

Campaign to Save Mental Health
Services in Norfolk & Suffolk



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What has gone wrong with the ‘radical redesign?’

*A contribution to Norfolk County Council’s Health Overview & Scrutiny Committee
from the Campaign to save Mental Health Services in Norfolk & Suffolk*

January 2014

*“Worldly wisdom teaches that it is better for reputation to fail conventionally
than to succeed unconventionally”*

John Maynard Keynes, The General Theory of Employment, Interest and Money

"Tout est pour le mieux dans le meilleur des mondes"

Dr. Pangloss in Voltaire, Candide

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Who are we?

We are a cross-party campaign started by front line staff, people who use NHS mental health services, carers, families and concerned members of the public in Norfolk and Suffolk to fight against the cuts and 'radical redesign' at Norfolk & Suffolk NHS Foundation Trust (NSFT). Many members of staff, service users and carers are actively involved in the Campaign which agreed its priorities at a public meeting attended by hundreds of staff and service users, which saw many more turned away for lack of space. The Campaign has more than 1,250 supporters. The Campaign isn't following any political agenda – it has members from across the political spectrum – and will resist any attempt to portray it as partisan. Our campaign has been featured on the BBC News website, on BBC Radio Norfolk and BBC Radio Suffolk, in the EDP, EADT and many other local newspapers. Since its creation less than a month ago, the Campaign's website has had more than 4,500 visits and the Campaign's Facebook has a weekly reach of more than 3,000 people.

What do we believe?

We want to see a successful provider of mental health services based in Norfolk & Suffolk, providing skilled employment in the east of England and excellent services in Norfolk, Suffolk and perhaps beyond. However, despite its rhetoric, the current trajectory of NSFT gives little confidence that this will be achieved. The Campaign opposes the historic underfunding of mental health and the NSFT Board's collaboration with unduly-harsh funding cuts, its wasteful and ill-thought out reorganisations and its disproportionate slashing of front-line services to the most needy and vulnerable.

What do we propose?

We have released an Open Letter to the Board, with a practical six-point plan, the implementation of which will begin to restore confidence in mental health services. This Open Letter is included at the end of this submission. The Campaign believes that the NSFT Board should change course or resign as there is no time for delay. The Campaign also strongly believes that commissioners must recognise that the level of bed and community provision in Norfolk and Suffolk is deeply inadequate and that planned cuts cannot possibly go ahead until it is demonstrated that the provision is not required, which is far from being the case today. We provide further information and recommendations in this paper.

Why are we submitting this paper to HOSC?

The Francis Report highlighted the importance of NHS bodies listening to patients, carers and staff and the importance of the role of local government in holding the NHS to account. We believe that the excellent report produced by the now-disbanded Joint Norfolk & Suffolk committee has been the only

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serious and transparent investigation into the ‘radical redesign’ and we wish to support the work of the Committee by providing an alternative narrative to that put forward by NSFT. Only since we began campaigning have some of the NSFT Board acknowledged there is a ‘developing crisis’ in mental health services – before that the NSFT Board denied that cuts to services were taking place – only ‘improvements’ in the Panglossian world of the ‘radical redesign’. Sadly, it appears that there is no local mechanism for the removal of an NHS Trust Board, despite the expense of the recruitment of Foundation Trust members and governors, which to us seems extraordinary. The only body with the power to intervene is Monitor, which has competition rather than quality of care as its primary focus and is a national and unelected quango rather than a local and democratically accountable body.

Since NSFT introduced the ‘radical redesign’, NSFT has lost its Chief Executive and doesn’t have a replacement. The Chair of the Trust has retired, as has the Director of Nursing. Laurence Mynors-Wallis, the Registrar of the Royal College of Psychiatrists and himself an NHS Medical Director, has said that consultant psychiatrists in Norfolk and Suffolk have serious concerns about the impact of the ‘radical redesign’ at NSFT on patient safety. The Royal College of Psychiatrists took the unprecedented step of writing to health regulator, the Care Quality Commission (CQC). NSFT is a rudderless organisation which continues to ignore the opinions of the majority of its clinicians and desperately needs HOSC’s help to point it back in the right direction. We believe that NSFT was given the benefit of the doubt by Scrutiny rather than wholehearted supported in its last report but now there is a great deal more evidence about the disastrous results of the implementation of the radical redesign.

What is wrong with the ‘radical redesign?’

At the heart of the ‘radical redesign’ are two key elements: the supposedly innovative Access & Assessment Teams (AAT) and a reduction in the need for beds through improved services in the community. We will look at each element in turn and then ask ‘Where has the money gone?’

Access & Assessment Teams

Why were AATs established?

The AAT model has been presented as an innovative improvement but the main initial reason for its attractiveness to NSFT was its anticipation of the introduction of Payment by Results (PBR). AAT was established in February 2013 in anticipation of PBR being introduced in April 2013, even though its likely delay or cancellation had been widely signalled in the press. The introduction of PBR for mental health has since been delayed for at least two years and it is now very unlikely that it will ever be introduced in the anticipated form. The primary purpose of AAT was to offer a single point of access for all referrals to allow them to be put into charging ‘Clusters’ thus allowing the capture of all chargeable ‘customers’ with

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accurate data for invoicing purposes. Given the centrality of PBR to the radical redesign model, many within NSFT still refuse to accept, even given Norman Lamb's public announcement that PBR wasn't suitable for mental health, that PBR is not going to happen any time soon and bemoan the block contract model. However, it is naïve to believe that commissioners were suddenly going to find considerable additional funding for mental health solely on the basis of a change in funding model.

What did AAT replace?

In central Norfolk, AAT it replaced the primary care mental health teams, which consisted of link workers attached to GP surgeries and three dedicated consultant psychiatrists who provided clinical support to GPs. Link workers were extremely popular with GPs and patients. The AAT models are different in different parts of NSFT but this paper, for the sake of simplicity, is restricting itself to the model in central Norfolk.

What has gone wrong with AAT?

Underestimated number of referrals

The anticipated number of referrals into the service was markedly underestimated, possibly because much of the work previously done by link workers (advising GPs on cases) was never recorded or understood by NSFT. The anticipated number of referrals for Central and West Norfolk was between eighty and ninety per day but the actual number is around 120 per day. We do not have the exact current numbers but we are confident that they are reasonably accurate and NSFT can supply the recorded numbers to the committee.

Inadequate resources

AAT was inadequately resourced according to these anticipated underestimates and, to make matters worse, has had significant problems with sickness and so has never been adequately staffed to manage the number of referrals it receives. This is the case for services in both Norfolk and Suffolk.

Failure to hit performance targets

AAT Norfolk has never been able to keep to its emergency (4-hour), urgent (72-hour) or routine (28 days) targets. This autumn, we believe that 72-hour referrals were taking about a fortnight to be dealt with and 28-day referrals were taking about two months. The Campaign has submitted a Freedom of Information request to NSFT (FOI 01, 2014), which the Campaign will share with the Committee once it receives a reply, but the figures leaked to the press previously are as follows: only 52 per cent of



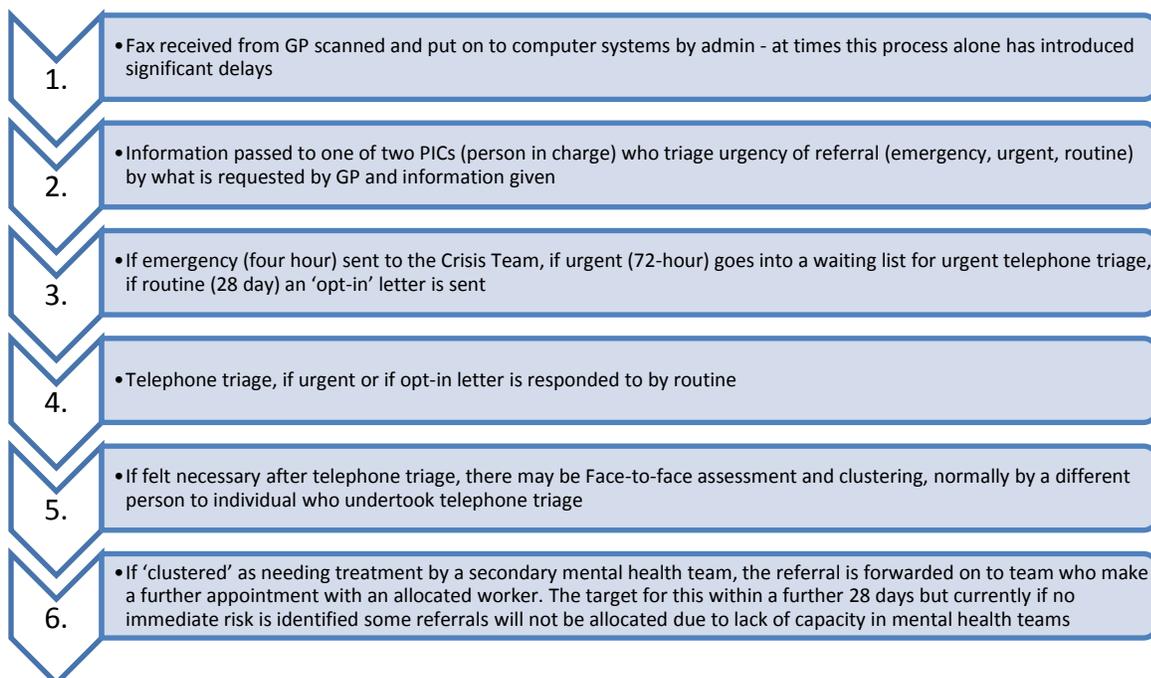
emergency referrals were dealt with within four hours; only 32 per cent of urgent referrals were dealt with within 72-hours and only 33 per cent of routine referrals were dealt with within 28 days. The Operations Director of NSFT has claimed that NSFT's own figures are 'wildly inaccurate' but has typically not supplied any more accurate ones. Multiple supporters of the Campaign with knowledge of the performance of AAT agree that the leaked figures are misleading – they believe the situation is actually worse.

Unpopularity with GPs

NSFT claim that GPs are happy with single point of access but there have been a very large number of complaints by GPs about AAT and lots of negative feedback. Many GPs say that they much preferred the previous link worker service.

Why is AAT delaying treatment and adding cost?

To fully understand the impact of AAT, the system for receiving, processing and assessing referrals needs to be outlined:



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This complicated and expensive system introduces long delays before the receipt of treatment, if the referral is even allocated at the end of the process. Distressed patients have to repeat their stories to three different individuals, one of whom they never see and another they will never see again.

Devastated staff morale

AAT has lost its original manager, both of its initial consultant psychiatrists and many other staff, including clinical team leadership, in less than a year. Staff morale has gone from buoyant as part of a new, flagship service to incredibly low and there have been meeting with unions about concerns about an unsafe working environment and practices, lack of resources and lack of support from senior managers. Staff report very low job satisfaction and feeling that they are unable to do any good for the people they see because of time pressure and lack of resources and ongoing input into their care. They have described it as like working in a sausage factory or like being a battery chicken but not producing eggs. NSFT claimed that AAT would be wonderful because staff had received call centre and customer care training but failed to realise that making skilled and high-risk psychiatric assessments on the phone is a very much more demanding task than reading a bank balance on a computer screen, taking an order for a new broadband service or setting up a direct debit at a utility firm.

Consequences of the failure of AAT & Recommendations

AAT was trumpeted as a single point of contact but has become a single point of failure. Nearly all clinicians and operational managers, privately at least, believe that AAT is the wrong model but the Board stubbornly and damagingly refuses to acknowledge that, at the heart of the radical redesign, AAT was and remains a terrible mistake, and continues to throw money it does not have at the problem. AAT is a money pit without purpose at the centre of the Trust Service Strategy. The highly skilled but demotivated staff in AAT should be reallocated into the community where they can treat people rather than delay treatment assigning referrals to accounting codes which will most likely never be used.

Reduction in the need for beds through improved services in the community

There is a bed crisis

NSFT claims that it has sufficient beds and criticised this Campaign for calling the current scenario a crisis. However, the number of transfers of acute adult or psychiatric intensive care patients to third party providers, frequently many miles away from home, is growing at an extraordinary rate for a service with sufficient capacity. The main defence of NSFT to accusations that it does not have enough beds seems to be to say that there aren't enough beds in the entire country. Similarly, when presented

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with a clear case of suicide immediately after a promised voluntary-admission bed was unavailable, the Trust resorts to statistical analysis and commissioning a report by a member of its own Board to deny an obvious truth. This tendency to seek corporate solace in statistics and denial has worrying similarities to what the Strategic Health Authority did when faced with Mid-Staffs complaints and mortality data.

The number of crisis patients who could not be accommodated by NSFT was relatively low and stable before the 'radical redesign', occurring once every couple of months (seven in the financial year 2010/11 and six in the year 2011/12). However, in 2012/13 the number of patients who could not be found beds grew by 750% to 51. In the first six months of this year, 33 patients in crisis could not be found a bed, a further increase of 27.2%, which represents a 1000% increase in the number of seriously ill crisis patients who cannot be found beds since 2011/12. These figures can be readily confirmed (FOI 171, 2013).

There is a very high financial and human cost

The cost of these placements in out of area beds is many millions of pounds. There is a high human price as service users find themselves many miles away from their families and friends. NSFT has stated that it will not help service users families with the cost of visiting relatives placed many miles away through no fault of their own: 'It is however worth noting that under the NHS Help with Travel Costs Scheme (HTCS) visitors to hospital are not entitled to claim for costs of visiting.' (FOI 224, 2013). The Campaign has highlighted a recent CQC report which detailed how a husband had run up bills of £3,000 visiting his wife after the closure of dementia beds in King's Lynn and how he had been misled by NSFT that his travelling expenses would be met (available on our website).

Lack of beds is preventing treatment and putting pressure on overstretched community teams

The lack of beds also places an additional strain on community teams and is in combination with the cuts to community teams is preventing some of the most poorly and vulnerable service users from starting or restarting Clozapine, the NICE recommended last resort treatment for psychosis. The Campaign has highlighted this issue, a Clozapine Crisis, in its 12 Days of Christmas Campaign.

The very community teams who are supposed to keep patients out of hospital have been slashed to breaking point

For the sake of brevity, we restrict consideration here to the two largest teams, which now cover central Norfolk and Norwich, the new North and South Central community teams.

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These teams replace three previous localities: North Norfolk, South Norfolk and Norwich City, and saw the abandonment of specialist teams providing assertive outreach (for chronically psychotic difficult-to-engage patients) and brief intervention, homeless and recovery teams. The two new teams have additionally taken over much of the work previously undertaken by link workers. Staff who provided services in Norwich have been removed from their highly productive location at 80 St Stephen's, leaving no base in Norwich for staff and no dedicated space to see patients for the south central team, i.e. more than half of Norwich and south Norfolk. Gateway House, a rented office building located on a business park in Wymondham, has no facilities to see service users and proposals to provide clinical space have been rejected by the NSFT Operations Director. This relocation and lack of clinical space has had a devastating effect on productivity, with travelling times greatly increased and face-to-face time with patients decreased. The loss of the assertive outreach team is a major problem because without this assertive approach many service users disengage from treatment and become unwell - requiring long and expensive periods in hospital after posing a significant risk either to themselves, or occasionally, others.

Many consultant psychiatrists only discovered what was proposed by the 'radical redesign' when it was announced. Those who have raised clinical concerns have been accused of 'shroud waving'. Consultant psychiatrists do not have job descriptions. NSFT has tried to explain this treatment of its most senior clinical leadership with the excuse that the new positions after the current reorganisation are only 'temporary' and that consultants continue to do their old existing jobs, which they clearly do not, until April 2014, when there will be yet another expensive and disruptive reorganisation and it is proposed that there will be cuts in the number of doctors. As we understand it, NSFT still proposes to slash the number of consultant psychiatrists it employs, from about 100 to 67, when the transitional funding provided by the CCGs runs out. The Campaign fails to understand how this, particularly given the large number of locum doctors currently employed by NSFT and which it appears are needed to deliver a decent service, will not have a catastrophic effect on the delivery of services.

Caseloads of band five and six staff are already above recommended limits, the majority hovering around forty but with some higher still. In the absence of link workers and psychiatrists preventing referrals in primary care by dealing with issues in GPs surgeries, there are unsustainably high numbers of weekly referrals to the two new teams – in the region of 30-40 across both teams. These new referrals are targeted to be allocated to the teams and seen within 28 days but this is proving impossible with existing resources, so in some cases only those deemed at risk have been allocated and the rest are placed on an ever-extending waiting list, adding to the 130 cases unallocated since the creation of the teams. It is very difficult to see how this number will not just continue to increase for, while a few extra staff have been recruited, the situation will become much worse in March 2013 when between a quarter and a third of existing staff will leave through NSFT's poorly planned, poorly implemented and hugely expensive voluntary redundancy scheme.

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The loss of compassionate support for people with mental illness

Mental illness is frequently precipitated by, and almost invariably leads to, great emotional distress and suffering. None of us need to be told what it is like to suffer, as distress and suffering are sadly an unavoidable part of the human condition. For people with mental illness this distress can be very deep, profound and of long duration.

When distressed we commonly find relief in our friends and family. Talking about what grieves us, with someone who cares for us, can help us find comfort and maybe enable us to put our problems in better perspective, allowing us to begin to see a way through our confusion.

Mental illness leads to great social isolation for many, and, even when friends and family desperately want to help, the nature of the sufferer's symptoms can frequently make it very hard to understand the best way to do so, leaving those who love the sufferer also in great distress and desperate for help.

Mental health professionals have the capacity to provide great comfort to people with mental illness in their distress. Many service users can testify that having someone with the skills and experience to just listen to their frightening and distressing experiences, without fear or judgment, has helped them to see a way through desperate times. This help often prevents the escalation of issues and the expense of hospital admission or the further involvement of mental health and social services or sometimes the justice system and the Coroner's Court.

However, for this to be possible there needs to be an ongoing relationship of trust, not a single forty-five minute or one hour appointment with an "assessor" from AAT, or a series of delayed conversations with different people from a community team because of frequent reorganisations. The best outcomes follow from the continuity of care rather than the increasingly all too frequent situation of being placed on an "unallocated" list and told to phone in to speak to whoever is "on duty" if they feel distressed.

Providing compassionate support for people with mental illness in distress is not an emotionally easy thing to do. We all know how draining and demanding listening to friends and relatives in distress can be, and how this can become irritating and annoying if we too are upset, busy or tired. For mental health professionals to be able to offer compassionate support to the distressed it requires them to have the necessary time and emotional space. They need to feel supported and valued by their senior colleagues and this recognition is a vital component of their working environment.

Sadly, many of the staff of NSFT are themselves developing mental ill health through the distress the current situation has placed them in. Many say they no longer feel able to feel sufficient compassion for others because of their own distress, and do not have the time to just listen to service users or have

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been told that this is no longer what they should be spending time doing: many are either off sick or leaving mental health services as a result.

Having a professional to compassionately listen is vital to the recovery of people suffering from mental illness. It is not a luxury but an essential part of care. Drugs, care plans, and risk assessments cannot heal in the absence of a supportive and caring relationship. There is well recognised, and long known, evidence that one of the most significant factors in reducing the risk of suicide in people with mental illness is the quality of the relationship between the service user and the professionals involved. The provision of a consistent, compassionate, supportive relationship for the treatment of mental illness is akin to the provision of food and clean bed sheets for the treatment of physical illness and the failure to provide it should be taken no less seriously. Unfortunately, and contrary to the clinical evidence, continuity of care and compassion do not feature in the 'radical redesign' of NSFT's services.

Where has the money gone?

Introduction

Like all NHS Trusts, NSFT is expected to make savings of twenty per cent over four years as part of the 'Nicholson Challenge.' It is a 'challenge' because the savings are supposed to be found through the elimination of waste rather than any reduction in the extent or quality of services delivered. NSFT is not in a unique position.

A high risk approach

For reasons that we do not understand, NSFT rejected the continuous improvement approach, locally and clinically devolved, as has been successfully applied to enhance productivity in too many 'production' environments to mention, in favour of a grandiose and rigid four-year plan, which has little focus on productivity or quality, imposed from above, the majority of elements implemented in an accelerated programme within the first two years. This, to us, seems more akin to the industrial planning of Chairman Mao or Soviet Russia, and ignores the variability of public funding, given the reality of local and national political spending settlements and the local priorities of seven CCGs and two Counties. An excellent example of this lack of certainty is the new funding in West Norfolk, which means that an expensive and disruptive redundancy programme and reorganisation has been immediately followed by a another reorganisation and a recruitment crisis in the following year.

Most seriously, there was no local pilot of the proposed changes which seems particularly foolhardy in the case of AATs. Nothing similar, in either design or scale, has been trialled elsewhere. NSFT has been an innovative trailblazer but sadly appears to have chosen to fail unconventionally. This type of 'gun-ho'

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approach seems particularly high risk and foolhardy in the delivery of health services. We will never know whether the 'radical redesign' is a failed plan to force CCGs to provide further resources to NSFT or a genuine attempt to ensure that NSFT dominated the seven CCGs. The joint scrutiny report was clear that it felt that the tail was wagging the dog as far the relationship between the supplier, NSFT, and the commissioners, the seven CCGs, was concerned. It appears Monitor's concerns, when it refused to allow the merger of the Norfolk and Suffolk Trusts on the grounds of a local monopoly dominating mental health service provision in the east of England, were sound and should not have been overturned on appeal.

The 'consultation'

During the 'consultation' it was made clear to staff that only 'positive' feedback was welcome, which meant that questioning of both the distribution of cuts between administration and frontline services and questioning the safety of the proposals was unwelcome. Similarly, NSFT have said that they welcome 'positive' contributions from this Campaign, which appears to mean we should solely blame the CCGs for providing insufficient resources but not address the performance of the NSFT Board or the 'radical redesign' model. We reject this approach. NSFT seems to believe it should spend thousands of pounds on glossy brochures and reports (Expenditure over £25,000 on NSFT website), iPads (FOI 82, 2012), bottled water (FOI 82, 2012) and hiring expensive venues such as Newmarket Racecourse or Dunston Hall for management and 'leadership' events while lacking the employees to consistently staff wards properly or to provide sufficient beds to those in distress. Management of change at NSFT can be better described as 'chaos' as demonstrated by the inability of NSFT to even provide its management structure to salesman's standard requests (FOIs 54 and 60, 2013).

Declining staff salaries

NSFT's Annuals Reports tell us that the average salary of NSFT employees fell by 15.2% or £4,040 each from £26,557 to £22,517 between 2011 and 2013. Salaries have not just been static as part of the public sector pay freeze, they have fallen dramatically in real and absolute terms. The Chair of NSFT has recently stated in the media that eighty per cent of NSFT's costs are wages. Even without service cuts and redundancies, taking this eighty per cent cost assumption on board, salary reductions alone should have achieved more than sixty per cent of the required costs savings (12.16%). This is not a question of greedy public sector employees failing to share in austerity measures. Some low-paid employees, as detailed in our 12 days of Christmas campaign on our website, cannot afford to put petrol in the cars they need for work. Meanwhile the pay of the Board, Executive and its acolytes has either remained stable or risen due to 'promotions' or new opportunities from 'change' and 'being commercial'. This is a large factor in the collapse in morale among frontline staff and the dire findings of the NHS Staff Survey.

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Declining numbers of nurses

Further, NSFT Annual Reports show the number of NSFT Nursing, Midwifery & Health Visiting employees has decreased from 1,438 in 2011 to 1,324 in 2012 (a decrease of 7.9%) and further still to 1,250 in 2013 (a further decrease from 2012 of 5.6% and a cumulative decrease since 2011 of 13.1% - 188 fewer nursing posts). Thus in Nursing, Midwifery & Health, if we combine the salary and employee reductions, costs savings in the region of 26.3% have been achieved, far in excess of the 20% improvement target.

Declining numbers of Support Staff

Similarly, NSFT Annual Reports show the number of NSFT employees in Healthcare Assistants and Other Support Staff has decreased from 1,066 in 2011 to 970 in 2012 (a decrease of 9%) and further to 823 in 2013 (a further decrease from 2012 of 15.2% and a cumulative decrease since 2011 of 22.8% - 243 fewer healthcare assistant and support staff posts). Thus in Healthcare Assistants and Other Support Staff, if we combine the salary and employee reductions, costs saving in the region of 34.5%, far in excess of the 20% improvement target.

Declining numbers of social care staff

Again, NSFT Annual Reports show the number of NSFT employees in Social Care has decreased from 111 in 2011 to 61 in 2013 – a cumulative decrease since 2011 of 45% - 50 fewer social care posts. Thus in this category, if we combine the salary and employee reductions, cost savings are in the region of 53.3%, far in excess of the 20% improvement target.

NSFT needs to open its books

So given this scale of salary reductions in the wages and number of front-line staff, where has the money gone and why are more bed closures and job losses planned? These are key question for HOSC. Without access to NSFT's management accounts, we can only provide some answers.

Increased numbers of bureaucrats

Firstly, while shedding front-line staff and closing wards, NSFT Annual Reports show the number of NSFT employees in Administration & Estates has risen from 975 in 2011 to 1,068 in 2012 (an increase of 9.5%) and to 1,084 in 2013 (an increase from 2012 of 1.9% and a cumulative increase since 2011 of 11.2% - 109 additional administrative posts). As mentioned earlier, some spending by central management appears extravagant at a time of brutal cuts in frontline services and deserved investigation.

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We recommend that HOSC seeks average salary figures from NSFT for the different categories of employees in their Annual Reports. This will allow the discovery of the cost of these additional 109 administrators and to ascertain the distribution of salary changes between frontline staff and the bureaucracy. If the bureaucracy had suffered similar job cuts to the 22.8% inflicted upon Healthcare Assistants and Other Support staff, there would be 753 employees rather than the 1084 listed as employed in the 2013 Annual Report. Even if these administrators were paid only the average 2013 wage of £22,517, this would liberate £7,453,127 per year to be redirected into patient care. It is very difficult to understand why the bureaucracy is growing while services are being slashed. If productivity is defined as the ratio of outputs to inputs, productivity is falling dramatically at NSFT.

Bloated management structure

The bloated management structure is more than a financial burden. Leading clinicians tell us that if they went to all the internal management meetings to which they are invited they would never see any patients, and, indeed, that managers cannot understand the time pressures clinicians are under and, further, recommend that clinicians behave more 'strategically' and see less patients if they want to be 'taken seriously.' This output is the exact opposite of what should be desired. Meetings are 'interminable', frequently lack an evidence-base and rarely make decisions. Further, that so many people attend but say little ensures that collective responsibility means that nobody takes responsibility. Clinicians report that as managers acquire personal assistants and, in some cases, up to three 'deputies', consultants and clinical teams lose skilled administrative and clinical staff.

If NSFT wants to make decisions quicker and to genuinely involve clinicians in the decision-making process, it needs far fewer managers than it has at the moment and to involve clinicians who have a vocation and spend more than one half of the working week seeing service users. It is not enough just to say 'But we invited you to this meeting but you were too busy to attend.' Since many of these administrative and managerial staff were once clinical staff, this readjustment process can be achieved with minimal human and financial cost by encouraging administrative staff to move back to the frontline and re-banding them in exactly the same way as has happened with frontline staff.

More than £2.5 million spent on locum doctors

Secondly, NSFT, whilst saying it can slash the number of doctors when the transitional funding expires, is spending a very large amount of money on locum doctors. The NSFT Annual Report indicates that the number of temporary medical & dental staff has increased from 32 in 2012 to 81 in 2013 – an increase in locum doctors of 153% - 49 additional locums doctors. Locum doctors, by definition, are not ideal in terms of continuity of care. The table below, from FOI 208, 2013, shows the cost of agency locums doctors in the financial year 2012/13:

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	Framework	Agency	Total
Consultant	Yes	PULSE HEALTHCARE LTD	£683,105
	Yes	EVERGOOD PSYCHIATRISTS	£476,114
	Yes	SURGI-CALL	£205,023
	Yes	INTERACT MEDICAL	£187,331
	Yes	THE LOCUM PRACTICE	£93,292
	No	PSYCHIATRY PEOPLE LIMITED	£91,570
	No	CONSULTANT LOCUMS	£74,791
	Yes	HCL DOCTORS	£35,091
	No	FIRST MEDICAL STAFFING SOLUTIONS LIMITED	£30,859
	No	CINAPS LTD	£27,417
	Yes	ATHONA LTD	£27,371
Consultant Total			£1,931,964
Junior	No	4342 - HCL THAMES MEDICS LIMITED	£289,469
	Yes	1002 - PULSE HEALTHCARE LTD	£152,328
	Yes	588 – FRONTLINE	£150,009
	Yes	2782 - THE LOCUM PRACTICE	£23,847
Junior Total			£615,653

The cost of these temporary medical staff in the 2012/13 financial year was a total of £2,547,617. HOSC needs to seek answers from NSFT about what happens when the transitional arrangements come to an end.

Millions spent on agency and NHSP temporary staff

Thirdly, NSFT is spending large amounts on temporary nursing staff, both agency and through NHS Professionals (NHSP). Expenditure on agency nurses in 2012 was £2,271,426 and on agency Allied Health Professionals was £181,036 (FOI 218, 2103). These figures do not include expenditure with NHS Professionals (NHSP). Based upon the expenditure of over £25,000 data that NSFT has a statutory duty to publish, NSFT spent more than £8 million with NHSP in the most recent twelve month period we analysed (ending July 2013) with a peak expenditure of £1,837,175.61 in December 2012 alone. Yet, despite this scale of expenditure on temporary staff, NSFT appears unable to staff its ward properly:

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“The Trust has two Psychiatric Intensive Care Units within its localities. Rollesby Ward based in Norfolk and Lark Ward based in Suffolk. Both wards have ten beds and are mixed sex wards. I confirm that on Rollesby Ward there are 2 nurses on the early and late shift and 1 nurse on the night shift. On Lark Ward they aim as a minimum to have 2 nurses on every shift, supported by 3 support workers, but this is not always achieved.” (FOI 196, 2013).

Low staffing level reports on Norfolk NSFT wards increased from 91 (April 2011-March 2012) to 128 (April 2012-March 2013), an increase of 40.7%. Data for 2013 (only until October 2013) indicates a further increase from 12-13 in the region of 5.8% and our 12 Days of Christmas campaign details worrying concerns expressed by staff in secure services that safe staffing is a serious and urgent problem.

Millions spent on out of area beds and transport

Fourthly, NSFT is spending very significant sums on out of area beds whilst claiming it has excess capacity to cut despite having seven per cent fewer adult beds and twenty nine per cent fewer older age beds than the national average (data from reports of Director of Nursing and Operations Director at last NSFT Board meeting). In Norfolk alone, in 2012/13 NSFT spent £437,000 on out of area NHS beds, £4,866,000 on out of area private beds and £29,000 on private ambulances to transport patients out of area (FOI 224, 2013).

Millions spent on a redundancy programme during a recruitment crisis

Fifthly, whilst spending all this money on temporary staff and starting a recruitment programme, NSFT has run a poorly implemented and unnecessary voluntary redundancy scheme. Whistleblowers have informed us that the cost of this programme is at least £4 million. It is vital that HOSC discovers the cost of this voluntary redundancy programme and where the money is going to come from. 79 staff were told that they would receive voluntary redundancy and not to apply for their own jobs or equivalent during the ‘radical redesign’ reorganizations. Later, after their own jobs or equivalents were filled by others, NSFT discovered that it needed staff and could not afford the redundancy programme, so it arranged a meeting at which the Acting Chief Executive tried to announce the withdrawal of the voluntary redundancy programme and tried to promote ‘new opportunities.’ The Acting Chief Executive was prevented from giving his presentation for more than an hour, senior managers left the meeting in tears, and staff refused to sign for the new consultation packs and threatened legal action. Shortly afterwards, NSFT changed its position and reinstated the voluntary redundancy programme which the vast majority of the staff involved have taken, leaving between the end of 2013 and April 2014. While NSFT spends millions on voluntary redundancy, as of 28/12/15, NHS Jobs was simultaneously carrying 45 advertisements from NSFT, some for more than one position available (appended to this paper).

Campaign to Save Mental Health
Services in Norfolk & Suffolk



<http://norfolksuffolkmentalhealthcrisis.org.uk/> Follow us on Twitter @NSFTCrisis

OPEN LETTER TO NSFT BOARD OF DIRECTORS

There is a serious crisis in the delivery of mental health services in Norfolk and Suffolk. Norfolk and Suffolk NHS Foundation Trust (NSFT) has challenged the use of the word 'crisis' but in so doing has shown how far out of touch it is with the views of its own service-users, carers and front-line staff. The recent extensive media coverage, both local and national, dating back to at least last August, also gives the lie to the Trust's official statements. The warnings from the emergency services and professional bodies such as the Royal College of Psychiatrists should be heeded. Over 300 people attended our launch meeting on 25th November (many more could not get in) and a resolution of no confidence in the management of the Trust was passed unanimously. Given this, **the NSFT Board of Directors should either take urgent action to rectify a situation which is in danger of spiraling downwards, or resign.**

In order to restore some degree of confidence, the Trust needs to act quickly in six key areas:

1. **Call a halt to the policy of bed closures and reopen wards** wherever possible, until community services can actually show in practice that a number of inpatient beds are not needed.
2. **Withdraw the proposal to reduce the number of qualified Band 6 staff in the Crisis Resolution and Home Treatment (CRHT) teams.** Continue with the proposed policy of boosting the home treatment capacity by **employing more support workers.** Give priority to providing a **sufficient level of medical input to CRHTs so that access to a psychiatrist is readily available in a crisis.**
3. **Restore link workers** and carry out an urgent **review of the role of Access and Assessment teams,** especially in relation to CRHTs.
4. **Restore Early Intervention In Psychosis (EI) teams in Suffolk,** in line with the Department of Health and Schizophrenia Commission recommendations
5. **Establish a caseload management system** so that care coordinators and lead professionals in community teams do not carry individual responsibility for excessive workloads.
6. Carry out an **urgent review of the prevention of suicide strategy,** which should include a **major rethink around the abolition of specialist assertive outreach and homeless persons' teams.**

The Trust board members need to ask themselves why there is such a gulf between their perception of the state of affairs and that of front-line staff and service users. Denying that a problem exists will not bring about a solution. The Trust, the CCGs, Health Minister Norman Lamb, have all been in denial for some time. It's no longer good enough to blame one another. We need decisive action from all. If you cannot provide it, you should go!

On behalf of the **Campaign to Save Mental Health Services in Norfolk and Suffolk** on 19/12/2013

*Campaign to Save Mental Health
Services in Norfolk & Suffolk*



<http://norfolksuffolkmentalhealthcrisis.org.uk/> Follow us on Twitter @NSFTCrisis

FOI Request 01, 2014

Please can you supply for Norfolk Central & West, Norfolk East and Suffolk AATs:

- a) Budget and performance against budget (i.e. actual spend) on whatever temporal bases (quarterly, monthly, weekly, etc.) are readily available
- b) Performance data against Trust targets/KPIs (including but not limited to 'scoreboard' data as leaked to Bob Blizzard and discussed by Kathy Chapman in press) from operational start to as current as possible on whatever temporal bases are readily available - e.g. % seen within target, average waiting time.
- c) Reports supplied to CCGs regarding AAT performance
- d) Number of queries/complaints received by AAT on whatever temporal basis is readily available and if possible category of complaint/query
- e) Internally/externally produced reports into strategy/performance/future of AAT
- f) Emails/correspondence from NSFT staff expressing concerns about resourcing/staffing/performance/safety of AAT.
- g) Any risk/incident reports registers relating to AAT.

Given that most of this data should be electronically recorded and available and known to AAT and operational management, it should not exceed the 18 hour limit. If you believe this will take more than the 18 hour limit, please let us know asap and we will refine/split. Happy to receive the data in a raw, unrefined format if this makes supply quicker.



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Search results

There were **47** matches for your search criteria: must include **norfolk AND suffolk AND nhs AND foundation AND trust** in the employer. Click on a job title for more details and to apply for that job.

▶ Show results without descriptions

Sort list: by date posted by salary by relevance by employer **Sort**

Clinical Psychologist

Psychology
Norfolk and Suffolk NHS Foundation Trust Posted: 27/12/2013
 Two fixed-term posts (12 months) have arisen for an enthusiastic clinical psychologist to join the Secure Services inpatient psychological services, based at the Norvic Clinic, Norwich, and Chilton/Foxhall House, Ipswich. The post-holder will be involved in all aspects of inpatient assessment and intervention, as well as staff training, support and supervision. This is an excellent opportunity to obtain experience working...
 £39,239 to £47,088 pa | Norwich & Ipswich | Fixed Term Temporary | Closing date 12/01/2014

Assistant Practitioner

Occupational Therapy
Norfolk and Suffolk NHS Foundation Trust Posted: 27/12/2013
 We are looking for an Occupational Therapy Assistant Practitioner (in training or prepared to train) to work on an assessment ward for the elderly with complex needs. The post holder will work closely with patients, carers, and multi-professional staff utilising a rehabilitation approach. Skills leading therapeutic activity sessions and experience with this client group is preferred but evidence of transferable...
 £18,838 to £22,016 pa | Norwich | Permanent | Closing date 12/01/2014

Psychological Therapist

Norfolk and Suffolk NHS Foundation Trust Posted: 24/12/2013
 Great Yarmouth and Waveney Acute Services are seeking an enthusiastic and motivated Psychological Therapist to work across our inpatient and CRHT service. The successful applicant would be expected to contribute to the provision and development of the Psychological Therapy Services within Adult Acute Services. Once in post you would be working as part of the multidisciplinary team, carrying a caseload...
 £30,764 to £40,558 pa | Lowestoft | Permanent | Closing date 07/01/2014

Occupational Therapist

Norfolk and Suffolk NHS Foundation Trust Posted: 24/12/2013
 The Waveney Acute Services are looking for an enthusiastic, highly motivated and flexible staff to work within our 24 hr specialist acute mental health team providing high quality, individualised treatment for adults. The service is based in a purpose built Acute Service Centre and combines In-patient, Crisis Resolution and Home Treatment. As an Occupational Therapist you will be required to...
 £25,783 to £34,530 pa | Lowestoft | Permanent | Closing date 07/01/2014

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<http://norfolksuffolkmentalhealthcrisis.org.uk/> Follow us on Twitter @NSFTCrisis

Clinical Psychologist

Norfolk and Suffolk NHS Foundation Trust

Posted: 24/12/2013

Norfolk west is seeking to recruit a clinical psychologist to support Adult services. Whilst the post spans both community and acute the expectation from the post holder will be to ensure a consistent and expert psychological intervention for people in both settings, with a focus on transitions between service lines and reducing the need for admission to hospital. If you...

£45,707 to £56,504 pa	Fermoy Unit, Kings Lynn	Permanent	Closing date 07/01/2014
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Mental Health Worker

Norfolk and Suffolk NHS Foundation Trust

Posted: 24/12/2013

Norfolk west is seeking to recruit registered practitioners with experience of care coordination and working with complex cases in the community. You would be joining a recovery focused team, aiming to embed recovery further in all aspects of service delivery. This is an exciting time to join us as we have just completed a restructure and are looking to embrace...

£25,783 to £34,530 pa	Chatterton House, Kings Lynn	Permanent	Closing date 07/01/2014
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Mental Health Practitioner

Norfolk and Suffolk NHS Foundation Trust

Posted: 24/12/2013

Norfolk west is seeking to recruit registered nurses to enhance their community teams. These posts offer excellent career development opportunities, where you will gain experience in working in a multi-disciplinary team, maintaining people with mental ill health in their own community. You would be joining a recovery focused team, aiming to embed recovery further in all aspects of service delivery...

£21,388 to £27,901 pa	Chatterton House, Kings Lynn	Permanent	Closing date 07/01/2014
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Mental Health Practitioner

Norfolk and Suffolk NHS Foundation Trust

Posted: 24/12/2013

We are seeking to appoint experienced practitioners with an AMHP qualification at Band 7 in the first instance, but are willing to consider applications from those candidates with a relevant registered qualification who could go on with our support to gain the AMHP qualification. Those candidates without the AMHP qualification initially would be employed at Band 6 until successful completion...

£30,764 to £40,558 pa	Chatterton House, Kings Lynn	Permanent	Closing date 07/01/2014
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Business Apprentice

Norfolk and Suffolk NHS Foundation Trust

Posted: 24/12/2013

Apprentice Business Administrator – Commercial Business Team Salary: £135 per week Hours: 37.5 per week (12 months fixed term contract) The Commercial Business Team has a vacancy for an Apprentice Business Administrator based at Endeavour House in Ipswich. You will learn how the team works and you will be experience a variety of different computer systems, admin skills and contribute...

£135 per week	Endeavour House, Ipswich	Fixed Term Temporary	Closing date 07/01/2014
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Social Worker Lead

Norfolk and Suffolk NHS Foundation Trust

Posted: 24/12/2013

As a member of the Central Locality Senior Management and Service Governance team, the post holder will contribute to the overall management of the Health and Social Care Services managed within the Locality and provide professional leadership to social work staff within the Locality. We are looking for an enthusiastic individual who will support and influence social care practice across...

£39,239 to £47,088 pa	Norwich	Permanent	Closing date 07/01/2014
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Clinical Pharmacist

The Norvic Clinic Pharmacy

Norfolk and Suffolk NHS Foundation Trust

Posted: 24/12/2013

The award winning Pharmacy team is looking to recruit an experienced pharmacist to act as clinical pharmacist for our Forensic Service based at The Norvic Clinic in Norwich. This fixed term post is to cover the long term secondment of the substantive post holder. The successful applicant will be responsible for contributing to the delivery of effective and efficient Pharmacy...

£30,764 to £40,558 pa	Norwich	Fixed Term Temporary	Closing date 06/01/2014
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**Campaign to Save Mental Health
Services in Norfolk & Suffolk**



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Clinical Pharmacist

Hellesdon Pharmacy

Norfolk and Suffolk NHS Foundation Trust

Posted: 24/12/2013

The award winning Pharmacy team is looking to recruit an experienced pharmacist to act as clinical pharmacist to an allocated clinical area. This is a substantive post and the successful applicant will be responsible for contributing to the delivery of effective and efficient Pharmacy services and implementation of the Pharmacy plans and strategy. The main duties of the post holder...

£30,764 to £40,558 pa	Norwich	Permanent	Closing date 06/01/2014
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Clinical Support Worker

Waveney Acute Services

Norfolk and Suffolk NHS Foundation Trust

Posted: 23/12/2013

The Waveney Acute Services are looking for an enthusiastic, highly motivated and flexible staff to work within our 24 hr specialist acute mental health team providing high quality, individualised treatment for adults aged 18-65 years. The service is based in a purpose built Acute Service Centre and combines In-patient, Crisis Resolution and Home Treatment. As a Clinical Support Worker you...

£16,271 to £19,268 pa	Lowestoft	Permanent	Closing date 06/01/2014
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Clinical Psychologist

Central IDT

Norfolk and Suffolk NHS Foundation Trust

Posted: 23/12/2013

Our community mental health services are going through a period of progressive and exciting change with the formation of Integrated Delivery Teams (IDT's). The teams consist of psychiatrists, psychologists, social workers, nurses, occupational therapists and support workers. The teams provide specialist mental health care and work in partnership with service users, carers, the third sector, service users communities and other...

£39,239 to £47,088 pa	Stowmarket	Permanent	Closing date 06/01/2014
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Staff Nurse

Central Cluster Acute

Norfolk and Suffolk NHS Foundation Trust

Posted: 23/12/2013

The Central Cluster Acute Service (CCAS) consists of two working age adult in-patient acute wards (Glaven and Waveney), a 22 bedded older person's functional in-patient acute ward, a 10 bedded Psychiatric Intensive Care Unit (PICU), the Crisis Resolution and Home Treatment Team (CRHT), the Hostels service, and the acute general hospital liaison service. We would like to recruit Staff Nurses who...

£21,388 to £27,901 pa	Norwich	Permanent	Closing date 12/01/2014
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Receptionist / Admin Assistant

Adult Mental Health

Norfolk and Suffolk NHS Foundation Trust

Posted: 23/12/2013

We are currently looking to recruit a receptionist/admin assistant (one full time or two part time staff) to work at Wedgwood House in Bury St Edmunds. Wedgwood House is a new-build unit, which houses 2 Adult acute wards, 1 Older Peoples acute ward and a Home Treatment team. Applicants need to have some keyboard skills and be computer literate. They...

£14,294 to £17,425 pa	Bury St Edmunds	Permanent	Closing date 05/01/2014
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Data Technician

Access & Assessment Triage Team

Norfolk and Suffolk NHS Foundation Trust

Posted: 23/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive priority consideration...

£14,294 to £17,425 per annum	Ipswich	Permanent	Closing date 06/01/2014
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**Campaign to Save Mental Health
Services in Norfolk & Suffolk**



<http://norfolksuffolkmentalhealthcrisis.org.uk/> Follow us on Twitter @NSFTCrisis

Child Health Assistant

Norfolk and Suffolk NHS Foundation Trust

Posted: 23/12/2013

VACANCY DETAILS The trust is looking for a flexible, enthusiastic and committed administrator, to support the Child Health team. Data entry is a major part of the workload, supporting the team with tracking and filing associated documentation is also a key part. Attention to detail essential in both these tasks. This post is based within our Ipswich team, in Endeavour...

£14,294 to £17,425 pro rata	Ipswich	Permanent	Closing date 05/01/2014
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Psychological Wellbeing Practitioner / Trainee

Wellbeing Service

Norfolk and Suffolk NHS Foundation Trust

Posted: 20/12/2013

VACANCY DETAILS An opportunity has arisen for a Psychological wellbeing practitioner (trained or untrained) to join the West Norfolk Wellbeing/IAPT service. The service is developing to meet the needs of individuals who are experiencing mild to moderate depression and anxiety disorders. The West Norfolk team comprises of qualified and trainee psychological therapists and qualified and trainee psychological wellbeing practitioners, and...

£18,838 to £22,016 pa	King's Lynn	Permanent	Closing date 12/01/2014
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Psychological Wellbeing Practitioner / Trainee

Wellbeing Service

Norfolk and Suffolk NHS Foundation Trust

Posted: 20/12/2013

VACANCY DETAILS An opportunity has arisen for a Psychological wellbeing practitioner (trained or untrained) to join the West Norfolk Wellbeing/IAPT service. The service is developing to meet the needs of individuals who are experiencing mild to moderate depression and anxiety disorders. The West Norfolk team comprises of qualified and trainee psychological therapists and qualified and trainee psychological wellbeing practitioners, and...

£18,838 to £22,016 pa	King's Lynn	Permanent	Closing date 12/01/2014
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Child Health Assistant

Commercial

Norfolk and Suffolk NHS Foundation Trust

Posted: 20/12/2013

VACANCY DETAILS The trust is looking for a flexible, enthusiastic and committed administrator, to support the Child Health team. Data entry is a major part of the workload, supporting the team with tracking and filing associated documentation is also a key part. Attention to detail essential in both these tasks. This post is based within our Bury St Edmunds team, ...

£14,294 to £17,425 pa	Bury St Edmunds	Part-time	Closing date 05/01/2014
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Business Support Manager

Norfolk Wellbeing Service (IAPT)

Norfolk and Suffolk NHS Foundation Trust

Posted: 19/12/2013

The Norfolk Wellbeing (IAPT) service are looking to appoint a Business Support Manager to provide a lead role in the inputting, reporting and interpreting of data with regard to achieving our Key Performance Indicators as set out in the contract of service provision. The IAPT service work to Nationally set KPIs and how we report against these is critical in...

£25,783 to £34,530 pa	Norwich	Permanent	Closing date 05/01/2014
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Senior Human Resources Business Partner

Human Resources

Norfolk and Suffolk NHS Foundation Trust

Posted: 19/12/2013

Are you an experienced HR Business Partner with a proven track record of working collaboratively with the business to develop and deliver strategic HR solutions? If so, we would like to hear from you! We have an opportunity for a Senior HR Business Partner to head up one of our five locality based HR Business Partner teams to cover maternity...

£30,764 to £40,558 pa	Lowestoft	Fixed Term Temporary	Closing date 05/01/2014
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**Campaign to Save Mental Health
Services in Norfolk & Suffolk**



<http://norfolksuffolkmentalhealthcrisis.org.uk/> Follow us on Twitter @NSFTCrisis

Senior Occupational Therapist

General Acute

Norfolk and Suffolk NHS Foundation Trust

Posted: 19/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£25,783 to £34,530 Pro Rata	Bury St Edmunds	Permanent	Closing date 30/12/2013
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Clinical Team Leader

Norfolk and Suffolk NHS Foundation Trust

Posted: 19/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£30,764 to £40,558 pa	Ipswich	Permanent	Closing date 02/01/2014
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Social Care AMHP Lead

Ferroy Unit

Norfolk and Suffolk NHS Foundation Trust

Posted: 18/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£39,239 to £47,088 pa	King's Lynn	Permanent	Closing date 01/01/2014
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Business Information Systems Analyst

Commercial

Norfolk and Suffolk NHS Foundation Trust

Posted: 18/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£18,838 to £22,016 pa	Norwich Or Ipswich	Permanent	Closing date 05/01/2014
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Service Desk Operator

Corporate Services

Norfolk and Suffolk NHS Foundation Trust

Posted: 18/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£16,271 to £19,268 pa	Ipswich	Permanent	Closing date 05/01/2014
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Clinical Administrator

IAPT

Norfolk and Suffolk NHS Foundation Trust

Posted: 18/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£16,271 to £19,268 pa	Norwich	Fixed Term Temporary	Closing date 29/12/2013
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Prison Psychological Wellbeing Practitioner

IAPT

Norfolk and Suffolk NHS Foundation Trust

Posted: 17/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£21,388 to £27,901 pa	Wymondham	Permanent	Closing date 12/01/2014
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**Campaign to Save Mental Health
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<http://norfolksuffolkmentalhealthcrisis.org.uk/> Follow us on Twitter @NSFTCrisis

Occupational Therapist

Central IDT

Norfolk and Suffolk NHS Foundation Trust

Posted: 17/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£25,783 to £34,530 pro rata	Stowmarket	Permanent	Closing date 01/01/2014
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Assistant Practitioner

Assessment & Treatment

Norfolk and Suffolk NHS Foundation Trust

Posted: 17/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£18,838 to £22,016pa	West Suffolk (Bury St Edmunds & Newmarket)	Permanent	Closing date 01/01/2014
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Psychological Therapist

Youth Offending & Childrens Services

Norfolk and Suffolk NHS Foundation Trust

Posted: 17/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£30,764 to £40,558 pa	Lowestoft	Permanent	Closing date 05/01/2014
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Senior Physiotherapist

Norfolk and Suffolk NHS Foundation Trust

Posted: 17/12/2013

Physiotherapist An exciting opportunity has arisen within Norfolk and Suffolk NHS Foundation Trust Physiotherapy Services for a WTE Band Six Physiotherapist . The Trust provides community, outpatients and inpatient Mental Health Services to children, young persons, adults and older persons across Norfolk and Suffolk. The Trust has Links with the (University of East Anglia) UEA and University Campus Suffolk...

£25,783 to £34,530 pa	Norwich	Fixed Term Temporary	Closing date 08/01/2014
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Mental Health Practitioner

DIST Team

Norfolk and Suffolk NHS Foundation Trust

Posted: 16/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£25,783 to £34,530 pa	Norwich	Fixed Term Temporary	Closing date 30/12/2013
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Receptionist/ Office Clerk

IAPT

Norfolk and Suffolk NHS Foundation Trust

Posted: 13/12/2013

Receptionist / Office Clerk Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that...

£14,294.00 - £17,425.00 pa	Norwich	Fixed Term Temporary	Closing date 29/12/2013
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Mental Health Practitioner

Norfolk and Suffolk NHS Foundation Trust

Posted: 13/12/2013

Mental Health Practitioner - Please note in Suffolk this post would have previously been advertised as Charge Nurse or Assistant Ward Manager Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'....

£25,783 to £34,530 pa	Ipswich	Permanent	Closing date 29/12/2013
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**Campaign to Save Mental Health
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<http://norfolksuffolkmentalhealthcrisis.org.uk/> Follow us on Twitter @NSFTCrisis

Mental Health Practitioner

Norfolk and Suffolk NHS Foundation Trust

Posted: 13/12/2013

Mental Health Practitioner - Please note previously in Suffolk this post would have been advertised as a Charge Nurse or Assistant Ward Manager Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'.

£25,783 to £34,530 pa	Ipswich	Permanent	Closing date 29/12/2013
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Clinical Psychologist

Children Families and Young Peoples

Norfolk and Suffolk NHS Foundation Trust

Posted: 13/12/2013

As part of the Children, Families & Young Peoples service line in GY & Waveney we are able to offer a post for a psychologist within our service working 30 hours. The post is based across GY&W, although the main base is in GY and so please be aware that there is a need to be able to travel within...

£39,239 to £47,088 pa	Great Yarmouth	Fixed Term Temporary	Closing date 05/01/2014
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Staff Nurse

Forensic Psychiatry

Norfolk and Suffolk NHS Foundation Trust

Posted: 13/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£21,388 to £27,901 pa	Norwich	Permanent	Closing date 29/12/2013
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Trainee Assistant Practitioner / Assistant Practitioner

East Suffolk Community

Norfolk and Suffolk NHS Foundation Trust

Posted: 13/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£18,838 to £22,016 pa	Ipswich	Permanent	Closing date 29/12/2013
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Mental Health Liaison Practitioner

Specialist Services

Norfolk and Suffolk NHS Foundation Trust

Posted: 13/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£25,783 to £34,530 pa	Ipswich	Fixed Term Temporary	Closing date 29/12/2013
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Mental Health Liaison Nurse

Acute Mental Health

Norfolk and Suffolk NHS Foundation Trust

Posted: 13/12/2013

Please note that in the first instance priority for this vacancy will be given to NSFT staff who are on the Trusts Redeployment Register. Second preference will be given to other NHS applicants who are currently 'at risk'. If you are 'at risk' or 'affected by change' please make it clear on your application so that you receive prior consideration....

£25,783 to £34,530 pa	Ipswich	Fixed Term Temporary	Closing date 05/01/2014
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Mental Health Practitioner

Adult Pathway

Norfolk and Suffolk NHS Foundation Trust

Posted: 11/12/2013

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£25,783 to £34,530 pa	Stowmarket	Permanent	Closing date 29/12/2013
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Campaign to Save Mental Health
Services in Norfolk & Suffolk



<http://norfolksuffolkmentalhealthcrisis.org.uk/> Follow us on Twitter @NSFTCrisis

Mental Health Practitioner

Youth & Neurodevelopmental Pathway

Norfolk and Suffolk NHS Foundation Trust

Posted: 11/12/2013

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£25,783 to £34,530 pa	Stowmarket	Permanent	Closing date 12/01/2014
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Librarian

Frank Curtis Library

Norfolk and Suffolk NHS Foundation Trust

Posted: 05/12/2013

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£21,388 to £27,901 pa	Norwich	Fixed Term Temporary	Closing date 05/01/2014
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Specialty Doctor

Dementia and Complexity in Later Life (DCLL)

Norfolk and Suffolk NHS Foundation Trust

Posted: 29/11/2013

NSFT is the main provider of specialist mental health, psychological therapies, drugs and alcohol and learning disability services for the counties of Suffolk and Norfolk, serving a population of 1.6m, across 7 CCGs. It was formed following a merger of an NHS Trust and a Foundation Trust in January 2012. The annual turnover is £220m. Following a radical review of...

£37,176 to £69,325 pa	Norwich	Permanent	Closing date 29/12/2013
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