Despite the efforts of staff, our NHS is fast becoming unsafe – for patients, for staff, and for the wider public whose families depend on the availability of services.

Eight years of frozen real terms funding while pressures and demands on services increase, real terms NHS pay falling further behind inflation and rising numbers of vacancies for vital staff have all taken their toll.

Hospital budgets have been squeezed down year after year by “efficiency savings”: so hospital trusts are having to subsidise A&E and other services where the costs now exceed the payment they receive.

NHS Improvement, the regulator, has made things even worse, by attempting to bully managers and pressurise trusts into signing up for even tighter “control totals” that would compel them to shed more staff and axe beds or services.

The fragmentation of care, and reliance on private providers for some key services is yet another risk. And massive pressures on ever-stretched GPs and community based services are creating similar problems and dangers in primary care.

Now the inevitable cracks are starting to show:

- 65 deaths in Dudley Hospitals’ pressurised A&E are being investigated.
- A Norfolk hospital facing a shortage of nurses is considering closing its only elective surgical ward – cancelling even urgent cancer operations.
- The BBC reports that children with mental health problems are being turned away from treatment unless they are diagnosed as suicidal.
- A recent BMA survey found 95% of doctors, under constant strain, were fearful of making an error in their workplace.

More such failures are certain as long as management and media blame and pillory individuals for errors forced by lack of support, adequate systems or safe staffing levels.

The potential dire consequences of such errors were illustrated by the case of Dr Hadiza Bawa Garba, the junior doctor who had to battle for 3 years to win back her right to practice medicine after being scapegoated for the tragic death of Jack Adcock in a systems failure at University Hospitals of Leicester. This must not be allowed to happen again.

System failures

Not only is it wrong to blame individuals for system failures, it’s disastrous to leave flawed systems unchanged: to do so guarantees future failures will follow.

There is a real danger that as more services fail, the public could begin to lose their confidence in the NHS – and staff could begin a full-scale exodus from the worst-managed hospitals.

A complete change of approach is required. Health Campaigns Together believes we need a campaign to make our NHS Safe For All – safe for patients and safe for staff.

It should aim to compel every NHS trust to take preventive action, with a full, open safety audit by every trust to identify potential threats to the quality and safety of patient care, with urgent action to address any problems.

We need to ensure senior NHS managers also commit to:

- listen to and act on warnings of trust management and staff;
- crack down on any manager who bullies or victimises staff who speak out on safety issues.

We must demand ministers make enough funding available for safe staffing of wards and services, with a safe skill mix of staff.

They must reverse the cuts in medical and professional training, reinstate the bursaries and act to reduce the burden of debt on newly qualified professionals and doctors.

Health Campaigns Together has repeatedly challenged inadequate budgets and bed numbers: now we must go further and demand a safe, sound, high quality NHS that can cope with rising demand.

We urge trade unions, professional bodies, patient groups and local campaigns to help us in this fight.

Join the campaign to make Our NHS Safe For All!
Building a big campaign for a safe, sound NHS

The flight to make the NHS Safe For Us is not going to be an easy one, but it is one we need to take. There is a clear and present danger of patient care being left out of vital discussions in the NHS, and as such, it is essential that we take action to protect the safety of patients. The NHS must be safe for all patients, and we need to ensure that this is a priority for all those involved in the healthcare system.

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Government must take blame for impact of austerity cuts

The Government must take responsibility for the impact of austerity cuts on the NHS. The cuts have led to a decrease in resources and an increase in pressure on staff, which has resulted in a decrease in patient safety. The Government must take action to address these issues and ensure that the NHS is able to provide safe and effective care for all patients.

Barts Trust concedes to some demands – but campaign continues

Barts Health Trust has conceded to some demands made by the “NHS is Safe For Us” campaign. However, the campaign continues to call for more action to be taken to improve patient safety.

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Reclaim Social Care - conference Birmingham November 16 - back page

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In an AGM nobody can hear you scream.

As a result of a campaign by Healthwatch North West and the Healthwatch National Community Advocacy Network (HCAN), the Local Health and Wellbeing Board for the North West issued a formal apology to a small group of residents who were denied treatment.

Bad news from researchers for ‘integration plans’

Research on the policies has shown that they have less success in reducing mental health care costs than expected.

No more WoCs!

Richard Bourne

The fight against entirely inappropriate and illegal competitions for the management of NHS mental health care is one of the most important that we face today.

Shorthages of NHS mental health beds -- £120m business for private sector

The government's decision to reduce mental health care spending by £120m a year has been widely condemned.

No mental health care for children unless they are children

The government has announced plans to reduce the number of mental health care professionals by 10%.

Uncumbers welcome pausing in case of “subco” companies

The government has announced plans to pause the competition for the management of “subco” companies.

More bad news from researchers on ‘integration plans’

New model of care jargon
does not provide a solution

The government's new model of care jargon does not provide a solution for the mental health care crisis.

A round-up of news

More research suggests that integration plans are failing to reduce costs and improve outcomes.

Reducing the patients' use of elective care

The government's plans to reduce the use of elective care have been widely criticized.

No longer enough to pay for a part of the trust

The government has announced plans to reduce the amount of money paid to the trust.

In an AGM nobody can hear you scream

The government's decision to reduce the amount of money paid to the trust has been widely criticized.

Oxford CCG's ‘seriously undermining’ of mental health

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One of the leading proponents of mental health care is facing a major setback.

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A recent bulletin published by the regulator NHS Improvement has been widely praised.
The reduction in consultant- and nurse-specialist positions in England in the first seven months of 2018 compared with last year’s 675 per day according to the Royal College of Surgeons (RCS) “is entirely wrong.”

4.1 million

Number of people waiting for operations in June 2018 – the highest for 10 years.

3,464

Patients waiting more than a year, more than nine times the number five years ago.

130,533

People in England who waited over two weeks for their first appointment with a cancer specialist after being urgently referred by a GP.

£4.3bn

The admitted underlying deficit of NHS trusts, without provider sustainability fund.

£11bn

Total of outstanding loans owed by trusts to Department of Health.
Shutterstock's trust bosses just keep making things even worse

Samantha Wathen Keep Our NHS Public Public Health

Volunteers have always had an en- visional role within our healthcare sys- tem. In the case of the NHS, that role was established as the Women’s Labour League, in 1919. A generation of eighty years on around 3,000 vol- unteers are still coming forward, helping with transport to and from hospital and more. These are more modern roles for volunteers. They include the voluntary sector of the National Association of Blood Bikers. (NABB), helping people get to flu clinics, greeting patients at surgeries and otherwise supporting patients se- quentially discharged from hospital. In the voluntary sector, organisations are very well advised to make sure they have a proper governance structure, including a board above national standards. Limited record- keeping, on which the sector relies, has only been changing recently. However, the Nursi- ng and Midwifery Council (NMC) has strict codes and guidelines regarding standards and the role of volunteers is clearly set out. Even more importantly, volunteer work has a key role in providing support in areas where there are serious issues around confidentiality and safeguarding.

For some, volunteering can be a key reason for not having a career (or a career for medicine or care for patients). However, unpaid work in a per- son’s area underpins what they do in their profession and is the key to a strong and supportive system. It provides a number of things within a societal healthcare system.

Topped off by 100 people in attendance at a Save Our NHS Leicester public meeting at the end of September. The room was unable to call for a roll of hands of care beds from Leicester General Hospital. Very little accessible information has been published so far.

Government is taking tearers for mugs!

Oliver New Save Our NHS

What’s in it for Virgin? They don’t give a damn. As the parliamentary private secretary, it is my job to keep the opposition in the manifest- inence for the future. Of those whose lives have been saved or who will live longer because of the work and dedication of the nurses, paediatricians, doctors and midwives is a huge amount of subcontracting. These were just the issues discov- ered by the Ockenden inquiry recently out of training ("Band 5s") has only been recruiting midwives recently. Most of the complaints that were received from parents and whistle- blowers were female, intro -duced to the profession as part of a conscious policy. The midwives are female, intro -duced to the profession as part of a conscious policy. The health bosses have consist -ently attempted to cover up the scale of the crisis and to avoid being held accountable. The parents of Kate East of England ambulance services. As a result of the problems in the maternity ser- vices and could threaten the future of the NHS. The crisis in maternity services is a crisis of leadership. It is time to stand back and consider how we can ensure that the service is safe and that we are providing the best possible care for those who need it.

To make it worse, two NHS trusts in London North West University Health- ervice and much more. But it is the crisis in maternity ser- vices and could threaten the future of the NHS. The crisis in maternity services is a crisis of leadership. It is time to stand back and consider how we can ensure that the service is safe and that we are providing the best possible care for those who need it.

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Lesson One: challenge EVERY de-cision-maker and Respect Health Birmingham.开发 did a campaign of educating the public about the crisis in the emergency department and the need to keep pressure on the government. Unit- es to address the crisis in maternity. The crisis in maternity services is a crisis of leadership. It is time to stand back and consider how we can ensure that the service is safe and that we are providing the best possible care for those who need it.

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Unions slam Trust decision to cut sick pay

The GMB union has called a one day strike at King’s College Hospital in London over the planned cuts to sick pay. The cuts, which are due to take effect on 10 July, will see staff lose £100 per month.

The GMB is calling on the hospital management to reverse the cuts and ensure that all hospital staff continue to be fairly paid.

The hospital’s decision to cut sick pay is part of a broader package of cuts announced by the management earlier this year.

The cuts are part of a larger trend across the NHS, where trusts are looking for ways to save money and reduce costs.

The GMB union is calling on the government to reverse its austerity policies and ensure that hospital staff are fairly paid.

The cuts to sick pay are a retrograde step and will further erode the morale and wellbeing of hospital staff.

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The cuts to sick pay are a retrograde step and will further erode the morale and wellbeing of hospital staff.
The number of older people receiving social care support has shrunk by more than 26% since 2010. Those who squeeze through increasingly tight eligibility criteria for help at home are means tested to contribute towards claiming. Staff turnover is so high at 28% as firms drive down wages, conditions and training. This can only get worse under Brexit.

Companies bid low to get contracts but lack the means to provide decent care. Last year the Care Quality Commission rated over one third of care homes ‘inadequate’ or ‘requiring improvement’.

Why is Social care in such a shocking state?

Over the past five years UK spending on social care has been forced down to less than 1% of GDP. Council budgets have halved and the money spent on supporting older people has fallen by 11%. Local authorities are £2.3 billion short of the money needed just to maintain services this year.

Meanwhile the number of people aged 65 is expected to grow by 20% in the next 10 years. Ministers have allowed council taxes to increase specifically to improve social care, but poorer areas won’t be able to raise as much as richer areas yet have higher needs.

Since legislation in 1990 obliged Local Authorities to put contracts out to tender, 90% of what were council run services are now provided by over 19,000 independent organisations. Big chains are taking over from small providers. If they pull out, thousands of vulnerable people will be stranded.

**Conference called – Nov 17**

Health Campaigns Together is working with the SHA, the NPC and communities from the working committee set up at our conference in Hammersmith Town Hall last November to build a major conference on social care, intended to kick-start a much-needed campaign. Speakers include John Lister, Health Campaigns Together; Eleanor Smith, MP for Wolverhampton South West; Judy Downey, Relatives and Residents Association; Conor McGrann, North West UNISON Dignity in Care Campaign; Bob Williams-Findlay, “Being the Boss” / Reclaim our Futures in Birmingham; Jan Shortt, President of the National Pensioners Convention; Gill Ogilvie, GM8 fulltimer, ex DWP/PCS; Prof Peter Beresford; Dave Watson, Head of Policy and Public affairs, UNISON Scotland; and Simon Duffy, Centre for Welfare Reform. Come along and debate the way forward, and help us build a real campaign for a publicly funded and publicly provided social care system.

**RECLAIMING SOCIAL CARE CONFERENCE Saturday November 17 Birmingham Carrs Lane Conference Centre Carrs Lane, Birmingham, B4 7SX Lunch provided. Registration required: www.healthcampaignstogether.com**