



UNISON Scotland response: The Health, Social Care and Sport Committee's short inquiry into winter preparedness and planning within health and social care.

July 2023

Introduction

UNISON is Scotland's largest trade union with more than 150,000 members across the public, private and voluntary sectors. More than three quarters of our membership are women. Using UNISON's democratic structures, we are able to collate and analyse members' experiences to provide evidence to inform the policy making process. We welcome the opportunity to respond to the Health, Social Care and Sport Committee's call for evidence¹ for the short inquiry into winter preparedness and planning within health and social care.

Background

The Committee asked respondents about "how successful the Scottish Government has been in implementing actions from its eight priorities to support winter resilience across health and care systems". The Committee also sought opinions on what can be done to improve upon winter planning for the coming winter.

This is against a backdrop of the NHS in Scotland experiencing its worst winter on record, with hospitals in several health board areas on a number of occasions under extreme pressures, with overflowing accident and emergency departments, ambulances queued up, beds blocked, patients' lives put at risk and horrendous stress on hard working and dedicated staff. UNISON is greatly concerned about the impact of these on patient care and on the human cost of shockingly inadequate winter planning. We have been warning for years about the issues currently causing such pressures in hospitals.

"Queen Elizabeth University Hospital staff 'ask' for major incident amid safety fears."

"NHS on brink of collapse as hospital bosses urged to declare critical incident."

"First minister says Scotland's hospitals are 'almost completely full' as she announces measures to ease pressure."

Those are just a sample of headlines² that will bring back difficult memories for the general public, as well as overworked staff, already traumatised from their

¹ https://yourviews.parliament.scot/health/winter_planning/

² <https://www.heraldscotland.com/politics/23221328.nhs-scotland-geuh-staff-ask-major-incident-amid-safety-fears/>
<https://www.dailyrecord.co.uk/news/nhs-brink-collapse-hospital-bossed-28894475>
<https://www.theguardian.com/uk-news/2023/jan/09/nicola-sturgeon-unveils-emergency-measures-to-help-scottish-hospitals>

pandemic experiences, yet expected to deal with crisis after crisis on understaffed wards. Lessons must be learned, including ensuring proper integrated social care systems to prevent bed blocking.

Our key areas of concern are for effective NHS workforce planning over the long-term, and for social care to receive the proper investment needed to ensure quality decent jobs delivering the high-quality care service that our elderly and vulnerable relatives deserve. UNISON Scotland's vision for a National Care Service is very different from the Scottish Government's NCS Bill, as our document of comparisons shows³. And while we have cautiously welcomed the announcement that social care staff will continue to be employed by local authorities, and councils will still be responsible for assets like buildings and the delivery of services, there are still considerable concerns about the Scottish Government's plans and much that can be done to immediately act to improve social care⁴.

Another priority for UNISON is the wellbeing of NHS and social care staff. This has a direct impact of course on staff shortages and retention of workers – and therefore on patient care when understaffing hits hard. In November 2021 when the Committee was considering winter preparedness, our then Head of Social Care John Mooney gave oral evidence and warned of a “burnout pandemic”⁵. But staff were under yet further pressures a year later, during last winter. And UNISON Scotland's survey of nurses published in May 2023 found chronic understaffing across the NHS⁶, but, cruelly, workers have no time to report this.

Wilma Brown, an NHS nurse and chair of UNISON Scotland's health committee, said: “This survey makes clear that NHS staff don't have time to properly report the effect of chronic under-staffing across the NHS and the impact it is having on patients. It's vital that staff can report the true picture, so NHS leaders can make the changes needed. The situation on the ground is desperate, there are just too few nurses to be able to do the job properly and staff are struggling to provide patients with the care they deserve. Ministers are failing in their duty of care to both patients and staff, and we need urgent action to provide a long-term solution to this crisis.”

Earlier this month the NHS marked its 75th anniversary, but while it is much loved and celebrations were held, most accept that the NHS is in crisis and needs concerted action to address multiple problems. UNISON head of health Matt

³ <https://unison-scotland.org/national-care-service-the-one-we-need-and-the-one-on-offer/>

⁴ <https://unison-scotland.org/unison-comment-on-the-scottish-government-national-care-service-partnership-announcement/>

⁵ <https://www.scotsman.com/health/act-now-on-social-care-or-risk-patient-deaths-due-to-staff-shortages-msps-told-3451122>

⁶ <https://news.stv.tv/scotland/almost-three-quarters-of-nurses-deal-with-daily-staff-shortages-unison-survey-suggests>
<https://unison-scotland.org/scotlands-overworked-nurses-in-a-catch-22-as-no-time-to-report-chronic-staff-shortages-says-unison/>

McLaughlin made some suggestions in an article in The Herald⁷, pointing out that an enormous £500m was spent last year on bank and agency clinical staff and noting that “survey after survey identifies short staffing as a major pressure on service delivery and staff wellbeing”. Matt also commented on the NHS workforce report last month, noting that there are “just too few nurses to be able to do the job properly and staff are struggling to provide patients with the care they deserve.” Wilma said: “UNISON Scotland has warned of the crisis for over a decade. There has been a collective failure by the Scottish government to respond properly to the identifiable pressures in the NHS in Scotland. The current problems caused by the failure to invest in social care, an ageing workforce, stagnating pay, and delays in filling vacancies were all predicted by UNISON.”⁸

Staff who have been through so much during the pandemic and last year’s very difficult winter need reassurance that they will not be expected to cope with the same unacceptable pressures again this winter.

UNISON health branches responded to a survey considering the Committee’s various questions. Our response concentrates on a broad overview of the experiences of our members working in health and social care. If invited, we would be very pleased to provide key oral evidence to the Committee on our members’ direct experiences through some of the very serious problems of last winter and to present recommendations for winter 2023-24 and beyond.

Overview

Any overview of course must start with the fact that the problems within the NHS go far deeper than the questions asked in this short inquiry and far further back than last winter, indeed far further back than the start of the Covid-19 pandemic, as Wilma Brown highlighted in the comments above.

We believe that it is acknowledged that last year’s winter planning failed to deliver a safe and sustainable NHS Service over the winter months. It is right and welcome that there should be an inquiry into this to learn lessons which will help build an adequate and sustainable future NHS health and social care system to not only deliver for the coming winter, but to strengthen and enable our future NHS to deliver adequate safe and effective health care to all service users when and where they need that care, for years to come.

However, the inquiry questions will elicit specific answers to specific questions around winter planning only. They will not actually touch on what is inherently wrong within the NHS and what needs to change in order to ensure the NHS can provide adequate and sustained care all year round, every year.

⁷ <https://www.heraldscotland.com/politics/viewpoint/23633581.nhs-75-five-ways-fix-health-care-services/> <https://unison-scotland.org/nhs-at-75-a-suitable-case-for-treatment/>

⁸ <https://unison-scotland.org/unison-scotland-response-to-nhs-workforce-report-2023/>

Short term planning within health and social care settings is almost always reactive in nature and does not work. Developing a long term, pro-active whole systems approach, which re-designs both Acute In-Patient Services and clinical pathways, and supports Community Health and Social Care to deliver strong and well-designed pathways focusing on the delivery of care within the community settings, will ultimately keep many patients away from 'front door' acute settings and result in enhancing flow through those acute in-patient settings.

No plan, regardless of how good it may look on paper, will work unless the key drivers have sustainable workforce plans sitting right alongside them. Having the appropriate workforce in place is the absolute key to success for those plans.

Branches have reported that there have been some hard fought for improvements in some areas on workforce planning and in systems and pathways which should help for winter 2023/24 but it is not enough to provide an adequate, sustainable, long-term solution to the problems faced by today's NHS.

UNISON asks the Health and Social Care Committee to look at this from a wider perspective, while also trying to prepare for the winter season. For the longer term, a whole systems approach with re-design of all the services is required. Along with that re-design, the Committee needs to develop a vision of the required workforce as the NHS moves forward over the coming years. This involves looking at the depleted, fatigued and burnt out post-Covid workforce, and designing and planning the future NHS workforce.

Inquiry questions

We will provide a short summary of our survey responses, then a few direct quotes, in italics.

1. Winter Resilience Overview 2022-23

Please describe how effective government actions were in supporting winter resilience across health and care systems last year?

SUMMARY: There was a scathing response to this question. Overall, most did not believe government actions had been effective and low staff numbers and delayed discharges were among the problems highlighted.

There was acknowledgment of some actions, including the Covid-19 and flu vaccinations being "well received" and that in some areas some action taken by government was "fairly effective" - but even then, the branch that commented said the government action "still left a lot to be desired". Concerns were raised for remote and rural areas affected by adverse weather impacts on transport links, with supplies running short as a result.

Some comments from branches:

Poor is an understatement.

Not effective at all. The staffing crisis left multiple areas working with low staff numbers.

We had to contend with 69 delayed discharges. It was the worst winter recorded.

What additional priorities should inform actions to support winter resilience across our health and care system this year?

SUMMARY: Branches focused here on staffing and social care, highlighting the high cost of agency staff. It was also noted that any care home bed closures must be prevented or pressure on NHS beds will be unsustainable.

Some comments from branches:

Staffing is always an issue throughout the year for our board, with spend on agency staff causing major overspends in an already stretched budget. Winter can see an increase in sickness absence causing even more strain on staffing pools. Perhaps some priority on staffing to help reduce the cost of agency staff to cover. This would need to be year-round, but even more important during a season where sickness is higher.

Care in the Community, Staffing Levels, Bed Complement. If you do not have the staff, you cannot open winter beds. They deplete one service to support another causing stress, anxiety and burn out for our members.

We need to address the staffing crisis.

The priority should be a community social care service to reduce delayed discharge.

2. Capacity and system flow

What were the key factors limiting capacity and delivery in the NHS and social care last winter?

SUMMARY: A lack of social care beds and care packages – bed blocking – was widely seen as a major factor here, along with staffing levels.

Some comments from branches:

Staffing levels due to either vacancies or sickness absence. Covid isolation procedures. Acuity of patients. Lack of social care beds and care packages causing delayed discharges

More non urgent attendees at A&E. Poor skill mix and unsafe staffing levels. Poor staff morale. Significantly high sickness absence. Lack of breaks for staff.

Bed blocking, which had a knock-on effect at the "front door" resulting in ambulances waiting over 7 hours to off load patients.

Not enough care home beds or care packages. The problem is not the "front door" (ED), it's the "back door". People who need to be admitted to a hospital bed have none to go to as they are filled with people no longer requiring health care - these people need to be discharged.

Staffing levels, bed capacity, inadequate care in the community no support for unpaid carers closure of Day Centres.

Staffing and finance! Any decision made is always based around cost. The wellbeing of the patients does not appear to be the main focus anymore. Ward staff, theatres, labs, are all short staff and struggling to recruit. Recruitment is always an issue for remote and rural but short staffing appears to be a nationwide issue.

Please describe to what extent the flow through the NHS and social care systems was adequately maintained last year?

SUMMARY: This was a key question and branches said that there were periods of this causing crisis every day.

Some comments from branches:

Flow was virtually at a standstill at times. Ambulances queuing up, patients in corridors and around nurses' desks. Patients in contingency spaces.

It can work when the staffing is in place. Outbreaks due to flu/ Covid, closing care homes and restricting admissions to wards can put further strain on services.

How can capacity be maximised to meet demand, and maintain integrated health and social care services, throughout the coming autumn and winter?

SUMMARY: It is vital to increase capacity and staffing in social care, with proper workforce planning in the NHS. Safe staffing levels are essential, and it is intolerable for staff to be working without safe staffing levels.

Some comments from branches:

Maintain and support safe staffing levels. Bare minimum does not work if someone ends up off sick. Who covers? Agency staff costing the boards a lot more.

The beds threatened with closure need to remain open and more packages of care need to be found.

Need more staff to look after patients who have been discharged, either in the community or a social care facility.

Increase in staffing levels plus medical staff; increase beds in the hospital and nursing home settings. Enough community staff to support patients in their homes support for unpaid carers and day centres being kept open, that would be a start!

3. Workforce and staff wellbeing

What factors affected the wellbeing of those providing health and social care support, including both paid and unpaid carers, over the 2022-23 autumn and winter periods?

SUMMARY: As one branch said: *Enough staff must be the main priority in any Workforce Plan. A Workplace Plan without enough staff in place is a paper exercise and we can never resolve any issues without this being addressed Priority must be to support unpaid carers and stop closing day centres and start opening more.*

Some further comments from branches:

No breaks, concerns about patient safety, working extra hours. lack of support from managers.

Lack of support, fatigue, long over runs after shift has finished.

Lack of support. No available respite. No available day care centres.

Relentless pressure on beds. working every day with minimum staffing levels. Working with unsafe staffing levels (e.g. no registered nurse on shift).

Stress and other sickness. There are also financial pressures which feed through the organisation.

What should be done this year to ensure staff wellbeing, and ensure those providing support are able to continue to do so?

SUMMARY: Two responses summed this up. *Better pay and conditions. WE NEED MORE STAFF!! And: Increase staffing levels, sort patient flow. It is outrageous that so many staff are not having adequate breaks that they are entitled to and that are necessary for their health.*

Some comments from branches:

Prioritising staffing levels so that staff are able to get tea breaks and dinner breaks and finish their shifts on time would be a start

Staff should be given breaks at the very least, which in the ambulance service is not happening.

Adopt a compassionate leadership approach, make sure the environment is safe for psychological staff wellbeing. We need a Scotland policy on reducing heat distress – there should be a summer plan.

Winter workforce planning and focus on health and wellbeing for all staff. Winter can be hard.

4. Outcomes

How were patient outcomes affected last winter, either positively or negatively?

SUMMARY: Most responses, except one, said that patient outcomes were very much negatively affected. We believe the evidence shows this in many areas and senior clinicians and trade unions have highlighted this through the winter. This is no reflection on staff commitment and dedication. Many went above and beyond daily, as they did through the pandemic. Their hard work should be rewarded with fair pay and conditions that do not damage their health.

Some comments from branches:

Affected negatively. Patients not receiving adequate care as left on trolley in ED.

Staff worked so hard to give the best care in the circumstances.

More complaints

Negatively, both patient experience and outcomes were affected.

I do not believe so locally. Staffing was difficult to manage at times, but this would not have impacted on patients unless services were cancelled. I do not believe this had any significant impact.

What recommendations would you make to ensure services best support vulnerable communities and achieve positive outcomes this year?

SUMMARY: See our overview above.

Some comments from branches:

Increase the social care budget - it is woefully inadequate.

Prioritise beds, in hospitals, care homes and day centres - that's where we need to start, then we start improving from the base line.

Increase mental health services, especially for young people. More funding for early intervention and more funding for older adults.

Workforce planning, financial support to cover high agency costs, better recruitment campaigns to avoid the need for agency staff, health and wellbeing tools to manage stress.

Conclusion

There was a stark warning from one of our branches' responses: ***the NHS will not survive another winter unless more care home beds and care packages are identified.*** This and the staffing pressures are urgent priorities for action.

It is widely agreed that there was a real crisis during last winter and there remains a workforce crisis. The Scottish Government must do all it can in immediate planning and preparation for this winter, including listening to and acting on the concerns of the trade unions. We know the widely documented pressures in social care which have to be addressed urgently.

As during the pandemic, some health and social care staff are at further risk of further psychological harm due to the stress, trauma and potential moral injury of being unable - through dire circumstances that are no fault of their own - to provide the excellent care they are trained to deliver. The job we clapped them all for, yet look at how staff are being treated now. And Covid-19 is still set to be a factor this winter. Lessons must be learned for the immediate short term and for the much longer term, as addressed in our overview. We hope the Committee will make strong and clear recommendations to the Scottish Government, taking on board our evidence. We would be pleased to give oral evidence highlighting our members' experiences and proposed solutions.

UNISON Scotland, July 23

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