

The Staffing Crisis in our NHS

An introductory note



“Discontent arises from a knowledge of the possible, as contrasted with the actual.” - Nye Bevan.

UNISON is Scotland’s largest trade union with more than 150,000 members across the public, private and voluntary sectors. We are also the largest health union representing 50,000 NHS workers across Agenda for Change including: nurses, midwives, managers, domestics, porters allied health professionals (AHPs) and administrative workers. The union has membership in every health board in Scotland, as well as across Scottish public services.

In addition to crucial roles in the delivery of health services in hospitals and the community, UNISON members are involved in the planning, commissioning, managing, monitoring and regulation of health and community services.

This short note begins the process of setting forward areas and challenges where we will need to see significant improvements if the NHS is going to get back to full health. It is no more than a preliminary sketch. UNISON will produce a more in-depth paper in the coming months. We should be looking to formulate a mixture of short-term and more strategic plans approaches.

1. There is chronic understaffing across the workforce – this is a twofold issue.

1. Health boards drag vacancies to save money and hope that existing staff will be able to do more for less.
2. With a relatively low unemployment rate in the UK the NHS and social care sector are competing for staff. Other sectors can offer jobs with higher pay and have less stress and responsibility.

The NHS needs better workforce planning, both short and long-term. Despite almost 20 years of formal workforce planning in the NHS, the service is still unable to properly predict or meet staffing needs. In recent years UNISON has been critical of NHS workforce plans which often fail to clearly identify known pressures or solutions. Current plans were drawn up pre-pandemic, they need to reflect what has been changed by COVID in the NHS and the society it supports is urgent.

2. Action on workforce planning

- Increasing training – UNISON wants opportunities for NHS staff now, such as the Open University for Nursing. We also need to invest in staff who are not in a regulated profession such as health care support workers, allied health professional assistants and nursing assistants – through training and growth programmes these staff can be our regulated staff of the future.
- There is an over-reliance on bank and agency staff, with huge cost to the NHS and taxpayer. The press have reported a range of figures e.g. Sunday Mail reported that NHS spent £350m on agency staff in last 20 months and there has been a 2000 per cent increase in private contractors over the last decade - from £3.9million in 2012 to £88.9million today - with private company bosses taking home profits.
- UNISON has anecdotal evidence that staff are leaving permanent jobs to work on the bank (flexibility) or for agencies (higher rates of pay and flexibility). Funding for agency and bank staff would be more effective if spent on improved overtime rates for nursing and other staff.
- We know that higher pay and flexibility are two reasons why ‘permanent bank’ work is attractive to some staff. There are policies across the NHS to encourage flexibility, but these are applied inconsistently.
- UNISON welcomes initiatives to recruit NHS staff from out with the EU, we recruit from southeast Asia and sub-Saharan Africa. Yet NHS Scotland seems less able to attract potential staff from other areas of the UK, despite higher wages in key grades. Should the NHS in Scotland run a recruitment campaign to attract staff from other parts of the UK? Should policies such as a ‘golden hello’, subsidised housing, help with student loans for key posts or similar be considered as incentives to encourage recruitment?
- The crisis in the workforce extends beyond nurses and medics, at the time of writing one NHS board in Scotland is actively working to secure a Recruitment and Retention Premium for payroll staff, there are significant labour market shortages in other administration/clerical and support posts.

3. Nursing vacancies

Nursing is a complex profession and it is a major staff group within our NHS. It includes senior nurses and other allied health professionals.

We need to understand the needs of NHS workers including pay, conditions and work-life balance. Especially as the NHS competes for staff with the rest of the economy.

Action on nursing:

- Ensure banding reflects job content
- Ensure that promotion when achieved is rewarded (the difference from the top of band 5 to the bottom of band 6 is £157 per year)
- Reward additional hours fairly (overtime rates)
- Prevent burnout by limiting excess hours
- Invest in progression and career development to grow our own – NHS apprenticeship scheme – learn and qualify on the job

4. Bed configuration and staffing levels

NHS budgets - and bed configuration and staffing levels - are based on inaccurate and unreliable assumptions.

Our bed configuration in Scotland assumes that the average length of stay in an acute hospital bed will be 3 days – this assumes that health and social care services community services: GPs, community mental health service, addiction services and other community support will be able to meet the demand and provide services for patients in their own homes. It is notable that despite the known pressures in the service NHS boards and chief executives are still focussing on reducing beds to balance budgets. We need a review of, and investment in, services which goes beyond the well-versed mantra of 'rebalancing care', seeking to close beds and reduce staffing in advance of a fully fit-for-purpose social care sector.

We also need NHS plans and structures which acknowledge the geographic diversity of Scotland and do not assume an automatically urban environment but recognises that significant numbers of the population live and work in rural or sparsely populated areas.

Action on bed configuration

- We need to invest in social care, but we also need to reconsider some of our bed modelling assumptions at least in the short to medium-term – this may require opening of beds – the question of course is how would this be staffed?

- A multi-year 'fair' funding equation which allows for capital investment / backlog recovery and day to day delivery of service
- To be supported by a properly-resourced care sector (incl primary care)
- A fund and resources to identify and drive change both in terms of service delivery, but also patient and staff experience/benefits – spend to save?

5. Pay is a key aspect of ongoing issues

Pay is a driver for much of the current low morale and leavers / intention to leave.

Action on pay:

- NHS Agenda for Change Agreement needs to be significantly updated to meet current labour market/workforce demands and expectations. This needs to include anomalies in the pay structure – such as the beginning and end of bands, differing anti-social hours payments depending on grade.
- It is 20 years since we last looked at and evaluated how we deliver services and what is expected of our staff in that challenge. As pressure to do more with less has increased, many staff now working at a higher level than before (including higher technical requirements and greater responsibility). We need a simple and efficient mechanism to 'right balance' pay, progression and responsibility in a way that rewards growth of the service and the employee.
- The NHS in Scotland is a significant employer and, with current low-unemployment, it is little wonder that it is facing long-term challenges. It is concerning that the over-reliance by the NHS on long-term talent pipelines means that it is unable to react quickly to challenges and inherent problems such as short-staffing, and service back logs amplify the pressure on the existing workforce. Evidence suggests that NHS staff illness related to stress/anxiety is on the increase.

6. NHS political consensus

The politics surrounding the NHS often has negative effect on staff morale and retention. It does not help make the NHS an attractive place to work to potential recruits.

Action

UNISON appreciates that the NHS was born of political will and will only continue if there is political will to argue for it. However we need a civic consensus on what our NHS is for; its role in a modern world; how it is funded; how its services are delivered; and the long term reforms it needs.