

# NHS SAFETY

*Warnings from all sides*

Dr Sylvia Davidson  
and Paul Evans

NHS Support Federation and TUC



## **ACKNOWLEDGEMENTS**

This is a joint publication  
by the TUC and NHS  
Support Federation.

Thanks to UNISON, the Royal  
College of Midwives and the  
CPHVA for helping us to talk to  
staff and develop case histories.

Thanks to Ed Hamilton  
for his work on the video  
and interview process.

The original polling data  
was supplied by YouGov and  
commissioned by the TUC.

# INTRODUCTION

After the Francis report (Feb 2013) the government made clear its intention to change the culture of the NHS towards patient safety. Three years on and the NHS is in the midst of a financial crisis. Many organisations that represent NHS staff are coming forward to highlight fundamental problems with its capacity to meet demand. They are revealing a decline in the standards of care but also worrying concerns about the safety of patients.

Many of these concerns have been communicated by staff to managers throughout NHS organisations and also up the line to central government. However, what is different about 2016 is an unprecedented number of professional bodies, trade unions, think tanks and NHS organisations that have stepped into the public arena to present evidence about the impact of the financial pressure on the NHS.

While it is clear that a huge amount of successful treatment is being delivered, these reports contain repeated warnings about threats to patient safety. The reports through the year were finally echoed by the findings of inspections by the health watchdog, the Care Quality Commission, whose report in October stated:

*“The safety of care is our biggest concern (10 per cent of NHS acute trusts were rated as inadequate for safety). Ensuring consistently safe care remains the single biggest challenge for hospital providers.”*

This report seeks to summarise the warnings about safety and declining performance and explore the link with the financial crisis. It is crucial that the government listens and responds to the powerful evidence and testimony from the frontline of our healthcare system.

*“They are revealing a decline in the standards of care but also worrying concerns about the safety of patients.”*

# EXECUTIVE SUMMARY

## 1 Since the beginning of 2016 there has been an unprecedented series of warnings raising the alarm about the pressures on the NHS.

Among these are 12 reports from professional bodies, trade unions, think tanks and NHS organisations based on the recent experiences of NHS staff and patients. Each report offers evidence about how the huge pressures on services are affecting the standard of care, increasing delays and raising the risks to patients. Reading them leaves little room for doubt about the scale and urgency of the problem and makes this period distinct from any previous crisis in the NHS. And survey findings presented for the first time in this report suggest that the vast majority of NHS staff feel that the squeeze on staffing and resources is putting patient safety at risk, that the situation has worsened over the last five years and that the current crisis is the worst most of them have experienced in their careers in the health service.

## 2 The warnings in these reports about declining quality of care and threats to the safety of patients are explicit and numerous.

The Royal College of Physicians identified that 20 per cent of consultants felt that understaffing was frequently affecting patient safety. The Royal College of

Midwives' research revealed that 40 per cent of maternity units are having to close temporarily because they cannot cope with demand.

A BMA survey found that many junior doctors with little specialist experience are having to take responsibility for entire wards of patients, such as intensive care, stroke and surgical units. In October 2016, the Royal College of Nursing survey of mental health nurses concluded that the rationing of care and the shortage of beds was so bad that young people risk harming or killing themselves.

Since the beginning of 2016 the following organisations have all issued warnings, supported by evidence from NHS staff, about threats to patient care:

- The Royal College of Physicians
- Royal College of Radiologists
- Royal College of Anaesthetists
- UNISON
- British Medical Association
- Royal College of Midwives
- NHS Providers
- Royal College of Paediatrics and Child Health
- Royal College of Nursing
- Royal College of GPs
- The King's Fund
- Community Practitioners and Health Visitors Association
- the government's own taskforce on mental health
- the Children's Commissioner for England
- Health Select Committee.

## 3 The situation is complex but it is clear that a chronic lack of staffing is affecting hospital, GP and community healthcare settings. It is now common for health organisations to report that staffing is below the recommended safe levels.

In just the last few months The Royal College of Physicians, Royal College of Anaesthetists, Royal College of Paediatrics and Child Health and the British Medical Association all reported widespread problems with rota gaps—where shifts start with too few staff.

UNISON, The Royal College of Midwives and the Royal College of Nursing have all reported staff fears about understaffing and how they view these as “unsafe”.

In community healthcare the number of district nurses and health visitors has been falling, while GP staffing levels are virtually static.

Lack of staff is also causing temporary closures of maternity and A&E units. The declining performance figures for the NHS through 2016 reflect the problem of lack of staff. More than 10,000 patients waited at least two hours before handover from an ambulance to a casualty unit in 2015/16 – a five-fold rise in just two years. The Royal College of Emergency Medicine warned “the risks to patients aren't acceptable.”

**4 There are worrying indications that the financial crisis is preventing NHS organisations from reaching safe levels of staffing and addressing safety concerns.**

The paybill (cost of employees) of each trust has come under close scrutiny in 2016 and NHS Improvement has targeted this for control or reduction. Jim MacKey, CEO of NHS Improvement, noted in an interview in July 2016 with the *Health Service Journal* that "trusts exceeding the ratio of one nurse to every eight patients could be told 'we can't afford that.'" There was a strong hint that finances should take precedence over safety.

The launch of the sustainability and transformation process seeks to deal with the financial crisis by reorganising care and finding new ways of working. One of the key goals of Sustainability and Transformation Plans is to return all of the newly formed 44 footprints to financial surplus. This has led to widespread speculation about the necessity for further cuts to services.

"Some areas are focusing on plans to reorganise acute hospital services, despite evidence that major reconfigurations of hospital services rarely save money and do not necessarily improve care," says Chris Ham, chief executive of the King's Fund think tank.

STPs released in October 2016 by four councils show that hospital organisation is definitely part of the process, as are A&E closures.

**5 Low funding increases from the government leads to short-term fixes that ultimately will increase the cost of healthcare.**

In 2015, almost all radiology departments were unable to meet scan and X-ray reporting demands and were relying on expensive short-term fixes. As a result, in 2015 the NHS spent £88.2m on outsourcing radiology reporting, up 51 per cent on 2014. The Royal College of Radiologists noted that this amount of money could have paid for over 1,000 full-time consultant radiologists.

The CPVA and 10 other organisations wrote to *The Times* to highlight the false economy of cuts to health visiting posts. In health care terms "any money saved by reducing health visitors would simply be eclipsed by the resulting added pressure on the NHS."

Health economist Anita Charlesworth has pointed out that the government has not increased all parts of the health budget. Her analysis was confirmed by a report by the Health Select Committee. Some areas will experience large cuts. Junior doctor training, health visiting, sexual health and vaccinations face real terms reductions of 20 per cent by 2020/21. The MPs report concluded that "cuts to public health were a false economy".

**6 Too many staff feel that they are not listened to when they raise concerns.**

UNISON found that over half of respondents to its survey of nursing staff didn't feel confident about raising a concern at work.

One midwife, cited in a report by their Royal College, said, "It was not safe to look after 15 mums and babies on a postnatal ward by one midwife. We were not listened to when we raised issues over staffing and safety."

In its report on the Royal Sussex County Hospital the CQC stated: "Inspectors found that staff remained afraid to speak up or share concerns in case of repercussions."

# RECOMMENDATIONS

The government must release the financial pressure on the service by urgently raising funding and reducing the demands for savings.

The government should:

## 1 Give the NHS an urgent funding boost, to help bridge the recognised £30bn funding gap before 2020/21

Research shows the NHS needs rises of around 4 per cent a year. This should be the starting point for planning around funding. A comparison with other EU countries suggests that funding rises of this magnitude should be affordable for the world's fifth largest economy. Health economist John Appleby calculated that raising funding to the average in Europe (EU-15) would bring in an extra £43bn by 2020/21.

## 2 Lessen the pressure on the whole NHS for unrealistic efficiency savings, which are causing problems for patients and cuts to services

The government must acknowledge that the funding plan described in the Five Year Forward View is now unworkable. The government has hugely underfunded the NHS and relied upon it to make up the lion's share of what's needed through budget cuts and savings. While some efficiencies can no doubt be found it is clear that the scale of the capacity problems means that a new funding plan needs to be urgently drawn up.

The situation is exacerbated by the fact that in the current five-year funding plan money was front loaded and so the next two to three years will see the NHS trying to survive on far smaller rises – dropping from 3.8 per cent this year to 1.4 per cent next year and 0.3 per cent in 2018–19, while demand rises by at least 4 per cent a year.

The financial pressure means that the sustainability and transformation process will be dominated by the pursuit of financial targets and will not focus on improving the delivery of care. Much of the money allocated for transformation has already been spent on relieving debts.

## 3 Set out a long-term settlement for the NHS and social care

A commitment of public funding that will improve planning and give these services the chance to work together and build capacity for the future. The two sectors need to work in an integrated way, which means a single budget and planning process. The Barker review proved the need for a public discussion and that affordable solutions can be found. This issue must be now be confronted by government.

## 4 Invest in NHS staff who are the heart of the NHS

Through safer staffing levels, pay, training and recruitment and retention. Chronic staffing problems are strongly linked to the underfunding of the service and this has undermined proper planning.

In April a report by the Health Foundation, *Staffing Matters: Funding Counts*, recommended that "In the short term there is a pressing need to address current and looming staff shortages", but they also point out that short-term fixes must be accompanied by a long-term strategy which more effectively links staff planning with adequate funding.

## 5 Spend public funds wisely

By restoring the benefits of a collaborative NHS and limiting the waste of PFI and marketisation.

# WARNINGS FROM ACROSS THE NHS

## TUC SURVEY OF NHS WORKERS

In October 2016, the TUC commissioned YouGov to survey NHS workers across England to find out from staff at the frontline what the impact of NHS finances is having on clinical standards and patient safety.

The responses we received gave a very strong message.

- 7 in 10 (69 per cent) NHS workers said that reductions in staffing and resources are putting patient care at risk.
- 9 in 10 (88 per cent) NHS staff believe the health service is under more pressure now than at any time in their working lives.

- Three-quarters (77 per cent) of NHS workers think resources and staffing in the NHS have gone down in the past five years
- Two-thirds (60 per cent) of NHS staff say their employer has cut patient services to make financial savings.

The poll surveyed 510 clinical and non-clinical staff employed by NHS providers across England.

Responses to our survey questions were as follows:

**Question 1: Over the past five years, do you think the staff and resourcing in the NHS has...?**

Responses	per cent of staff surveyed
Gone up, there is greater access to resources and more staff now compared with five years ago	6
Stayed the same, there is similar access to resources and levels of staff now compared with five years ago	13
Gone down, there is less access to resources and fewer staff now compared with five years ago	77
Don't know	4

**Question 2: Would you say this reduction in resources and staffing has or has not put the quality of patient care and clinical standards at risk due?** (only asked of those responding 'gone down' in previous question)

Responses	per cent of staff surveyed
Has put the quality of patient care and clinical standards at risk	90
Has NOT put the quality of patient care and clinical standards at risk	7
Don't know	3

**Question 3: In the last five years, has your employer cut or restricted services to patients in order to make financial savings?**

Responses	per cent of staff surveyed
Yes, they have	60
No, they have not	22
Don't know	17

**Question 4: Thinking about the pressures the NHS is under compared with your previous experience working in the NHS, which of these statements comes closer to your view?**

Responses	per cent of staff surveyed
The NHS is currently under more pressure than I can remember in my time working for the NHS	88
The NHS is currently under a lot of pressure but I can remember times when it was worse	6
The NHS is not currently under much pressure but I can remember when it was better	2
The NHS is currently under the least pressure that I can remember in my time working for the NHS	0
Don't know	4



## HOSPITALS

### Royal College of Physicians

In 2016 the Royal College of Physicians has been highly active highlighting how the underfunding of the NHS has led to a situation of chronic understaffing, which has implications for patient safety. In February 2016, the college published the results of its census of consultant physicians. Of major concern for consultants was the issue of rota gaps – where there are too few doctors to cover every shift in hospital units.<sup>1</sup>

Rota gaps were reported by one-fifth of consultants as, “frequent, such that they cause significant problems for patient safety”. There were more reports of this problem from consultants in acute or general medicine (28 per cent). What is also evident from the census is that the NHS workforce is very adept at working around the problem of understaffing: a further 48 per cent stated that rota gaps happened “often, but usually with a workaround solution so that patient safety is not compromised”.

In September 2016, the College produced a damning report on the state of the NHS workforce in England’s hospitals – *Underfunded, Underdoctored and Overstretched: The NHS in 2016* – that pulled no punches in its messages.<sup>2</sup>

The document highlighted several red flags for patient safety, including longer waits, delays leaving hospitals, rationing of care and the temporary closure of hospital wards and noted that “these conditions put patient safety and recovery at risk every day.”

As well as the issue of rota gaps, the report highlighted the issue of staff morale and well-being, which is inextricably linked to the patients’ experience of the NHS and patient safety: “when NHS staff wellbeing suffers, patient safety and experience suffer too: 95 per cent of doctors-in-training report that poor staff morale has a negative impact on patient safety in their hospital”.

### Royal College of Radiologists

The report, *Diagnostic Radiology: Our patients are still waiting*, from The Royal College of Radiologists (RCR) published in February 2016, found that a very large numbers of patients in England are still waiting over a month for the results of scans and X-rays. In numbers, over 230,000 patients are waiting more than a month for test results and 12,000 of these patients are waiting for results of CT or MRI scans. Many of these tests will have been carried out to detect or monitor cancer and delays can have major implications on the patients’ outcomes.<sup>3,4</sup>

Dr Giles Maskell, RCR President said: “Early diagnosis of serious medical conditions such as cancer is vital so that patients have the best chance of cure. Any delay caused by the shortage of radiologists can lead to worse outcomes for patients.”

A workforce census from the College based on 2015 data provided further evidence that NHS radiology services are under immense strain. For the third year in a row, the census shows that radiologist numbers are failing to keep pace with the increases in demand for scans and X-rays.<sup>5</sup>

In 2015, almost all radiology departments were unable to meet scan and X-ray reporting demands and were relying on expensive short-term fixes. As a result, in 2015 the NHS spent £88.2m on outsourcing radiology reporting, up 51 per cent on 2014. The College noted that this amount of money could have paid for over 1,000 full-time consultant radiologists.

The situation is now impacting on patient safety, according to the College. Speaking about the census findings Dr Giles Maskell, RCR President said: “These latest findings show that our services are on their knees and there is currently no light at the end of the tunnel. Without immediate measures to alleviate the pressures, patients will wait even longer for the results of their X-rays and scans. Diseases such as cancer may go undiagnosed or get worse and become untreatable and

patients will endure long periods of unnecessary anxiety.”

### Royal College of Anaesthetists

The problem of understaffing and its knock-on effect on patient safety was highlighted by the annual workforce census from the Royal College of Anaesthetists (RCoA). The census in question covered 2015 but the College noted that the situation is likely to deteriorate further unless the problem of lack of consultant anaesthetists is addressed.<sup>6</sup>

Of major concern was the frequency of rota gaps – too few anaesthetists to cover the shifts: in 2015, 89 per cent of England’s anaesthesia departments had to cover gaps in trainee/specialty doctor rotas more frequently than once a week. The situation is worse in Northern Ireland (100 per cent) and in Wales (92 per cent), but much better in Scotland (35 per cent). There were also high levels of vacant posts – across the UK, 329 (4.4 per cent) of consultant and 223 (11 per cent) specialty Trust-grade posts were vacant during 2015.

Dr Paul Spargo, lead author of the College’s census, commented: “The RCoA has consistently identified and reported the worrying state of NHS workforce shortages. Not only will low staffing levels perpetuate rota gaps and prevent hospitals from meeting growing patient need, but will also adversely impact on the recruitment, training,

## JOE JUNIOR DOCTOR

“The staff crisis is going to worsen and invariably this is going to mean increased waiting time and it’s true that levels of care will deteriorate, because you do need the human resources to deliver the care.”

“As a junior doctor I’m finding that the cover, particularly on the wards and out of hours and on call, is dwindling and there are gaps in the rotas.”

“For trainee [doctors], there’s not enough training but there’s not enough money to bring in other junior doctors who can cover... there are holes [in rotas] everywhere, and what that leads to is a stretched service, and more tired and more stretched junior doctors that can’t perform the job that they want to do in the first place. It’s not just the junior doctors, it’s the nursing staff, and HCAs – there are constantly gaps [in rotas].”

“I absolutely love my job and I want to be doing it for the rest of my life... but I think that doctor morale is at an all-time low. This leads to a strain on the services because we are totally stretched and are unable to perform the jobs we love so much. There is just not enough in the way of financial support from the government and they are fully relying on the goodwill of the medical profession and I’m afraid at some point that’s going to come to breaking point.”

wellbeing and morale of all anaesthetists and ultimately compromise patient safety.”

### Royal College of Paediatrics and Child Health

A workforce survey from the Royal College of Paediatrics and Child Health found a high prevalence of rota gaps, with consultants increasingly providing unplanned cover as well as covering their own roles. The College noted that as more than half of paediatric units are not meeting recommended

staffing standards then there is potentially an issue of patient safety.<sup>7</sup>

In August 2016 emergency services for children at Stafford hospital were suspended due to concerns that the unit was not clinically safe for anyone under 18 due to a lack of specialist paediatric staff, and United Lincolnshire Hospitals Trust announced plans to close the A&E department at Grantham and District Hospital at night as a result of concerns over the safety of the unit due to staff shortages.<sup>8,9</sup>

## Royal College of Nursing

The Francis report in 2013, which highlighted the need for safe staffing levels, led to the National Institute for Clinical Excellence (NICE) producing guidance on patient-to-staff ratios for acute wards and maternity. The 1:8 nurse-to-patient ratio was included in NICE guidance after research showed that it was the level at which harm started to occur to patients.

NICE continued to work on guidance for maternity and A&E, however by late 2015, the government and NHS England had halted the work. NICE was due to publish completed guidance for accident and emergency departments in late 2015, in the end this guidance was leaked in January 2016, recommending a minimum nurse to patient ratio.

The work was moved to NHS Improvement from NICE, but by June 2016, it was clear that further guidance on safe staffing levels was unlikely. In a *Nursing Times* article, NHS Improvement, was accused of "undermining and dismantling" official safe staffing guidance.<sup>10</sup>

Janet Davies, chief executive and general secretary of the Royal College of Nursing (RCN), said to the *Nursing Times*: "Given the unprecedented pressures on budgets in health and social care the need for clear guidance on patient safety is more critical than ever. There is a danger that some of

the key lessons of the Francis report may be forgotten, and short-term financial targets will again take priority. This can only have a negative impact on staffing levels and patient care."

Just a month later in July 2016, Jim MacKey, CEO of NHS Improvement, noted in an interview with the HSJ that "trusts exceeding the ratio of one nurse to every eight patients could be told 'we can't afford that.' There was a strong hint that finances should take precedence over safety."<sup>11</sup>

Janet Davies responding to MacKey's comments said: "This gives completely the wrong message to trusts, whose boards are responsible for the care, treatment and safety of their patients, by suggesting that finances are more important than patient care. These comments are seriously worrying and particularly disappointing as the RCN has been working in partnership with NHS Improvement on the National Quality Board safe staffing guidance refresh.... These comments risk a return to the days before the Francis report. We mustn't repeat the mistakes of the past, when staff could not properly care for patients because of financially driven cuts. Staff, patients and their families must never again be put in that position."<sup>12</sup>

## UNISON

In April 2016, a survey by UNISON of its members, primarily nurses and healthcare assistants, found that there was little evidence that any of the published guidance for safe nurse:patient numbers was actually being adhered to by trusts and its members were concerned over patient safety: 71 per cent of respondents were worried that staffing levels would get worse and patient safety would suffer as a result of the NICE work on staffing levels being stopped.<sup>13</sup>

The survey, a snapshot of staffing on the 9 February 2016, also found that 75 per cent of A&E nurses said their shift did not meet the NICE-recommended ratio (unpublished) of at least two registered nurses to one trauma patient and the same proportion said they did not meet the recommendation of at least one registered nurse to one priority ambulance patient.

Across all ward types, 55 per cent of respondents said they had cared for eight or more patients on the day of the survey, increasing to 70 per cent of staff who worked the night shift. The NICE recommended nurse:patient ratio is a maximum of one nurse to eight patients.

Over half (52.3 per cent) of respondents felt that they were not confident about raising a concern at work, "which in a post Francis era is deeply worrying."

## The British Medical Association

Lack of staff and the issue of gaps in hospital rotas was the focus of the Mind the Rota Gap report. The investigation, carried out by a junior doctor in association with the BMA, questioned junior doctors about the frequency of rota gaps and how these gaps were covered. The report found that 18 per cent of the doctors reported that existing teams were asked to cover the workload due to gaps in the rota and 21 per cent of the doctors reported that no effort at all had been made to cover the gaps in the rota.<sup>14</sup>

It was also worrying to read the personal statements accompanying the replies to the survey. These statements, seen by *The Observer*, told of a chronic shortage of doctors which meant that many junior doctors with little specialist experience had to take responsibility for entire wards of patients, such as intensive care, and stroke and surgical units or for patients with complex issues. The statements also told of doctors being pressured by managers to work more shifts to cover the gaps in the rotas.<sup>15</sup>

Examples cited in *The Observer* article include a doctor in his first year of training being left as the only doctor in charge of more than 100 surgical patients overnight and a registrar in elderly care being the only medical doctor covering emergencies and cardiac

**CHRISTINE** REGISTERED GENERAL NURSE

"At the moment I've got six trained staff leaving the unit, so that's six trained nurses leaving at once. We don't have anybody to replace them. So what we do is struggle on."

"What we need is adequate staffing. We don't have adequate staffing. We have [a ratio] of 1:10 patients quite normally in a day. But because we are an acute area, we can have unstable patients, we have patients on non-invasive life support, or patients can be on ventilation. I might have someone with dementia, who is wandering and confused, someone may have mental health problems and at risk of suicide or self-harm. I have, on the very rare occasion, had all [those types of patients] on the one shift and I am on my own with one HCA. So I'm expected to answer the buzzer and do the 11 pages plus of paperwork [needed for each patient]. Which is quite impossible."

arrests in the whole hospital, plus medical admissions and referrals from A&E [and] GPs.

### NHS Providers

In October 2016, Chris Hopson, CEO of NHS Providers, joined in the chorus of concern about the state of the NHS. He gave a stark warning in an article in *The Guardian*: "It is now time for our national health chiefs and political leaders to acknowledge publicly that the NHS can no longer deliver what is being asked of it for the funding available." Adding that "despite the best efforts of hard-working staff, hospital accident and emergency performance is now the worst it has ever been."<sup>16</sup>

He noted the "unprecedented staff shortages, including nurses, key specialists, GPs and emergency doctors.

These have led to closures of A&E departments and other services, unsustainable pressure on GPs and, in 2015–16, an unaffordable extra £3.6bn agency staff bill."

### Royal College of Surgeons

The release of the NHS performance data for July 2016 prompted Claire Marx, president of the Royal College of Surgeons, to say that the NHS has entered "the perpetual winter of Narnia".<sup>17,18</sup>

In July 2016, almost 3.9 million patients were waiting elective surgeries, such as cataract removals, hernia repairs and hip and knee replacements. Marx said: "We cannot forget that behind these statistics are potentially very ill and anxious patients who are being made to wait far too long for treatment.

This is the true impact of the serious financial pressure we've seen the NHS come under in recent months."

The NHS also missed targets covering A&E, ambulance response times, diagnostic tests, two forms of cancer treatment and rapid first treatment for those experiencing psychosis for the first time.

### **Royal College of Emergency Medicine**

Hospital accident and emergency wards are in crisis as the supply of doctors fails to keep pace with demand for them in A&E departments. This warning from the Royal College of Emergency Medicine came in August as an A&E department in the East Midlands announced it will have to temporarily close its doors at night due to a shortage of emergency doctors.<sup>19</sup>

Earlier in the year in April 2016, the Lancashire Teaching Hospitals Foundation Trust had to close its Chorley A&E at night and just run it as an urgent care centre from 8am to 8pm due to a lack of staff. The trust had only half the middle grade doctors it needs to staff its two A&E departments in Preston and Chorley.<sup>20</sup>

Problems recruiting A&E consultants has led Scarborough Hospital, run by York Teaching Hospital Foundation Trust, to consider running an A&E department without consultants in order for its service to be sustainable.<sup>21</sup>

The College was reported to be concerned over the proposal, describing it as a "highly risky strategy".<sup>22</sup>

The announcement of the potential closure of Grantham's A&E in August 2016 prompted Clifford Mann, college president, to say: "As well as potentially putting patient safety at risk, placing an ever-increasing workload on overstretched staff can create a vicious circle in retention and recruitment with many overworked trainees simply choosing to leave the country or indeed the specialty altogether."

A statement from the College noted that its STEP campaign had warned of the need to address the issue of staff recruitment and retention for three years.

To rebuild the Emergency Medicine service in England the College is calling for four steps to be taken (the STEP campaign):<sup>23</sup>

- 1 Safe and sustainable staffing levels must be achieved.
- 2 Tariffs and funding must be fair and effective.
- 3 Exit block and overcrowding must be tackled.
- 4 Primary care facilities must be co-located with A&E services.

A *Telegraph* article in October 2016 noted that more than 10,000 patients waited at least two hours before handover to a casualty unit in 2015/16 – a five-fold rise in just two years.<sup>24</sup>

An investigation by *The Telegraph* found record waits in casualty units, with patients spending up to nine hours in parked ambulances or with paramedics in hospital corridors before being seen by a doctor or nurse.

Commenting on *The Telegraph* investigation, Dr Chris Moulton, Vice President of the Royal College of Emergency Medicine, said the safety of patients was at increasing risk, because of the numbers of ambulances being forced off the roads.

"There are safety risks to those patients, because they aren't getting proper care, and there are wider safety risks to all those patients in need of an ambulance, who are forced to wait longer," he said, calling for extra funding, and an increase in the number of hospital beds across the NHS.

## Royal College of Midwives

The NHS has a chronic shortage of staff and a high rate of midwives leaving the service. A study by the Royal College of Midwives (RCM) found that midwives were driven away from the NHS by excessive workloads and poor staffing levels, with many citing fears over safety as an issue.<sup>25,26</sup>

One midwife cited in the report said, "It was not safe to look after 15 mums and babies on a postnatal ward by one midwife. We were not listened to when we raised issues over staffing and safety". Another who left more than six months ago said, "I felt scared with the care I was able to deliver. I was left in a dangerous position on many occasions due to a lack of staff and a lack of support from managers when escalating concerns."

The influential Heads of Midwifery survey out in October 2016 highlighted the ongoing pressure the service was under, with almost 40 per cent of maternity units having to close temporarily because they could not cope with demand.<sup>27</sup>

The average number of times units had to close increased from five in the previous year to eight in 2016, with one unit closing 50 times in the year. The closure reflected reduced staffing levels and an increase in complex births, according to the College, with 93 per cent of heads of midwifery said they were

dealing with more complex cases than the previous year.

However, despite the increase in complex births, the budgets of almost a fifth of the units had decreased from the previous year. Almost two fifths of heads of midwifery said they were short-staffed and could not cope with the demands on the service: this is a significant increase on the previous year, when 29 per cent said they did not have enough staff.

Recruitment is a major issue, with almost 80 per cent of heads of midwifery reporting vacancies in their unit. More than 80 per cent of those surveyed said they had to redeploy staff to cover essential services either very or fairly often: this has a knock-on effect on antenatal and community care services, said the RCM.

RCM chief executive Cathy Warwick said: "Yet again we are seeing senior midwives describing services that are being battered by increasing demands, inadequate resources and staffing shortages. It is very often only through the hard work, goodwill and sacrifice of maternity staff that services are able to deliver the safe and high quality care women need."

## PRIMARY CARE

### Royal College of GPs

While the hospital specialities weighed into the debate around staff shortages, the problems in primary care that have been highlighted by GPs for some years continued to escalate in 2016. The Royal College of GPs (RCGP) warned that by 2020 the UK will face a shortfall of nearly 10,000 GPs, with one in 15 practices closing. The College warned that patient safety will be at risk unless this massive shortfall of GPs is addressed.<sup>28,29</sup>

A shortage of GPs can have serious consequences for patient safety; NHS Doncaster CCG's out-of-hours provider, FCMS, admitted in September 2016 that it was covering 300,000 patients overnight often without a single GP on the rota. Twice the provider admitted that there was not even a GP on call. GP leaders in the area told *Pulse* that this was an "appalling situation" that was a "patient-safety critical incident".<sup>30</sup>

In April 2016 GP leaders in London declared a "state of emergency" due to a chronic shortage of GPs, with a third of practices missing at least one.<sup>31</sup>

The number of GPs in England rose by just 108 last year despite the government's high-profile pledge to expand the family doctor workforce by 5,000 by 2020. There were 41,985 of them this September, compared with 41,877 in September 2015.<sup>32</sup>

In October 2016 Chair of the RCGP, Dr Maureen Baker, responding to the publication of the CQC's State of Care report said: "The biggest threat to patient safety is tired doctors: GPs, and other members of the general practice team, who are worn out as a result of trying to manage rocketing patient demand as our service carries out 1.3 million patient consultations every day, against a backdrop of a decade of dwindling resources."<sup>33</sup>

The dire situation in primary care has been known about for some time: in June 2015 an emergency fund of £10m was announced to help vulnerable struggling GP practices – the "vulnerable practices fund". By October 2016, however, an investigation by *Pulse* found that barely any of this fund had reached practices, indeed the investigation found that very few NHS managers had even decided who was to have the funding. Meanwhile, practices continue to close, with reports in August/September of three to close in Southampton, one in Oxfordshire and another in Hartlepool.<sup>34</sup>

## LOUISE IRVINE GP

"We've cut the number of district nurses. We've lost all our community matrons. There are going to be cuts to the health visitor numbers in Lewisham. In Bromley they are going to abolish school nursing altogether. In Southwark they are making big cuts to health visiting."

"For the first time ever we had to wait an hour for a patient. It was a blue light call made from our health centre. I've been a GP for over 20 years and we don't make many blue light calls, but when we do for somebody with an acute breathing problem or chest pain, then the ambulance used to come within eight minutes. Now this was a man with very severe abdominal pain. He was deprioritised, they've split blue light into two grades now. The top one is chest pain, the next one is less acute and because of that for some reason he ended up lying in agony in our health centre for an hour. When the ambulance crew came they were really apologetic, they said they were so so busy there was no way they could get there in time for him. That's a big change. I haven't seen that before."

"It is up to the people in the NHS and others who are aware of what is going on to sound the warning siren – this is coming. Do we wait until the house topples over the cliff and then say 'we were right, told you so' or do we say look at what is happening? Look at the rate it is eroding. I think that we say it's happening now."

"Staff are working flat out and mistakes are already happening. I think care is already declining in quality. I think staff are overstretched – they make mistakes, there are delays in necessary care and they don't have the time to talk, listen or explain. The emotional support that patients who are sick need – that gets cut. I do think we are seeing damage now, and unless we talk about it we won't be able to do anything about it. We need to be honest about what's happening. Its not scaremongering – to warn about what the direction of travel is, its not scaremongering. Its responsible."

## COMMUNITY CARE

### The King's Fund

Research into district nursing services by The King's Fund published in September 2016 – *Understanding Quality in District Nursing Services* – found that the services were in “crisis”. All three services analysed in the report had experienced “dramatic” increases in patient numbers and the complexity of their conditions. The report presented evidence that this gap between demand and capacity is having a detrimental effect on staff wellbeing and on the quality and safety of care for patients.<sup>35</sup>

Many interviewees for the report suggested that a number of aspects of the quality of care have deteriorated in recent months and years due to increasing pressures on district nursing services and several interviewees expressed concern over patient safety.

Kathryn Yate, RCN Professional Lead for Primary and Community Care said: “It’s two years since the RCN warned that the district nurse role was in danger of extinction, yet the situation is at least as bad today. District nurses and their teams are being stretched to the point where quality is at risk – and there is no sign that the rise in demand will abate.”<sup>36</sup>

### Royal College of Nursing

A report by the College in October 2016 – *Unheeded Warnings: Healthcare in crisis* – found that community health nursing has seen a 12 per cent drop overall in full-time equivalent staffing numbers since September 2009. The Health Visitor Implementation Plan 2011–15 produced a large increase in the number of health visitors, but this has fallen since the end of the programme. In fact the number of district nurses has been falling since 2009 as those being trained didn’t make up for those leaving or retiring. Since 2009 the number of district nurses has dropped by 41 per cent. The number of full-time equivalent district nurses fell by 13.6 per cent from March 2014–2016.<sup>37</sup>

The numbers are unlikely to increase any time soon as an October 2016 assessment of training places for pre-registration and post-registration courses, including health visitors and district nurses, produced by Health Education England, found that more than 700 places were still unfilled in the 2015/16 academic year.<sup>38</sup>

The report found that almost a third of school nursing course places, 15 per cent of health visitor training spaces, 12 per cent of district nursing course places, and almost 10 per cent in learning disability nursing student places were unfilled.

In August 2016 the RCN warned that the falling numbers of school nurses could put vulnerable children at risk of exploitation and abuse. The NHS workforce statistics show that the number of school nurse positions had fallen by 13 per cent since 2010.<sup>39</sup>

### Community Practitioners and Health Visitors Association

A survey conducted by the CPHVA, part of the Unite union, concluded that health visiting has a demoralised, stressed-out workforce doing lots of unpaid overtime and facing cuts to the profession – at a time when their skills are needed more than ever. Workforce figures show that the number of health visitors has fallen since the beginning of 2016, with a significant drop of 433 posts between March and April.<sup>40</sup>

A letter to *The Times* signed by 11 organisations, including the CPHVA, the Royal College of Paediatrics and Child Health, the Queen’s Nursing Institute and the National Children’s Bureau, said: “The loss of health visitor posts could have irredeemable consequences for children and families, while stunting the progress of several key government priorities; from reducing the dangerous levels of obesity and mental health issues – in children and adults – to promoting social inclusion. Any money saved by reducing health visitors would simply be eclipsed by the resulting added pressure on the NHS.”



## CLAIRE JONES HEALTH VISITOR AND REGISTERED GENERAL NURSE

"It feels really hard and it's very depressing working with staff that are so demoralised. Most staff come into the NHS because they passionately believe in a public service. That is still there. All the staff in the NHS want to do their best for their clients."

"We've seen health visitor posts not filled and we've seen some of the posts filled by community nursery nurses. Now as good as those community nursery nurses are, it means a dilution of the services and [of the] skills and the expertise going out to parents. There are concerns among health visitors about obvious things [being missed] – developmental delay in children, global delay, speech and language delay, health issues around children's diet, issues as well about the strength of the bonding and attachment between mothers and babies and that is so important for future health and wellbeing."

"In community children's services and health visiting we take a health promotion and preventative approach and to see that being undermined by the current cuts in public health is very depressing for workers. And then seeing really skilled people, all those years of experience, feeling they have no option but to leave is very sad, very sad."

## MENTAL HEALTH

Underfunding of mental health services, and child and adolescent mental health services (Camhs) in particular, has been an issue for many years. In April 2014 *Pulse* revealed that many CCGs had cut funding for Camhs. This was followed in November 2014 by a damning select committee report on the state of Camhs.<sup>41,42</sup>

As a result, in March 2015 government ministers promised £1.25bn extra investment in mental health services. Campaigners expected £250m to be made available this year, however the Department of Health said in August that only £143m would be spent, as providers did not have the capacity to spend any more. Then in July 2016 £3.97bn over five years was promised.<sup>43,44</sup>

### The government

In February 2016, the *Five Year Forward View for Mental Health* report was leaked to *The Guardian*. It showed that despite promises of reform and the promise of extra funding the situation for mental health services is truly shocking. The report was produced by the government's own taskforce overseen by Paul Farmer, chief executive of the mental health charity Mind. The report noted: "Many people struggle to get the right help at the right time, and evidence-based care is underfunded," and that "the human cost is

unacceptable and the financial cost is unaffordable."<sup>45</sup>

Some headlines from the report:

- Suicide in England is now rising "following many years of decline", with 4,477 people killing themselves in an average year.
- There has been a 10 per cent increase in the number of people sectioned under the Mental Health Act over the past year, suggesting the needs of the sick are not being met early enough.
- In some parts of the country, more than 10 per cent of children seeking help are having appointments with specialists cancelled as a result of staff shortages.

The report showed that the government's promised funding has had little impact on the state of the service.

### **Mental Health Network**

By early 2016 it was unclear where the promised investment in 2014/15 had actually gone. In March 2016, The Mental Health Network, part of the NHS Confederation that speaks for NHS funded mental health and learning disability service providers in England, noted that some mental health trusts in England had seen "no significant investment" in psychiatric services for children. It was noted that in certain areas some services were

## **BEN JACKSON** COMMUNITY OCCUPATIONAL THERAPIST

"I had a service user who waited 15 hours and just got sent home. This is someone with schizophrenia, hearing voices, in major distress, just couldn't get a service. It's just inhumane and we need to do something about it"

"We haven't got enough beds across Manchester....and we have people from Manchester being ferried to Northumbria, and down to Plymouth and Exeter. This is hundreds of miles away from their next-of-kin when they are trying to recover and get well – and that is inhumane."

"[The staff] are essentially been asking to do more and more work with less and less staff. The services are constantly looking to save money and that seems to be the management imperative – just to save the money – whereas the staff are conflicted because they are trying to deliver a professional quality service, an ethical service under various codes. [The staff] are in distress because they are in conflict as they know that they are often not able to provide an adequate service and this is a major ethical conflict for a lot of professional staff whether it be social workers, occupational therapists, CPNs or inpatient nurses."

"Everything is strained to the limit... it is not acceptable, so the commissioners and the decisions makers need to have a long think about mental health and proper funding."

actually being cut. The Mental Health Network suspects that the £143m in funding has been used to support other NHS services.<sup>46</sup>

### **CentreForum**

In April 2016, research by the think tank the CentreForum showed that mental health services turn away nearly a quarter of children and young people who turn to them for help. The CentreForum's report *Children and Young People's*

*Mental Health: State of the Nation* showed that mental healthcare providers refuse to treat an average of 23 per cent of the under-18s referred to them by concerned parents, GPs, teachers and others.<sup>47</sup>

The research also revealed that the longest waiting times endured by users of child and adolescent mental health services have doubled in the last two years, with waiting times of up to two and a half years reported. The research also showed discrepancies

around the country in terms of spending and availability of mental health beds.

### **The Children's Commissioner for England**

Written by The Children's Commissioner for England's office the report – *Lightning Review: Access to Child and Adolescent Mental Health Service* – published in May 2016 found that more than a quarter of children referred to mental health services in England in 2015 received no help. This group included some who had attempted suicide. Furthermore, 13 per cent with life-threatening conditions were not allowed specialist support.<sup>48</sup>

The data, from 48 of England's 60 child and adolescent mental health service trusts, found that 28 per cent of child referrals were denied specialist treatment – mostly on the grounds that their illness was not serious enough. This group included children who had attempted serious self-harm and those with psychosis and anorexia nervosa. The report also found that there were lengthy delays for many, with an average waiting time of more than 100 days.

### **Educational Policy Institute**

In August 2016 a report by the think tank the Educational Policy Institute found that the government's mental health strategy was in jeopardy

## **SOPHIE GALLOWAY** GP PARTNER IN WEST SUSSEX

"There is just not enough funding and we are seeing an increasing number of patients with mental health issues in general practice. It is a large amount of the patient population and a lot of my workload as a result of there not being health services there."

"The urgent things, like cancer referrals, we're not noticing a difference, but routine referrals, such as heart disease to a cardiologist, that is increasing from a couple of months to now six months and I'm now saying to patients nine months is not unusual. This is a huge amount of time if you have something wrong with you. If you're worried, or scared or there are other things going on."

"I have one lady who has had chronic psychiatric problems nearly all of her adult life and has had many stays in inpatient facilities. She sees a psychiatrist regularly, every six months, and she's on a very complex cocktail of drugs, which sometimes she takes, sometimes she doesn't. There are supposed to be CPNs [community psychiatric nurses] that see her but the local CPN has retired as her caseload was too much. As a result she comes to see me several times a week. There is nowhere else for her to go.

She does need the support, she does need the help. I am trying to do the best I can on the information I have – but I am not a mental health professional, I do not have that training. She is someone who uses general practice a lot but with the right support in the community her life could be significantly improved. It's a hard thing to see. She says – why does no one contact me, why is my CPN not there? I have no answer for her. I know if there was the right support there for her she would be a different person and she wouldn't need her GP quite as much. There is literally not enough money. It's quite heartbreaking."

due to the difficulties of recruiting staff. One of the key findings from the report was that 83 per cent of children and young people's mental health trusts had experienced recruitment difficulties.<sup>49</sup>

Overall mental health nurses were the most difficult to recruit, followed by consultant psychiatrists. Such "recruitment challenges" had led to an 82 per cent increase in expenditure on temporary staffing in the last two years.

## Royal College of Nursing

In October 2016 the College undertook a survey of mental health nurses working in child and adolescent mental health services (Camhs) on behalf of *The Guardian*, which found that 50 per cent said that Camhs was inadequate and another 20 per cent said it was highly inadequate.<sup>50</sup>

Of serious concern to frontline nurses was the rationing of access to care and the shortage of beds, which was so bad that young people risk harming or killing themselves. Of the 631 mental health nurses working in Camhs, 43 per cent said services were getting worse.

Comments reported by nurses include: "Children and their families are suffering due to poor Camhs, support and availability. The criteria for referral means children are having to attempt or threaten to take their own lives before receiving support."

## Children and Young People's Mental Health Coalition

In October 2016, Prof Dame Sue Bailey, chair of the Children and Young People's Mental Health Coalition, said that the government needs to spend heavily now on mental health services for children if a crisis is to be averted: "I describe mental health services as a car crash waiting to happen." Bailey is also chair of the Academy of Medical Royal Colleges and a former president of the Royal College of Psychiatrists.<sup>51,52</sup>

## The King's Fund

In the same month The King's Fund reported that the promised increased funding for mental health services had not happened in many areas of the country. The Fund's analysis found that 40 per cent of mental health trusts saw their income fall in 2015/16, despite almost 90 per cent of plans submitted by clinical commissioning groups (CCGs) last year including mental health funding increases.<sup>53</sup>

The findings were based on analysis of the annual accounts of all 58 mental health trusts in England. The King's Fund noted that "Given that mental health trusts provide about 80 per cent of all mental health care, the fact that income fell in so many trusts last year provides a clear indication that the promised funding increases are not reaching the front line."

At the end of October 2016, Health Secretary Jeremy Hunt proclaimed that child mental health is the NHS's biggest failings. He pledged to improve the diagnosis and treatment of troubled children by Camhs. However, despite two promises from government to improve mental health services in England, in March 2015 and July 2016, little has improved within the service and many think things have got worse.

## PUBLIC HEALTH

### The Commons Health Select Committee

In September 2016 the House of Commons Health Select Committee published the report *Public Health Post-2013*, based on hearings with local authority representatives and officials from various health bodies.<sup>54</sup>

The report warned: "Cuts to public health are a false economy. The government must commit to protecting funding for public health. Not to do so will have negative consequences for current and future generations and risks widening health inequalities."

Further cuts to public health will also threaten the future sustainability of NHS services if we fail to manage demand from preventable ill health."

Commenting on the report the BMA Public Health Medicine Committee chair Iain Kennedy, said: "The government should take note of what is being said in this report and take the steps to fully fund what is not just a fundamental part of our health service, but a basic right for the population."<sup>55</sup>

**EMMA CORLETT** UNISON STEWARD AT  
THE NORFOLK & SUFFOLK MENTAL HEALTH TRUST

"In my experience it is hard to do your job. There aren't enough staff"

"The lack of [mental health] beds means that there is a delay in finding someone a bed even if they have to be detained under the mental health act. And from Norfolk we've had patients sent all over the country as far as Harrogate, Brighton, Weston-super-Mare, which means it's really difficult [for the patient] as they are separated from their support network. As a worker it's really difficult to do any discharge planning if you have patients in your caseload all over the country."

"We have never had waiting lists for mental health assessments, it's the mental health equivalent of calling 999, [but now] we've had people told that there is going to be a wait of 48 hours for a mental health assessment. Or if one has taken place then they have had to wait for ages for a bed or if you're lucky enough to find a bed then wait hours and hours for an ambulance to come to convey the person to hospital, meanwhile because you're the community care coordinator you know that you're responsible for that person's care so people just feel absolutely terrified that they are going to end up at a coroner's court or that something will happen and they will be individually scapegoated and that the systemic failings won't be recognised. And so they practice in a real culture of fear."

"I'm really worried and my colleagues definitely are. They say quite a lot that they feel that decisions are being made based on resources rather than clinical judgement. So their clinical judgement might be that somebody needs crisis intervention in hospital, but there isn't a bed, so it'll be 'so can they just be managed in the community?'. Well no, if I'm worried enough to ask for a mental health act assessment then my judgement is that they need to be in hospital."

**Faculty of Public Health**

In 2016, the Faculty of Public Health (FPH) gave evidence to the House of Lords select Committee's enquiry into the sustainability of the NHS. FPH President John Middleton said: "There is a massive and damaging mis-match between protected funding for NHS treatment and funding for prevention and public health services that would reduce the level of ill-health and therefore demand for such treatments... this blinkered approach to health spending is bad for our people, our communities and the taxpayer."<sup>56</sup>

The institute's submission to the Lords' inquiry also included data that 39 per cent of local authorities made cuts to their smoking cessation services in 2016, yet at the same time the HM Treasury put the economic and social cost of smoking related ill-health and mortality at £13.9bn.

## PERFORMANCE MONITORS

### Care Quality Commission

The Commission entered the fray in October with its report into the state of England's health care and adult social care system in 2015/16. At the launch, the Commission's chief executive David Behan made the unprecedented step of calling for more money for the adult social care system.<sup>57</sup>

Behan said the council care system had reached "tipping point" and was in the worst state he could remember during his 38-year career in the system. The state of the care system was causing overcrowding and having a major impact on A&E departments in particular.

### MENTAL HEALTH TRUSTS

The CQC has serious safety concerns for mental health trusts, with all but three that were rated before July 2016 needing to improve on safety. Of the 47 mental health trusts, four were rated inadequate and 40 requiring improvement for the assessment "Are services safe?"<sup>58</sup>

## CHRISTOPHER ORTHOPAEDIC REGISTRAR

"There just isn't the social care package available at short notice for these patients, they often end up sitting in hospital at weeks at a time, just waiting."

"Often there just aren't enough doctors to look after patients, so you then have to do the duties of two doctors, so you're running around and having to make decisions more quickly, and there won't necessarily be enough nurses. You don't have a nurse following you around on the ward round, so it makes it more difficult to hand over your jobs. Again all of this just stretches staff, makes it harder to make sure the patients get the care they should receive. Its like more and more cracks are appearing in the system and unfortunately patients will fall through those cracks, mistakes will happen and patients will come to harm."

### A&E INSPECTIONS

The CQC report found serious concerns about emergency care, with safety a major weakness in over half of hospital A&E facilities.

In one London A&E department the shortages of doctors and nurses were so acute, and the unit so busy, that untrained receptionists were judging which patients needed medical attention first.

Following its inspection in February and March, the CQC uncovered severe understaffing in Pennine Care's emergency, maternity, neonatal, paediatrics and critical care services that broke national safety guidelines, as well as a lack of training among many staff.<sup>59</sup>

### AMBULANCE SERVICES

In May Nottingham's ambulance service was criticised by the CQC for not having enough staff to operate safely, according to inspectors.

The CQC rated East Midlands Ambulance Service (EMAS) as "requires improvement" – but found that its levels of safety for patients were "inadequate".<sup>60</sup>

The CQC said EMAS "does not ensure care and treatment is provided in a safe way because there are insufficient numbers of suitably qualified, competent, skilled and experienced persons employed." It also said: "At times there were insufficient emergency vehicles and staff to safely meet demand."<sup>61</sup>

In September 2016 South East Coast Ambulance Service was placed into special measures after inspectors branded the trust inadequate. Secamb's poor emergency and urgent care came in for particular criticism, with the inspection team deeming it unsafe and badly led.<sup>62</sup>

## THE KING'S FUND

The healthcare think-tank The King's Fund monitors the state of the NHS, its targets and the opinion of finance managers in the NHS.<sup>63,64</sup>

Over 2016, the King's Fund quarterly monitoring reports have shown a steady deterioration in performance for the NHS. The quarterly monitoring report released in September showed yet more poor performance figures for the NHS in the quarter from April to June 2016:

- The proportion of patients waiting for elective surgery longer than 18 weeks after referral increased to 8.5 per cent in June 2016. This breaches the 8 per cent target for the fourth month in a row.

- Since June 2012 ambulance trusts have been given eight minutes to respond to the most urgent cases, and nationally no more than 25 per cent of these calls should be responded to outside of this time. This standard was met until 2013/14 but for all subsequent years has been missed. In the most recent data for May and June 2016, performance worsened to 29.5 per cent and 30.8 per cent of calls being responded to after eight minutes respectively. This is the worst-ever performance seen in May or June since this target was introduced.
- In the quarter from April to June 2016, the proportion of patients waiting more than four hours from arrival to discharge, admission or transfer in all A&E departments was 9.7 per cent. This is the highest level in the first quarter of the year since 2003/4.
- Over the quarter, more than 572,000 patients spent longer than four hours in A&E departments. With the exception of quarter four 2015/16, this is the highest number of people waiting more than four hours since 2003/4.
- At the end of June 2016 more than 6,100 patients were delayed in hospital, the highest number since 2007 and an increase of 22 per cent on June 2015.

## INFRASTRUCTURE

For some years now there has been a fall in capital investment in the NHS, now this trend could have major issues for safety in hospitals. Data collected by NHS Digital show that the backlog of "high-risk" maintenance problems has increased almost 70 per cent on 2015.<sup>65,66</sup>

High risk maintenance refers to repairs or replacements that must be addressed urgently to "prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution".

In October 2016 a "high-risk" maintenance issue closed a midwife-led maternity unit at the Royal Shrewsbury Hospital and caused the suspension of services at Ludlow Community Hospital. The Shrewsbury and Telford Hospital NHS Trust said the closure was due to "concerns over the condition of the building." The maintenance work at the Royal Shrewsbury unit means there are no hand washing facilities, hot water or heating. The building housing the Ludlow Community Hospital unit is being assessed, and it may not reopen.<sup>67</sup>

# FOOTNOTES

1. [www.rcplondon.ac.uk/news/one-fifth-consultants-state-rota-gaps-are-causing-significant-problems-patient-safety](http://www.rcplondon.ac.uk/news/one-fifth-consultants-state-rota-gaps-are-causing-significant-problems-patient-safety)
2. [www.rcplondon.ac.uk/guidelines-policy/underfunded-underdoctored-overstretched-nhs-2016](http://www.rcplondon.ac.uk/guidelines-policy/underfunded-underdoctored-overstretched-nhs-2016)
3. [www.rcr.ac.uk/sites/default/files/backlog\\_survey\\_feb\\_2016.pdf](http://www.rcr.ac.uk/sites/default/files/backlog_survey_feb_2016.pdf)
4. [www.rcr.ac.uk/posts/new-report-finds-patients-still-waiting-test-results-despite-huge-increase-spend-outsourcing](http://www.rcr.ac.uk/posts/new-report-finds-patients-still-waiting-test-results-despite-huge-increase-spend-outsourcing)
5. [www.rcr.ac.uk/posts/latest-workforce-census-highlights-going-crisis-clinical-radiology](http://www.rcr.ac.uk/posts/latest-workforce-census-highlights-going-crisis-clinical-radiology)
6. [www.rcoa.ac.uk/sites/default/files/RCoA-Workforce-Census-Report-2015-PressRelease.pdf](http://www.rcoa.ac.uk/sites/default/files/RCoA-Workforce-Census-Report-2015-PressRelease.pdf)
7. [www.rcpch.ac.uk/news/concerns-child-health-paediatric-units-struggle-fill-rotas](http://www.rcpch.ac.uk/news/concerns-child-health-paediatric-units-struggle-fill-rotas)
8. [www.hsj.co.uk/home/news/stafford-hospital-ae-stops-seeing-children-amid-safety-fears/7010155.article](http://www.hsj.co.uk/home/news/stafford-hospital-ae-stops-seeing-children-amid-safety-fears/7010155.article)
9. [www.hsj.co.uk/hsj-local/providers/united-lincolnshire-hospitals-nhs-trust/lincolnshire-trust-confirms-night-time-ae-closure/7010015.article](http://www.hsj.co.uk/hsj-local/providers/united-lincolnshire-hospitals-nhs-trust/lincolnshire-trust-confirms-night-time-ae-closure/7010015.article)
10. [www.nursingtimes.net/news/workforce/regulator-accused-of-dismantling-nice-safe-staffing-work/7005563.article](http://www.nursingtimes.net/news/workforce/regulator-accused-of-dismantling-nice-safe-staffing-work/7005563.article)
11. [www.hsj.co.uk/topics/workforce/exclusive-mackey-tells-trusts-to-curb-clinical-staff-growth/7006372.article](http://www.hsj.co.uk/topics/workforce/exclusive-mackey-tells-trusts-to-curb-clinical-staff-growth/7006372.article)
12. [www.rcn.org.uk/news-and-events/news/rcn-responds-to-seriously-worrying-comments-about-staffing-levels-and-finances](http://www.rcn.org.uk/news-and-events/news/rcn-responds-to-seriously-worrying-comments-about-staffing-levels-and-finances)
13. [www.unison.org.uk/content/uploads/2016/04/237291.pdf](http://www.unison.org.uk/content/uploads/2016/04/237291.pdf)
14. <http://nhskeyhole.org/rota-gap-report/>
15. [www.theguardian.com/society/2016/aug/20/hospital-shortages-illness-missed-patients?CMP=share\\_btn\\_tw](http://www.theguardian.com/society/2016/aug/20/hospital-shortages-illness-missed-patients?CMP=share_btn_tw)
16. [www.theguardian.com/commentisfree/2016/sep/10/impossible-for-nhs-to-provide-quality-service-something-has-to-give](http://www.theguardian.com/commentisfree/2016/sep/10/impossible-for-nhs-to-provide-quality-service-something-has-to-give)
17. [www.england.nhs.uk/statistics/2016/09/08/combined-performance-summary-july-2016/](http://www.england.nhs.uk/statistics/2016/09/08/combined-performance-summary-july-2016/)
18. [www.theguardian.com/society/2016/sep/08/nhs-perpetual-winter-waiting-list-record-bed-blocking](http://www.theguardian.com/society/2016/sep/08/nhs-perpetual-winter-waiting-list-record-bed-blocking)
19. [www.theguardian.com/society/2016/aug/10/hospital-a-and-e-crisis-shortage-emergency-doctors](http://www.theguardian.com/society/2016/aug/10/hospital-a-and-e-crisis-shortage-emergency-doctors)
20. [www.hsj.co.uk/hsj-local/providers/lancashire-teaching-hospitals-nhs-foundation-trust/exclusive-trust-forced-to-downgrade-ae-after-locum-doctor-crisis/7004010.article](http://www.hsj.co.uk/hsj-local/providers/lancashire-teaching-hospitals-nhs-foundation-trust/exclusive-trust-forced-to-downgrade-ae-after-locum-doctor-crisis/7004010.article)
21. [www.hsj.co.uk/hsj-local/providers/york-teaching-hospital-nhs-foundation-trust/alarm-raised-over-trusts-risky-proposal-to-run-ae-without-specialist-consultants/7003360.article?blocktitle=Most-popular&contentID=-1](http://www.hsj.co.uk/hsj-local/providers/york-teaching-hospital-nhs-foundation-trust/alarm-raised-over-trusts-risky-proposal-to-run-ae-without-specialist-consultants/7003360.article?blocktitle=Most-popular&contentID=-1)
22. [www.ulh.nhs.uk/news/royal-college-of-emergency-medicine-statement-on-the-potential-closure-of-grantham-ae/](http://www.ulh.nhs.uk/news/royal-college-of-emergency-medicine-statement-on-the-potential-closure-of-grantham-ae/)
23. [www.rcem.ac.uk/RCEM/Quality\\_Policy/Policy/Campaigns/RCEM/Quality-Policy/Policy/Campaigns.aspx](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Campaigns/RCEM/Quality-Policy/Policy/Campaigns.aspx)
24. [www.telegraph.co.uk/news/2016/10/23/ambulances-wait-nine-hours-outside-ae-amid-epidemic-of-delays/](http://www.telegraph.co.uk/news/2016/10/23/ambulances-wait-nine-hours-outside-ae-amid-epidemic-of-delays/)
25. [www.rcm.org.uk/news-views-and-analysis/news/poor-staffing-and-workloads-make-midwives-leave](http://www.rcm.org.uk/news-views-and-analysis/news/poor-staffing-and-workloads-make-midwives-leave)
26. [www.theguardian.com/society/2016/oct/18/dangerous-and-unsafe-care-driving-midwives-out-of-nhs](http://www.theguardian.com/society/2016/oct/18/dangerous-and-unsafe-care-driving-midwives-out-of-nhs)
27. [www.nursingtimes.net/news/workforce/increase-in-maternity-unit-closures-from-staffing-shortages/7012783.article](http://www.nursingtimes.net/news/workforce/increase-in-maternity-unit-closures-from-staffing-shortages/7012783.article)
28. [www.gponline.com/nearly-600-gp-practices-forced-close-2020-warns-rcgp/article/1409281](http://www.gponline.com/nearly-600-gp-practices-forced-close-2020-warns-rcgp/article/1409281)
29. [www.pulsetoday.co.uk/your-practice/practice-topics/employment/600-gp-practices-at-risk-of-closure-says-rcgp/20032818.article](http://www.pulsetoday.co.uk/your-practice/practice-topics/employment/600-gp-practices-at-risk-of-closure-says-rcgp/20032818.article)
30. [www.pulsetoday.co.uk/news/commissioning/commissioning-topics/urgent-care/out-of-hours-shifts-being-run-with-no-gps-due-to-recruitment-crisis/20032544.article](http://www.pulsetoday.co.uk/news/commissioning/commissioning-topics/urgent-care/out-of-hours-shifts-being-run-with-no-gps-due-to-recruitment-crisis/20032544.article)
31. <http://www.pulsetoday.co.uk/hot-topics/stop-practice-closures/lmcs-declare-state-of-emergency-amid-chronic-shortage-of-gps/20031647.article>
32. [www.theguardian.com/society/2015/jun/24/doubt-lingers-over-jeremy-hunts-pledge-5000-new-gps](http://www.theguardian.com/society/2015/jun/24/doubt-lingers-over-jeremy-hunts-pledge-5000-new-gps)
33. [www.rcgp.org.uk/news/2016/october/biggest-threat-to-patient-safety-is-tired-doctors-says-rcgp-in-response-to-cqc-state-of-care-report.aspx](http://www.rcgp.org.uk/news/2016/october/biggest-threat-to-patient-safety-is-tired-doctors-says-rcgp-in-response-to-cqc-state-of-care-report.aspx)
34. [www.pulsetoday.co.uk/hot-topics/stop-practice-closures/gp-practices-closing-while-waiting-on-support-promised-by-jeremy-hunt/20032924.article](http://www.pulsetoday.co.uk/hot-topics/stop-practice-closures/gp-practices-closing-while-waiting-on-support-promised-by-jeremy-hunt/20032924.article)
35. [www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/quality\\_district\\_nursing\\_aug\\_2016.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/quality_district_nursing_aug_2016.pdf)
36. [www.rcn.org.uk/news-and-events/news/rcn-responds-to-report-on-district-nursing](http://www.rcn.org.uk/news-and-events/news/rcn-responds-to-report-on-district-nursing)
37. [www.rcn.org.uk/-/media/royal-college-of-nursing/documents/.../005779.pdf](http://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/.../005779.pdf)
38. [www.nursingtimes.net/news/education/unfilled-nurse-training-places-climb-to-more-than-700/7011698.article?blocktitle=Also-in-the-news&contentID=20275](http://www.nursingtimes.net/news/education/unfilled-nurse-training-places-climb-to-more-than-700/7011698.article?blocktitle=Also-in-the-news&contentID=20275)
39. [www.rcn.org.uk/news-and-events/news/drop-in-school-nurses-putting-children-at-risk](http://www.rcn.org.uk/news-and-events/news/drop-in-school-nurses-putting-children-at-risk)
40. [www.24housing.co.uk/news/union-wants-boost-for-stressed-out-health-visitors/](http://www.24housing.co.uk/news/union-wants-boost-for-stressed-out-health-visitors/)



41. [www.pulsetoday.co.uk/clinical/mental-health/gps-face-growing-pressure-on-child-mental-health-referrals-as-ccgs-impose-further-cuts/20006496.fullarticle](http://www.pulsetoday.co.uk/clinical/mental-health/gps-face-growing-pressure-on-child-mental-health-referrals-as-ccgs-impose-further-cuts/20006496.fullarticle)
42. [www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news/14-11-04-camhs-report-substantive/](http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news/14-11-04-camhs-report-substantive/)
43. [www.theguardian.com/society/2015/mar/14/uk-budget-to-include-extra-money-for-mental-health-services-say-lib-dems](http://www.theguardian.com/society/2015/mar/14/uk-budget-to-include-extra-money-for-mental-health-services-say-lib-dems)
44. [www.hsj.co.uk/sectors/mental-health/nearly-4bn-pledged-to-mental-health-services/7008334.article](http://www.hsj.co.uk/sectors/mental-health/nearly-4bn-pledged-to-mental-health-services/7008334.article)
45. [www.theguardian.com/society/2016/feb/13/mental-health-services-crisis-britain-revealed-leaked-report](http://www.theguardian.com/society/2016/feb/13/mental-health-services-crisis-britain-revealed-leaked-report)
46. [www.bbc.co.uk/news/health-35747167](http://www.bbc.co.uk/news/health-35747167)
47. <http://centreforum.org/publications/children-young-peoples-mental-health-state-nation/>
48. [www.childrenscommissioner.gov.uk/sites/default/files/publications/Children per cent27s per cent20Commissioner per cent27s per cent20Mental per cent20Health per cent20Lightning per cent20Review.pdf](http://www.childrenscommissioner.gov.uk/sites/default/files/publications/Children%20per%20cent27s%20per%20cent20Commissioner%20per%20cent27s%20per%20Mental%20per%20Health%20per%20Lightning%20per%20Review.pdf)
49. [www.nursingtimes.net/news/reviews-and-reports/mental-health-nurse-shortage-puts-strategy-at-risk/7010054.article#.V7rBii6kS1w.twitter](http://www.nursingtimes.net/news/reviews-and-reports/mental-health-nurse-shortage-puts-strategy-at-risk/7010054.article#.V7rBii6kS1w.twitter)
50. [www.theguardian.com/society/2016/oct/04/young-people-mental-healthcare-inadequate-seven-in-ten-specialist-nurses-rcn-poll?CMP=share\\_btn\\_tw](http://www.theguardian.com/society/2016/oct/04/young-people-mental-healthcare-inadequate-seven-in-ten-specialist-nurses-rcn-poll?CMP=share_btn_tw)
51. [www.theguardian.com/society/2016/oct/01/fund-nhs-child-mental-health-services-to-avoid-crisis](http://www.theguardian.com/society/2016/oct/01/fund-nhs-child-mental-health-services-to-avoid-crisis)
52. [www.cypmhc.org.uk/](http://www.cypmhc.org.uk/)
53. [www.kingsfund.org.uk/press/press-releases/commitments-increase-mental-health-funding-not-reaching-front-line](http://www.kingsfund.org.uk/press/press-releases/commitments-increase-mental-health-funding-not-reaching-front-line)
54. [www.publications.parliament.uk/pa/cm201617/cmselect/cmhealth/140/140.pdf?utm\\_source=140&utm\\_medium=module&utm\\_campaign=modulereports](http://www.publications.parliament.uk/pa/cm201617/cmselect/cmhealth/140/140.pdf?utm_source=140&utm_medium=module&utm_campaign=modulereports)
55. [www.bma.org.uk/news/2016/september/health-of-uk-population-under-threat-warns-report](http://www.bma.org.uk/news/2016/september/health-of-uk-population-under-threat-warns-report)
56. [www.fph.org.uk/nhs\\_needs\\_a\\_flourishing\\_public\\_health\\_sector,\\_inquiry\\_told](http://www.fph.org.uk/nhs_needs_a_flourishing_public_health_sector,_inquiry_told)
57. [www.cqc.org.uk/sites/default/files/20161013\\_stateofcare1516\\_web.pdf](http://www.cqc.org.uk/sites/default/files/20161013_stateofcare1516_web.pdf)
58. [www.hsj.co.uk/topics/quality-and-performance/vast-majority-of-mental-health-trusts-have-safety-concerns-cqc-warns/7011452.article?utm\\_source=t.co&utm\\_medium=Social&utm\\_campaign=newsfeed](http://www.hsj.co.uk/topics/quality-and-performance/vast-majority-of-mental-health-trusts-have-safety-concerns-cqc-warns/7011452.article?utm_source=t.co&utm_medium=Social&utm_campaign=newsfeed)
59. [www.manchestereveningnews.co.uk/news/greater-manchester-news/long-hours-bullying-under-resourcing-11712445](http://www.manchestereveningnews.co.uk/news/greater-manchester-news/long-hours-bullying-under-resourcing-11712445)
60. [www.nottinghampost.com/care-quality-commission](http://www.nottinghampost.com/care-quality-commission)
61. [www.nottinghampost.com/east-midlands-ambulance-service](http://www.nottinghampost.com/east-midlands-ambulance-service)
62. [www.kentonline.co.uk/kent/news/ambulance-service-in-special-measures-103232/](http://www.kentonline.co.uk/kent/news/ambulance-service-in-special-measures-103232/)
63. [http://qmr.kingsfund.org.uk/2016/19?\\_ga=1.177691429.1212746310.1446723698/](http://qmr.kingsfund.org.uk/2016/19?_ga=1.177691429.1212746310.1446723698/)
64. [http://qmr.kingsfund.org.uk/2016/20?\\_ga=1.110556293.1212746310.1446723698/](http://qmr.kingsfund.org.uk/2016/20?_ga=1.110556293.1212746310.1446723698/)
65. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/559126/est-ret-info-col-2015-2016-Report.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559126/est-ret-info-col-2015-2016-Report.pdf)
66. [www.hsj.co.uk/topics/finance-and-efficiency/huge-spike-in-high-risk-maintenance-problems-at-trusts/7011401.article](http://www.hsj.co.uk/topics/finance-and-efficiency/huge-spike-in-high-risk-maintenance-problems-at-trusts/7011401.article)
67. [www.nursingtimes.net/news/hospital/midlands-trust-suspends-services-at-two-maternity-units/7011595.article?blocktitle=Today per cent27s-headlines&contentID=18932](http://www.nursingtimes.net/news/hospital/midlands-trust-suspends-services-at-two-maternity-units/7011595.article?blocktitle=Today%20per%20cent27s%20headlines&contentID=18932)



Published by  
Trades Union Congress  
Congress House  
Great Russell Street  
London WC1B 3LS  
[tuc.org.uk](http://tuc.org.uk)

November 2016  
Design: [www.design-mill.co.uk](http://www.design-mill.co.uk)