Health, Social Care and Sport Committee

10th Meeting, 2021 (Session 6), Tuesday, 9 November 2021

Seasonal planning and preparedness

Introduction

1. At its meeting today the Health, Social Care and Sport Committee will take evidence on seasonal planning and preparedness from:

    - Dr John Thomson, Vice President (Scotland), Royal College of Emergency Medicine;
    - Dr Andrew Buist, Chair, BMA GP Committee;
    - Colin Poolman, Interim Director, RCN Scotland;
    - Sharon Wiener Ogilvie, Podiatry service lead NHS Borders, Allied Health Professions Federation Scotland;
    - Annie Gunner Logan, Chief Executive, Coalition of Care and support Providers in Scotland; and
    - John Mooney, Head of Social Care, UNISON Scotland

Background

2. The Committee had an initial discussion about work programme priorities at its Business Planning Day on 30 August 2021. The Committee subsequently discussed its future work programme on 5 October 2021.

3. At this meeting the Committee agreed to undertake a number of one-off evidence sessions including one on seasonal planning and preparedness.

4. At the time of writing, the Scottish Government has yet to publish its winter preparedness plan for this year . However, in a ministerial statement to Parliament on 5 October, the Cabinet Secretary for Health and Social Care confirmed the NHS would remain on an emergency footing until at least 31st March 2022.

5. The Cabinet Secretary also outlined that the plan will be accompanied by over £300m of additional funding to help with winter pressures and will be focused on 4 key principles:

    - Ensuring system flow
    - Maximising capacity
    - Improving outcomes
    - Caring for staff

6. Several witnesses have provided written evidence ahead of the formal session. These are attached at Annexe A.

Clerks to the Committee

4 November 2021

Annexe A

BMA GP Committee written submission: Seasonal Planning and Preparedness

General Practice

General practice is under huge and unrelenting pressure, and there is a sense of fatigue and demoralisation amongst GPs at the moment – as with other parts of the NHS, GPs are struggling to manage a backlog of demand safely and in a manner acceptable and accessible to their patients.

Prior to the pandemic GP practices were reporting increasing workloads, however the impact of COVID-19, and now the effect of the easing lockdown restrictions is pushing demand to record levels. These increases would be difficult for GPs to manage even without the added constraints of infection control measures in the continuing pandemic.

Scotland had a serious shortage of GPs before the pandemic, and COVID-19 has only highlighted that further with GPs working longer hours and doing more consultations that ever before, despite some harmful negative media reports to the contrary. However, there is still a lack of clarity over the plans to achieve the desired expansion of GP numbers. In the Scottish Government's NHS Recovery Plan 2021-2026 they have stated they are still on track to increase the GP workforce by 800 by 2027, we are not convinced. It is vital now more than ever that we see clear evidence and data on the progress of the recruitment of the extra 800 GPs.

BMA Scotland conducted an access survey amongst GP practices in Scotland between 4-8th October, receiving 375 responses – which is 41% of the overall number of practices in the country and covering 2,552,748 patients (44% of registered patients in Scotland).

One of the questions they were asked to consider was whether their current practice capacity was sufficient to meet patient demand: 368 (40% of the total number in Scotland) practices responded to this with 128 (42%) practices reported having *substantially* less capacity than current demand, with a further 126 (41%) having *slightly* less capacity than the current demand – only seven practices reported having substantially more capacity.

Practices were also asked about whether they had any vacant GP posts on Monday 4 October: 266 practices reported that they had no vacancies on that dates, while 104 (28%) reported that they had at least one vacant GP post. It is worth seriously considering that if the same rate of vacancies was applied to the full population the total number of practices with at least one vacancy would be **236**. That is an extremely concerning statistic as we head into what is predicted to be a very long and difficult winter.

Furthermore, of the 104 practices that reported having at least one vacancy, 37 reported that their vacant post had been vacant for *less than* three months, 22 reported that their post had been vacant for 3-6 months, and 42 reported that they had been vacant for *more than* six months. In addition to this, 24 of the practices

reporting having at least one vacancy reported having a second GP vacancy, and a further four reported a third vacant position.

Considering all of the above, I have significant concerns for the coming winter months for GPs and their teams, many of whom are already stretched to their absolute limits. We have proven ourselves time and time again throughout this pandemic to be extremely resilient, changing the way we work overnight when the country went into lockdown in March 2020, continuing to see patients while staffing COVID hubs and later playing our part in the Covid vaccine roll-out, but eventually something has to give. We are working collaboratively with Scottish Government and note their reassurances that we have a record number of GPs working in Scotland, but there are simply not enough of us to cope with surging demand – demand that is only going to increase as we move further into winter.

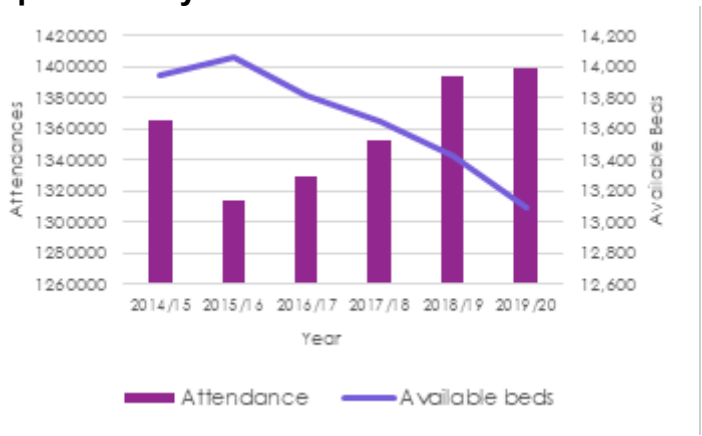
Dr Andrew Buist, chair of the BMA's Scottish GP Committee

The Royal College of Emergency Medicine (RCEM) submission: Seasonal Planning and Preparedness

At present, Emergency Departments (EDs) are experiencing record breaking levels of demand. Performance data published for August 2021 revealed that 75.4% of patients waited more than four hours to be admitted transferred or discharged in major departments – the worst performance on record. Even more alarming is that 5,460 patients were delayed by eight hours or more and 1,410 patients by 12 hours or more. It is likely we are going to battle our toughest winter on record in EDs as Summer 2021 fared worse than every winter gone before. RCEM recently publish a Demand Explainer, which delves deeper into the reasons behind recent demand.

As Graph 1 demonstrates, demand has continued to increase year on year, all in the context of a shrinking bed stock; over one thousand staffed beds have been taken out the system in the last decade and more have been removed from the system due to Infection Prevention and Control measures brought in during the pandemic. This has led to patients often waiting on a trolley for hours for an available bed and having to receive care in a corridor. This reality is inhumane and unacceptable and can cause significant distress to both patients and staff.

Graph 1. Yearly attendances vs staffed available beds



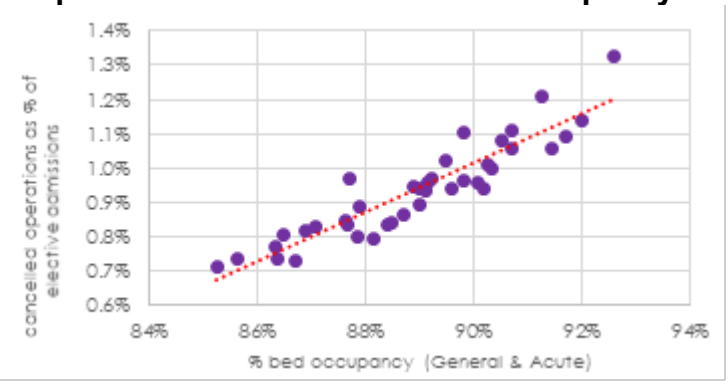
Furthermore, there is a wealth of compelling evidence that discusses the correlation between longs waits and increased risk of avoidable mortality. The Getting It Right First Time (GIRFT) report identified this link using data from England. The effect is strong and consistent, and it is extremely likely that these associations would be seen across the devolved nations of the UK as the healthcare systems and patient characteristics are largely similar.

The data show that for every 67 patients waiting 8-12 hours, one of them to will come to avoidable harm. To put this into context, in 2021 so far in Scotland there have been **231 excess deaths** directly caused by a long wait due a crowded ED (January – August). What these figures don't show is the harm that those waiting even longer may have come to, and those that did not die but nonetheless suffered harm due to the delay they experienced. Crowding has always been unconscionable, but these figures lay bare the reality; lives are being lost due to an issue that could be eradicated for good if given sufficient resources.

One of the main factors behind exit block and poor flow is an inefficient discharge process. While medically fit to leave, patients may need help to recover in the form of a social care package, which may not be immediately available meaning their hospital bed is unavailable to the next patient. Similarly, a crowded ED disrupts patient flow at the front of the hospital too. Patients arriving by ambulance are now routinely delayed and ambulance stacking takes place on a daily basis. This not only means the patient stuck in the ambulance is at risk of harm, but it also means the ambulance cannot return to the community where there are patients requiring that resource.

Demand in and of itself is not the issue, it is the lack of capacity to cope with said demand and subsequent poor patient flow. What ensues is a system fighting for the same pool of bed stock. Most notably, it is common for seasonal pressures to temporarily disrupt elective care. Graph 2 shows that as general and acute bed occupancy rises, so do the number of cancelled operations. The recovery of the elective backlog should be a priority, but it cannot be considered in isolation. If Unscheduled care cannot cope this winter, elective care will once again have to be paused.

Graph 2: General and Acute Bed Occupancy and Cancelled Operations



GIRFT analysis was done to determine the adequacy of ED capacity based on the interplay between:

1. the number of senior medical staff per shift;
2. the ratio of major cubicles and resus cubicles to attendances; and
3. hospital bed occupancy, i.e., the number of available beds.

Unsurprisingly, patients spend less time in EDs whenever all three variables are better than average. Departments with sufficient senior staff to make key decisions, sufficient cubicles to accommodate patients, and sufficient hospital beds for admissions have the lowest patient times in the ED. Counterintuitively, the worst combination is not the opposite of the best. The worst combination is to have a lower number of senior medical staff but an above average number of cubicles. This effectively creates an ED with the worst ratio of doctors to patients, but little hospital incentive to move patients in a timely fashion because ED space is not at a premium.

Capacity cannot be discussed without considering staffing numbers. RCEM recommends that the safe staffing of EDs should be based around a ratio of one Whole Time Equivalent (WTE) consultant per 4000 annual attendances. Table 1

below shows that despite the number of Emergency Medicine (EM) consultants increasing at a constant rate every year, the expansion in numbers is still not happening fast enough to cope with the level of demand. This results in continued understaffing in departments. RCEM's first ever Scotland Workforce Census showed that at present there is a shortfall of roughly **130 consultants** in Scotland. As evidence shows, understaffing means the EM workforce consistently reports the highest levels of work intensity of all the medical specialties, leading to high rates of attrition from both training and the specialty, only further exacerbating the issue.

Year	WTE Consultants	Attendances at Type 1 EDs	Attendances per WTE Consultant
2016/17	215	1,329,488	6,183
2017/18	222	1,352,331	6,091
2018/19	228	1,393,238	6,097
2019/20	236.5	1,398,441	5,913

The seasonal effect is not new, and it is not unpredictable, yet it forces us to generate and focus on short term solutions. This is certainly going to be necessary this year in the form of freeing up capacity and prioritising patient flow. Effort must be made to ensure that those ready for a ward or to be discharged can be done so in a timely manner.

However, looking forward, the Scottish Government must set out a long-term plan to guarantee that the system has the capacity to accommodate fluctuations in demand year-round. Expanding the workforce is a crucial step in increasing overall capacity to keep up pace with demand. Only then can we start to tackle winters in a cost-effective, safe and sustainable manner.

RCN Scotland submission: Seasonal Planning and Preparedness

RCN Scotland members are braced for an incredibly challenging winter. This year, seasonal infections such as the flu and norovirus will be met with the combination of staff burnout following the pandemic, a workforce crisis (including record high nursing vacancies), rising covid cases, built up demand from services being paused and attempts to remobilise services in order to reduce a backlog in elective procedures.

To prepare the NHS and wider health and care services for this winter, steps need to be taken to ensure Scotland has the nursing workforce needed to maintain services and clinical care. This has to start with a focus on retaining existing staff and being honest with members of the public about what services can be delivered, but longer-term, transparent and fully costed workforce planning is needed.

Key points:

- RCN Scotland members have worked tirelessly through the pressures of the past 18 months and they are tired and feel undervalued. This has taken a toll on their physical and mental health and it is having an impact on retention of staff. The further support announced by the Scottish Government for staff wellbeing is absolutely necessary. It is vital that employers do all they can to protect the mental health and wellbeing of nursing and other health and care staff.

- Winter pressures have been 'tolerated' by the system and by staff in recent years over a relatively short period of time. However, this year we have seen a sustained level of pressure that has resulted in health boards asking for mutual aid and support from the armed forces before we even enter the winter period. When seasonal infections begin in earnest, this pressure is only going to increase. Seasonal preparedness has to recognise that we may be entering a period where 'winter pressures' last for 6 months and health and care services and policy makers will have to plan accordingly.

- Workforce shortages were having a major impact on staff morale, mental wellbeing and patient safety before the pandemic and this pressure has been heightened further by the crisis. As we approach winter, in tandem with both COVID-19 pressures and attempts to remobilise services, urgent action is needed to tackle staffing shortages. Our NHS cannot go into each winter with high vacancies. The latest figures show that there are nearly 5,000 nursing and midwifery vacancies in the NHS in Scotland. Further analysis carried out by the RCN shows that the gap between the number of Registered Nurses required to run NHS services (the nursing establishment) and the actual number of Registered Nurses in post, is at a record high and stands at over 3,700. Put simply, the gap between the number of nurses we need and the number of nurses we have, is at its widest ever. Much more needs be done to encourage our experienced nursing staff to stay and to ensure there is a robust plan to increase the future workforce to a sustainable level.

- Regular fluctuations in nursing numbers occur throughout each calendar year. Registered nurse numbers peak each December, declining steadily over the following nine months reaching their lowest points between June and September each year. This trend reflects the cycle of newly registered nurses joining the workforce each autumn. While this does typically mean that staffing levels are higher as we enter the winter months, there may be merit in having more than one nursing cohort each year to reduce this fluctuation. RCN Scotland is calling for a significant increase in student intake for 2022/23, including increases in each of the three fields of nursing.

- While newly qualified nurses who are currently taking on their roles as registered nurses will provide additional resource, there must be the capacity to ensure they receive the support and mentorship they require to transition into their new roles. Similarly, student nurses on placement must be supported to learn, and capacity must be provided for this.

- RCN Scotland is clear that the role of a Registered Nurse must be undertaken by a Registered Nurse. While we welcome plans to increase capacity by recruiting more Health Care Support Workers, these will not address the stark levels of registered nurse vacancies that are creating such pressure on health and care services and the staff delivering them.

- We have seen the devastating impact of the Covid virus on care home residents and staff working in social care have been under huge pressure for the past 18 months. There are questions over where the workforce is going to come from to cover sickness absence and support care homes. District Nursing teams, already accommodating an ever increasing workload, have been called on to support care homes facing staffing shortages and unable to recruit the nursing staff needed to meet residents' increasing clinical needs.

- The Royal College of Nursing has long argued that the pay, terms and condition for nursing staff working in adult social care should be the same as their NHS colleagues. The pay uplift is a start in addressing this issue. The Scottish government should go further and ensure that all nursing staff working across health and social care are paid at a level that recognises their skill, expertise and their safety critical role.

- RCN Scotland is calling for the implementation of the Health and Care (Staffing) (Scotland) Act 2019 to ensure safe staffing levels for health and care services as well as improved, transparent and fully costed workforce planning which will need to include consideration of seasonal preparedness.

- There is also a need to be open and honest with the public about health and care remobilisation and what can currently be achieved. While it is vital that those who need to access acute services are able to do so in a timely manner, it is impossible to return to pre-pandemic services with the current level of staff vacancies and wider pressures on services. It is important for politicians, the media and senior decision makers to be clear to the public about what can be done as we head into the winter months. RCN Scotland is

concerned about reports of staff receiving abuse from patients for delays that are outwith their control.

UNISON Scotland submission: Seasonal Planning and Preparedness

UNISON Scotland is the largest union in Scotland, and the largest union in health and social care. We appreciate this opportunity to contribute to the Committee's work. I am UNISON Scotland's lead officer for social care and I have been asked to represent UNISON to the Committee as we believe that the crisis in this sector is not receiving the scrutiny it deserves.

That there is a crisis in social care is apparent to anyone who works in or has contact with the sector. In attempt to try and quantify some of the issues in the last few weeks we have been surveying UNISON members who work in social care – the results make for alarming reading; 97% of respondents said that their workplace was currently experiencing a shortage of staff. 90% said that they were concerned about the safety of colleagues and service users because of the staff shortage.

Of further concern was the future intention of our members who are regularly being asked to work additional hours because of this shortage. 35% of respondents are considering leaving or actively trying to leave the sector in the coming months and a further 53% have told us that they urgently need some time off.

Whilst these statistics are in themselves very concerning, it is imperative that the Scottish Government move quickly to address the issues which have led us to this point. First and foremost, it would be remiss of me not to reference the fact that we are now facing the consequences of allowing the pricing and subsequent profit in care to lead to a race to the bottom for staff's pay and conditions.

As the Covid-19 pandemic continues and remains with us during the flu season, this staffing crisis has the potential to become a very real health crisis for those receiving, and working in, social care. Urgent change is needed now and cannot wait for a long-drawn-out legislative process.

In the survey UNISON members highlight the low pay across the sector as being a major factor in recruitment and retention of staff. Whilst UNISON welcomes any enhancement to wages, it must be noted by the Committee that the level of the recently announced 52p increase and the narrow focus of it will not fix the issue that it is intended to. This new rate of pay still leaves social care competing with other areas of the economy such as retail for staff. Furthermore, the narrow scope of the uplift could in fact attract staff from other areas of social care, thus creating a staff shortage problem in those areas.

Given the Scottish Government's commitment to extending collective bargaining across the Scottish economy, it is ironic that the manner in which the 52p uplift will be delivered removes and restricts collective bargaining in many employers.

85% of UNISON members said that stress at work was a major player in the crisis and 72% said that burnout was a major contributor to the problem. With that in mind, we urgently need a real plan to Keep our Carers in Care.

We believe the Committee could best help improve the staffing situation in social care by exploring with the Scottish Government the following improvements to terms and conditions:-

1. Introducing a minimum hourly rate across all social care that recognises the level of responsibility that staff have and is attractive to job seekers.
2. A “Golden Hello” payment is introduced over the winter months to further entice staff in.
3. To boost morale, there is also a “Loyalty Payment” for all existing staff to reward them for their work to date and to demonstrate that they are valued.
4. Payment of all professional registration fees for staff working in social care.

We appreciate that the Committee’s remit is broad ranging and there are many demands on your time. However, we make no apologies for concentrating on social care. This is an often neglected but vital service provided by some of the most dedicated and not coincidentally most exploited set of workers in Scotland.

CCPS submission: Seasonal Planning and Preparedness

About CCPS

CCPS – Coalition of Care & Support Providers in Scotland is a membership organisation bringing together third sector social care and support providers. CCPS membership comprises over 80 of the most substantial care and support providers in Scotland's third sector, providing high quality support in the areas of social care for adults with disabilities and for older people, youth and criminal justice, addictions, homelessness, and children's services and family support.

Our members support over 200,000 people and their families; employ a combined total of approximately 43,000 staff; and work with all of Scotland's councils and Health & Social Care Partnerships (HSCPs).

Context

Third sector providers have in general maintained a very high level of operations throughout the Covid-19 pandemic. In some areas, and in some services, they have had to reduce or suspend activity on public health grounds, however in the main these organisations have continued to provide high quality care & support from the very beginning of the pandemic and continue to do so in extremely challenging circumstances.

CCPS was invited to take part in the Scottish Government writing group for the Winter Preparedness Plan 2021-22 in September 2021. Our role was to highlight key issues on behalf of our members and provide feedback on drafts. In parallel to the Writing Group, related discussions were ongoing through the Pandemic Response Adult Social Care Group (PRASCG) and the Clinical and Professional Advisory Group (CPAG). A further Rapid Action Group (RAG) was established by the Scottish Government in late summer to consider recruitment issues and workforce shortages. CCPS has been represented on all these groups.

Key seasonal planning and preparedness issues for providers

Recruitment issues and staffing]

Staff recruitment and retention issues for third sector social care providers are acute, and worsening. We first raised major issues in this regard with partners in July 2021. A CCPS survey conducted in September showed that 90% of providers had found recruitment more difficult in the last 3 months; 63% had had to reduce the level of support provided as a result; and 53% said they would have to refuse, or had already refused, any new care packages, because of staff shortages.

The announcement on 5 October 2021 of an increase in minimum hourly pay of £10.02 for social care workers was warmly welcomed by CCPS. We remain seriously concerned, however, that the arrangements now being made for implementing this increase may negate many of its benefits.

Staff wellbeing

Eighteen months into the pandemic, many third sector providers report serious issues of burnout and exhaustion amongst staff. CCPS has welcomed (and contributed to) the excellent resources available through the Wellbeing Hub hosted by NHS Education for Scotland (NES); the challenge for providers and for staff is in finding the time to access and use these resources, given the serious levels of staff shortages as noted.

Social care sustainability funding

As the committee will be aware, significant levels of financial support have been made available by the Scottish Government to support social care during the pandemic, including support for services that are under-occupied or undeliverable for reasons related to Covid-19. CCPS corresponded with the current committee's predecessor Health & Sport Committee in relation to concerns that the third sector had received only an extremely modest proportion of the overall support made available for social care sustainability. This remains an ongoing concern.

Most recently, financial support to third sector providers for unavoidable under-occupancy or non-delivery has been terminated other than in very limited circumstances; providers were given less than one working hour's notice of the detailed arrangements. We are concerned that evidence from CCPS of the likely impact on providers, and their capacity to maintain service delivery, was disregarded. Given the current system pressures faced by the sector, we find this unacceptable.

We are equally concerned that the third sector may not be able to access the new resources made available to support and expand social care, including care at home.

Ongoing Covid-19 concerns

Whilst third sector providers felt that the 2020 winter plan was a useful document, they found it insufficiently flexible in dealing with unplanned occurrences, including how to handle new Covid-19 outbreaks in services other than care homes. Providers were therefore seeking, from this plan, stronger direction as to how best to engage with Health & Social Care Partnerships and Multi-Disciplinary Team Oversight groups in relation to matters such as Infection Prevention and Control (IPC) requirements in a given social care setting.

Whilst the plan now includes up to date links to Public Health Scotland guidance, the only link to the National Infection Prevention and Control Manual (NIPCM) references the Addendum on Care Homes, and does not consider IPC advice for other settings.

The plan does not signpost contacts or procedures in the event that a provider needs to speak to a HSCP or Oversight Team about any issues not covered in the plan.

Reviewing the plan

Scottish Government has committed to meet with the writing group and review the preparedness plan in March of 2022. This is welcome as providers will be able to provide more detailed feedback as to its usefulness and whether it should continue.