**UNISON Highland Healthcare**

**Staffing Concerns in NHS Highland**

We are aware that UNISON recently wrote to the Cabinet Secretary with regard to staffing concerns identified by UNISON fife – but also more generally within the NHS. We therefore wish to share information about the situation in NHS Highland which we believe should also be shared with the Cabinet Secretary by UNISON.

We are concerned that:

* There are significant and ongoing challenges
* There is a risk of adverse impact on patient care, which would also affect staff
* Action plans prepared in response to these concerns having been raised, whilst welcome, are proving challenging in terms of making a real impact for staff and patient care
* The situation is exacerbated by the current Covid picture in the NHS Highland area
* These issues have been fully escalated locally and considered in partnership, and senior management is very aware of, and acting on, the issues. However we feel under an obligation to our members to ensure that the concerns are escalated to the highest possible level, in order to maximise focus, support and response, and to minimise the risk that individual staff members feel under. Staff members are at the end of their tether, and are feeling under huge pressure, and not able to deliver the care and treatment to patients that they would wish and expect to be able to do. Whilst some newly-qualified nurses have been recruited (also very welcome) there is a significant risk that recruitment and retention could be impacted – which could clearly worsen the situation further. We also wish to be part of ensuring that a full national picture is shared regarding similar issues which we are aware others are also experiencing.
* Winter is approaching and these issues are likely to worsen. This may well also be accompanied by reduced staffing availability due to sickness etc.

**Issues of concern**

The primary focus of this submission is around nursing staffing and associated pressures at Raigmore Hospital, Inverness. there are also other related issues of concern however which will be highlighted later in this paper.

As noted above, we would also wish to emphasise that these concerns have been raised locally, up to the level of the Chief Executive and the Director of Nursing. Meetings have been held with staff and trade union representatives, and some initial work has been done in producing action plans. Staff have been supported in raising concerns, by UNISON and partner trade unions, and this has been fully accepted by operational management. Liaison about these issues is ongoing. Nonetheless we wish to bring these concerns to UNISON nationally, for onward transmission to the Cabinet Secretary as part of our partnership working links at that level.

Detailed concerns being raised by staff include:

Band 2 perspective -

1. Staff members feel that patients’ personal care is being rushed and/or missed. There are occasions where patients are unable to be washed prior to lunchtime due to patient acuity and demand and also due to short staffing. Patients are looking unkempt and uncared for, and on occasion are unable to get showers when requested, due to busyness and lack of staff.

2. It is a concern especially on nightshift, that buzzers are ringing for a very prolonged period of time before being able to be answered by staff.

3. There have been multiple patient complaints regarding meals being cold by the time they are receiving them. This is due to patient demands during lunch times, resulting in staff members having to leave the meal trolley to assist patients, short staffing and ward demands.

4. Staff members feel the ward is very untidy due to lack of time to put stock away, and complete regular cleaning schedules.

5. Paperwork is also not getting filled out due to business and patient acuity and is getting missed. E.g., FBC, FRC, skin bundles, waterlows, weekly weights etc.

6. Staff being moved from the ward to cover other areas is a huge issue among staff. This leaves the ward very short, and feels unsafe. Patients are not getting the care they require or need. Staff feel they get moved frequently to work in or cover other areas. The movement of the 3rd nurse on nightshift results in auxiliaries having to help with observations, BM’s, etc., on top of our own duties meaning rounds are taking far longer and lights are not getting turned off sometimes until well after midnight meaning patients are not getting the rest needed to recover and get better.

7. Another concern was the need for staff to still be collecting patients being transferred from other wards. As this takes staff members off the ward sometimes for prolonged periods as often patients aren’t ready for transfer when we get there.

8. Band 2 and band 5 staff have concerns that they are not getting any opportunity or time to complete statutory or mandatory training required for their roles.

9. Staff members feel they are leaving the ward feeling upset and stressed, feeling like they have missed and forgotten to do things due to the business and demand within the ward. And they feel they are bringing this stress home with them.

10. Lastly we feel that staff morale has significantly declined. We leave work feeling deflated and exhausted. We do not feel like we are providing an appropriate level of care expected of us as we physically do not have the time and sometimes don’t have the staff to achieve this. The stress staff is carrying at this present time is running people down to the point that they dread coming into their work.

Band 5 perspective -

1. It is felt that there is a lack of senior/skilled staff members within the ward 4a support junior staff, take charge and provide a safe and comfortable working environment and safe level of care for patients.

2. Patients’ medications are being missed. Increasing numbers of IV medications and lack of staff results in medications being given late.

3. Doctors on the ward have also voiced concerns about a decline in patient care and feel that staff is not supported.

4. Junior and newly qualified nursing staff feel nervous and worried coming to work as there is not enough staff members on duty for them to feel supported. They have major concerns for their registrations as they feel important things get missed and appropriate levels of care aren’t being achieved.

5. Staff are leaving the ward at the end of their shifts upset, crying and stressed as they feel they have missed things or very often have to stay late as they have had no time within their shifts to complete their notes etc.

6. Staff nurses feel the number of different specialities of patients within the ward is unsafe. For example, sometimes there is a room with 6 patients under 6 different specialities! This increases workload as staff nurses then feel they are having to chase up doctors from different teams to come and review their patients. It also means there are multiple amounts of doctors on the ward at one time in the morning doing ward rounds. This makes it impossible for a nurse to be on each ward round as there is too little staff. This then can result in information getting missed or not getting passed on to nursing staff regarding their patients.

7. Patients are inappropriately accommodated. for example, it is felt that some decants with no discharge date or plan are highly inappropriate to be taken to the ward and placed in a bed that is earmarked for short stay patients coming from theatre the next day. This creates more stress and work for staff as these patients then need to be moved and beds cleaned in haste for theatre patients coming back. There have been occasions where patients have arrived from theatre and no beds are ready for them.

8. It is felt that the 3rd staff nurse is very much needed on nightshift. But staff feel they are too often taken away to cover shortfalls in other areas. This leaves the ward feeling very unsafe as we often have patients with multiple care needs including airway management that often require a lot of attention.

9. Band 5s have huge concerns regarding training not getting carried out due to lack of time and staff. This is also impacted because band 6s are not getting office time as they are needed on the floor to take patient workloads due to staffing. Junior staff members are not getting the opportunity to learn about ENT and ophthalmology and there are not enough senior/skilled staff members to always be on to cover the needs of these patients. There is also an increased number of in-patients being stepped down to the ward from both SHDU and ITU that have increased needs on top of the mix and acuity already in the ward.

10. Concerns around cover and rotation of staff between wards and clarity regarding use of bank staff (if available)

11. Skill mix within the shifts is not appropriate. Not enough senior/ skilled staff to accommodate and support junior staff on the ward. It is felt that skilled/experienced staff need to be separated between shifts and that if this means the preferred rota is removed for the time being that this would be appropriate in order to make the ward a safe environment on each shift and to allow new staff to feel more comfortable and supported.

12. The staff nurses also feel that community hospital referrals are taking up an increasing amount of their time and they feel that they are completing them for patients that they don’t have a full knowledge off as they have just been transferred to the ward and have a lack of time to be going through and reading back through patient CAD notes to get a full view and understanding of their patients’ needs and requirements.

Senior staff nurse perspective -

1. Training being a major issue as this is not getting done. Both due to busyness within the ward and lack of staffing and office time for senior staff members. This includes statutory, mandatory, ENT and ophthalmology training

2. Supply issues- Cost for supplies have dramatically increased due to having an increased number of medical patients requiring all care within the ward. This includes incontinence pads, wipes, PULP, etc.

3. There is a large increase also in the amount of datix’s being submitted regarding staffing, falls, pressure sores etc.

4. The datix system itself is is very time consuming for staff to complete them and times out after 20 minutes.

5. There are concerns regarding safe discharges- It is essential to ensure patients are going home with correct medications, dressing, district nurse input, etc. This is made much more difficult due to staffing issues.

6. It is felt that the ward has no identity. There are too many specialities and high patient acuity within the ward causing increasing stress on staff and junior doctors.

7. The pressure for beds is increasingly stressful as there is very little patient movement within the decants being transferred and theatre patients are becoming difficult to accommodate due to this.

8. The lack of communication regarding beds is also an issue as the amount of phone calls the nurse in charge of the ward has to deal with can be very frustrating and time-consuming

Examples of other concerns include:

* Use of unstaffed beds. For example, on occasion the “day case” unit has 20 patients in it overnight and at weekends when it should be closed. There are also unstaffed beds elsehwere in the hospital
* Staffing the wards appropriately is a concern. For example, some wards overnight have just two registered staff and one healthcare support worker for 30 patients

In the Medical division extensive concerns have been considered, and an action plan prepared, although many of the actions are currently identified as “red” despite this work having commenced in the summer. A copy of this action plan is attached. many issues similar to those identified above are also included.

**Wider context**

Issues within NHS Highland are by no means unique to Raigmore.

A recent management appeal (29 October 2021) relating to New Craigs Hospital (mental health) was also issued, which stated:

“Due to extreme staffing pressures we are **urgently seeking staff of any discipline / grade to come at work within New Craigs inpatient settings** whilst we work to improve and stabilise the staffing situation.

Maintaining the delivery of safe inpatient services within NCH is essential and it is possible that other work within the MH & LD wider service will be reduced / paused in order to support this to happen.

Initially we are seeking volunteers whether it is to come for a fixed period or for specific shifts. It is anticipated that in most occasions your manager will be supportive of this where it can happen. We will support individual requirements i.e. accommodation. Can you get in touch with individual service managers / line managers by end of the day **Tuesday 2nd November** at the very latest. This will enable us to plan next steps going forward.”

We are aware of our members working in community hospitals and community services also feeling under pressure, and under-staffed.

Adult social care services are significantly struggling. At the time of writing, 12 care homes in NHS Highland are closed to admissions due to Covid, with a further 7 under investigation.

Covid positive levels in NHS Highland are significantly above the Scottish average. This is a significant concern in terms of how this will impact on services, and on staff availability. This is despite higher levels of vaccination, and higher levels of Covid boosters being delivered, than Scottish averages.

We are aware that 48 newly-qualified nurses have recently been recruited, and this is very welcome. However, these new staff will need careful support and mentoring to ensure that they are, in due course, able to function fully within a very pressured system. This itself takes time and effort from other existing staff. It is however essential that these new staff are supported and trained properly, and do not feel under excessive pressure, otherwise we clearly risk losing them.

**Conclusion**

We are therefore seeking the following:

* That these issues are raised with the Cabinet secretary and Scottish Government as part of the national picture relating to concerns about staffing and pressures within the NHS and social care across Scotland
* That appropriate support and resource is provided to NHS Highland to manage this situation as best it can be
* That appropriate action plans are developed, monitored and delivered, in partnership with UNISON, other trade unions and staff
* That, where necessary, services are adapted to ensure that safe and appropriate staffing levels are maintained at all times, training is prioritised, and staff no longer need to leave shifts, late, fearing that they have missed a vital part of the high quality patient care which they yearn to provide
* That staff are protected from the risk of adverse events arising as a result of mistakes which may occur in the context of the significant pressures as outlined in this report

**Attachments**

* Action plan, Ward 4a, Raigmore
* Action Plan, Medical Division, Raigmore

**Dawn MacDonald**

**Branch Secretary**

**UNISON Highland Healthcare**

**17 November 2021**