Celebrate 65 years of the NHS

65 years ago Clement Attlee’s Labour government launched the National Health Service, after defeating repeated attempts to block its introduction. Churchill’s Conservative Party and its machinations were 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 Addenbrookes 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 service 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.

Don’t let them pension it off!

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.

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-£30m, despite coming out in surplus this year.

As a result dozens – and possibly hundreds – of jobs are being cut, as well as staff facing downgrading 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 unions@addenbrookes.nhs.uk or by phoning 01223 217550.

See more on all these stories INSIDE this issue of Eastern Eye.
Heavy-handed Hinchinbrooke

The language is English, but the heavy-handed management culture in Hinchinbrooke 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 ignored with incredulity by staff. Everybody knows all is not well.

Circle has not yet made a brass farthing on the horrors of understaffed services – the CQC report came after a report by Monitor on A&E waiting times in Norfolk and the report on the failures in the care of patients at Hinchingbrooke.

In the aftermath of the Francis Report on the horrors of understaffed services in Mid Staffordshire, East & North Herts Hospitals Trust has responded to growing concerns over patient care and staff safety by agreeing to recruit an additional 166 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, which is deemed to be a significant indicator of a safe staffing level.

The move is designed to improve patient care and ensure quality of service, and to prevent a further decline in staffing levels which have been dropping as demands increase on local services.

Amid all the uproar about its failure to uphold standards at Morecambe Bay Hospitals, it seems that the Care Quality Commission is now 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.

Extra staff to improve E&N Herts care

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

A&E nurses now technically “over-staffed” – but the Trust Board has been told that 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?

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Can CQC control private providers?

Now Stevenage Tory MP Stephen McPartland, who has lodged 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 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 contract 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.

JOIN UNISON: form on back page
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.

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 – compounds 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.

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 stumps up extra patients and income to bail out the Peterborough Trust 24 miles away.

In South London last year a similar PFI debt crisis resulted 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’.

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.

www.unisoneastern.org.uk ● @UNISONEastern
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 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 mix of 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 all 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 the 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 hiring 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.

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 £115m 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

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.

Community health: Serco

from angry staff.

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 (Mutually 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 downsizing of clinical staff: they would have to reduce the staff through natural wastage.
of course, decisions are taken on the basis of need... 

...our need to generate income!

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 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 (£19m 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 axing up a bid for the ever bigger 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.

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.

“When the services were top quality because of the staff: how does it make sense to reduce the number?” asks Tim Roberts.

All of these problems have been created by Serco and by the botched process of taking the transfers of staff under TUPE really to vulnerable people across the country.

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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 attendances 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 26 hours.

As a result, the Trust is now looking to build another new facility, a Clinical Decision Unit on 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?

THE RESULT IS AROUND 30 REDUCTIONS, MOSTLY OF ADMIN STAFF ON LOWER PAY BANDS WHO COULD NOT BE TRANSFERRED TO ALTERNATIVE WORK IN IPSWICH.

...West Suffolk plans another bolt-on unit

Less than 18 months after opening a new £80,000 Emergency Assessment Unit, West Suffolk Hospital is contemplating building another makeshift arrangement to deal with soaring numbers attending A&E.

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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 percent and a maximum of 60 percent. It is 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.

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

£39m - the target for cuts by C U H 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
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 with serious and endur- ing 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 profiters 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.

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 5 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 is 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 care up

The closure of Acer Ward at Hitchinbrooke 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 be 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 admission for 3 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 format: front line staff will have to battle on and provide consistency and care, while all around them is in flux.

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
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 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 genitourinary 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 its death rate being statistically higher than expected death rates for elderly patients.

Concerns have been raised about poor staffing levels and health visitors (nurses, midwives, healthcare assistants) to raise their concerns at the earliest opportunity.

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 - 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 the 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

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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.

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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 services.

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%”.

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 lunched from a recruitment freeze and spending £95,000 at the end of last year to head its Essex sector. And the Trust has just started to get a grip of the situation.

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 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 £5m cuts it is required to make without damaging the quality of services it delivers to patients.