RCN Scotland submission to the Public Audit and Post Legislative Scrutiny Committee

Leadership and workforce challenges: health and social care sectors

How the pandemic has impacted on your views on leadership and workforce challenges in the health and social care sectors

Leadership

Previous resilience planning, both nationally and locally, has not adequately incorporated the community and care home sectors. There was not a whole system approach to planning and this was evident at the start of the pandemic when much of the focus was on building acute capacity. In response to the challenges facing the care home and community sectors, new forums for joint working were created that bring together leadership from across the health and care sectors. This is a positive development that should be built on going forward.

The COVID-19 pandemic has highlighted the fact that nursing input into social care has been lacking and new oversight arrangements have been deemed necessary and arranged at haste. This includes the new role for Health Boards’ Executive Nurse Directors with responsibilities around infection prevention and control and staffing levels in care homes. While this has been in response to the challenges the pandemic has presented to the sector, it highlights a gap in input which existed before the pandemic. Indeed, during the passage of the Health and Care (Staffing) (Scotland) Act, the RCN campaigned unsuccessfully for a requirement that care providers seek appropriate clinical advice from registered nursing professionals on care home staffing. It has taken this crisis for there to be a proper recognition of the increasing clinical complexity within care homes and this is an issue which must be addressed as part of reform of adult social care.

While we welcome this recognition of the critical role of nursing and nursing leadership in care homes, we are currently working with the Directors of Nursing to identify and, where necessary, develop a governance framework for their care homes responsibilities, including assurance and escalation. It is our view that before this role is continued and expanded, it needs to be put on a statutory footing to give Nurse Directors, their delegates, and the wider workforce the protection they deserve. Without this, the nurse directors have significant additional legal duties and accountability for their decisions, without the authority to ensure action or clarity about how issues that need to be escalated can be, if anything goes wrong.

Given that the Cabinet Secretary for Health and Sport is standing down at the next election, and Scotland will soon have a new Chief Nursing Officer and Chief Medical Officer, we are aware that there are significant changes in leadership coming up at a national level.

Workforce challenges

The leadership and professionalism shown by nursing staff during the pandemic is testament to their commitment to delivering high quality care. But the nursing workforce was under significant strain before the pandemic and these pressures have been exacerbated further by the crisis. Staff shortages, high stress levels and unhealthy working environments are all having an impact on the provision of care and the wellbeing of staff. We have been highlighting these issues for years. This crisis has made it clear that things need to change to ensure that health and care services are able to meet future challenges robustly and sustainably.
Staffing shortages are a daily reality which are having a major impact on staff morale, mental wellbeing and patient care. Before this crisis there were 3,600 (5.6%) nursing vacancies in the NHS in Scotland and 46% of care homes for older people were reporting nursing vacancies. Increased staff absences during the pandemic have therefore had a huge impact and many of our members have experienced very high levels of stress, with many telling us they are on the cusp of burnout.

Statistics published in December show that the number of vacant nursing and midwifery posts remains a significant concern, with over five percent of NHS nursing and midwifery posts unfilled at 30 September 2020.

Evidence suggests that the pandemic is having an impact on people’s mental health and that services, which were already under pressure before the pandemic, are going to struggle. The latest statistics show that across Scotland, over 660 mental health nursing posts are unfilled.

A sense of being undervalued, combined with concerns about staffing levels, has led to a sharp rise in the proportion of nursing staff considering quitting the profession. In response to a member survey in June, 38% of RCN Scotland members reported that they are thinking of leaving nursing, compared to 27% in 2019. Other findings from our member survey include:

- Just over three quarters (77%) reported an increase in their own stress levels
- 90% agreed with the statement that they were concerned about the wellbeing of those in the nursing profession generally
- Around a third (32%) said they were working at higher level of responsibility, with 93% of those saying they were not being paid extra for it
- A third (34%) said staffing levels had worsened during the pandemic
- A third (34%) were putting in longer hours and 26% said their ability to take breaks had worsened.

Staff working within the care home sector have faced particular challenges. The crisis has exacerbated nursing workforce shortages within the sector, care home staff faced difficulties accessing adequate PPE and COVID testing and many nursing staff working in care homes were only receiving statutory sick pay (SSP) for COVID related absences. This crisis has highlighted the crucial importance of those working in the care sector, showing their fundamental importance to the functioning of society. We should recognise and value those people and the work they do and we need to redefine the sector going forward.

The second COVID wave is different to the spring for several reasons. Our health and care staff have already been through the first crisis; they are exhausted, emotionally drained and, significantly, this time they knew what was coming. Winter brings the added pressure of seasonal infections and significant additional demands on health and care services while urgent non-COVID and elective services are being maintained and there is an increased flu vaccination programme to be delivered as well as the COVID-19 mass vaccination.

We recognise that additional funding was announced for the NHS and social care in the winter preparedness plans but funding alone is not the solution and these plans are coming too late, the pressure is already on and staff shortages are a daily reality.

In the following stories shared with us in October-November, nursing staff share their experiences in their own words:
“I held a patient’s hand. They were upset and disorientated post op. They said it was the first time since before March she was able to hold someone’s hand. We both cried.” Student nurse

“In the last week I have seen added pressure in the hospital I work in. Wards are closing because of COVID outbreaks and the ward I work in has had to open up extra beds with no additional staff. The equipment we need for patients was also not available i.e. chairs, bed tables etc. We couldn’t borrow these things as all other wards are now full. We are also looking after patients with conditions that are not normally in our ward with no extra training or support.” Health Care Support Worker

“At the beginning of the pandemic nurses were heroes. I was a hero who had to stay home because I had to shield. I found this incredibly difficult as I wanted to be out there with my colleagues helping people. In the last week I have noticed people no longer think of us as heroes, instead we are standing in the way of them getting the treatment or care that they want. Being told oh you’re just a nurse, I thought I was seeing a doctor was the icing on the cake in the last week. I get it you are tired of Covid. I’m also tired of Covid. You don’t want to wear a mask, neither do I really but I do it to protect you so please protect me too. When I asked you to put on the mask and you refused, I still saw you anyway because you deserve care.” Staff nurse/practitioner

“Working clinically through Covid 19 feels like a war zone. We are seeing alien conditions and very sick patients which we cannot put a label on. We are losing too many patients and the physical and psychological affect that it is having on the workforce is palpable. Staff are at an all time low, they are exhausted and just trying to get through a shift at a time. Many staff are now Covid positive and this is now having a significant affect on the workforce, there is no resilience and everyone is worried about how they will cope in the future. There seems to be no respite for NHS workers in the near future.” Advanced Neonatal Nurse Practitioner

What lessons can be learned from this experience and how can we move forward.

Staffing for safe and effective care

There are not enough nursing staff to provide the care our population needs. Nursing is a safety critical profession and research shows that there is a direct link between staff having the time to care and positive patient outcomes. Our members tell us time and again about the negative impact that poor staffing levels are having on their work, their patients and their wellbeing.

Staff shortages are resulting in nursing staff being spread more thinly across teams and, in many cases, the mix of skills, expertise and experience that a team requires is not available – at a time when the acuity of patients in hospital wards and in the community is high and the clinical skills and expertise of registered nurses are essential.

Action is needed to tackle staffing levels and ensure all health and care services have the right staff, with the right skills, in the right place. RCN Scotland are calling for work on implementing the Health and Care (Staffing) (Scotland) Act to get underway again. This legislation is urgently needed to address the workforce crisis in a sustainable way and to ensure the needs of patients and residents are met. The Act places a duty on NHS and social care providers to make sure that there are qualified, competent staff working in the right numbers to ensure safe and effective care. The RCN fought to ensure the Act recognised the vital role of nursing leadership in the delivery of safe staffing from the senior charge nurse on the ward to the Nurse Director at Board level. While it was understandable
that implementation was paused at the start of the pandemic, the reasons for passing this Act nearly two years ago have been made even clearer by the Covid-19 crisis. Safe and effective staffing is a key element of NHS recovery and ensuring that Scotland’s care homes can safely deliver care to residents with increasingly complex health needs. We are therefore calling for a clear commitment to implementation of the Health and Care (Staffing) (Scotland) Act by the end of 2021.

Staff wellbeing

Evidence shows that good working environments and culture are fundamental for staff wellbeing and quality of care. Positive work environments need to be developed, instead of focusing on ways to help individuals cope with negative environments.

There are examples of positive initiatives that have been introduced during the pandemic that aim to promote staff wellbeing. National initiatives such as the National Wellbeing Hub are to be welcomed, as are local initiatives such as the introduction of ‘wobble rooms’ or relaxation and recuperation hubs where staff can have space to take a break away from their clinical work environments. We would like to see initiatives such as these continue beyond the pandemic, but we also need to see a consistent transformation of workplaces so that all staff, wherever they work, can thrive and flourish and are better able to provide the compassionate, high-quality care that they are qualified and want to deliver. While we welcome an increase in digital resources to support the mental health and wellbeing of staff, the government and health boards must also ensure that staff who need it, can access mental health services in a timely way.

In order to maintain a safety culture in health and social care, working environments must promote psychological safety. This means that staff need to be confident that doing the right thing – reporting incidents, raising concerns, being candid about mistakes and talking openly about error – are all welcomed and encouraged. They need to know that the organisation will focus on learning and improving, not individual blame, and believe they are safe when raising concerns.

Measures taken to tackle the pandemic have reinforced the value of digital technology to the delivery of effective health and care. Whilst supporting the provision of face-to-face interactions between professionals and patients whenever and wherever necessary, we would also support all efforts to expedite the provision of the infrastructure, equipment and networks to allow staff to maximise digital technology to work to the top of their competencies and for the greatest benefit to patients.

Fair pay

More than half of those responding to our member survey in 2020 who are considering leaving nursing, cite pay as a reason and 3 out of 4 members said improved pay would make them feel more valued.

The Scottish Government’s announcement of a £500 one-off bonus is welcome recognition of the outstanding efforts of health and social care staff in responding to COVID-19 but it does not help to address the long-term issues that impact on recruitment and retention of nursing staff.

What’s needed is a pay deal that truly values the skills, clinical expertise and contribution of nursing staff. Our safety critical profession needs to be recognised and meaningfully supported; this is why we are continuing to campaign for a 12.5 per cent increase for pay in 2021/22.
The RCN’s Fair Pay for Nursing campaign is about much more than our response to the pandemic. It is about recognising the complexity of skill, responsibility and expertise demonstrated every day by all members of the profession. It is about making sure that our safety critical profession can reach safe staffing levels and it is about recognising that the salaries of too many nursing professionals has not kept pace with increases to their living costs over the past decade.

Nursing staff deserve a significant pay rise, no matter where they work. Action is needed to deliver fair pay, terms and conditions for registered nurses and other nursing staff employed within the independent sector, as well as protected time for continuing professional development and clear career pathways. Otherwise, we risk many of our members leaving the profession – at a time when the nation needs them more than ever.

**Adult social care reform**

Care homes have been at the centre of the COVID-19 crisis, despite the commitment of staff to try to keep residents as safe as possible. The problems care homes have faced are symptoms of how the sector, and the people that live and work in it, have been undervalued for too long. The RCN reacted to this crisis within care homes in every area of our activity over the last six months and we are determined that the problems that have been highlighted by the crisis do not fade back into the background.

Attention has rightly turned to reform of adult social care; the difficult lessons of the pandemic must be learned and the many issues placed previously in the ‘too hard to do’ box must be tackled. Our focus is on ensuring that, whichever model of reform is pursued by policy makers, the professional nursing perspective is understood and appreciated. There is still a tendency to view health and social care separately and it is important that policy makers hold the vital contribution of nursing central to their thinking when developing new approaches to social care.

As residents’ complexity of clinical need increases, the skills, competencies and availability of the registered nursing workforce employed within care homes is becoming ever more important. The COVID-19 pandemic has brought into sharp focus the workforce crisis facing Scotland’s care home sector and the need for more registered nurses working in care homes to deliver care to residents with increasingly complex health needs. This is a long-standing problem which must be addressed.

Action is needed to deliver fair pay, terms and conditions for nursing staff employed within care homes, protected time for continuing professional development (CPD) and clear career pathways for nursing staff working within the sector.

The Health and Care (Staffing) (Scotland) Act 2019 is an opportunity to help ensure that care homes are supported to deliver safe, quality care to residents with increasingly complex health needs and we are calling for work on implementing the Act to get underway again. In particular, an evidence-based methodology for determining safe and effective staffing in the care home sector needs to be developed. This will be vital for ensuring that funding reflects clinical need and the correct staffing numbers and skill mix needed to meet these needs.