomed the first 25 recruits on a joint NHS nursing apprenticeship scheme in west Norfolk which aims to attract nursing students to the area.

As well as recruiting we are looking at keeping and developing our existing staff and have a number of schemes to encourage this, including developing Nurse Specialist Consultant and Nurse Prescriber roles.

A special NSFT academy also offers additional support to newly qualified nurses and therapists, responding to statistics which show a large proportion of nurses across the country leave nursing within two years of qualifying.



Locality	Service Line	WTE Staff in Post	Vacancy Rate	Staff on Maternity Leave	Staff on Long-term sickness (28+ days)
CFYP	CAMHS	45.61	11%	3	2
	EARLY INTERVENTION	50.13	11%	2	1
	EATING DISORDERS	18.92	40%	1	0
	INPATIENTS	32.07	5%	3	0
	INTEGRATED SERVICES	42.9	12%	0	0
	LD	14.71	7%	0	0
	MANAGEMENT & ADMIN	42.54	7%	0	3
	OTHER	35.69	13%	0	0
	YOUTH	103.8	-2%	5	5
Gt YARMOUTH & WAVENEY	ADULT COMMUNITY	73.16	-1%	0	1
	ADULT INPATIENT	81.69	8%	1	3
	CONTINUING CARE INPATIENT	57.84	1%	0	4
	DCLL COMMUNITY	44.76	-2%	2	1
	MANAGEMENT & ADMIN	55.55	-3%	0	0
	LD COMMUNITY	18.03	-7%	0	0
NFK & WAV WELLBEING	NFK & WAV WELLBEING	111.78	6%	6	4
	OTHER WELLBEING	10.4	5%	0	0
Norfolk Central Adult	ADULT COMMUNITY	145.01	-2%	5	1
	ADULT INPATIENT	209.18	11%	10	4
	MANAGEMENT & ADMIN	58.9	14%	1	0
Norfolk Central DCLL	DCLL MANAGEMENT & ADMIN	30.52	21%	0	0
	CONTINUING CARE INPATIENT	65.14	6%	2	2
	DCLL COMMUNITY	89.56	0%	5	5
	DCLL INPATIENT	76.84	9%	0	0
Norfolk Recovery Partnership	ADULT COMMUNITY	61.81	21%	4	2
	CFYP COMMUNITY	1.84	0%	0	0
	MANAGEMENT & ADMIN	6.8	13%	0	0
Norfolk West	ADULT COMMUNITY	25.73	23%	0	0
	ADULT INPATIENT	48.74	25%	0	0
	DCLL COMMUNITY	25.43	2%	1	0
	MANAGEMENT & ADMIN	46.66	13%	1	4



**6. 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).**

	2012/13 £m	2013/14 £m	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m
Income	219	217	213	212	216	113 (Forecast £226m)
Referrals	65,107	73,248	83,390	89,334	94,085	48,180

Income reductions from 2012/13 to 2013/14 were due to the decommissioning of beds at Meadowlands and Highlands by NHS England (Specialised Commissioners).

Income reductions from 2013/14 to 2014/15 were due to the national deflator/efficiency (financial savings) requirement and to the Trust ceasing to provide IT services to Suffolk CCGs.

**7. 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? (The CCGs will also be asked this question).**

NSFT will seek additional investment to support the demand for crisis and urgent care. The funding for 2018/19 is currently under discussion and investment in capacity to meet demand forms part of that.

**8. Who is the responsible clinician for an NSFT patient when they are placed out-of-Trust and how is the patient's progress reviewed?**

Whilst the person is detained in an OOA hospital the responsible consultant (RC) is the consultant in the treating hospital; this is required by the Mental Health Act. Where someone is treated informally as an inpatient in an OOA hospital, technically they do not have an RC, but their treating consultant is the one in the OOA hospital. This would be the only way to provide safe and coherent medical treatment.

An NSFT psychiatrist would not be responsible for monitoring the patient's care in an OOA bed. The Care Coordinator usually has this responsibility. Psychiatrists will be involved at specific points to make specific decisions about suitability for discharge to the community team, or transfer to the inpatient NSFT bed. The relevant consultant will become involved if a service is planning to receive the patient back.

**9. 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).**

NSFT are currently placing people in the following hospitals:

- Priory Ellingham – rated good overall
- Priory Woking – rated good overall



- Priory Ticehurst – rated requires improvement overall, good for caring
- Priory Roehampton – rated requires improvement overall, good for caring
- Cygnet Beckton – rated good overall
- Cygnet Blackheath – rated good overall
- Kneesworth – rated requires improvement overall, good for caring

**10. Who decided to stop sending patients to Mundesley Hospital (announced on 20 October) and why was the decision made at that point?**

NSFT made the decision to stop admitting patients to Mundesley on 6<sup>th</sup> October 2017 and the decision to remove patients from Mundesley on 18<sup>th</sup> October 2017. All patients were safely removed by 20<sup>th</sup> October 2017.

**11. What contingency planning was done after Mundesley Hospital received its consecutive 'inadequate' ratings to allow NSFT patients to stop being placed there?**

NSFT met with Priory Ellingham to negotiate block purchasing beds in Redwood unit, their adult acute inpatient ward. Negotiations have been ongoing to work in partnership with this local hospital and the Priory group are in the process of increasing the number of adult beds they provide (currently 10 but due to increase incrementally to 24 by February 2018).

**12. 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?**

At the time of writing there are 11 out of Trust placements for Norfolk and Waveney, of which 5 patients are placed at Priory Ellingham in Attleborough. The outcome from the projects which are underway as part of the Bed Review conclusions will address some of that demand.

**13. 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?**

Redwood unit at Ellingham Priory is an adult acute ward and the hospital is currently in the process of refurbishing Woodlands unit which will also be registered as an adult acute unit.

**14. 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? (The CCGs will also be asked about this issue).**

Mundesley Hospital was one of a number of providers where patients were placed outside of the Trust and therefore there is no anticipated cost increase as a result.

**15. Were safeguarding concerns raised by patients at Mundesley Hospital shared with NSFT?**

Three safeguarding concerns were shared with NSFT.

One concern was raised by a patient in June 2016 following discharge back to the care of NSFT.

This incident was investigated by the police and the Multi-Agency Safeguarding Hub for Norfolk. The police found that there was no case to answer.



A safeguarding incident/concern was raised on 14<sup>th</sup> June 2017 which resulted in NSFT's Director of Operations and Associate Director of Operations making an unannounced visit to Mundesley hospital that day. At the time of the visit there were representatives from Norfolk Police and Norfolk County Council's safeguarding teams present and advice was sought about the safety of keeping patients at the hospital. Neither Norfolk Police nor Norfolk County Council's safeguarding representatives felt that there was a need to remove patients from the hospital. The police fully investigated this safeguarding concern which did not result in any further action.

A concern was raised on 30<sup>th</sup> June 2017 which was referred to the Multi-Agency Safeguarding Hub for Norfolk and the police. It was found that there was no case to answer.

**16. 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?**

NSFT proactively review all service users placed in hospitals outside of NSFT. A senior nurse visits Priory Ellingham twice weekly to review patients and care co-ordinators also in reach into the hospital. People placed further afield are regularly reviewed by the NSFT out of area manager and the priority is to repatriate those people placed furthest from Norfolk or Suffolk. The NSFT governance team regularly undertake inspections of independent hospitals and review CQC inspection reports for those hospitals.

**17. How many patients are sent to NSFT in-patient facilities by other mental health trusts and who is responsible for their care?**

It is unusual for non-secure (forensic) patients to be sent to NSFT inpatient facilities by other mental health trusts. On the occasions when this does occur, NSFT would be responsible for their care. But our Trust works closely with teams at the 'referring' trust to ensure the safe and expedient return of that patient to a unit closer to their home, as and when appropriate, and to ensure as much continuity of care as possible.

Patients who require secure (forensic) inpatient placements are referred directly to us from around the country, via the Ministry of Justice commissioning arrangements.



## Summary of the CQC Improvement Plan

Board assessment that action is on track to deliver outcome
Key:
Delivered
On track to deliver
Some issues – narrative disclosure
Not on track to deliver

Version 1.8

14 Nov 2017



## Norfolk and Suffolk NHS Foundation Trust – our improvement plan and our progress

### What are we doing?

- The Trust was rated as 'Inadequate' and placed into 'special measures' following an inspection by the Chief Inspector of Hospitals (CQC) in July 2017.
- The Chief Inspector made 25 recommendations in total, 21 of which the Trust must undertake and 4 of which the Trust should undertake. All 25 recommendations are included in our CQC Improvement Plan. The key themes of these recommendations are summarised below:
  - Improving safety
  - Improving staffing
  - Improving service access / capacity
  - Improving data / performance (Quality)
  - Improving compliance
- The plan is iterative and will include a governance review to be commissioned by NHS Improvement which will add to the improvement learning.
- The Trust Board has approved the CQC Improvement Plan which has been designed to deliver the immediate actions required as well as the longer term improvements needed. 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.
- A robust system of governance has been established to track and deliver the progress against the plan. The plans have been developed on a service line basis to match the approach taken by the CQC. Service Line Leads have been appointed to implement the plans and Operational Leads have been allocated to ensure actions are implemented quickly and effectively and to unblock any obstacles that might prevent completion of the actions. There is Executive and Non-Executive oversight against all service lines plans and further independent review will be provided through a clinically-led Peer Review and Audit process. Performance will be monitored through our Quality Programme Board and reported to the Quality Governance Committee and to the Trust Board. Further oversight will be provided to our stakeholders through a monthly Oversight and Assurance meeting.
- The improvement plan will be monitored by the Quality Programme Board on a weekly basis, with each service line being reviewed on a fortnightly basis. This document shows our plan for making these improvements and will demonstrate our progression against the plan.
- The CQC Improvement Plan was signed off by the Board on 13 November 2017. The plan ensures that the format and content align to the CQC reporting domains and that there is further clarity of the intended outcomes and key performance indicators across the programme of improvement. This will assist in the process to ensure that improvement actions align with the improvement recommendations.

### Who is responsible?



- Our actions to address the recommendations have been agreed by the Trust Board.
- Our Chief Executive, Julie Cave, is ultimately responsible for implementing actions in this document. Other executive directors are responsible for ensuring the plan is implemented as they provide the executive leadership for quality, patient safety and workforce: Debbie White (Director of Ops – Norfolk & Waveney), Pete Devlin (Director of Ops – Suffolk), Dawn Collins (Director of Nursing), Bohdan Solomka (Medical Director), Daryl Chapman (Director of Finance). Mark Gammage is the external advisor to the Board on HR/OD issues. Non-executive directors are responsible for testing and challenging the executive on the robustness of the plan, triangulating board reports with experience of front line staff and service users & carers.
- Philippa Slinger has been appointed as our Improvement Director and she will support our progress by challenging our approach to ensure we deliver the most effective service to our patients. The Improvement Director acts on behalf of NHS Improvement and works with the Trust to ensure delivery of the improvements and to oversee the implementation of the action plan.
- Ultimately, our success in implementing the recommendations of the CQC Improvement Plan will be assessed by the Chief Inspector of Hospitals, who will re-inspect our Trust in 2018.
- If you have any questions about the work we are doing you may contact our Head of Governance, Sue Barrett, sue.barrett@nsft.nhs.uk.

### The format of this plan...

- This summary document begins with the longer term changes that we need to make. We recognise that sustainable improvement requires cultural changes which will take longer than our immediate action plans. We need to build a culture that empowers colleagues, that instills ownership and accountability for quality and which ensures that we deliver our promises. We have called these long term themes our systemic issues and they focus on leadership and medical and staff engagement.
- The pages that follow the systemic issues cover our required actions. These are our immediate responses to the Chief Inspector's 25 'must dos' and 'should dos'. Although we have shown these on a calendar going up to April 2018 this does not mean that our work will stop in April. There will be more work to do on some actions and where we have made changes we will continue to check that the improvements have been sustained.
- This is a summary document and behind each of the actions there are detailed service line plans that are not shown here. These include milestones to measure progress and the names of individuals who are accountable for delivering the improvements.
- We have rated the actions as "green" at this stage in our planning. This is because we believe that the plan is realistic and is on track. We recognise that as time goes on, some actions may not go to plan and if this happens they will then change to 'amber' which means that there are reasons to be concerned that the action will not deliver the outcome or timescale or 'red' if we now believe that the action is not on track to deliver. There are some actions where important aspects are not under our control and so we have used 'amber' to show that we have less certainty.
- The "amber" and "red" ratings make sure that we focus our attention on the important actions to get them back on track.

### How we will communicate our progress to you?



- We will provide a progress report every month, which will be monitored by the Quality Programme Board and reviewed by the Trust Board.
- The progress report will be published on the Trust website, and subsequent longer term actions may be included as part of a continuous process of improvement. Each month we will let all staff, governors and stakeholders know our progress.
- We will write to all FT members via our newsletters letting them know more about the inspection outcome and describing the improvement plan, where members can access the action plan and how and when we will update it.
- We will present updates on progress at our scheduled Council of Governor meetings which are held in public.
- We will provide staff with an update on progress at our monthly broadcasts and communications to staff.
- We will provide updates to our stakeholders through the oversight and assurance meetings which will be held on a monthly basis.

**Chair / Chief Executive Approval (on behalf of the Board):**

Chair Name: Gary Page	Signature:	Date:
Chief Executive Name: Julie Cave	Signature:	Date:

**OUR IMPROVEMENT PLAN - SYSTEMIC ISSUES**



## Leadership

Leadership is a core theme to our improvement. It shapes our culture, promotes engagement and creates an environment open to learning and quality improvement. Whilst some work has started on building emotional intelligence we need to ensure our staff are equipped with the right skills to lead their teams in delivering excellent care to our service users. To do this we need to engage everyone in the organisation so that we have compassionate, inclusive and effective leaders at all levels. To do this we must:

- Agree what good leadership looks like at different levels to include knowledge, skills, attitudes and behaviours.
- Ensure that our staff receive appropriate skills development, including feedback and support.
- Ensure a system is in place to recognize talent and to attract, identify and develop people with good leadership potential.

We will work with East London NHS Foundation Trust to develop some aspects of this core theme, learning from their approach to leadership. Another important feature of our work will be as part of the Norfolk and Waveney and the Suffolk and North East Essex Sustainability and Transformation Plans This work will focus on the long term sustainability of the health systems across our counties.

Summary of key actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
<b>Strategic actions</b>							
Trust Board to review exec roles and ensure appropriate structure is in place							
Trust Board to develop a revised Organisational Development Strategy and agree an implementation plan							
Trust Board agree and adopt improvement methodology to drive forward a high quality, high performing organisation based on continuous improvement							
Exec Team to adopt the 'Developing People – Improving Care' Framework							
Trust Board to participate in and develop the 'Leadership for Improvement' programme							
Exec Team to agree and develop leadership programmes for all levels							
CEO to introduce a 'coaching for performance' scheme for managers							
<b>Operational actions</b>							
Exec Team to communicate clear plans for addressing CQC issues and progress							
Visibility of the Board (Execs and NEDS) – to include the CEO monthly broadcast, weekly/monthly planned visits to each area, partnered up with corporate heads							
HR lead to introduce a team briefing process							
Chair to lead on substantive appointments to Board vacancies (inc recruitment process)							
CEO to ensure regular Senior Leadership Group meetings							



HR lead to formalise 360 appraisal process for Senior Leadership Team							
HR lead to introduce mentoring network							
Exec Team to renew approach to Executive oversight and performance management of appraisal, supervision and mandatory training compliance (see separate plan NSFT15)							

<b>Evidence/Assurance</b>
<p>Regular and consistent messaging of plans for addressing CQC issues through a variety of mechanisms (Julie's Monday Message, Team Brief, SLGs)</p> <p>Plan in place for regular Board visits; visits undertaken; feedback from visits shared with Board colleagues</p> <p>Team briefing process implemented</p> <p>Executive positions appointed substantively</p> <p>Regular SLG meetings held</p> <p>Leading in Care Programme delivered</p> <p>Managers held to account for performance at every level</p> <p>El programme for cohorts 4, 5 and 6 completed</p> <p>Staff survey engagement scores for 2018</p>

## OUR IMPROVEMENT PLAN - SYSTEMIC ISSUES (continued)



## Medical Engagement

The link between doctors and management is an important one and one on which we need to make significant improvement. Medical leaders have a key role in driving quality improvement which is fundamental to our future success. We aim to have a culture whereby managers and clinicians work in partnership to deliver high quality care. To do this we have to be clear on our vision and values, working together to achieve a common objective with an absolute commitment to quality, safety, improvement and engagement. This is not a short term goal: it needs to be embedded and sustainable. We aim to be a Trust with high levels of medical engagement: which possesses:

- Understanding, trust and respect between doctors and managers
- Clear expectations, professional behavior and firm decision-making
- Clarity of roles and responsibilities and empowerment
- A culture focused on of quality improvement and safety

We will be supported by East London NHS Foundation Trust in this work.

Summary of key actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
<b>Strategic actions</b>							
HR lead to establish a values and competency based selection process for all consultants							
Medical director to develop a leadership programme for consultants							
Medical director and CEO to assess medical engagement through the Medical Engagement Scale. Plans to address the identified issues will result.							
CEO to establish a programme of learning from other high-performing organisations world-wide							
Medial director to establish key roles for medical leadership							
<b>Operational actions</b>							
Medical director to organise GMC Regional Liaison service workshops							
CEO to meet individual consultants and consultant groups on a regular basis							
HR lead to formalise 360 appraisal process for consultants							
HR lead to introduce mentoring network							
Medical Director to develop the clinical strategy implementation with clinical leads							

## OUR IMPROVEMENT PLAN - SYSTEMIC ISSUES (continued)



## Staff Engagement

Staff engagement is critical to our approach to improvement. There is evidence to show that engaged staff are more likely to show empathy and compassion and that Trusts with engaged staff have higher patient satisfaction levels, with more patients reporting that they are treated with dignity and respect. Staff are more enthusiastic about their work and collaborate more effectively, ultimately delivering better performance. Staff are more engaged if they have responsibility for their work and influence over their working environment. Just as importantly staff must feel able to raise concerns and to identify opportunities for improvement – and for these to be considered fairly.

Our aim is to be inclusive to promote collaboration, involve staff in decisions, to encourage and coach staff and support staff in addressing organisational challenges. We want to be a learning organisation where staff participate at all levels and feel able to deliver staff-led improvements. The focus must be on developing frontline staff and create a culture that promotes innovation.

Summary of key actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
<b>Strategic actions</b>							
To build on the development of our values in developing our approach to improvement through engagement (e.g. Listening into Action)							
Exec Team to analyse the results from the Staff Survey for 2017 and establish actions to address the issues.							
CEO to promote a more-accessible organisation to deliver a better relationship with the local population and the media							
<b>Operational actions</b>							
CEO-led communications in a variety of channels: live broadcasts, blogs, social media, newsletters, magazines							
Exec/Non-Exec walk arounds for visibility and to operate with purpose, with Non-Execs feedback to impact on changes and opportunities for improvement. All feedback to be included in the programme governance.							
CEO to continue 'You said we did'							
Execs to establish drop in sessions for staff							

## OUR IMPROVEMENT PLAN - SYSTEMIC ISSUES (continued)



## Culture

Whilst we have worked to develop our vision and values and start to transform the organisational culture we have more to do to ensure that:

- Organisational culture helps to maintain high levels of staff engagement and underpins safe, high quality patient care.
- It is critically important that leaders are seen to act authentically and that organisations live by their values they promote.
- Developing effective procedures to address behaviours that are consistent with our values is a priority. That means addressing negative behaviours of aggression, bullying and harassment and rudeness.
- Staff are more engaged when they feel valued by the organisational leaders and operate within a supportive environment.

We need to build on and progress with the work on our values to ensure that we adopt professional behaviours associated with high-performing organisations in that we take responsibility for our actions, we are accountable and hold people to account for delivery.

Summary of key actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
<b>Strategic actions</b>							
The Board to consider its approach to learning with a focus on learning from mistakes and what has worked well.							
The Board to emphasise and restate a clear direction and priorities based on empowerment / deliverability / accountability.							
<b>Operational actions</b>							
HR lead to ensure our values are embedded in our recruitment and appraisal processes							
Exec team to agree on its approach to performance management and the consequences of inappropriate behaviours and performance.							
The Board to publicly celebrate the success of its staff in delivering results, including against the CQC plan							



**Our CQC Improvement Plan  
to address S29A issues:  
required actions**



NSFT20	Exec lead: Julie Cave	The Trust must ensure that they fully address all areas of previous breach of regulation.	PLAN ON TRACK: RAG RATING	

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
The Head of Governance confirms completion of review of 2014/2016/2017 reviews to ensure all must dos/should dos are covered							
The BoD agrees the governance structure to monitor the plan							
The executive team agree leads at all levels							
The QPB agree and implements an escalation process							
The Trust's compliance functions report to the QPB that processes are embedded and sustainable.							
<b>OUTCOME:</b> Regulators are assured that all breaches have been addressed.							

Evidence/Assurance
<p>Governance structure in place</p> <p>Progress is made with the plans and evidence is provided</p> <p>Processes are embedded and sustainable</p> <p>Peer Reviews</p>

NSFT02	Exec lead: Julie Cave	The Trust must ensure that action is taken to remove identified ligature anchor points and to mitigate risks where there are poor lines of sight.	PLAN ON TRACK: RAG RATING	

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
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The Head of Estates ensures that site specific risk assessments are published on the intranet. Matrons confirm that risk assessments are accessible to ward staff							
Community toilet area risk assessments complete							
Head of Estates sign off that original work plan complete							
Matrons confirm that they have reviewed risk assessments with ward managers including all relational management arrangements. Ward managers confirm that they have reviewed risk assessments with ward staff including all relational management arrangements. Matrons escalate any issues immediately to locality managers for intervention							
Head of Estates to complete further potential work plan							
Board agrees additional work and funding							
Head of Estates confirms that work plan is in place and has been signed off by ward managers							
Every month, matrons report outcomes of audits to locality governance groups. Locality manager confirms that there are SMART actions in place for all issues identified. Improvements are evidenced and reported via Locality Governance Group minutes. Both environmental and relational aspects covered							
Matron audits confirm that operational policies are complied with in all areas and relational approaches are working							
Head of Estates signs off that work is complete							
<b>OUTCOME:</b> The board is assured that patient safety is protected as ligatures have been removed or the board has agreed that there are robust local arrangements which all local staff work to.							

Evidence/Assurance
Monthly matron audits Peer Review process Exec and Non-Exec visits Photographs of completed work Further reviews of existing areas to check risk assessments are comprehensive and complete



NSFT17	Exec leads: Debbie White /Pete Devlin	The Trust must ensure that people receive the right care at the right time by placing them in suitable placements that meet their needs and give them access to 24 hour crisis services.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Locality Managers develop capacity business cases where appropriate for discussion with Commissioners							
The Director of Operations N&W confirms that where OOA placements are required then appropriate monitoring is in place to return the patients to the Trust asap (to include LOS)							
The executive team approve acceptable staffing levels for s136 has been agreed or alternative actions taken							
Directors of Operations agree position with Commissioners on crisis services for dementia							
Directors of Operations agree performance and waiting time management plans for all areas that are not delivering waiting time standards							
Head of Estates confirms disabled access assessments have been completed							
Directors of Operations agree DToC plans with local stakeholders							
Directors of Operations N&W confirms that the Crisis Hub has been established							
<b>OUTCOME:</b> Patient safety is protected by access to appropriate services that meet their needs.							

Evidence/Assurance
Service user survey Reduction in complaints S136 compliance monitored through audits/Peer Review Waiting time performance improvement Reduced OOA patients Reduced DToC



NSFT18	Exec leads: Debbie White /Pete Devlin	The Trust must minimise disruption to patients during their episode of care and ensure that discharge arrangements are fully effective.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Directors of Operations confirm that a protocol has been established to minimise risk of out of hours transfers.							
The Patient Safety & Complaints Lead reviews readmissions to identify learning and address review outcomes							
The executive team monitor progress against the OOA Trust/Commissioners action plan							
Directors of Operations confirm implementation of 'Red-to-Green' process and 'Purposeful admission'. This to include all aspects of effective discharge.							
<b>OUTCOME:</b> Patient admission, transfer and discharge arrangements promote recovery.							

Evidence/Assurance
<p>Monitor performance on number of readmissions within 28 days</p> <p>Monitor the number of OOA placements (and bed days)</p> <p>Monitor DToC</p> <p>Monitor LOS for acute wards</p> <p>Peer Review</p>



NSFT07	Exec leads: Pete Devlin/ Debbie White	The Trust must ensure there are enough personal alarms for staff and that patients have a means to summon assistance when required.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Locality managers sign off confirmation that all staff have access to personal alarms							
The Associate Director of Operations (NW) / Chair of Acute Services Forum confirms that procedures on what to do in the event of an alarm have been reviewed (including Lone Worker Policy). Ward managers and community team managers confirm that amended procedures have been communicated to staff							
Ward managers and community team managers confirm that a programme of practice drills is in place.							
Ward managers and community team managers confirm that any malfunctioning alarm systems have been identified by local testing. Ward managers and community team managers confirm that they have tested their local arrangements and that staff know what to do if alarm sounds.							
Head of Estates confirms that any faulty alarm systems have been repaired							
Peer reviews confirm that alarm systems are effective.							
<b>OUTCOME:</b> Staff and patients can summon effective help if they need it urgently.							

Evidence/Assurance
Sign off by team leaders that sufficient personal alarms are in place and their areas are functioning satisfactorily Peer Reviews Compliance checks Matrons and team leaders monthly checks and reporting Environmental risk assessments



NSFT01	Exec lead: Dr Bohdan Solomka	<b>The Trust must ensure that all services have access to a defibrillator and that staff are aware of arrangements for life support in the event of an emergency.</b> The Trust must ensure all clinic rooms are equipped with emergency medication for use on site and in the community. The Trust must ensure that alternative procedures are in place for staff to follow in the event of a medical emergency.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Physical health lead to review requirements for access to emergency equipment and provide a case for change.							
Exec decision to purchase defibrillator packs for all community bases (oxygen & adrenalin available in packs).							
Physical health lead signs off that that packs are in place for areas requiring defibrillators. Physical health lead signs off that the protocol is in place and that training has been provided to all areas where defibrillators are not appropriate.							
Senior Maintenance Services Manager signs off that defibrillator calibration and maintenance schedule is in place.							
<b>OUTCOME:</b> Arrangements are in place to minimise risk to people experiencing a medical emergency in that all Trust services either have trained staff with access to a defibrillator or have alternative procedures in place							

Evidence/Assurance
Protocol approved and published on intranet Training sign off by all relevant individuals Compliance checks that equipment is in place Peer review on operational safety Matrons audits



NSFT06	Exec lead: Dawn Collins	The Trust must fully implement guidance in relation to restrictive practices and reduce the number of restrictive interventions.	PLAN ON TRACK: RAG RATING				

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Trust lead on RIs completes review of Trust practice versus national guidance to identify weaknesses							
Trust lead on RIs identifies best practice organisations and arranges visits/discussions							
Executive team agree revised policy, including performance metrics							
Executive team agrees preventative measures plan including training, Head of Training and PMA lead implements plan							
Assurance & Clinical Effectiveness Manager monitors Trust-wide data weekly and escalates to locality managers poor performing areas to provide agreed actions to address shortcomings.							
<b>OUTCOME:</b> Patient safety and recovery is promoted by minimal use of restrictive interventions.							

Evidence/Assurance
<p>Performance improvement is seen (data shows a reduction in the number of restrictive practices).</p> <p>MDT review of older people restraints, to include RCA and actions to address weaknesses.</p> <p>All patients who have a history of aggression or who have been secluded have a Positive Behavioural Support Plan.</p>



NSFT04	Exec lead: Julie Cave	The Trust must review the continued use of bed bays in the acute wards and work with commissioners to provide single room accommodation.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Business case to address single room issues at Hellesdon (Glaven and Waveney) agreed by Finance Committee							
Executive team review options for and patient care implications of removing bays.							
If bays continue in short term Matrons review use of management of bed bays with ward managers to maximise privacy and dignity until works completed. Peer reviews confirm effectiveness of measures.							
Head of Estates signs off that work is complete							
Business case for West Norfolk beds agreed in July 2017 and work is underway. Head of Estates signs off works as complete December 2018							
<b>OUTCOME:</b> Patient privacy and dignity is protected by the provision of single room accommodation.							

<b>Evidence/Assurance</b>
New facilities are open and in use
No shared rooms available in Trust



NSFT03	Exec leads: Pete Devlin / Debbie White	The Trust must ensure that all mixed sex accommodation meets Department of Health and Mental Health Act code of practice guidance and promotes safety and dignity.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Head of Governance confirms that all ward areas have been assessed against DoH guidelines							
Locality managers confirm that all inpatient areas have zoned sleeping areas so that male/female sleeping areas are clearly boundaried							
Head of Governance confirms that the Single Sex Trust Procedure has been reviewed and updated							
Performance data is reviewed weekly by Directors of Ops and areas of non-compliance escalated to Execs							
Locality Managers sign off that poor performance has been addressed with the local team and plan implemented.							
<b>OUTCOME:</b> Patient safety and dignity are protected because ward areas are gender boundaried.							

Evidence/Assurance
CCG Quality Leads to review areas with Matrons Peer Review Matrons audits Compliance team checks



NSFT05	Exec leads: Pete Devlin / Debbie White	The Trust must ensure that seclusion facilities are safe and appropriate and that seclusion and restraint are managed within the safeguards of national guidance and the Mental Health Act Code of Practice.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Work for seclusion rooms is complete							
Compliance checks against standards complete							
Matrons review areas every month and sign off confirmation of operational compliance, or, if there are issues, makes recommendations to the CTL and Locality Manager to address these. Confirmation that compliance issues have been addressed are signed off by the Locality Manager via the SOT minutes and re-checked the following month by the Matron. Compliance includes physical environment, recording and care planning which promotes wellbeing of patients.							
<b>OUTCOME:</b> Patients' safety and dignity is protected because seclusion and restraint are only used within national standards.							

Evidence/Assurance
Peer Review Compliance Team checks Matrons audits Compliance check against the standards was completed in week commencing 23 <sup>rd</sup> Oct. Operational issues identified e.g. cleaning. Compliance checks to be undertaken at random times.



NSFT16	Exec lead: Robert Nesbitt	The Trust must ensure that patients are only restricted within appropriate legal frameworks.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
The Company Secretary identifies those teams that are below training performance standards and locality managers implement a targeted 4-week turnaround process							
Ward managers report progress on a weekly basis to Operational Teams							
Where training performance is <50% teams to be escalated to QPB							
The Company Secretary has strengthened the section reminder system (of date that an authority is due to expire).							
The Company Secretary ensures revised systems are in place to provide clarity on medication chart recording and consent form reporting.							
<b>OUTCOME:</b> Patients' human rights are protected.							

Evidence/Assurance
Peer Reviews Improved CQC MHA assessments Compliance assurance results show documentation is correct Improved performance Random audits to check compliance with documentation and timescales



NSFT10	Exec lead: Dr Bohdan Solomka	The Trust must ensure that all risk assessments, crisis plans and care plans are in place, updated consistently in line with multidisciplinary reviews and incidents and reflect the full and meaningful involvement of patients.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
The Medical Director signs off the co-produced work of the CPA Task & Finish Group to include risk assessments as well as care plans and trajectories for monitoring.							
Additional admin resource is in place (NSFT08) to support improvement in recording.							
Locality managers sign off to confirm that their staff are clear on Trust expectations and implement training plans accordingly, including DICES training, Lorenzo training							
BSMs provide monthly or more frequent reporting to team leaders and managers and escalation of implementation issues through to execs for resolution.							
<b>OUTCOME:</b> There is effective care planning including risk management that meaningfully involves service users and carers.							

Evidence/Assurance
Random audit of care plans Peer Review Performance monitoring improvement against trajectory Link with NSFT13



NSFT13	Exec lead: Daryl Chapman	The Trust must ensure that all staff have access to clinical records and should further review the performance of the electronic system.	PLAN ON TRACK: RAG RATING				

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Locality managers identify any areas where paper records continue to be used and address with ICT.							
Head of ICT confirms that there is on-site support for clinical teams designed to increase the knowledge of staff and the efficiency with which they use the system (clinical teams to identify those that want and require support)							
Head of ICT confirms that there is additional support to 'super-users' (to be identified by clinical teams) so that there is a local resource for clinical teams							
The Head of ICT confirms that system performance issues have escalated to DXC and that there is at least monthly progress chasing: the contract for Lorenzo is between DXC and NHS Digital. High risk of issues at NSFT not being resolved							
<b>OUTCOME:</b> Staff have access to a reliable health records system.							

Evidence/Assurance
<p>Improved staff satisfaction with the system - surveys</p> <p>Link with NSFT10 – improved performance in CPA &amp; risk assessments</p> <p>Faster &amp; accurate reporting from the system</p> <p>Peer Reviews</p> <p>Functional improvements in the system are delivered by DXC/NHS Digital (dashboard)</p>



NSFT21	Exec lead: Daryl Chapman	The Trust must ensure that data is being turned into performance information and used to inform practices and policies that bring about improvement and ensure that lessons are learned.	PLAN ON TRACK: RAG RATING				

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
The Director of Finance establishes the Digital Information Improvement Group with the following work streams: Skills & capability, System performance, Data quality, Reporting,							
Clinical Information Officer appointed							
Quality Programme Board reviews and agrees process for data and information sent to external organisations							
Execs review quality standards and agree set of metrics to improve performance							
The Director of Finance confirms that a work plan is in place for all work streams so that performance against clear milestones to improve data and information can be reported on a monthly basis							
Review performance targets with Commissioners: what's relevant & appropriate							
Director of Finance agrees communication strategy on why data is important for Trust-wide dissemination							
Director of Finance completes a review of performance management processes with Locality Managers and Directors of Ops							
<b>OUTCOME:</b> Reliable data is used to improve quality.							

Evidence/Assurance
Revised set of quality & workforce standards to monitor performance against Performance improves Protocols are in place for how we manage performance standards Workforce performance is recognised and owned Peer Reviews



NSFT22	Exec lead: Dr Bohdan Solomka	The Trust should ensure that the work undertaken in relation to deaths is learnt from to ensure that there are not missed opportunities that would prevent serious incidents.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
The Medical Director (through the Mortality Review Group) develops a work plan in relation to deaths with SMART actions							
Patient Safety & Complaints Lead benchmarks position against other organisations							
The Head of Governance ensures all staff are aware of and understand the SI Policy and how it relates to their practice and responsibilities							
Patient Safety & Complaints Lead provides feedback to teams on lessons and learning from incidents to ensure reflective learning and practice change							
Medical Director reports to the Board on learning from the best in the world							
<b>OUTCOME:</b> We can demonstrate that we improve quality by learning from deaths.							

Evidence/Assurance
<p>Team meeting minutes show that learning has been communicated.</p> <p>Staff can describe how they learn from SIs including unexpected deaths</p> <p>Reduction in serious incidents</p>



NSFT08	Exec lead: Dawn Collins	The Trust must ensure there are sufficient staff at all times, including medical staff and other healthcare professionals, to provide care to meet patients' needs.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Exec agreement to increase admin resource to release clinicians for patient care in return for increased performance (specifics agreed with ward managers). HR recruitment team place adverts and organise interviews.							
LMs develop business cases to increase capacity where demand has increased and is evidenced (for CCG support)							
HR lead carries out review of recruitment and retention strategy and leads on executive agreed actions to address shortcomings							
BSMs provide daily roster reporting to local managers so that staff pressure hot spots can be mitigated by CTLs.							
Community team managers confirm that daily 'huddles' in community teams established							
<b>OUTCOME:</b> Patients have their needs met.							

Evidence/Assurance
Time to hire performance is reduced Level of vacancies is reduced Reduction in number of Datix incidents for staff shortages Reduced sickness levels for work-related stress Peer Review



NSFT19	Exec lead: Pete Devlin / Debbie White	The Trust must ensure that there are clear targets for assessment and that targets for waiting times are met. The Trust must ensure that people have an allocated care co-ordinator.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Directors of Operations confirm that Demand and capacity reviews for services (in conjunction with waiting time performance) have been completed							
Directors of Ops confirm that consistent business approach to record unallocated cases has been agreed and implemented							
Directors of Operations confirm that the Caseload Weighting Tool is in place across the Trust and review current position: agreeing actions to address concerns							
See NSFT17: Directors of Ops agree performance and waiting time management plans for all areas that are not delivering waiting time standards							
Directors of Operations confirm that Standardised documentation is in use across Trust							
Medical Director confirms that referrals from GPs (STP work programme) have been reviewed and learning fed back to STP							
<b>OUTCOME:</b> Patients receive timely care.							

Evidence/Assurance
Peer Review Line management supervision improvement Consistent caseloads in line with agreed thresholds Staff survey improvements Waiting time performance improvements Service User survey feedback shows that people know who their care coordinator is.



NSFT15	Exec leads: Pete Devlin / Debbie White	The Trust must ensure that all staff receive regular supervision and annual appraisals and that the system for recording levels of supervision is effective and provides full assurance to the trust board.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
HRBPs ensure that there is monthly reporting to service managers and through to Accountability Review meetings							
Execs agree appropriate performance target %							
Line Managers confirm that 'supervision trees' to ensure everyone is clear who is providing and receiving supervision are in place.							
See NSFT10 additional admin to support recording							
The HR Lead completes a review of appraisal process to ensure it is simple and effective, including recording to demonstrate compliance. HR BPs work with outlier teams. Performance Accountability meetings follow up actions to green.							
<b>OUTCOME:</b> The board is assured that staff receive regular supervision and annual appraisals.							

Evidence/Assurance
Performance improvement Staff satisfaction (survey in 2018) Increased training need identification Peer Reviews



NSFT09	Exec lead: Dawn Collins	The Trust must ensure all relevant staff have completed statutory, mandatory and where relevant specialist training, particularly in suicide prevention and life support.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
HRBPs provide managers and team leaders with compliance reports on a weekly basis							
The Trust Education Lead reviews access to training and increases this where necessary (flexibility in provision of training (e.g. locally) is required).							
The Trust Education Lead Monthly reporting to execs on individuals <50% and executive leads confirm that there are plans in place to reach the compliance targets for each SM training area.							
The Trust Education Lead carries out a review of rationale for mandatory training and targets and reports to the executive team which approves any updated targets based on patient and staff priorities.							
Team leaders report through to Exec directors on reasons why compliance has not improved and provides actions to address at team or individual level as appropriate.							
<b>OUTCOME:</b> Our staff are competent to provide safe and effective care.							

Evidence/Assurance
Performance on mandatory training improves Increased training courses filled Peer review process



NSFT14	Exec lead: Dr Bohdan Solomka	The Trust must ensure that there is full and clear physical healthcare information and that patients physical healthcare needs are met.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Physical Healthcare Lead confirms that the Physical Healthcare Policy review is complete and that the user guide/quick action guide has been developed.							
Physical Healthcare Lead confirms that reporting on compliance system has been established							
Line managers monitor application of the policy through management supervision							
Physical Health Lead attends ward meetings in each locality to assess / address barriers to compliance							
<b>OUTCOME:</b> Patients' physical healthcare needs are appropriately assessed and addressed.							

Evidence/Assurance
Matrons audits Peer Review Line management supervision Compliance reporting improvement



NSFT23	Exec lead: Dr Bohdan Solomka	The Trust should review the audit trail for medicines held at community clinics for administration or supply to service users.	PLAN ON TRACK: RAG RATING	

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Head of Maintenance confirms Backtraq (medical devices inventory) system is operational							
CTLs to ensure weekly checks on equipment and report issues							
Head of Pharmacy confirms medical competencies check with staff is complete and any shortfalls are addressed							
Head of Pharmacy to confirm pharmacy team provides supervised drug rounds to improve practice							
<b>OUTCOME:</b> Management of medication in community services is consistent with best practice.							

Evidence/Assurance
Peer Review Local audits



NSFT12	Exec lead: Dr Bohdan Solomka	The Trust must ensure that the temperature of medicines storage areas is maintained within a suitable range, and that the impact on medicines subject to temperatures outside the recommended range is assessed and acted on.	PLAN ON TRACK: RAG RATING				

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Increased resource agreed for Pharmacy to support community teams							
Matrons confirm that electronic system for monitoring fridge temperatures are in place and working and escalate issues to the pharmacy team and maintenance team.							
The Head of Pharmacy reviews medicines management competencies within teams							
Matrons/Pharmacy leads confirm that all staff are clear on the operational procedures to support the system							
<b>OUTCOME:</b> Medication is properly stored.							

Evidence/Assurance
Matrons audits Central fridge monitoring (to Pharmacy) Peer Reviews



NSFT11	Exec lead: Dr Bohdan Solomka	The Trust must ensure that the prescribing, administration and monitoring of vital signs of patients are completed as detailed in the NICE guidelines [NG10] on violence and aggression: short-term management in mental health, health and community settings.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Minutes demonstrate that governance meetings in localities consider their local compliance.							
The Lead Clinician establishes a system to ensure that there is team discussion for reflective practice after any event.							
The Physical Health Team Lead reviews Trust procedure against NICE guidelines and makes amendments if necessary							
The head of Training signs off that training is compliant with NICE and training delivered.							
<b>OUTCOME:</b> Violence and aggression is managed effectively in line with NICE guidelines.							

Evidence/Assurance
Performance will improve Matron and clinical audits Datix reporting will reduce Peer review



NSFT24	Exec lead: Dr Bohdan Solomka	The Trust should review the arrangements to support people in the rehabilitation and recovery service to manage their own medicines in preparation for discharge.	PLAN ON TRACK: RAG RATING	

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Associate Director of Ops/Head of Pharmacy confirm the policy for self-administration of medication is agreed							
Associate Director of Ops establishes protocols for discharge of patients with suitably packaged medication							
<b>OUTCOME:</b> People in rehabilitation services are supported to live independently by promotion of self-management of medication.							

<b>Evidence/Assurance</b>
Peer Review



NSFT25	Exec lead: Dr Bohdan Solomka	The Trust should review the training provided to staff in St Catherine's who handle medicines.	PLAN ON TRACK: RAG RATING

Summary of actions	Oct	Nov	Dec	Jan	Feb	Mar	Apr & beyond
Associate Director of Ops for Norfolk to provide case on the long term use of St Caths under consideration to Execs							
Local training package to be developed between matron and pharmacy							
<b>OUTCOME:</b> Staff at St Catherine's manage medication safely.							

Evidence/Assurance
Audit of training records Peer Review



**CCG HOSC Response - South Norfolk CCG (mental health lead for the CCGs)**

**1. What is the CCGs' role in monitoring satisfactory delivery of service that NSFT sub-contracts to independent providers?**

The NHS Standard Contract 2017/18 and 2018/19 Technical Guidance sets out the responsibilities of both provider and commissioner in relation to the provision of sub-contracts. The guidance states as below;

“38.4 page 44 - It is important for both commissioners and providers to recognise that subcontracting in no way relieves the provider from responsibility for delivery of the services and for the performance of all of the obligations on its part under the contract: failure on the part of a sub-contractor does not excuse the provider from its obligations to the commissioners.

38.17 page 46 - Management of the sub-contractor is the responsibility of the provider.

38.5 page 44 - Nevertheless, commissioners will have an interest in sub-contracting arrangements. Depending on the scope and nature of the service or contribution being sub-contracted, they will need a greater or lesser degree of assurance as to the identity, level of competence and experience of the sub-contractor and the terms on which it is being appointed. Overall, the level of scrutiny which any subcontract requires from the commissioner should be in proportion to its materiality, in terms of its potential impact on patient care. Commissioners will need to strike a careful balance, aiming for an appropriate and manageable level of oversight and not for micro-management of operational detail.”

With regards to NSFTs subcontracting, if any concerns in relation to that sub-contractors provision is identified, then these are raised with NSFT as either part of quality assurance or performance contract management processes as appropriate.

**2. 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?**

Information on all patients under the care of NSFT is contained within the provider's performance reporting whether or not some or all of that care is subcontracted out by NSFT to another provider. However within this performance information it is not always possible at an individual level to ascertain whether or not that care is being provided directly by NSFT or by a subcontractor and in most cases it would not be felt to be appropriate to make this distinction.

With respect to the subcontracting of Out of Area placements NSFT provide CCGs regular reports which show how many people are in an Out of Area placement and who the providers of those placements are. Monitoring of this information in relation to the quality assurance of those out of area placements is taken forward via monthly Clinical Quality Review Meetings (CQRM).

**3. 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?**

Commissioning intentions received from the Trust for 2018/19 makes reference to the need to prioritise and drive forward the CQC action plan. And, CCGs remain committed to meeting their Parity of Esteem expectations. If needed, and by



discussion and mutual agreement, funding can be prioritised in this way although it should be noted this would not be considered additional or new funding.

**4. 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?**

The CCGs have been working closely with NSFT to ensure that there is effective oversight of and plans in place to reduce the number of patients placed out of Trust facilities. Part of this has been development of an Out of Area (OAP) reduction action plan, which does not rely on the provision of beds at Mundesley Hospital and it is not expected that or has been evidenced that closure of these beds is impacting negatively on the number of OAP or the associated costs of these.

**5. 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).**

An overview of Mental Health spend including Learning Disabilities, Continuing Health Care (MH and LD) and prescribing is shown below. These numbers are in line with Parity of Esteem costs reported to NHSE. This was not reported on in 2013/14 hence the table starts at 2014/15

	Total MH Spend (incl LD, CHC and Prescribing) £'000s				Year on Year Growth		
	2014/15	2015/16	2016/17	2017/18 FOT	2015/16	2016/17	2017/18 FOT
South Norfolk CCG	34,148	36,859	38,499	39,816	8%	4%	3%
North Norfolk CCG	33,016	34,831	35,437	37,427	5%	2%	6%
West Norfolk CCG	30,186	31,213	32,158	33,670	3%	3%	5%
Norwich CCG	43,531	45,921	46,521	50,540	5%	1%	9%
Great Yarmouth & Waveney CCG	43,388	49,289	47,558	47,440	14%	-4%	0%
<b>Total</b>	184,269	198,113	200,173	208,893			

Note - South Norfolk 1718 excludes c.£2m of cost transferred to Norwich CCG

A breakdown of mental health service allocations per year per CCG and the proportions of allocation of the CCGs spend is outlined below. Not all mental health related costs are included within the CCG breakdown, this is provided above. Therefore this information does not represent the total percentage of CCG budget spent on mental health provision and care and should not be interpreted as such. Please note the following for North Norfolk, West Norfolk, South Norfolk and Norwich CCGs:

- NSFT funding contained allocations for both the Secondary Care and Well-Being Services.
- The NCC lines relates to funding transferred to NCC under S75 and other joint commissioning arrangements and supports the following services:
  - CAMHS Joint Commissioning including the Point 1 services and the Non NSFT Local Transformation Project (LTP) funding.



- Funding to support adult mental health reablement and rehabilitation in the community and some voluntary sector provision.
- CCG directly allocated voluntary sector provision includes support for Dementia and Eating Disorders services.
- Other NHS providers includes contract with Cambridge and Peterborough NHS Foundation Trust for core mental health service provision and adult Eating Disorders services. This also includes funding for S12 assessment.

South Norfolk CCG	Expenditure £'000s					% of CCG Expenditure				
Original Budget	2013/14	2014/15	2015/16	2016/17	2017/18	2013/14	2014/15	2015/16	2016/17	2017/18
NSFT	16,910	16,954	17,690	17,762	18,683	7.0%	6.8%	6.6%	6.6%	6.5%
Norfolk County Council	356	325	433	515	525	0.1%	0.1%	0.2%	0.2%	0.2%
Voluntary Sector	55	56	131	111	81	0.0%	0.0%	0.0%	0.0%	0.0%
Other NHS Providers	338	334	318	376	375	0.1%	0.1%	0.1%	0.1%	0.1%

West Norfolk CCG	Expenditure £'000s					% of CCG Expenditure				
Original Budget	2013/14	2014/15	2015/16	2016/17	2017/18	2013/14	2014/15	2015/16	2016/17	2017/18
NSFT	13,316	13,266	13,601	14,425	15,542	6.1%	6.0%	5.9%	6.1%	5.8%
Norfolk County Council	332	331	395	404	514	0.2%	0.1%	0.2%	0.2%	0.2%
Voluntary Sector	50	50	50	50	50	0.0%	0.0%	0.0%	0.0%	0.0%
Other NHS Providers	451	444	436	498	497	0.2%	0.2%	0.2%	0.2%	0.2%

Norwich CCG	Expenditure £'000s					% of CCG Expenditure				
Original Budget	2013/14	2014/15	2015/16	2016/17	2017/18	2013/14	2014/15	2015/16	2016/17	2017/18
NSFT	24,627	24,719	25,958	26,095	29,715	11.3%	11.2%	10.9%	10.7%	10.1%
Norfolk County Council	377	461	466	474	586	0.2%	0.2%	0.2%	0.2%	0.2%
Voluntary Sector	51	51	51	51	53	0.0%	0.0%	0.0%	0.0%	0.0%
Other NHS Providers	338	343	327	428	454	0.2%	0.2%	0.1%	0.2%	0.2%

North Norfolk CCG	Expenditure £'000s					% of CCG Expenditure				
Original Budget	2013/14	2014/15	2015/16	2016/17	2017/18	2013/14	2014/15	2015/16	2016/17	2017/18
NSFT	15,897	15,954	16,356	16,512	18,004	7.5%	7.2%	7.2%	7.2%	6.9%
Norfolk County Council	260	348	325	278	378	0.1%	0.2%	0.1%	0.1%	0.1%
Voluntary Sector	50	50	50	50	50	0.0%	0.0%	0.0%	0.0%	0.0%
Other NHS Providers	290	295	280	339	354	0.1%	0.1%	0.1%	0.1%	0.1%

Great Yarmouth and Waveney	Expenditure £'000s					% of CCG Budget				
Provider	2013/14	2014/15	2015/16	2016/17	2017/18	2013/14	2014/15	2015/16	2016/17	2017/18
NSFT Budget (incl Wellbeing)	28,885	28,772	29,026	29,307	31,666	9.6%	9.2%	9.1%	8.2%	8.8%
Other MH Budgets										
GY&W MIND	242	242	270	242	313	0.1%	0.1%	0.1%	0.1%	0.1%
NHS West Suffolk CCG - Icanho (Brain Injury)	68	98	98	101	70	0.0%	0.0%	0.0%	0.0%	0.0%
NHS Ipswich & East Suffolk CCG - Icanho (Brain Injury)	101	132	132	132	91	0.0%	0.0%	0.0%	0.0%	0.0%
NHS Hertfordshire Partnership NHS FT - Astley Co	266	266	263	268	417	0.1%	0.1%	0.1%	0.1%	0.1%
Norfolk County Council Various MH services (incl)	359	367	804	918	1,166	0.1%	0.1%	0.3%	0.3%	0.3%
Suffolk County Council - Various MH & LD services	1,491	723	491	373	476	0.5%	0.2%	0.2%	0.1%	0.1%
Various NHS & Non NHS (including residential hon	2,535	3,071	2,939	3,596	2,992	0.8%	1.0%	0.9%	1.0%	0.8%



6. 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.

Below are the details of additional funding provided to NSFT and other providers from 2013/14 to date by CCG. HOSC are asked to note that this additional funding was not put into place to support provider overspends but for other reasons, including; to support provider developments, additional support to NSFT for Out of Area placements, national development programmes (for example CAMHS Local Transformation Programme) and identified areas of need. Please note the following for North Norfolk, West Norfolk, South Norfolk and Norwich CCGs:

- The NCC lines relates to any additional funding transferred to NCC under S75 and other joint commissioning arrangements.

North Norfolk CCG		Expenditure £'000s					% of CCG Expenditure				
Additional Expenditure	2013/14	2014/15	2015/16	2016/17	2017/18		2013/14	2014/15	2015/16	2016/17	2017/18
NSFT	118	0	233	534	727		0.1%	0.0%	0.1%	0.2%	0.3%
Norfolk County Council	0	0	0	58	0		0.0%	0.0%	0.0%	0.0%	0.0%

South Norfolk CCG		Expenditure £'000s					% of CCG Expenditure				
Additional Expenditure	2013/14	2014/15	2015/16	2016/17	2017/18		2013/14	2014/15	2015/16	2016/17	2017/18
NSFT	111	0	382	1,124	755		0.0%	0.0%	0.1%	0.4%	0.3%
Norfolk County Council	0	0	0	71	0		0.0%	0.0%	0.0%	0.0%	0.0%

West Norfolk CCG		Expenditure £'000s					% of CCG Expenditure				
Additional Expenditure	2013/14	2014/15	2015/16	2016/17	2017/18		2013/14	2014/15	2015/16	2016/17	2017/18
NSFT	97	401	248	86	90		0.0%	0.2%	0.1%	0.0%	0.0%
Norfolk County Council	0	0	0	62	0		0.0%	0.0%	0.0%	0.0%	0.0%

Norwich CCG		Expenditure £'000s					% of CCG Expenditure				
Additional Expenditure	2013/14	2014/15	2015/16	2016/17	2017/18		2013/14	2014/15	2015/16	2016/17	2017/18
NSFT	241	0	198	827	780		0.1%	0.0%	0.1%	0.3%	0.3%
Norfolk County Council	0	0	0	64	0		0.0%	0.0%	0.0%	0.0%	0.0%

Great Yarmouth and Waveney		Expenditure £'000s					% of CCG Budget				
	2013/14	2014/15	2015/16	2016/17	2017/18		2013/14	2014/15	2015/16	2016/17	2017/18
NSFT	97	11		968	438		0.0%	0.0%	0.0%	0.3%	0.1%
GY&W MIND			1	12	67		0.0%	0.0%	0.0%	0.0%	0.0%
NHS West Suffolk CCG					3		0.0%	0.0%	0.0%	0.0%	0.0%
NHS Ipswich & East Suffolk CCG			6		5		0.0%	0.0%	0.0%	0.0%	0.0%
NHS Hertfordshire Partnership NHS FT			48	5	132		0.0%	0.0%	0.0%	0.0%	0.0%
Norfolk County Council	152	351		105	104		0.1%	0.1%	0.0%	0.0%	0.0%
Suffolk County Council				155			0.0%	0.0%	0.0%	0.0%	0.0%
Various NHS & Non NHS (including residential homes / nursing homes)	427			558	189		0.1%	0.0%	0.2%	0.0%	0.1%



### Information provided by Hope Community Healthcare Limited in relation to Mundesley Hospital

**Info request 1:** The number of complaints raised by NHS patients at Mundesley, either whilst and in-patient or after leaving the facility, and the number of those reported to the police or Local Authority Designated Officer?

**Response:** In the period January to September 2017, 7 NHS patient complaints were received by Hope Community Healthcare Limited and 2 of these were referred to the Norfolk County Council Safeguarding Team.

**Info request 2:** 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?

**Response:**

Mundesley Hospital Staffing Levels 2017												
Month	Day				Night				Day		Night	
	Registered Nurses		Care Staff		Registered Nurses		Care Staff					
	Total Planned Staff Hours	Total Actual Staff Hours	Total Planned Staff Hours	Total Actual Staff Hours	Total Planned Staff Hours	Total Actual Staff Hours	Total Planned Staff Hours	Total Actual Staff Hours	Average Fill Rate as % Planned Hours Registered Nurses	Average Fill Rate as % Planned Hours Care Staff	Average Fill Rate as % Planned Hours Registered Nurses	Average Fill Rate as % Planned Hours Care Staff
Jan-17	2139	2139	7268	7142	713	713	4761	4727	100.0%	98.3%	100.0%	99.3%
Feb-17	1967	1955	6682	6475	644	644	4416	4301	99.4%	96.9%	100.0%	97.4%
Mar-17	2231	2208	5992	5842	644	644	3450	3416	99.0%	97.5%	100.0%	99.0%
Apr-17	2197	2185	5831	5762	690	690	3577	3577	99.5%	98.8%	100.0%	100.0%
May-17	2162	2162	4968	4865	713	713	3036	3013	100.0%	97.9%	100.0%	99.2%
Jun-17	2151	2139	5083	5049	690	690	3278	3220	99.4%	99.3%	100.0%	98.2%
Jul-17	1909	1898	4002	3933	713	713	2381	2335	99.4%	98.3%	100.0%	98.1%
Aug-17	2139	2105	4198	4106	713	713	2358	2323	98.4%	97.8%	100.0%	98.5%
Sep-17	1702	1702	3933	3899	690	690	2496	2496	100.0%	99.1%	100.0%	100.0%

**Info note:** Representatives from Norfolk and Suffolk NHS Foundation Trust (NSFT) attended NSFT patient review meetings through attending the hospital 2 days every week.





## ISSUES FOR CONSIDERATION BY NORFOLK COUNTY COUNCIL'S HEALTH OVERVIEW AND SCRUTINY COMMITTEE'S MEETING ON 7<sup>TH</sup> DECEMBER 2017

**CAN NSFT ADDRESS THE CQC'S CONCERNS AND RECOVER WHEN IT HAS LOST ONE QUARTER OF ITS INPATIENT BEDS AND MORE THAN TWENTY PER CENT OF BOTH ITS DOCTORS AND QUALIFIED NURSES AND HAS A BUDGET THAT IS BROADLY UNCHANGED SINCE ITS FOUNDATION ON 1<sup>ST</sup> JANUARY 2012?**

We believe the answer to this question is no and has been demonstrated by NSFT's repeating inadequate ratings from CQC and its ignominious position of being the only mental health trust to have been put into special measures. And not just once but twice.

**ARE NORFOLK COMMISSIONERS DELIVERING ANYTHING LIKE 'PARITY OF ESTEEM'?**

We have investigated NHS payroll data supplied by NHS Digital over the last five years (comparing whole time equivalents in post in July 2012 with July 2017). This information formed the basis of a recent article published by the Eastern Daily Press. This showed that while the number of doctors in the acute trusts in Norfolk increased by an average of 2.9 per cent, the number of doctors at NSFT fell by 20.3 per cent. Similarly, while the number of qualified nursing staff at NSFT's acute hospitals fell by 11.9 per cent, the number of qualified nursing staff at NSFT fell by 20.7 per cent. This doesn't look like Parity of Esteem, except for NSFT management, which increased by 52.7 per cent over the five year period, in contrast to a fall of 9.3 per cent in the other NHS trusts in Norfolk.

**WHY HAS COMMISSIONER'S MONITORING FAILED TO DETECT AND PRE-EMPT THE REPEATED FAILURE OF NSFT? IS THE RELATIONSHIP BETWEEN COMMISSIONERS AND THE MENTAL HEALTH TRUST TOO 'COSY'?**

We have heard the same individuals representing, at various times, local CCGs, NHS England and NSFT. There does not appear to be a customer-provider relationship and we have had serious concerns raised with us about commissioning, most recently concerning the crisis café project.

We believe that the appointment of an external candidate with an excellent track record in mental health outside NHS system in the East of England would be of benefit to the whole system in creating a more realistic relationship between NSFT and its commissioners and delivering a new perspective of Norfolk's problems.







WHY DID INTERNAL CORPORATE GOVERNANCE AT NSFT (I.E. NON-EXECUTIVE DIRECTORS AND GOVERNORS) FAIL TO DETECT THE PROBLEMS AND FAIL TO TAKE ACTION TO PREVENT THE FIRST AND SECOND CQC INADEQUATE RATINGS AND NSFT'S ENTRY INTO SPECIAL MEASURES?

We believe that the involvement of service users and carers at NSFT is tokenistic and narrow, with co-production extremely limited, as demonstrated by the lack of service user and carer involvement in the beds review. For as long as NSFT continues to fail to engage with its 'customers', it will not deliver good services.

HAS NHSOC BEEN TOO WARY OF USING ITS POWERS OF REFERRAL TO THE SECRETARY OF STATE?

Sometimes kindness can be cruelty.

IS 'SHOULD' GOOD ENOUGH FOR A 'ROBUST' CAPACITY ASSESSMENT, PARTICULARLY WHEN THE MENTAL HEALTH ACUTE CAPACITY REVIEW IS ONE OF THE MAIN DRIVERS OF THE STP'S PLANS FOR MENTAL HEALTH?

Our view is that it is patently not.

Commissioners and NSFT promised NHOSC and the people of Norfolk that beds would not be closed until it was shown that they were no longer needed and that there would be enough beds by May 2014. This was not the case.

HOW ROBUST IS THE BEDS REVIEW'S RECOMMENDATION THE STANDARDISATION OF ADMISSION RATES IN EACH OF THE CCG AREAS TO THE TWO CCGS WITH THE LOWEST RATES OF INPATIENT ADMISSIONS PER 100,000 POPULATION FOR ADULT AND OLDER ADULTS RESPECTIVELY.

The beds review ignores the NHS data on the prevalence of mental illness. Public Health England data indicates that the prevalence of severe mental illness (PMI) is 80.2% higher in Norwich CCG area than in South Norfolk, for instance. Given the variation in demographics, with Norwich tending to have fewer older residents than rural communities, the disparity in working age adult services is likely to be greater still.

Yet the beds review recommends standardisation according to the needs of South Norfolk. Given the disparity in population age and the prevalence of dual diagnosis, clinicians and AMHPs (Approved Mental Health Practitioners) tell us they believe standardisation of admission rates irrespective of local need according to the lowest common denominator is dangerous and impossible given that many current admissions involve severe mental illness, frequently following assessment under the Mental Health Act.

[www.norfolksuffolkmentalhealthcrisis.org.uk](http://www.norfolksuffolkmentalhealthcrisis.org.uk)  
[facebook.com/DefendMentalHealthServices](https://facebook.com/DefendMentalHealthServices)  
Twitter: @NSFTCrisis

Campaign to Save Mental Health  
Services in Norfolk & Suffolk







#### COULD THE ELIMINATION OF DELAYED TRANSFER OF CARE (DTOC) ADDRESS THE SHORTAGE OF BEDS?

Firstly, NSFT and the CCGs have repeatedly claimed that the elimination of delayed transfers of care is the solution to the beds crisis since 2013. However, despite management focus, the issue of DTOC has proved difficult to resolve and, if anything has worsened given cuts to social care budgets and an ageing population.

Secondly, NSFT's Board papers of 26<sup>th</sup> October 2017 indicate that of 82 service users occupying NHS acute adult inpatient beds on 31<sup>st</sup> August 2017, only six (7.3%) could be described as attributable to Delayed Transfer of Care with all six inpatients for more than 100 days, indicating a difficult and intractable situation (p. 40).

NSFT's Board papers indicate that during August 2017, NSFT had 1,021 out of trust (OOT) bed days, equivalent to a shortfall of 34 NHS beds at one hundred per cent occupancy and with inevitable failures given the nonlinearity of demand. NSFT's Board papers of 28<sup>th</sup> September 2017 indicate that in July 2017, Norfolk patients accounted for 90 per cent of NSFT's OOT placements and that Norfolk acute adult placements accounted for 80 per cent of Norfolk OOT placements.

Extrapolating these ratios to August 2017, it appears that NSFT had a shortfall of at least 25 acute adult psychiatric beds in Norfolk at one hundred per cent occupancy and with linear demand. Even if the impossible was achieved and all six DTOC were eliminated, there would still have had a shortfall of at least nineteen acute adult inpatients beds.

In the case of DCLL beds, the number of OOT placements is slightly more than the number of DTOCs. However, the complexity of care is such that these problems can be even more intractable than in adult services and given social care budget cuts and the aging population, we believe these problems will only worsen.

We believe that Norfolk is short of at least ten DCLL beds and that the practice of placing elderly patients on general acute adult psychiatric wards is completely unacceptable. This issue was also raised by CQC.

#### GIVEN HUGE NATIONAL DEMAND FOR PRIVATE PSYCHIATRIC BEDS, DOES RELIANCE ON PRIVATE PROVIDERS CREATE SIGNIFICANT FINANCIAL, OPERATIONAL AND QUALITY RISKS?

We raised these risks the last time we provided evidence to NHOSC.

#### GIVEN ITS OWN FAILURES AND MUNDESELEY HOSPITAL'S REPEATED FAILURE AND RAPID CLOSURE, CAN NSFT BE TRUSTED TO COMMISSION THIRD-PARTY PRIVATE INPATIENT SERVICES?

When we raised concerns about the quality of Mundesley Hospital and NSFT's overreliance upon it at NHSOC, our concerns were dismissed by the Chief Executive of NSFT sitting alongside one of Norfolk's mental health commissioners.







HOW WAS THE DECISION TO WITHDRAW PATIENTS FROM MUNDESLEY HOSPITAL MADE AND WHO MADE IT? WHY DOES IT APPEAR THAT THE CLOSURE DECISION WAS MADE A MONTH AFTER THE PUBLICATION OF THE CQC REPORT BUT VERY SHORTLY AFTER THE REPORT APPEARED IN THE EDP AND ON THE BBC? WOULD PATIENTS HAVE BEEN PROTECTED WITHOUT THE INTERVENTION OF THE MEDIA?

We do not believe that commissioners and NSFT would have acted until the issue received publicity.

WHY DOES NSFT CONTINUE TO INVEST IN LOSS-MAKING AND UNDER-OCCUPIED FORENSIC AND SECURE SERVICES WHILST SIMULTANEOUSLY REFUSING TO INVEST IN INPATIENT CAPACITY FOR ADULTS AND OLDER PEOPLE WHICH IS OVERCAPACITY AND WHERE PRIVATE PROVISION IS SCARE AND INCREASINGLY EXPENSIVE?

NSFT's Board papers indicate that it has trouble filling beds in loss-making secure services yet it is spending millions of pounds refurbishing them. Meanwhile, it does not have enough general adult and DCLL beds. We find this inexplicable.

WILL THE NORFOLK CCGS CONTINUE TO FUND OUT OF TRUST BED PLACEMENTS BEYOND THE END OF THIS FINANCIAL YEAR 17-18?

Our understanding is that they have not undertaken to do so.

If such an undertaking is not made, it will result in an immediate financial and operational crisis.

SHOULD ALL NHS TRUSTS IN NORFOLK ADOPT POLICIES AND CONTRACTS FOR DIRECTORS THAT MAKE AN EXPLICIT LINK BETWEEN AN INADEQUATE RATING FOR LEADERSHIP FROM THE CARE QUALITY COMMISSION AND INADEQUATE PERFORMANCE?

We understand that one of the reasons why NSFT's former directors continue to be paid is that NSFT's internal assessment of its performance was at loggerheads with that of the CQC. We do not believe that it should not be 'routine' as described by the NSFT Chief Executive, to pay executives six-figure salaries for six months after they leave their posts following an inadequate CQC report.





## Norfolk Health Overview and Scrutiny Committee

### ACTION REQUIRED

Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

### Proposed Forward Work Programme 2018

<i>Meeting dates</i>	<i>Briefings/Main scrutiny topic/initial review of topics/follow-ups</i>	<i>Administrative business</i>
11 Jan 2018	Children's autism services (central & west Norfolk) – assessment & diagnosis – an update from commissioners and providers  Delayed discharges / transfers of care – work by the Norfolk & Norwich Hospital and local district councils to address delays	<i>Date to be confirmed by NHOSC</i>
22 Feb 2018	Continuing healthcare – an update on progress since Feb 2017.  Physical health checks for adults with learning disabilities	<i>Date to be confirmed by NHOSC</i>
5 April 2018	Children's speech and language services – progress update since 7 September 2017	
24 May 2018	Access to NHS dentistry in West Norfolk (including for service personnel's families at RAF Marham)	<i>Date to be confirmed by NHOSC</i>

**NOTE: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.**

### Provisional dates for report to the Committee / items in the Briefing 2018

**To be scheduled** –Implementation of the Suicide Prevention Action Plan 2016-21 (relating to the county-wide Suicide Prevention Strategy) - progress by service providers



**Main Committee Members have a formal link with the following local healthcare commissioners and providers:-**

### **Clinical Commissioning Groups**

North Norfolk	-	M Chenery of Horsbrugh (substitute Mr D Harrison)
South Norfolk	-	Dr N Legg (substitute Mr P Wilkinson)
Gt Yarmouth and Waveney	-	Mrs M Fairhead (substitute Mr A Grant)
West Norfolk	-	M Chenery of Horsbrugh (substitute Mrs S Young)
Norwich	-	Ms E Corlett (substitute Ms B Jones)

### **NHS Provider Trusts**

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Mrs S Young (substitute M Chenery of Horsbrugh)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	M Chenery of Horsbrugh (substitute Ms B Jones)
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr N Legg (substitute Mr D Harrison)
James Paget University Hospitals NHS Foundation Trust	-	Mrs L Hemsall (substitute Mrs M Fairhead)
Norfolk Community Health and Care NHS Trust	-	Mr D Harrison (substitute Mrs L Hemsall)



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## Norfolk Health Overview and Scrutiny Committee 7 December 2017

### Glossary of Terms and Abbreviations

A&E	Accident and emergency
AMHP	Approved Mental Health Practitioner
ARP	Ambulance Response Programme
BoD	Board of Directors
BSM	Business Support Manager
CAMHS	Child And Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CFYP	Child Family and Young Person
CHC	Continuing health care
CLL	Complexity in Later Life
CPA	Care Programme Approach
CQC	Care Quality Commission
CQRM	Clinical Quality Review Meetings
CTL	Clinical team lead
DATIX	A Leading Supplier Of Patient Safety Incidents Healthcare Software
DCLL	Dementia and complexity in later life
DoH	Department of Health
DICES	The DICES risk assessment and management system is a training course accredited by the Association for Psychological Therapies
DXC	Digital technology company – supplier of the Lorenzo IT system
EEAST	East Of England Ambulance Service NHS Trust
EI	Early intervention
ELFT	East London NHS Foundation Trust
EOC	Emergency Operations Centre
EU	European Union
Execs	Executive members of the Board
FOT	Forecast outturn
FT	Foundation Trust
GMC	General Medical Council
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HOSC	Health Overview and Scrutiny Committee
HR	Human Resources
HRBP	Human Resources Business Partner
IT	Information Technology



LD	Learning disabilities
LM	Locality Manager
Lorenzo	An electronic patient record management system used by Norfolk and Suffolk NHS Foundation Trust
LOS	Length of stay
LTP	Local Transformation Plan (for children's mental health)
MDT	Multi-disciplinary team
MH	Mental health
MHA	Mental Health Act
MIND	National association for mental health
NEDs	Non executive members of the Board
NHOSC	Norfolk Health Overview and Scrutiny Committee
NHS E	NHS England
NICE	National Institute for Health and Care Excellence
Night Owls	A team of trained Norfolk County Council staff who older people can contact from 10pm-8am to help with unexpected urgent needs.
NNUH (N&N, NNUHFT)	Norfolk and Norwich University Hospitals NHS Foundation Trust
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
N&W	Norfolk & Waveney
OAP	Out of area reduction plan
OD	Organisational Development
OOA	Out of area
OOT	Out of Trust (i.e. outside of the Norfolk and Suffolk area)
Ops	Operations
PMA	Prevention and management of aggression
PMI	Prevalence of mental illness
QPB	Quality Programme Board
RAG	Red, amber, green (performance dashboard)
RC	Responsible Consultant
RCA	Root cause analysis
RI	Restrictive intervention (i.e. restriction of patients)
RRV	Rapid response vehicle
S12	Section 12 of the Mental Health Act – requires that, in those cases where two medical recommendations for the compulsory admission of a mentally disordered person to hospital, or for the reception into guardianship, are required, one of the two must be made by a practitioner approved for the purposes of that section by the Secretary of State as having special experience in the diagnosis or treatment of mental disorder.



S29A	Section 29A of the Health and Social Care Act 2008 – warning notice issued by the Care Quality Commission where it decides there is a need for significant improvement in the quality of healthcare
S75	Section 75 partnership agreements, legally provided by the NHS Act 2006, allow budgets to be pooled between local health and social care organisations and authorities
S136	The police can use section 136 of the Mental Health Act to take people to a place of safety when they are in a public place. They can do this if they think the person has a mental illness and is in need of care.
SI	Serious incident
SLG	Senior Leadership Group
SM	Service Manager
SMART	Specific, measurable, achievable, realistic, time-bound (or timely)
SOT	Senior Operational Team
STF	Sustainability / system transformation fund
STP	Sustainability & transformation plan
Swifts	A team of trained staff from NHS Norfolk, Norfolk County Council and the independent sector who older people can contact from 8am-10pm to help with a range of needs.