

Response of the Save South Tyneside Hospital Campaign to the releasing of the CQC report on South Tyneside and Sunderland NHSFT dated 03/02/2023

Intro

We resisted a request by the media to comment on the report before we had seen it. This was also before it had even been issued and of course also we wanted to make a collective decision on our position as is our culture. However, SSTHC at their meeting welcomed the response of Kate Osborne MP for Jarrow and agreed with her assessment when she pointed out that; “we have seen the loss of key local hospital services and both the Save South Tyneside Hospital Campaign and I predicted that these changes would result in services being less safe and unsustainable.” Emma Lewell Buck MP for South Shields has also voiced the same opinion.

The Question that needs addressing

Unfortunately for us and the people of South Tyneside and Sunderland it is this theme that runs through the entire CQC report. It has seen not only the hospital services in South Tyneside become less safe and less sustainable but it is the consequences of downgrading services at South Tyneside that has led to less safe and less sustainable services at Sunderland Royal Hospital. This is the vital question facing all who live in the South Tyneside and Sunderland area.

We want to take this further. The question we want to address is how did we go from, one of the best full obstetric led Maternity services in the north east at South Tyneside District Hospital that was also one of the best staffed services in the north east with an equally good maternity service in Sunderland as well. How have we gone from that to a situation where the midwife led birthing unit at South Tyneside has been closed for over a year and Sunderland maternity services are also less safe and less sustainable? Also, how did we go to a situation where medical wards at both Sunderland and South Tyneside have also been downgraded to “requires improvement”? Of course the justification for all these changes were hidden behind the slogans the “path to excellence” combined with their latest slogan “excellence in all we do.”

Response to the Question from the Trust representatives

Addressing this question and following the release of the CQC report there have been a number of responses from STSFT. The Chief Executive Ken Bremner's response at the Board of Governors on February 7th made light of the CQC report and what he described as a “lot of small issues” that he claimed made up the CQC report. He also described the difference between “good” and “requires improvement” as “marginal” and seemed to take heart from the fact that other Trusts are being downgraded for their care in a similar way. He and another Trust representative emphasised that the shortage of staff in Maternity was caused by sickness following Covid and that the “market for midwives is small and shrinking coupled with a rise in births” and that the “shortage of midwives is felt more acutely in the North East and Yorkshire region as a whole.”

The other problem raised rightly by others, was that the department of health is failing to train enough medical staff. Instead, the government and health authorities choose mainly to encourage the poaching of staff from other Trusts and in turn private health companies poach from public Trusts as well as the general policy of poaching from other countries, some of who who can least afford to lose such staff that they have trained themselves with smaller resources.

But contrary to what the Trust says and what they refuse to acknowledge in this claim is that we had the maternity staff for both South Tyneside and Sunderland before the merger and before the “path to excellence” started in 2016.

Response of SSTHC to this question

Speaking at the Peoples' Select Committee (PSC) on February 14 in response to the Trust presentation on Maternity, representative councillors spoke out. Councillor Paul Dean, a member of SSTHC, pointed out that; “The decision to make South Tyneside a Maternity led unit was in my

opinion a massive error and it should and have always been a clinical led unit. We have put potential mothers in fear of using South Tyneside in case of complications of high risk births and not having the clinical support.”

“For the midwives it must have been so frustrating, going to work in a unit with nine, fully equipped labour rooms all with theatre facilities and one dedicated operating theatre, all kitted out with thousands of pounds worth of machinery, all lying empty.”

“Meanwhile, women are now worried about going into labour and not knowing where they should go to have their babies. It's sad that at the present time we are not having any *Sandancers* born in our District Hospital.”

The Chair of the PSC also invited a representative of SSTHC to speak in the chamber at that meeting. Roger Nettleship, Chair of SSTHC said that; “the reasons why we don't have enough midwifery staffing at the hospitals in Sunderland and South Tyneside is mainly not to do with the national picture you (the Trust) described, neither is it to do with the lack of training that has been rightly talked about. In our area it is to do with the fact that a lot of the midwives left South Tyneside, voted with their feet (when our maternity service was downgraded and the Trusts merged). They have come to the campaign and said to us that they can no longer stand the stress and they can no longer stand the bullying culture within the new merged Trust and they have gone elsewhere and that is the reason most of our midwifery staff left.” He went on to point out that this bullying culture is also confirmed by the CQC report among other important safety issues.

In the CQC report on culture it says in the section on Maternity, “the service did not have a culture where staff could raise concerns with out fear.” So the CQC picked up that the most important resource, the medical and midwifery staff, the caring staff, felt fearful. It was the midwives whose “caring was good” in the same CQC report, and the real question was why did so many leave over several years and what role had all these changes, along with the changes imposed on the midwives on their working conditions brought about. There is for example a damning statement on leadership in the the CQC report where it says; “we are not assured all leaders had the skills and abilities to run the service. We were concerned that leaders with the service were not effective and implementing meaningful changes that improves safety.” On midwifery staffing after many experienced midwives had left the CQC noted. “The service did not have enough maternity staff with the right qualifications, skills, training an experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers did not always review and adjust staffing levels and skill mix.” Again, on service delivery to meet the needs of local people. “The service did not plan or provide care in any way that met the needs of local people and the community it serves.” Something many community midwives spoke about saying they were not able to provide the vital services required to mothers following births in South Tyneside. It did not meet the needs of the people of South Tyneside and it is certainly not now meeting the needs of the people of Sunderland.

Some other points include; Medicines; “The service did not have effective systems and processes to safely prescribe and administer, record and store medicines.” And; “The design and environment did not always follow national guidance. We found the second emergency theatre was not fit for purpose.” Management said they were going to close it but then when the CQC came back it was still open and although they had addressed some of the issues the CQC still had concerns on the facilities in maternity.

In other words, the government, health authorities, and along with the highly paid Chief Executive and Directors, have failed the people of South Tyneside and Sunderland. They downgraded the consultant led maternity service at South Tyneside Hospital hiding behind the slogan of the “path to excellence” as a “safe and sustainable” path. In reality it was an unsafe and unsustainable direction for local services.

The CQC findings are not a “lot of small issues” as the leader of the Trust claims and why should we believe their claims now for their vision “excellence in all we do” in the future. There is a lot more in the report than meets the eye from the summaries given at the beginning of the CQC report but even on the first page it is a damning quality rating for the maternity services inspected at Sunderland and the medical services inspected at South Tyneside and Sunderland Hospitals.

Are services safe? Requires improvement.

Are services effective? Requires improvement.

Are services caring? Good.

Are services responsive? Requires improvement.

Are are services well led? Requires improvement

Conclusion

When you read these details, some of which we have outlined, on maternity in the report it reveals how bad the safety, effectiveness, responsiveness and leadership has become. The CQC did not inspect the Midwife-led Birthing Centre at South Tyneside. They couldn't have done as it was closed so they did not inspect that, but they said therefore it remains “good” even though it has been closed! The reality is, as we have said, that the failures are directly as a result of the so-called “path to excellence” and its claim to be a “safe and sustainable” direction for our hospitals. A path that downgraded a good maternity service at South Tyneside from a clinical led service to the point it is still not functioning at all. Also, it has worsened the safety and sustainability of Sunderland maternity service under the cover of “excellence in all we do”. So with this record how is the future vision “excellence in all we do” being believed by the CQC, or anybody.

Although we place the main blame and censure on successive governments that have put these plans and directions in place, we think that the senior architects of these plans in the Trust and the regional health authorities should resign immediately for their deception to local people and the damage to services they have caused through the downgrading of our services and calling it a “path to excellence”. The MLBU should be continued not as a “pop-up service” but as a safe and sustainable service with FULL obstetric back up at our hospital in South Tyneside and in Sunderland Royal as it was before. This is what SSTHC has been calling for since these plans were unveiled 6 years ago.