



Norfolk and Suffolk NHS Foundation Branch 21111

Hellesdon Hospital

Drayton High Road

Norwich, NR6 5BE

TO: Chairperson, Norfolk and Suffolk Joint Scrutiny Committee

1<sup>st</sup> December 2017

Dear Chairperson

UNISON asks Norfolk and Suffolk Health Overview Scrutiny Committee (HOSC) to consider the following information in their examination of the impact of the recent Care Quality Commission (CQC) Inspection report for Norfolk and Suffolk NHS Foundation Trust (NSFT). We understand that NSFT will be presenting HOSC with the action plan for addressing the CQC concerns that have resulted in NSFT being rated as inadequate and being placed in special measures for a second time. At the time of writing we have not had access to that information, so our comments are based on the best available evidence that we have. We would like this letter to be perceived as a positive, solution-focused submission to support NSFT in addressing the key concerns raised by the CQC, with a view to improving the working conditions of our members and the safety of the service for the public. Therefore, we will be making recommendations based on our encounters with frontline staff.

We would firstly, like to stress the positives, most notably that once again despite the failings detailed in the CQC report, the caring component was rated as 'Good' overall across the Trust, and 'outstanding' in CAMHS services, with the staff working in the Dragonfly unit getting special mention. Which highlights the compassion, and hard- working dedication of the staff who are attempting to provide a service without the adequate resources. It should be noted that this is a staff group that have been subject to a year on year pay freeze of 1%, despite significant increases in the cost of living. This should be contrasted starkly with the recent 10% pay rises for directors despite the CQC report rating the 'well led' domain as 'inadequate'.

Additionally, we would like to challenge the expectation by inspectors that services were ever to improve significantly given that NSFT was placed in special measures in 2014 following the stringent 20% budget cuts of 2013 which were disingenuously described as a "Radical Redesign." Subsequently, NSFT has seen its budget cut even further in four of the five years since the decimating cuts of 2013. It ought to be acknowledged NSFT is under-commissioned and under-funded – in effect it has been starved to the point of failure. This is a failure of government policy, and lays bare the hollow words 'parity of esteem' spouted so often by government ministers. The previous directors and current members of the board who colluded with the narrative of 'efficiency savings' and have previously insisted to the public and inspectors that there is not a bed, staffing or funding crisis in NSFT have done a tremendous disservice to the staff working in increasingly impossible conditions, and to the service users who depend on our care.

The CQC identified the following key concerns for our members; a) there are not "sufficient staff to meet patients' needs safely" and b) a lack of availability of beds means patients did not "always receive the right care at the right time" Therefore, we ask HOSC to consider the following recommendations for NSFT;

## **Retention and Recruitment**

- 1) Focus on retention and recruitment; solutions could be the use of retention bonuses to reward loyalty, special responsibilities payments for hard to recruit areas, and being transparent within the organisation about staffing levels – in particular addressing hidden vacancies. Relaunching a 'Return to practice' campaign to encourage those who have left the nursing profession or have retired to return, offer greater relocation packages to make it easier to attract staff from outside the area.
- 2) We have encountered staff working as Assistant Practitioners and in similar roles who are being asked to do tasks that are not in their job matching (both by having too many responsibilities, and also by being allocated specific tasks that are matched with higher bands). Therefore, we urge caution in attempting to address workforce capacity issues by giving more responsibility to a less qualified staff group, and as such not utilising these new skilled roles to add value to the workforce but more to provide cheaper labour.
- 3) Staff shortages has a tremendously negative impact on staff morale and increase in work related stress. We have encountered staff who report caseloads in excess of 60 service users in some community teams. We urge NSFT to consider appropriate caseload weighting assessments and again acknowledge the staffing deficit in some teams.

## **Bed availability and Services**

- 4) We urge NSFT to acknowledge the bed deficit and look again at reopening beds. Later life service, working age adults bed deficits was brought up in the CQC report so more funding and more sites should need to be a part of any improvement package, otherwise the Trust will continue to struggle. We note that HOSC were awaiting the CQC report to offer scrutiny on bed availability. A false economy of utilising out of area (OOA) placements is in practice within NSFT. Additionally, due to the large geographical area covered by NSFT, those not showing up as OOA could still be argued as not meeting the service-user's social needs. For example, there is only one functional later life acute ward in Norfolk (Sandringham Ward, Julian Hospital). This results in service-users who live in Norfolk but many miles from Norwich being placed outside of reasonable travelling distance for family members or carers, and due to a lack of beds later life service users are sometimes being placed in working age acute wards not always equipped to provide the care and environment that would be suitable. Due to bed deficits it was highlighted by CQC that some service users were frequently transferred numerous times during their admission.

On a more general note, we would make the recommendation to the new interim Chief Executive Officer, and to any new and long standing directors and members of the NSFT board, that they do not collude with what is clearly an issue of under resourcing and under funding of NHS mental health services by suggesting that there are enough staff, enough beds and that a safe and effective service can be delivered under current funding arrangements. We urge NSFT to adopt a culture of supporting staff in raising concerns, whistle-blowing and supporting those campaigning for improved mental health services and use partnership working as an integral component of any service development and solutions for improved service delivery.

Yours truly

UNISON Branch 21111