Ensuring safe staffing in social care and the NHS in this Parliament

House of Lords, Oral Question
Wednesday 15 January 2020

About the BMA
The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Safe staffing legislation
New legislation to tackle unsafe staffing is essential to boost staff wellbeing, morale, longevity and productivity. It should mandate safe levels of staffing across all healthcare settings and providers, and put accountability for delivering this safeguard in the Government’s hands.

Delivering this critical safeguard for healthcare staff would improve patient outcomes by relieving doctors and their colleagues from the crippling emotional and physical exhaustion and burnout that is characteristic of unsafe staffing levels – often with extremely serious consequences.

Unsafe staffing levels
We do not have enough healthcare professionals in the UK to meet patient need. In England, there are at least 9,319 FTE (full time equivalent) unfilled medical roles¹ – with a worrying number of posts left vacant for six months or more. The number of qualified FTE GPs has also reduced, by over 1,000 since September 2015², which reflects the ongoing intensity of workload pressures and the changing working patterns of the GP workforce to protect themselves from emotional exhaustion and burnout. There are now 16% less GP partners, 23% more salaried GPs and 74% more locum GPs.

Nine out of 10 doctors responding to a UK-wide BMA survey³ told us that the reality of all these vacancies is that staffing levels are ‘inadequate to deliver quality patient care’.

When short-staffed, the telephone triage queue gets unmanageable, which leads to long delays in patients being called back by doctors and clinicians. This results in frustration, patients attending A&E instead and, occasionally, severe morbidity / mortality issues – GP, urgent care


¹ General Practice Workforce 30 September 2019, NHS Digital (November 2019)
² Future vision for the NHS: all member survey, British Medical Association (2018)
³
vacancy rate). Without significant action, unsafe staffing is expected to escalate exponentially. By 2030, the Nuffield Trust, Health Foundation and King’s Fund have estimated that the gap between supply of, and demand for, staff employed by NHS trusts in England could reach almost 250,000 FTE posts.

Vacancies are directly linked to increased workloads. Members responding to our 2018 UK-wide survey revealed that more than half of them are working significantly beyond their contract hours with only a minority working within the hours they are employed to carry out. The GMC’s 2019 annual stock take of the state of medical education and practice highlighted that, of those surveyed, ‘over a quarter (28%) of doctors reported feeling unable to cope with their workload at least once a week’. These findings are an obvious red flag: the NHS does not have enough staff and is relying on existing staff to shoulder the burden to keep services running – to the detriment of their own health and patient safety.

Persistent unsafe staffing levels leads to:

- Burnout, ill-health, and increased sick leave from unsustainable workloads
- Doctors and other healthcare staff reducing their clinical hours to preserve their wellbeing
- Doctors and other healthcare staff leaving the profession altogether due a variety of factors – feeling they cannot provide the care they believe patients deserve; ill-health or burnout; and poor work-life balance
- Doctors departing the country to practise medicine elsewhere in pursuit of better working conditions
- In the most extreme cases, the work environment created by unsafe staffing has contributed to doctor suicides.

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Government action in this parliament is essential to ensure commissioners and providers can recruit enough staff, now and for the future, to manage the system’s workload more effectively and sustainably.

Safe staffing legislation

Background

- **Scotland**: The issue of unsafe staffing has been recognised in Scotland through the enactment of the *Health and Care (Staffing) (Scotland) Act 2019*. This legislation enshrines in law the accountability and duties of ministers to ensure health and care providers have sufficient staff at all times.
- **Wales**: The *Nurse Staffing Levels (Wales) Act* was introduced in 2016 and, more recently, BMA Wales’ recommendation to incorporate safe staffing measures for all healthcare staff in the Welsh Government’s *Health and Social Care (Quality and Engagement) (Wales) Bill*, currently before the Welsh Assembly, has been endorsed by the Welsh Health and Social Care Committee. They have proposed that the minister make a relevant amendment to the Bill.

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6 *The state of medical education and practice in the UK*, General Medical Council (2019)
Northern Ireland: A lack of government in Stormont in recent years has created a policy vacuum. Health and care staffing issues, however, are no less acute – as highlighted by members of the RCN in Northern Ireland’s decision to take industrial action over the ‘nurse staffing and pay crisis’8. In light of the recently formed power-sharing government, we hope the new executive will tackle unsafe staffing without delay.

Next steps for England
We believe that new legislation, as has been implemented in Scotland and is hopefully on the horizon in Wales – to extend existing safe staffing safeguards for nurses9 – should be introduced in this parliament. It should set out that ministers have ultimate accountability for making sure commissioners and providers can fund and recruit a safe level of staffing in the NHS in England, so that staff can provide the services that patients deserve in reasonable and fair working conditions.

In such a framework, the Government would be made aware of staffing issues and, as such, would be accountable for measures required to prevent persistent instances of unsafe staffing. We believe accountability must lie with ministers in this way because, ultimately, the comprehensive funding required to provide a safe level of staffing is in government’s gift – not the commissioner, not the provider, and certainly not the individual doctor or staff member who cannot, and should not have to, plug the gaps to the extent they are currently forced to do.

Funding cuts to the CAMHS (child and adolescent mental health service) led to reduced staffing overall and the replacement of some experienced clinicians with inexperienced – cheaper – clinicians. The lack of CAMHS inpatient beds in England meant that there was nowhere to admit very ill young people, even when they were not sufficiently or safely supported at home. I raised this with department managers and the clinical director, who shared my concerns with the medical director. Unfortunately, I felt I could not stay well whilst working in such an environment, so I have now left my career in medicine – SAS (staff, associate specialist and specialty) doctor

Under the Scottish safe staffing legislation, introduced last year, concerns from healthcare professionals – like the example above – would be brought to the Scottish Government’s attention through formal reporting and transparent documentation at provider, Health Board, NHS Scotland and parliamentary levels. With this information laid bare, the Scottish Government is accountable for responding to and mitigating the challenges and risks on the ground – meeting the Health and Care (Staffing) (Scotland) Act’s duty on them to ‘provide safe and high-quality services’ and ‘ensure the best health care or (as the case may be) care outcomes for service users’. The BMA believes these guiding principles enshrined in Scottish statute, or very similar, should apply to governments across the UK, not just in Scotland.

The BMA urges the Secretary of State for Health and Social Care to introduce a Bill that pledges an end to unsafe staffing in England. It is the responsibility of government to invest in workforce planning, recruitment, and retention so that every individual can access safe and timely healthcare, wherever that may be. As a direct outcome of this planning, accountability for safe staffing should also lie with government.

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9 Health and Care (Staffing) (Scotland) Act 2019