Eastern UNISON eye

UNISON Eastern Region Health Committee ● Summer 2013 **FREE** to members

Celebrate 65 years of the NHS

Don't let them pension it off!

65 years ago Clement Attlee's Labour government launched the National Health Service, after defeating repeated attempts to block it by Churchill's Conservative Party and backward-looking elements of the medical profession.

The NHS developed then by Aneurin Bevan was a complete innovation: it replaced and completely surpassed the chaotic "mixed market" in health care in which private and charitable hospitals, all of them unconnected from each other, worked close to – but did not collaborate with – municipal hospitals. The full range of health care was only available to a minority of the population.

Before the NHS, even GP services required up-front fees for all those (mainly women, children and the elderly and chronic sick) not covered by workplace insurance.

The fear of even bigger, unpayable hospital bills – as now for millions in the USA – haunted even the prosperous middle classes.

The new system was the first universal health system to be funded through taxation – the most efficient and the fairest way of raising the money, sharing risk across the whole population – and free to all at point of use, with services provided on the basis of clinical need, not ability to pay.

The NHS made it possible for the first time to link up the small, separate hospitals in each locality and get them working together, with doctors and professionals sharing information and collaborating to improve services.

It made possible a national training scheme for doctors and others, and a national career structure for hospital doctors. Money could be invested to meet local needs, not follow market forces or the whims of wealthy benefactors.

The 1948 NHS was so popular that within ten years most of the Conservative Party had recognised the need to maintain it, recognising the political damage to any party that was seen to undermine it.

In recent years Labour's massive ten year programme to end historic under-investment in the NHS, pumping in billions above inflation each year to raise spending closer to European levels, showed how services could be improved and public satisfaction reached record levels.

All this is now being thrown into reverse by a coalition government determined to break up the NHS, make hospitals compete rather than collaborate, force down spending, and, through the Health & Social Care Act, open up as much as possible of its £100 billion-plus budget for profit-seeking private sector providers.

Just three years into the Tory-led coalition government, and the damage inflicted on the NHS is beginning to revive memories of the dark days of Thatcher in the late 1980s.

Waiting times and cancellations are up, public satisfaction is down, and the far-reaching proposals of the Francis Report to remedy quality failings like those in Mid Staffordshire have almost all been dumped in a ministerial bin.

Emergency services are struggling to cope with rising demand: ambulances are already queuing at peak times outside big hospitals, waiting to hand over patients as A&E units clog up, with no beds free to admit the most seriously ill. Meanwhile hospitals struggle to discharge older patients as endless cuts in local government again hit social care.

Elective operations and even cancer treatment are cancelled or delayed by the lack of beds. Mental health budgets are slashed back.

Many of the newest hospitals, saddled with massive, rising, long-term unaffordable overhead costs from the Private Finance Initiative, are struggling to avoid bankruptcy, and one Trust, South London Healthcare, has already gone bust as a result, dragging down the neighbouring Lewisham Hospital.

Ministers' energy has been focused on privatisation – at the heart of the Health & Social Care Act – and not access to health care. Cambridgeshire is planning the first £1 billion privatisation of services. Virgin, Serco and other multinationals are licking their lips at the profitable prospects ahead.

Top NHS Foundation Trusts like Addenbrooke's are using new "freedoms" to expand their private wings, even as budgets for NHS care are cut back.

On its 65th birthday the NHS is being shamefully pensioned off by a government of millionaires, and parcelled up for their big business buddies.

Despite the efforts of Tories and the servile LibDems, it's still mostly ***OUR*** NHS –and we can't afford to lose it.

Our NHS is for patients, not profits! We need you to help us fight to keep it that way – or your health will become somebody's business.

Cambs NHS hard hit by coalition

Martin Booth

The effects of disastrous government policies are having especially heavy impact on Cambridgeshire and Peterborough.

At Addenbrooke's Hospital the regulator Monitor is insisting on Cambridge University Hospitals Foundation Trust (CUH) making annual savings of £20-£30 million, despite coming out in surplus this year.

As a result dozens – and possibly hundreds – of jobs are being cut, as well as staff facing downbanding and reductions in terms and conditions such as pay protection and on-call payments.

In Cambridgeshire Partnership Foundation Trust management are also engaging in a multi-million pound 'savings' programme, which is resulting in some staff having to apply for their own jobs, as well as attacks on staff terms such as travel expenses, despite UNISON opposition.

Cambridgeshire Community Services (CCS) is facing the prospect of wholesale privatisation, as a consequence of the Health & Social Care Act.

In neighbouring Hinchingbrooke there is an imminent threat of cuts as private sector managers Circle struggle to balance the books.

In Peterborough the disastrous £300m Private Finance Initiative contract for the new hospital – combined with the coalition's £20 billion squeeze on NHS budgets – has left the foundation trust deep in debt and dependent on hand-outs to pay its bills.

We are organising a county-wide campaign to fight this programme of cuts, fragmentation and privatisation. To find out more, contact us on unison@addenbrookes.nhs.uk or by phoning 01223 217550.

■ ***See more on all these stories INSIDE this issue of Eastern Eye.***

29/9

UNISON is joining with other health unions and the TUC to build a huge protest outside the Tory conference in MANCHESTER on **September 29.** **Save the date** and watch out for more details

Heavy-handed Hinchingbrooke

The language is English, but the heavy-handed management culture in Hinchingbrooke Hospital strikes more echoes with the cranky North Korean despotism than any home grown models. Staff have to clock out to go to the toilet.

Just like the self-deluding state machine of Kim Jong Un, the PR machine of Circle, the company which won the contract to manage the hospital, cranks out press releases that are obligingly parroted by gullible local media and BBC, but viewed with incredulity by staff.

Everybody knows all is not well: Circle has not yet made a brass farthing in profits, and the hospital's finances are well off track, and have been not far short of the £5m deficit that could allow Circle to walk away from its contract without penalty. Dozens of jobs have been axed, and more seem set to go.

Circle's maverick and media-savvy boss Ali Parsa who fronted the Hinchingbrooke deal has gone, with a £400,000 pay-off. He has been followed by the chief executive at Hinchingbrooke, abruptly 'retiring' in his 50s.

As they wait for the next chapter in the saga many staff wish they were being offered a similar deal.

Shift changes are now rather more spectacular at Hinchingbrooke

Norwich A&E – big tent approach

Cancelled elective operations – and even cancellations of urgent operations – have increased rapidly in number as a result of the growing pressures on A&E, and emergency admissions have filled up hospital beds, according to official figures.

Numbers of cancellations, at 63,517 in England, are back to the levels they were at in 2004-5, before Labour's 10-year investment programme to expand capacity had fully taken effect. Numbers of urgent operations cancelled have doubled since David Cameron's government took over.

Among the pressure points in Eastern region, numbers waiting for operations at Southend Hospital have almost quadrupled since December 2012. The numbers needing emergency admission have also risen, with more seriously ill patients attending A&E.

The A&E pressures have also been felt across the region, not least in Norwich, where the Norfolk & Norwich Hospital has resorted to erecting a giant marquee outside the A&E to cut the delays in ambulances handing over emergency patients.

All change in the NHS in Eastern England

The Health and Social Care Act, so strongly opposed by GPs and hospital doctors as well as by health unions, came into force in April, and we now have a new, confusing structure of "commissioners" to deal with: these are the bodies holding health budgets and responsible for purchasing services.

The old, relatively simple system of one East of England Strategic Health Authority, with 13 primary Care Trusts, all meeting in public and publishing their board papers, has been replaced by a new complex system in which 18 Clinical Commissioning Groups are overseen by no less than THREE "local area teams".

While the CCGs are supposed to meet in public, it is less clear how many of their board papers have to be published: and the Local Area Teams, outposts of the remote NHS England, don't meet in public or publish any information on their activity.

But it's worse than this, because the CCGs, although theoretically controlled by GPs, are in fact largely run by external bodies, Commissioning Support Units (CSUs) – which again are not obliged to meet in public or publish their papers.

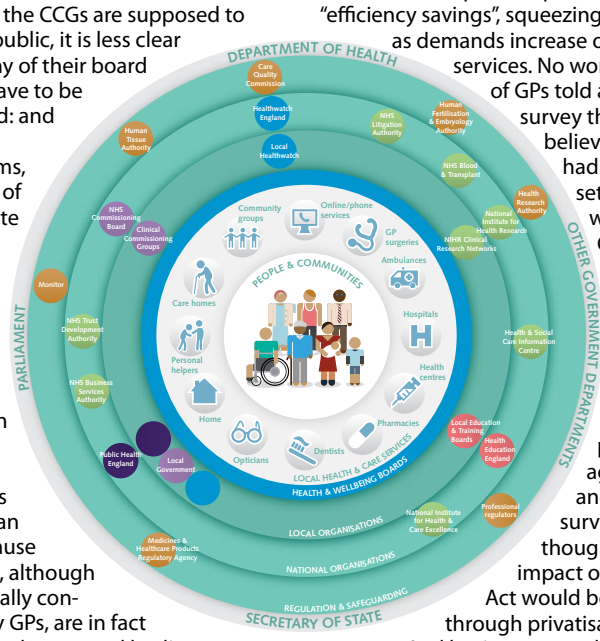
And additional controversial regulations passed through the Lords in April mean CCGs are also now required to put a growing list of services out to tender, allowing "Any Qualified Provider" to take over services that have been provided by your local NHS.

CCGs in the old East of England SHA area are now divided between three CSUs – Norfolk & Waveney, Herts and Essex, and (for Bedfordshire) Greater East Midlands.

Things are especially complex for Hertfordshire, where CCGs are controlled by the Hertfordshire and South Midlands local area team, but supported by the Herts and Essex CSU.

One thing that has not changed is the constant top-down pressure for "efficiency savings", squeezing budgets as demands increase on local services. No wonder 78% of GPs told a recent survey that they believed CCGs had been set up as a way to get GPs to carry the public blame for cutbacks, while a similar percentage in another survey thought the impact of the new Act would be to drive through privatisation.

And having opposed the Bill all the way through, most GPs are having nothing to do with the work of the new CCGs: a survey in Pulse magazine showed that just 30% of GPs had any direct involvement with their local CCG.



Extra staff to improve E&N Herts care

In the aftermath of the Francis Report on the horrors of under-staffed services in Mid-Staffordshire, East & North Herts Hospitals Trust has responded to growing concerns over patient and staff safety by agreeing to recruit an additional 160 new nursing staff, including registered nurses and health care assistants.

The move was prompted by union complaints over the rising number of attacks on staff, and the recruitment process is now proceeding, and additional agency and bank staff are covering the excessively high vacancy rate in A&E.

Agency nurses were also required to help cover additional beds, because the Trust has also been obliged to keep additional, unfunded ward capacity (previously funded from winter pressures bids) open in April at both the Lister and QEII site, to cope with bed pressures.

Critical care was also overspent due to higher activity than planned.

A&E Nursing now technically "overstaffed" – but the Trust Board has been told this is necessary to maintain a safe service.

The Trust's Medical Division is putting forward a business case for the long term increase in staffing levels required to deliver an appropriate quality of service.

Threat to Surgicentre licence

Can CQC control private providers?

Amid all the uproar about its failure to uphold standards at Morecambe Bay Hospitals, it seems that the Care Quality Commission is on the brink of suspending the licence of the privately-run elective surgical unit at Stevenage's Lister Hospital, because of concerns over the quality of care.

The Surgicentre is run by Clinicenta Limited, a subsidiary of the construction and infrastructure giant Carillion. It opened in 2011, with a five year contract to deliver uncomplicated operations including hip and knee replacements, general surgery, gynaecology, ENT and eye care to patients in East and North Hertfordshire.

But a CQC report in February declared it lacked an effective health, safety and welfare system, and that this was impacting on patient care. It also found that its waiting times for treatment – of up to a year – were too long: at one point as few as 50% of patients were being treated within the 18-week deadline.

The CQC report came after a report commissioned by the Strategic Health Authority from a medical examiner who had investigated the deaths of three

patients who had elective surgery at the Surgicentre, and a fourth who had suffered "permanent harm".

That concluded the patients had received satisfactory care, leaving open the question of why they should suffer such ill-effects from routine surgery in a unit which screens out any complex or difficult cases.

There have also been investigations into the care of six patients who suffered irreversible loss of sight as a result of long delays waiting for treatment. Other concerns centre on delays last year in reporting details of 8,500 ophthalmology outpatient consultations.

The CQC announced in February that it would take enforcement action, but almost five months later nothing has happened.

Now Stevenage Tory MP Stephen McPartland, who has lobbied Health Secretary Jeremy Hunt demanding action, and repeatedly called for the service to be taken over by the East & North Herts Hospitals Trust, has claimed that the CQC is beginning the formal process required to suspend Clinicenta's license to operate on that site. If it does so, the company would have 28 days to appeal to a tribunal.

The CQC has refused to confirm that they are taking action, and the company told the reporter from the local Comet newspaper that they had "no reason to believe we will not be continuing to provide services for patients at Lister Surgicentre for the foreseeable future."

UNISON has pressed for these services to be brought back into the NHS.

For the last few months GPs have not been referring orthopaedic patients to the Surgicentre, and the local CCG has refused to take over the management of the contact with Clinicenta.

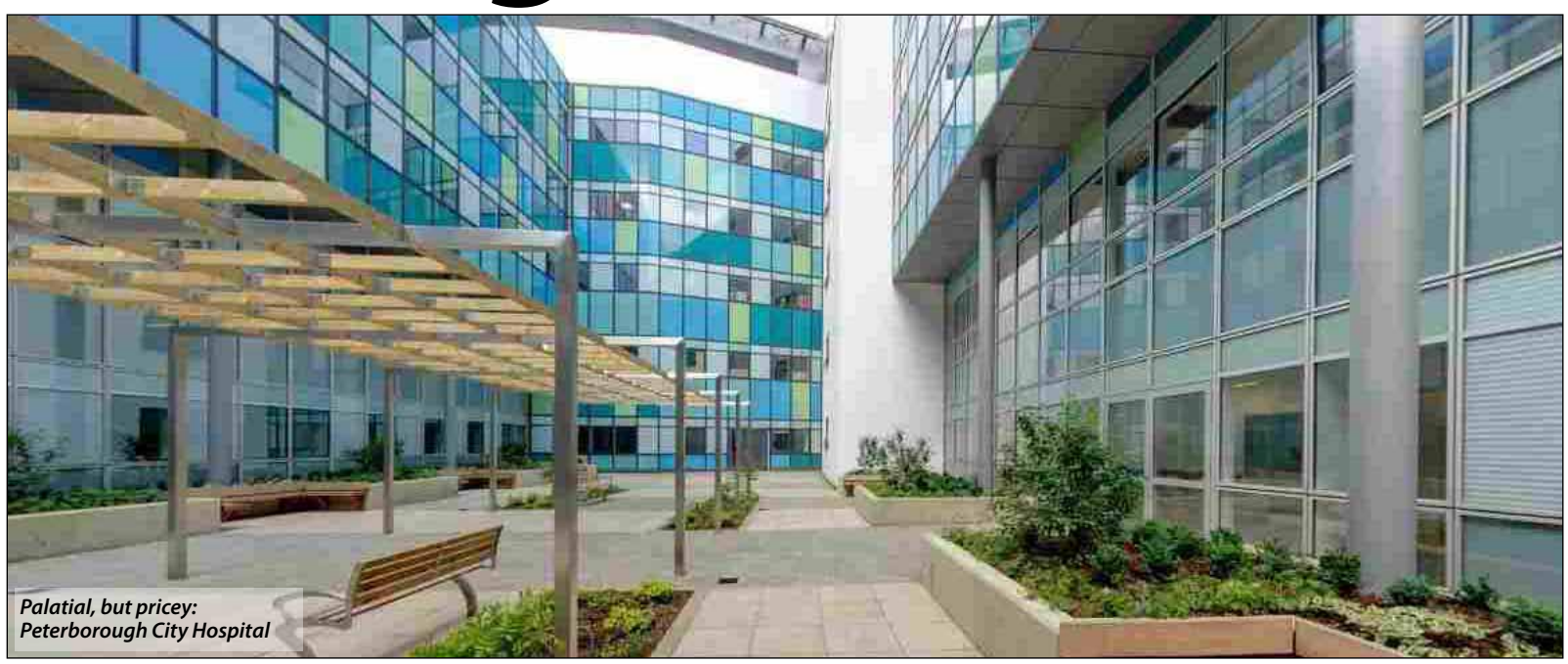
Having declared its concerns, the CQC must be seen to follow up with action if it seeks to rebuild any public confidence in its ability to regulate private contractors like Clinicenta as well as NHS hospitals.

Hit squads fail to sort out Peterborough's PFI fiasco

Hit squads of accountants from the NHS regulator Monitor have spent months going through every aspect of the running of Peterborough City Hospital in search of cutbacks and cash savings – and come up empty.

A new report investigating one of the biggest PFI financing foul-ups in the country has concluded that the Trust will need further ongoing cash subsidies to keep it afloat, but still not offered any way to make savings.

The situation is desperate. The Trust ran out of money to pay bills in January, and needed a further hand-out of £50m to tide it over to the end of the financial year. Only repeated government handouts have managed to keep it afloat ever since the new hospital opened its doors.



Palatial, but pricey: Peterborough City Hospital

Debt

The costs of the £310 million project for the hospital and City Care Centre have plunged the Trust deep into debt.

Trust bosses defied warnings from Monitor, UNISON and many others that the plan to fund the new buildings through private funds to finance the new building over 32 years (the Private Finance Initiative, or PFI) would be unaffordable.

Deficits are now almost one fifth of the Trust's annual £210m income. To make matters worse, the new, single Clinical Commissioning Group that since April 1 now holds the health budget for the whole of Peterborough and Cambridgeshire, so there is no longer any local commissioning body or specific budget for the people of Peterborough.

The new, untested body is almost certain to be dominated by GPs from Cambridge and the county. It's already clear that like other CCGs across the country, the Peterborough and Cambridgeshire CCG will be seeking to reduce the numbers of patients referred to hospital – compounding the already massive financial problems of the Trust.

The hospital is also set to receive LESS money year by year for each patient it treats, as the NHS "tariff" of standardised payments is reduced.

It will be cut by almost 10% over the five years.

Because the costs of the new building are fixed by contract, and set to rise each year, there is no easy way for the Trust to cut its way out of this financial problem.

The CCGs are not open, public bodies like the Primary Care Trusts, and they have been established with no consultation with local people, which gives a fair idea of how unresponsive they will be to local concerns.

Competition

But the Health & Social Care Act also requires an ever wider range of community and other services to be opened up to competition, in which "any qualified provider" is able to bid for contracts. This will undermine NHS provision, and potentially make other services uneconomic to run, leaving gaps in care.

Monitor, the regulator ignored by our local Trust when they signed the disastrous PFI contract, is to be in charge of the whole NHS: the Care Quality Commission, that has repeatedly shown itself useless in upholding care or quality, is to vet the companies that wish to be on the list of "qualified providers".

It's a formula for costly failure, in which the only people better off will be the private sector and management consultants, while more resources will be drained from front line services to feed a growing bureaucracy.

In the midst of this there is a huge question mark over the long-term future of Peterborough City Hospital – and also over Hinchingbrooke, which has been suggested as a possible hospital that could be closed in order to stump up extra patients and income to bail out the Peterborough Trust 24 miles away.

In South London last year a similar PFI debt crisis result in a Special Administrator being called in, the imposition of brutal cuts in staffing and the virtual closure … of the neighbouring Lewisham Hospital.

Peterborough could be the next to be subjected to this treatment: but whatever happens we can expect unpleasant and painful consequences.

UNISON has demanded a public inquiry to identify all those responsible for the Trust Board ignoring warnings and signing an unaffordable contract.

Two members of that Board are still in post in Peterborough. Why have they not been called to account for their disastrous and expensive decision?

PFI = Profits For Investors

Three major hospitals in the East of England are struggling with the cost of the system of using private capital to fund major projects in the NHS, first devised in 1992, paying out more than £131 million last year, with payments rising year by year into the 2040s.

The Private Finance Initiative (PFI) has been the almost universal source of capital for new building since the election of Tony Blair's government.

Nationally over 100 schemes have been completed or are under way. And despite the miserable experiences of many of the Trusts which have signed ambitious and unaffordable deals, more schemes have been signed off since 2010 by the Conservative-led coalition, and more are still awaiting Treasury or Department of Health approval.

The three hospitals (Norfolk & Norwich, Peterborough and Chelmsford) cost £642 million – but are set to cost a staggering ***£4.25 billion*** or more by the time the last payments are made in Chelmsford and Peterborough in 2043. The first scheme in the region, the giant Norfolk & Norwich Hospital is set to cost more almost ten times the initial capital cost.

But new schemes threatening more financial headaches in future years include an extravagant new £206m Papworth Hospital lined up to commence next year, and a new £300m hospital complex in Watford to serve West Hertfordshire, which is gradually taking shape, with an initial contract signed with the private 'partner' Kier Property to develop the 'health campus'.

Hospital Trust	Capital cost £m	Paid so far 2013 £m	Still to pay £m	Total payable £m
Chelmsford	**148**	41	725	**766**
Norfolk & Norwich	**158**	329	1197	**1526**
Peterborough	**336**	41	1922	**1963**
Totals	**617**	**411**	**3844**	**4255**

(Source: HM Treasury website, PFI signed projects list).

Stamford – sacrificed to monster PFI

Fears are growing for the future of Stamford Hospital, where since the 2002 merger with Peterborough Hospital Trust, 16 miles away, many services have already been closed to "centralise" care in the struggling Peterborough City Hospital.

Even Stamford's local Tory MP has expressed concern that his own colleagues in government could seek to "solve" the Trust's financial crisis by closing Stamford. He has argued that rather than face closure, Stamford should be split away from Peterborough and merged with another Lincolnshire trust. But unless more services are up and running it's hard to know which trust would want to take it on.

Stamford has already lost wards and services over the years, with the closure of Exeter ward for surgical patients in 2004 followed by Hurst ward's medical and rehab beds.

Pharmacy and Phlebotomy services have also been axed, obliging patients to travel to Peterborough.

The Van Geest rehabilitation and stroke unit no longer has 24-hour medical cover, and this has meant that Greenwood Ward, providing day surgery, can no longer keep patients in overnight if they are slow to recover: they have to be shipped to Peterborough.

Out of hours GP services, which were for a while located at the hospital have also moved elsewhere. But promises to expand outpatient services have led to nothing.

All this has resulted in a seriously under-used site, and its remaining day surgery services would be further threatened by plans to end operations under general anaesthetic. With just outpatients and a minor injury unit left on the substantial sized site there are fears this could sound the death knell for the hospital, leaving too few services to justify its overhead costs.

The only winners from these cutbacks have been the local private sector hospitals which are already cashing in on lack of capacity at the PFI hospital even as it struggles to bridge a £50m a year deficit.

Cambridgeshire community services: the £1bn sell-off

A contract worth up to £1 billion over five years for a "lead provider" of older people's services in Cambridgeshire is being opened up to tender by Cambridgeshire and Peterborough Clinical Commissioning Group.

It's part of a grand plan to break up and dissolve the present Cambridgeshire Community Services Trust in 2014 – and in line with similar projects drawn up by the strategic projects team of the now defunct NHS East of England over recent years, it is clearly angling to privatise as many of these services as possible.

The CCG has said it wants provide an "integrated acute and community pathway" for the treatment of older people: but the main pathway that will be opened up will be between the winning company's head office and the bank.

Sub-contractor

It's unlikely that one single provider would be in a position itself to directly provide the full range of services, so the CCG are effectively looking for a single provider to contract with, and who will then sub-contract as appropriate, offering smaller firms the chance to take the work at a reduced price – and pocket the difference.

Some providers will see it as a business opportunity – and some of these will very likely go bust.

So the big question is where the buck stops when things do go wrong.

The CCG can contract out the work, but it remains responsible for what is done. In any scandal about poor quality care, the commissioner will be held to account for the failure, and will have to sort out the mess.

But there seems never to be a shortage of companies wanting to take a chance and carve out a slice of the NHS budget. An initial meeting to explain the deal to potential bidders attracted interest from neighbouring NHS providers – but also from private and non-profit organisations scenting the chance of future profits.

The precise range of services to be covered by the contract are not specified, but bids could propose to provide a services including acute, community, and long-term care, respite care, therapies and community support services – and even dental services.

What's clear is that despite the rhetoric, as the NHS is carved up, it becomes quite clear that the principle is not to create actual competition – but to open up the biggest possible opportunities for large-scale companies like Virgin and Serco which have already been actively pursuing community health service contracts.

Matthew Smith, an assistant director at the CCG, assistant told the Health Service Journal:

"The concept is a lead provider for older people services. We want a joined-up approach so we are contracting with a single provider across the whole pathway. It is possible that the contract may not be at the upper end [but] if all the elements of the pathway are included, it's £200m a year."

"Springboard"

Serco's director of community services Sharon Colclough has told the Health Service Journal that the company is already limbering up to bid for the Cambridgeshire billion, apparently using its experience in Suffolk as a springboard to further contracts (see below).

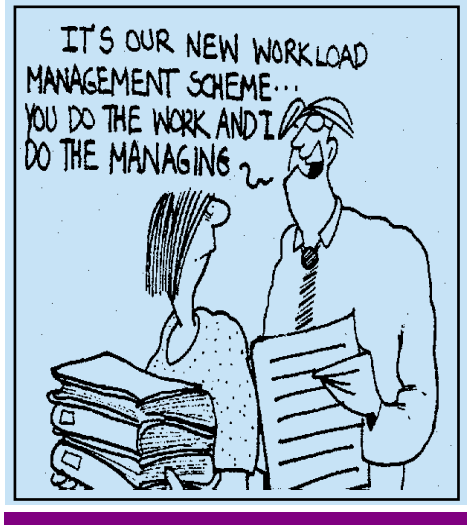
The reason for offering a longer-term contract is to encourage the new provider "to invest and fundamentally change how services are delivered." But this of course also stacks the odds in favour of cash-rich corporations rather than offering any openings to local charities and social enterprises.

Meanwhile the CCG is currently carrying out an "options appraisal" for hiving off the other community services currently being delivered by Cambridgeshire Community Services to pave the way for its dissolution next year. The NHS is being replaced as a provider of these basic services by profit-hungry businesses.

Central Essex Community Services
Who will do the work?

Confusion reigns at Central Essex Community Services, the social enterprise that has taken over the previous NHS services. Although strictly a "not-for-profit" business, it is now clearly struggling to deliver its targets for financial surpluses.

So far the economies have focused on taking some of the senior staff off the Agenda for Change contracts which they retained even though the staff are no longer employed by the NHS.



The plan was to reorganise and reduce the numbers of staff on Band 8 and above. But this raises the question of who is supposed to do the management tasks that still need to be done?

CECS has attempted to get some of this covered by band 7 staff, but this would clearly leave these professionals less time for patient care.

The process has been driven through with no involvement of the governors, making a nonsense of the claims that social enterprises like CECS are somehow more accountable, or empowering for staff.

And CECS has also been rebuffed on their effort to push through their controversial plans on a minimal 14-day consultation, which again indicates that the model its directors are trying to implement is much more like a dictatorship than any kind of democratic involvement.

Community health: Serco

Privatising multinational Serco took over Suffolk Community Services on October 1 last year, after a bid which undercut the existing in-house services by £10m, and required savings of £15m from the previous budget to secure any profit.

Desperate to cut costs, by the end of their first month, Serco began a "consultation" on plans that would cut one job in every six – with 135 posts to go.

But the company's plan, drawn up by the company's "transition team" miles from the county on the basis of a computer programme that projected future staff numbers, was riddled with inconsistencies and had not been endorsed by senior managers in Suffolk.

Reconfigure

It called for a 90-day consultation, with a view to completely reconfiguring the entire organisation by the end of 2012, imposing a new model for clinical staffing, the centralisation of non-clinical services in Ipswich, and setting up one big equipment store to replace the three that were already running.

Trying to do these all at the same time was never going to be possible, and UNISON launched a big campaign against the plans, and recruited new members from angry staff.

All of these problems have been created by Serco and by the botched process of taking the lowest bid for services that are so vital to vulnerable people across Suffolk.

Among the ideas that have had to be abandoned was the scheme to give staff working away from their offices 3G computers to keep information up to date – taking no account of the uneven signal for even basic mobile phones in much of Suffolk.

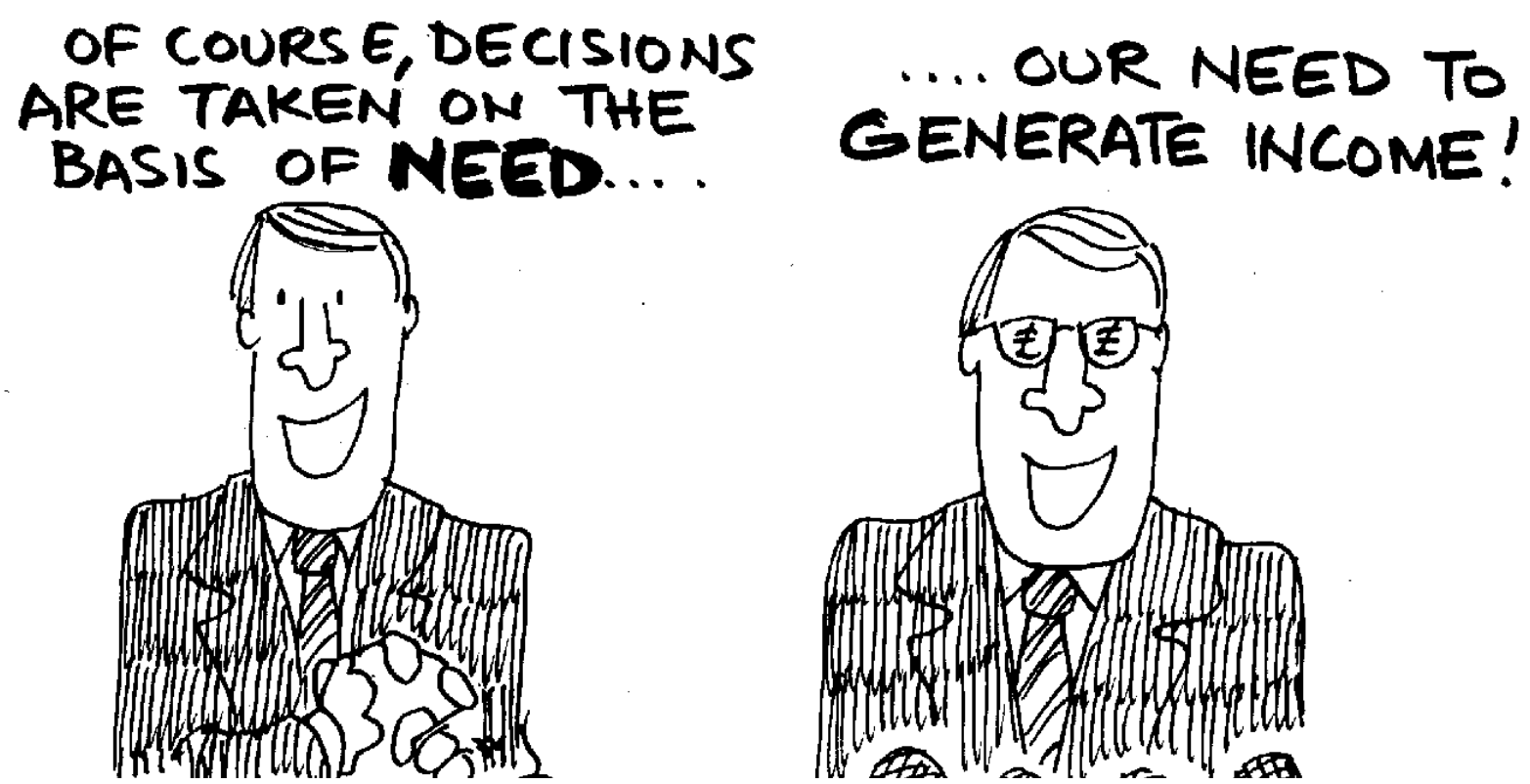
Not big enough

The idea of a single equipment store foundered on the fact that the company's contract is for just three years, and it was not possible to find a building big enough that was available on a 30-month lease.

The plan to reduce staff at lower cost than redundancy using the MARS (Mutally Agreed Resignation Scheme) was challenged by UNISON: it would have deprived more senior staff within five years of retirement of their right under Agenda for Change redundancy arrangements to retire early with full pension.

UNISON threatened to take them to court, and Serco backed off.

The company had earlier also guaranteed there would be no redundancies or downbanding of clinical staff: they would have to reduce the staff through natural wastage.



Cambridge hospital bosses look to private sector

A showpiece private hospital and hotel complex is the latest pet project of the Cambridge University Hospitals Foundation Trust as it battles through the squeeze on NHS funding.

They have published proposals to work with infrastructure multinational John Laing set to build the £120m complex that will also have shops, restaurants and a new car park, and Australian private hospital chain Ramsay to run the private hospital.

The plan is for the NHS to provide space on the Cambridge Biomedical Campus, but for all £120m to be raised privately. This of course means that almost all the potential profits would also flow back to the private sector, with a minimal portion apparently to be 'ploughed directly back into the hospitals' whose prestige and services will be the main attraction for potential private patients.

Meanwhile the quality of care at Addenbrooke's Hospital has been strongly criticised by the Foundation Trust regulator, Monitor, which has highlighted ongoing failures last year to hit targets for timely treatment of cancer patients, and the continuing failure to hit waiting time targets for A&E.

The most recent figures show the Trust well adrift from the target 95 percent of A&E attenders to be admitted or discharged within 4 hours.

Yet at the same time Monitor is also demanding that the Trust make massive (£39 million) year on year savings, despite having ended last year with a surplus of £4 million.

Savings this big can only be achieved through cuts in staffing, and the Trust has already announced 70 jobs are to go, mainly among senior health professionals (but not doctors) managers and admin posts.

Staff are being warned to brace themselves for two or three more years of "continuous organisational change". Meanwhile millions are to be spent on a vague and almost certainly fruitless IT project to establish an "eHospital".

Among the more ridiculous efforts to raise 'efficiency' is the 'two out by ten' £1,000 bounty payment for wards in Addenbrooke's that manage to discharge two patients by 10am. UNISON has warned that this send the wrong signals to staff, especially after the revelations on Mid Staffordshire Hospitals – but the absence of suitable support services in the community has meant that almost no ward has been able to claim the money.

It's clear that Addenbrooke's services are caught in the crossfire, as the government cash squeeze combines with inadequate primary care, social care and community health services to force up the numbers of patients needing non-elective treatment.

The answer to this problem, and to improving performance, is not to squander more management time and resources on private sideline ventures but to press for a change of government policy, to lift the spending freeze and drop the drive for the £20 billion 'efficiency' savings. In the meantime the new Cambridgeshire Clinical Commissioning Group should be pressed to fund the services that patients are using, and ensure standards can be raised and waiting times reduced.

£4m - the surplus at Cambridge University Hospitals last year

£39m - the target for cuts by CUH imposed by Monitor for 2013-14

91.3% - the share of A&E attenders treated within the 4 hour target

£120m - the cost of the Forum private hospital and hotel complex

West Suffolk plans another bolt-on unit

Less than 18 months after opening a new £800,000 Emergency Assessment Unit, West Suffolk Hospital is contemplating building another makeshift arrangement to deal with soaring numbers attending A&E.

The 17-bed EAU, with two of the beds designated as High Dependency, was opened in a refurbished area above A&E in February 2012, replacing ward F8.

But the rise in A&E attendances arriving at the Bury St Edmunds hospital has seemed unstoppable, with a staggering 20 percent increase in A&E attenders over the May day bank holiday this year compared with 2012, putting staff and facilities under strain.

Waiting times increased, with 16 people spending over 12 hours in A&E in 2012, with the longest stay recorded at over 16 hours.

As a result, the Trust is now looking to build another new facility, a Clinical Decision Unit, as a "designated area" to deal with patients who would otherwise be in A&E for over the 4-hour maximum.

It's hoped that the CDU could deal with up to 30 patients a day: but given the experience with similar units elsewhere, it won't be long until this too is routinely used as little more than a holding bay, and also fills up to capacity.

Perhaps a triage system integrating primary care into the A&E might be a more effective solution than constantly adding improvised buildings?

Emergencies: Herts failure

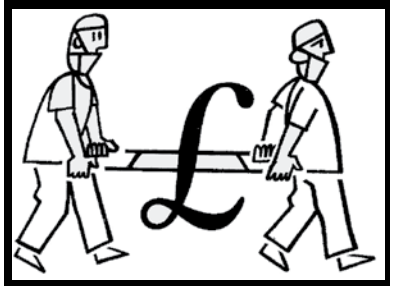
Emergency services are clearly under strain in East and North Hertfordshire, as they are in many parts of the region.

Figures from the E&N Herts CCG show the Hospital Trust repeatedly missing by a mile its target for handing over emergency ambulance patients within 15 minutes of arrival.

Against a target of 95 percent, the E&N Herts Trust has been achieving between 35% and a maximum of 60%.

It's also falling well short of targets for stroke patients to be admitted directly to the stroke unit within 4 hours.

These in turn impact on other performance figures. Without more resources the results are unlikely to change.



o shows how NOT to do it!

The result is around 30 redundancies, mostly of admin staff on lower pay bands who could not transfer to alternative work in Ipswich.

Older staff are being given an ex gratia payment to compensate for their loss of enhanced pension.

UNISON regional Organiser Tim Roberts said:

"On this issue the company has listened and has tried to make the best of a bad situation.

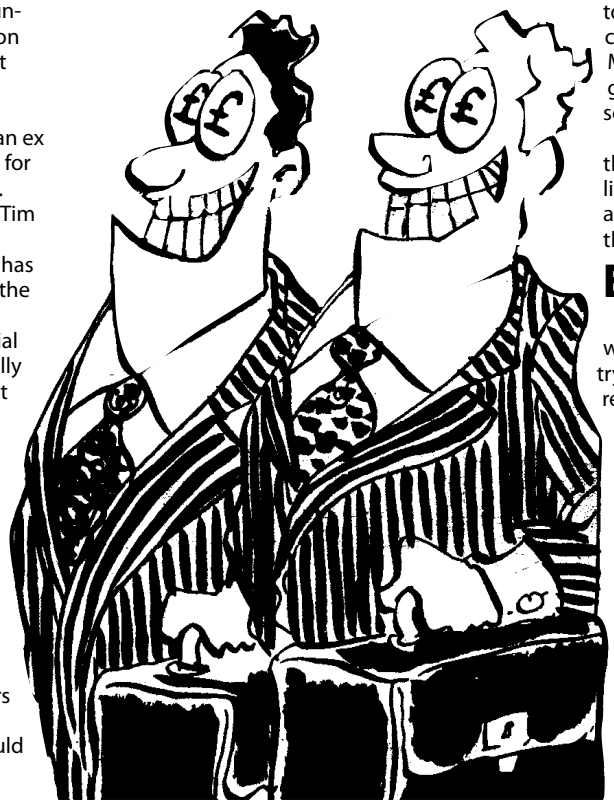
"Serco had handled the initial transfer of staff under TUPE really well, so we were surprised what a mess they made of their consultation.

"Their real problem is that they have bid so low to get the contract they can't make a profit unless they make big savings.

"But that's not our problem: we are representing our members, and we are also trying to protect the level and quality of services our members can deliver to patients."

Without the staff, Serco would be in desperate straits. They took over the highest-performing community services in the East and Midlands, knowing that to look good all they had to do was not screw things up.

But they did screw up, because they had no experience at all in delivering community health services, and tried to run it like other parts of their company.



Empty posts

The situation is likely to get worse still, since Serco are now trying to make their savings by not replacing the staff who leave.

"The services were top quality because of the staff: how does it make sense to reduce the numbers?" asks Tim Roberts.

All of these problems have been created by Serco and by the botched process of taking the lowest bid for services that are so vital to vulnerable people across Suffolk.

We can expect this story to run and run: meanwhile Serco are eying up a bid for the even bigger prize of Cambridgeshire's £1 billion community services budget.

Mental health in growing crisis

The giant Norfolk and Suffolk NHS Foundation Trust has just seen its Chief Executive abandon ship as it begins a massive rundown and reorganisation of services aimed at axing 500 jobs and £40m in spending.

The Trust, formed in a 2011 merger after concerns were raised over the safety of services in Suffolk, provides mental health, substance misuse and learning disability services across Norfolk and Suffolk.

Now Norfolk's Health Overview and Scrutiny Committee has raised concerns about the consequences of the new plans and cutbacks on vulnerable members of society. Chair Michael Carttiss told the Eastern Daily Press councillors would continue to hold NHS trust chiefs to account over their plans to reduce their budget by 20pc over the next four years.

"We remember plans to close mental health hospitals 25 years ago and we were told to put them [patients] in the community and the result was that numerous people were walking the streets getting no attention at all and some committed murder. The consequences are never what we are told," he said.

Resignation

Chief Executive Aidan Thomas, who was instrumental in the merger, and architect of the planned cutbacks – which began in April with the loss of 41 staff delivering care to older people in Norwich and King's Lynn – suddenly announced his resignation in June, after four years in charge.

He leaves a Trust in turmoil, with staff morale at rock bottom, and further undermined by a spate of suicides by service users that raise serious questions over the ability of the downsized services to cope with local health needs.

Mental health budgets in England have been cut for the first time in ten years as austerity reaches into every corner of the NHS.

But the hardest hit have been the services for people with the most serious and chronic needs: spending on "talking therapies" for less demanding cases is actually increased (doubled in the last three years).

Dismantled

As the cuts have been drawn up, community services, allegedly the intended focus for more mental health care, have in some areas been increasingly dismantled – some of them further undermined by the uncertainties from the roll-out of "personal health budgets" which have been driven through despite the widespread concerns of NHS managers and professionals, and the evidence of failure of similar policies in the Netherlands.

The cuts have come at a time when an independent commission investigating the treatment of schizophrenia has condemned catastrophic shortfalls in treatment, with too many patients spending too long on "demoralised and dysfunctional" hospital wards.

But people trying to live in the community with serious and enduring mental health problems have also found their lives made more miserable by the government onslaught on disability benefits, which involves an 'assessment' in which unsympathetic employees of private profiteers Atos seeking to deny 80% of claimants their benefits ask hostile and inappropriate questions which are especially stressful for people with mental illness.

Social care services, such as they were, are also being cut to ribbons by desperate councils facing year on year cutbacks in budget imposed by George Osborne.

The cuts which have most impact on mental health care are those in employment centres and day centres: but there have also been cuts in home support, crisis services and other support services without which many struggle to survive in the community.

Protestors oppose the Trust's cash-driven plan to close 5 beds for people with dementia and 12 more elderly care beds at Carlton Court Hospital near Lowestoft

Cutback

The squeeze on mental health services is epitomised by the cutbacks proposed by the Norfolk & Suffolk NHS Foundation Trust which predicts a 20% cut in revenue over four years, and has begun a plan to axe 21% of jobs in the same period, most of them clinical staff.

86 beds are to be cut, while 33 consultant psychiatrists (a third of the total), 60 percent of staff grade doctors, and over 200 full time equivalent Band 6 nursing and therapy staff and another 34 Band 5s are also to lose their jobs, under the cost-cutting plans which the Trust describes as "designed to protect healthcare services over the next four years".

Since many of these staff are women working part time hours, the cut in full time equivalents are likely to involve much larger numbers of staff.

Children's services

Children and Young People's services have been next up, with 11 given staff notice of redundancy, and UNISON is anticipating 90 whole time equivalent redundancies from community teams in Norfolk.

Trust chief executive Aidan Thomas insisted the plans were drawn up by clinicians, but it's clear that every section of front line staff is taking a hit: only secure (forensic), drug and alcohol services, Wellbeing Services in Norfolk and Suffolk and Continuing Care in Norfolk and Waveney are so far unaffected, but will face their own round of cuts in later announcements.

By contrast to the attrition of professionals there is to be a small increase in numbers of Band 3 health care assistants – as skilled nursing jobs are replaced by cheaper, less qualified staff.

Bob Blizzard, the former Waveney MP, told local reporters he was concerned that so many acute inpatient beds were being cut after he had campaigned so hard when he was in office to get the number of beds increased.

Half the 40 beds are to be axed in Great Yarmouth and Waveney, with an increase in 'alternative admission beds' – while two substance misuse beds are to be moved to the west of Norfolk.

He said: "In-patient beds are already over-subscribed. Staff have given me examples of patients sent to out of area beds, of patients accommodated in expensive private beds at £500 plus per day, of the existence of a waiting list for in-patient beds, of cases where new patients have been accommodated in the beds of patients out on leave (who may need to return urgently) – contrary to clinical advice.

"It's hard to see how we can make do with fewer in-patient beds, when we already have a shortage."

Community mental health teams have already been cut in Waveney, in advance of the new plans which place more reliance on community care.

Norfolk & Suffolk cuts in numbers

115% – bed occupancy in December 2012

20% – planned cut in beds

21% – planned cut in staff

41% – percentage of Trust's Approved Mental Health professionals reporting symptoms of depression & anxiety

Cambridgeshire mental health carve up

The closure of Acer Ward at Hinchingbrooke Hospital has now divided Cambridgeshire's in-patient mental health services between Fulbourn and Peterborough's Cavell Centre – each of which requires at least two bus journeys to get to.

Between these two bases of Cambridgeshire and Peterborough Foundation Trust, only over-stretched community teams are offering any support to people with mental health needs.

For those needing some form of in-patient care, more beds are set to close at Fulbourn as services are reorganised to offer a new "pathway" of treatment for those needing admission: admission for a 3-day assessment before being discharged home, a longer term admission for three weeks, or a maximum of three months for a few patients.

The reorganisation followed a highly critical Care Quality Commission report in 2011 (which found the trust failing on seven key issues), and widespread concern that stays, commonly of 6 weeks and upwards, were too long.

However in February 2013 a further CQC inspection gave the Trust a clean bill of health – as a result of the continued diligence and effort of front line and support staff.

Nonetheless the service remains dogged by staff shortages, and while the Trust has now ended its freeze on posts and is actively recruiting, adult community services are facing a massive squeeze to generate savings.

Some staff are having to re-apply for their own jobs, and there have been attacks on staff terms such as travel expenses, despite UNISON opposition.

Already services are delivering up to 30% more than the Trust has been paid for.

UNISON is concerned that the Trust's target of employing two non-registered staff for every three registered tends to mean that some of the most acutely unwell patients are cared for by staff on the lowest pay bands.

Meanwhile the mixed messages continue: Chief Executive Attila Vegh is set to depart less than two years after he took office. One common factor: front line staff will have to battle on and provide consistency and care, while all around them is in flux.

Basildon and Colchester
An inspector calls

With inspectors looking closely at the quality and standards of care delivered at two hospitals in the region, UNISON is conducting a campaign urging nursing staff to "Be Safe" and to object to potential under-staffing of services.

Basildon is the first of 14 NHS trusts being urgently inspected by the review, being conducted by NHS medical director Professor Sir Bruce Keogh, investigating hospitals with the highest death rates in the country.

The review follows the publication in February of the Francis Report into hundreds of deaths at the Mid Staffordshire NHS Trust.

Concerns have been raised about the number of Basildon University Hospital patients who have died at weekends, and the Trust has also been accused of covering up its mortality rates, a charge which it denies.

Weekend deaths

However the review team's draft report, says deaths among non-elective admissions at weekends had contributed to the hospital's death rate being 11% higher than the average NHS hospital, with mortality significantly higher than expected in general medicine and geriatric medicine.

"Within non-elective admissions, general medicine, palliative medicine, cardiology, and thoracic medicine have the highest number of observed deaths that are higher than expected."

In the two years to October 2012, Basildon had 544 more deaths than expected.

The hospital said it had already started to address issues and had introduced a "trust-wide quality and safety turnaround programme".

Also in Essex, Colchester Hospital NHS Trust is another of 14 to be investigated, with death rates connected to three unnamed surgeons among key concerns in a 100-page report prepared for a team of inspectors from the Keogh review.

Over the past two years there have been as many as 598 more deaths than statistically would be expected, and over the past decade, the number of unexpected deaths is more than 1,000.

In addition to surgery the team is also concerned about other aspects of treatment: maternity – where there have been six serious incidents and the death of a woman – higher than average medical errors, and higher than expected death rates for elderly patients.

Families of some of the people who have died at Colchester Hospital have complained of mistreatment, misdiagnosis and a lack of basic care, and data from the NHS Litigation Authority shows that the hospital has had more than 200 clinical damage claims made against it and paid out £27m in compensation to families in the last four years, following legal action.

The trust said it was confident about its safety record, and claimed eight out of ten patients rate the care received as "excellent" or "good".

Dr Gordon Coutts, chief executive of Colchester Hospital University NHS Foundation Trust, told the BBC:

"The public can be absolutely reassured that we are putting patients, their safety and wellbeing at the heart of everything we do.

"I am confident that our hospitals are safer and delivering better care than ever before, but we are also passionate about making further improvements."

But figures show the trust's mortality rate to be one of the worst in the country.

Be Safe: and make sure your patients are safe too!

UNISON has produced a guide to help all members of the nursing family (nurses, midwives, healthcare assistants and health visitors) to raise their concerns about poor staffing levels and the impact on patient care.

It can be used by anyone wanting to raise these issues.

Time and time again staff raise concerns about the impact which staffing levels have on their ability to care for patients. However few feel able to raise these concerns effectively or consistently, despite the requirement in the NMC Code of Conduct and The NHS Constitution to do so.

We know that staff are working without the proper resources to provide care that meets the needs of patients.

So nurses, midwives and health visitors are at the sharp end of having to cope with the effects of these staffing shortages on care.

At the same time they are dealing with the stress of balancing loyalty and responsibility to their employer on one hand and professional accountability to the Nursing and Midwifery Council on the other.

UNISON's publication the Duty of Care provides staff with detailed guidance on a range of matters, including sample letters. We would urge staff to read it and make use of it. It can be found at ***unison.org.uk/healthcare/dutyofcare.***

The NHS Constitution now places an expectation that staff should raise their concerns at the earliest opportunity.

It also pledges that NHS organisations should support staff when raising concerns by ensuring their concerns are fully investigated and there is someone independent, outside their team to speak to.

The Nursing & Midwifery Council (NMC) has guidance for nurses and midwives called Raising and Escalating Concerns, which advises registrants on how to raise concerns but also reminds them of their professional obligation under the code.

The NMC's code, outlines the professional standards expected of registrants; it is also one of the means used to assess a registrant's performance during fitness to practice hearings. While nurses and midwives are accountable to it, the principles contained in it are ones that all staff should uphold

It says that:

■ As a nurse or midwife you have a duty to report any concerns about your workplace which put the safety of the people in your care or the public at risk

■ You must act without delay if you believe that you, a colleague, or anyone else may be putting someone at risk

For example - if staffing levels make the ward dangerous, you observe someone striking a patient, or the numbers of patients and their levels of dependency make it an unsafe area to practice.

■ You must inform someone in authority if you experience problems that prevent you working within this code or other nationally agreed standards – this element of the code can be used in all circumstances including when raising concerns about staffing levels.

For example - staffing levels are so poor you cannot provide safe and appropriate care, or you have been asked to do something that you have not been trained to do.

■ You must report your concerns in writing if problems in the environment of care are putting people at risk. For example – you have faulty or insufficient equipment to care for patients safely and effectively or a bed collapses.

■ As a professional, you are accountable for actions and omissions in your practice and must always be able to justify your decisions – if you do not raise concerns and something goes wrong you may find your employer using this element of the code to assess if your actions breached the code.

■ The code also states that people in your care must be able to trust you with their health and wellbeing.

Full details and a useful form to be filled out in the event of a serious problem are available at ***https://www.unison.org.uk/upload/sharepoint/Briefings%20and%20Circulars/Be%20Safe%20pack.pdf***

Follow all the news & comment from UNISON Eastern Region

Online: ***www.unisoneastern.org.uk***

Find us on Facebook ***www.facebook.com/UNISONEasternRegion***

twitter ***@UNISONEastern***

JOIN UNISON: form on back page

Ambulance shambles

The quality of service delivered by East of England Ambulance Trust has been heavily criticised earlier this year by the Care Quality Commission, and the Trust has been fined £2 million for failing to meet response times during 2012-13 across the 19 Clinical Commissioning Groups in serves.

In April a detailed review of the Trust's governance by Dr Anthony Marsh threw the spotlight on the strange priorities of management and their ongoing failure to focus resources on what should be its main concern. Dr Marsh notes that

"There appears to be a lack of accountability throughout the organisation, partly due to a complicated organisational structure and confused Managers within the Trust."

Dr Marsh is critical of the limited proportion of qualified paramedics in the front line workforce, and recommends that as a priority the Trust should aim to achieve "a Paramedic skill mix of closer to 70%".

He advises the Trust against recruiting additional less qualified Emergency Care Assistants into the organisation.

And he argues that the Trust's Turnaround Plan to increase the workforce by 350 is unachievable: "these staff are just not available."

Gary Applin, UNISON Branch Secretary at the Trust says,

"Until recently the Trust has chosen not to recruit front line staff

while spending millions of pounds of taxpayers money on external private ambulance services. It is clear there has been a far too cosy relationship between senior operational managers and the directors of these private ambulance services.

"The previous Chief Executive Hayden Newton retired last year leaving the Trust in a total mess. The interim CEO Andrew Morgan joined the organisation and has started to get a grip of the situation.

"But there are still senior managers in post within the organisation who need to take a look at the report, admit their culpability in the problems, and consider their position."

The Trust has dropped to the worst performing ambulance trust in the country, making it even harder to recruit front line staff.

The management have lurched from a recruitment freeze and spending £95,000 at the end of last year to get six front-line staff to leave under the MARS "mutually agreed resignation scheme", to the decision just weeks later to open up an incentive scheme offering staff £500 for each successful recruit they nominate, and giving recruits "golden hello" payments of £2,000 and additional benefits of £8,000 if they sign up as … new front line staff.

Perhaps the most bizarre aspect of the Trust's approach is the issue highlighted by the *Eastern Daily Press,* which has shown the astonishing level of spending on private ambulances. One company's contract mushroomed almost 30-fold, from £26,222 in three months in 2011 to £158,537 in the same period a year later, and £754,163 in 2013.

The *EDP* estimates the Trust spending on private firms to have been £13m over just 17 months, equivalent to over £9m a year: yet no clear explanation has ever been offered as to what benefit the NHS gains from spending money in this way on low quality services from private crews with minimal training rather than develop its own services.

Friendship

Media reports have also highlighted the friendship between the Trust's director of operations Neil Storey, who took office in May 2012, and helped unleash the spending on private firms while freezing Trust recruitment, and Rob Ashford, the chief executive of Thames Ambulance Group, one of the firms that has profited most from this expansion.

Ashford has now been recruited by the Trust on £98,000 a year to head its Essex sector. And the Trust has just signed a new 3-year contract with another private ambulance provider, Norvic, despite the fact that its staff lack the level of training of NHS crews.

Norvic staff undergo only a week of training (a rudimentary 2-day advanced driving course, and a 5-day Emergency Medical Technician course), compared with three weeks NHS training as drivers, and a 10-week course followed by 12 months supervision for EMTs.

UNISON has warned that the Norvic contract risks further undermining standards of care.

Gary Applin said: "We have grave concerns about patient safety with the new Norvic contract. Ambulance drivers aren't delivering parcels, they are transporting the sick, disabled and some of the most vulnerable in our society."

The turnaround plan for the Trust, welcomed by UNISON in April, which committed to spend £5m a year to improve emergency services by recruiting additional staff, including paramedics and, specialist paramedics, to fill vacancies. The ambulance fleet is also to be expanded.

All this was to be paid for by reducing the spend on private ambulances by £6m a year.

The Trust has to respond to Dr Marsh's report by early July, and could yet be subject to further intervention if the Trust's performance and the management strategy is seen as inadequate.

However it is not at all clear, even from Dr Marsh's report, how East of England ambulance services can make the £50m cutbacks it is required to make without damaging the quality of services it delivers to patients.

Published by UNISON Eastern Region, Chelmsford. Printed by Trinity Mirror Newspapers. Researched, written and designed by John Lister, London Health Emergency, johnlister@healthemergency.org.uk