JUST ANOTHER DAY

24 hours in the NHS – compromised care, staff shortages and serious stress

A survey by UNISON, the UK’s biggest union
Just Another Day

Executive summary

Background
Every day the health service and those working in it face huge pressure to deliver care to the population, irrespective of the time of year. As would be expected, the winter period is when demand on services peaks.

Against a backdrop of an increasing number of vacancies, with staff leaving the health service quicker than they can be recruited\(^1\), and the drop in overseas health workers applying to live and work in the UK, the health service is being stretched beyond the means with which it can cope. Furthermore, the abolition of the student nursing bursary in England has had the reverse effect to the government’s stated aim of increasing student healthcare numbers. In fact, the statistics indicate the change will exacerbate workforce issues.\(^2\)

Objective
This survey’s purpose was to spot-test a typical 24-hour period in the health service. We asked people what work was like on Tuesday 18 September 2018 – an ordinary day with no adverse weather. We looked at what this tells us about the problems and challenges all staff face in the health service before the ‘winter pressure’ period begins.

Survey results – summary (all sectors)

General information
- The survey had over 18,000 responses from staff from all four nations of the UK and was geographically organised according to UNISON’s regional structure.
- The following is a breakdown of the proportions of respondents by region.

<table>
<thead>
<tr>
<th>Region</th>
<th>Proportion</th>
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<tbody>
<tr>
<td>Cymru/Wales</td>
<td>6%</td>
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<tr>
<td>East Midlands</td>
<td>7%</td>
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<tr>
<td>Eastern</td>
<td>5%</td>
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<tr>
<td>Greater London</td>
<td>8%</td>
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<tr>
<td>North West</td>
<td>15%</td>
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<td>Northern Ireland</td>
<td>5%</td>
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<tr>
<td>Northern</td>
<td>7%</td>
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<tr>
<td>Scotland</td>
<td>13%</td>
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<tr>
<td>South East</td>
<td>10%</td>
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<tr>
<td>South West</td>
<td>8%</td>
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<tr>
<td>West Midlands</td>
<td>7%</td>
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<tr>
<td>Yorkshire &amp; Humberside</td>
<td>9%</td>
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</tbody>
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\(^1\) https://www.theguardian.com/society/2018/jan/17/nhs-england-hospital-staffing-one-in-10-nurses-quit-each-year

\(^2\) https://www.nursingtimes.net/news/education/further-decline-in-students-given-place-on-uk-nursing-courses/7025638.article
The three largest groups of respondents by job title/profession were administration/facilities (25%), registered nurse/midwife (22%) and health care assistant/assistant practitioner/support worker (21%).

The overwhelming majority (90%) of respondents worked in the NHS, with the rest working in the care sector, voluntary sector or for contractors delivering NHS services.

Pay
- 56% of respondents reported their annual income was £23,300 or less.
- 29% earn £18,700 or less.

Staff health and wellbeing
- The vast majority of respondents (85%) worked a day shift, with 9% a night shift. The remaining 6% were on an afternoon/evening slot.
- Almost two fifths of respondents (38%) worked longer than their scheduled hours, in many cases unpaid.
- A typical shift for those working in the ambulance service or as a nurse or midwife is 12 hours. It is of great concern that 53% of ambulance staff, and 48% of nurses and midwives, reported working longer than their rostered hours.
- Almost two fifths (38%) of respondents reported having to work longer than their scheduled shift. Of this figure, 24% worked up to two hours longer; a further 12% worked in excess of two hours.
- Almost half of respondents (47%) said they were unable to take all their allocated breaks and 17% were not able to take any at all.
- Nearly one in six (16%) were subjected to violence, aggression and/or verbal abuse during their shift. Of this group, almost one in nine (11%) said they faced violence from a patient/member of the public and the same proportion reported bullying by a colleague, with 78% subjected to verbal abuse from a patient or the public.
- Nearly one in six (16%) reported witnessing violence, aggression and/or verbal abuse.
- Asked to rate their stress levels at work that day on a scale of one to ten, more than half (54%) reported their stress level as six or above.
- A quarter (26%) reported extremely high stress levels (rated eight to ten).

Patient care
- Nearly half of respondents (45%) said there were not enough staff on their shift to deliver safe, dignified and compassionate care. The figure was even higher for particular areas of patient care, including acute inpatients (59%).
- Nearly one in seven (14%) relevant respondents said quality of care to patients that day had been ‘compromised’ (where patients had been failed in terms of safety issues or incident prevention).
- Around 1 in 6 (15%) reported patient safety was either compromised or poor.
- Almost half of respondents (49%) said there were not enough staff on their shift to deliver safe, dignified and compassionate care.
- Nearly half of all respondents (47%) said their workplace used agency staff that day.
- By far the largest employment group covered by agency/bank staff were nurses, accounting for 37%. Healthcare assistants made up 28%, while 12% were in administration. The remaining 23% included various roles such as allied health professionals, ambulance and technical professions.
Students
- One in six (16%) staff were responsible for students, trainees or apprentices on their shift. Of these, almost four in ten (38%) said they were unable to provide the right level of supervision and learning opportunities.
- More than a quarter of students (27%) reported working longer than their shift unpaid.
- More than a third (35%) reported either not being able to take all or any of their breaks.
- More than a third (36%) said there were not enough staff to deliver safe care.
- Around one in five (19%) were subjected to violence, aggression or verbal abuse.
- One in five (18%) of all students who answered the question reported very high stress levels (eight to ten on the scale).

Survey results

Patient safety, care and wellbeing
Staffing shortages across the health service clearly have a direct effect on patients. Almost half of the respondents (45%) said there were not enough staff on their shift to deliver safe, dignified and compassionate care. This was most pronounced in acute inpatients with 59% saying there were too few personnel to deliver the required standard of care. It was also a serious issue for those in mental health (45%), primary care (41%) and community health (36%).

Staff working across all sectors and workplaces provided concerning results when asked to rate quality of care and patient safety. One in seven (14%) rated the quality of care as compromised and one in six (15%) believed patient safety to be compromised. Compromised quality of care was most evident in acute inpatients, reported by 41% of staff, while in mental health, it was reported by 25% of staff. Acute inpatients also drew the highest proportion of staff reporting concerns about patient safety being compromised (18%), while a further 8% rated it as poor.

Staff comments on patient safety
"We were a registered nurse short and two health care assistants short. As a student I had eight of my own patients, three of whom were end-of-life and deteriorating. I needed to support families as well as the patients and, although I completed all essential tasks for my other five patients, I felt that they were a little neglected." Anonymous

"Instead of the four registered nurses we needed, we had just two. Two nurses to look after 26 patients including post-ops who had high needs and epidurals, medical outliers and dementia patients who needed one-to-one care, but we couldn't give it to them. There was one person who was dying but we couldn't get to her quickly enough because the controlled drugs she needed for pain took two nurses to unlock from the cupboard by law and that left the ward without a nurse there. Horrific." Anonymous

"I am an occupational therapist so I am not in the ward numbers. However as a UNISON rep, I am very focused on what happens on the ward I work. For example, the staff numbers are basic, so do not allow for appointments, crisis,1:1 time, indeed any time, other than just to do the basics. There is an accident waiting to happen and no money to ensure patient care and staff safety." Allied health practitioner, Stockport

Health and wellbeing of staff
It is not just patients who are affected by the burdens placed on the health service. Staff working across all sectors are adversely affected by increased demand for services and are
inadequately resourced to meet them. Our findings come from an early autumn day so it raises alarm bells about how staff and services might cope with the sharp increase in demand over the winter.

Almost two in five respondents (38%) reported working longer than their scheduled hours and it is important to note that in many cases this work was unpaid. Almost a quarter of these (24%) worked up to two hours longer than their shift, and one in ten longer than two hours.

The typical shift length of someone working as a nurse/midwife or in the ambulance service is 12 hours. It is of considerable concern that 53% of ambulance service staff and 47% of nurses/midwives reported working longer than their original shifts. The worst affected workplaces were A&E (45%), community (42%) and acute inpatients (41%).

Nearly half (47%) reported being unable to take all their allocated breaks. One in six (17%) said they weren’t able to take any breaks at all.

Inadequate staffing levels are further illustrated by the use of bank and agency staff. Around half the respondents (47%) said their service relied on bank staff on the day of the survey. The majority fill nursing posts (37% of the total), although it is evident that bank/agency staff are used to fill vacancies across all roles. More than a quarter (28%) reported their service used bank/agency to fill healthcare assistant posts and one in eight (12%) reported administrative roles being filled in this way. The remaining 23% fell outside these categories, including roles such as occupational therapists, operating department practitioners and porters.

Violence and aggression
Violence and aggression against staff has become a prevalent issue in recent years and incidents have been increasing year after year. Nearly one in six (16%) were subjected to violence, aggression and/or verbal abuse during their shift. The same proportion (16%) reported witnessing violence, aggression or verbal abuse against colleagues.

The workplaces/wards reporting the highest levels of violence and aggression were: care sector (where 29% were affected), A&E (28%), learning disabilities (26%), mental health (25%) and acute inpatients (22%) – all substantially above the overall average (16%), which is tempered by those staff who do not have direct or frequent contact with patients.

Of those who reported problems, verbal abuse from patients and members of the public accounted for the majority (78%). However, 11% reported bullying from a colleague (which was as high as 18% for staff in children’s services) and 11% reported physical assault by a patient or member of the public.

Stress
Bearing in mind the abuse levels and long shifts, it is understandable that staff also reported high levels of stress during their shift. They were asked to rate between one and ten (ten being ‘very’) how stressed they felt during their shift with nearly seven in ten (68%) reporting their stress level as five or above, and 54% saying six or above. Over a quarter (26%) reported extremely high stress levels (eight to ten).

Students
It is important to note that students, trainees and apprentices will provide the majority of the future workforce and any staff planning for the years to come in the health service will rely on

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3 [https://www.hsj.co.uk/workforce/exclusive-dramatic-rise-in-attacks-on-hospital-staff-/7022150.article](https://www.hsj.co.uk/workforce/exclusive-dramatic-rise-in-attacks-on-hospital-staff-/7022150.article)
this demographic completing their studies and training. Their experiences while on work placements, and the mentorship they receive, can have a great impact on not just their ability to complete their training but their health and wellbeing too.

More than a quarter (27%) of students/apprentices/trainees reported working longer than their rostered shift. Of those students who worked longer, more than one in four (27%) worked up to two hours longer. This to be of huge concern as students are already struggling to make ends meet during their studies as the structure of their course can inhibit them from taking on part-time work to ease the financial burden.

In addition, three in ten reported not being able to take any or all of their breaks, which raises further issues of burnout that could affect retention. More than one in five (18%) student/trainee/apprentices rated their own stress levels as eight or higher (up to ten).

Compounding these issues, many students, trainees and apprentices are not receiving the support they need from their mentors. One in six (16%) of all respondents were responsible for students, trainees and apprentices during their shift.

Of those who had these responsibilities, almost four in ten (38%) indicated they had been unable to give the appropriate level of supervision and learning opportunities. This is a real concern, as those on their training placements over the winter period will find these problems further exacerbated; the consequences of which could extend from not only those on their placements but to patients too.

Taking work home
For many health service staff, their job never really ends and many leave work concerned or worried about the wellbeing of their colleagues, patients and their friends/family. Below is a small sample of comments:

“I worried about the parents of a sick pre-term infant that had passed away today. I had been significantly involved in this infant’s care and treatment. It is always hard after the death of an infant; the unit is always quiet and sombre afterwards.” Advanced neonatal nurse practitioner, Wolverhampton

“I worry for both the physical health and mental wellbeing of most of my colleagues, having to carry out work that can literally have life or death consequences in cramped under-resourced and hectic conditions.” Anonymous

“Many of the folks I see are despairing. All of us here go home and worry at night about the saddest one that day. We all shed tears for our patients and sometimes for each other too.” Registered nurse, Dulwich

“I left work worried about a colleague and their mental health following the death of a service user.” Allied health practitioner, Tiverton

Going the extra mile
Despite the numerous pressures that all those who deliver healthcare services face on a daily basis, their commitment to delivering quality, safe, dignified and compassionate care is unwavering. Many of them go further than is required: staying at work longer, often unpaid, to look after the health and wellbeing of patients and often this goes unreported or unrecognised. We asked survey respondents what they did or what happened on their shift that day that made a positive difference. The following is a small sample of the comments:
“A patient could see me struggling, took my hand and told me how great I had been and how good my care was. That meant so much to me.” Registered nurse, Birmingham

“A patient gave me feedback, saying that I work hard and that I should never give up because they need more mental health students like me.” Anonymous

“A patient I’ve been caring for told me that I had made such a difference by caring for him as he had very low esteem and no confidence. He thanked me for giving him time, understanding and patience. He is now transferring independently from bed to wheelchair, more confident than before and happy to be going home to his wife. Hearing him say that made me feel so good inside, knowing I had helped, with my colleagues, to make such a difference.” Anonymous

“I gave a crying baby a cuddle for 15 minutes, taken out of my break on a night shift, so a tired first-time mummy could close her eyes for a few minutes.” Registered nurse, Accrington

“I dyed an elderly lady’s hair after my shift (not including the hour I stayed late doing extra clinical work).” Registered nurse, Golders Green, London

“I had time to hold a patient’s hand during a procedure which helped both the patient, who was anxious, and the anaesthetist.” Registered nurse, Highbury, London

“I helped a new mother in neo-natal intensive care hold her baby for the first time.” Trainee nursing associate, Manchester

**Conclusion and recommendations**

With each passing year the situation facing staff in the health service becomes increasingly desperate and it is evident that government initiatives are not addressing the fundamental issues facing the service.

Our findings from this year’s survey make for worrying reading. Staffing levels across the whole service continue to be the primary issue, have a detrimental impact on the health and wellbeing of both staff and patients, and are now leading to the withdrawal of services.

The desperate state of staffing is illustrated by the most recent figures for the NHS in England, issued in November 2018. These indicated the service was short of almost 41,000 nurses (nearly 12% of the entire nursing workforce), with the total number of vacancies for all occupations close to 103,000.

The survey results illustrate the consequences of such high levels of understaffing for those staff that remain steadfast in delivering the best quality care possible. High stress levels, increased incidents and reports of violence and aggression, plus compromised patient care and safety. The findings are a foreboding sign for the winter, which is traditionally the most difficult part of the year for the service, and serve to highlight the long-term, systemic factors not being adequately addressed by those with the power to do so.

In response to these findings, UNISON is making the following recommendations:

1. The government must give the NHS the necessary funding to ensure the service can recover from the austerity programme. The current funding pledge is not

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enough to allow the health service to meet patients’ needs, let alone improve services beyond where they are currently.

2. Both England and Northern Ireland must legislate, as Wales and Scotland have, to enforce minimum standards for staffing levels. Furthermore, each of the four countries should extend their legislation to all critical roles and ensure the proper mechanisms are in place to monitor and, where necessary, enforce this legislation.

3. Provide practical, sustainable access routes into healthcare professions, particularly those where vacancies are highest, such as registered nurses. UNISON recommends the introduction of a ‘living bursary scheme’, the abolition of tuition fees in England and funding provision for employers to grow apprenticeship schemes for nursing and other health professions.

4. Ensure continued investment in improving pay and rewards to better attract and retain the staff the health service needs.

5. Work with employers and trade unions to tackle stress and violence and improve the working environment.