

## Written evidence submitted by Sue Ryder (WBR0022)

This evidence sets out Sue Ryder's views and experiences that span across different questions, so the questions have been grouped accordingly.

Sue Ryder supports people through the most difficult times of their lives. For over 65 years our doctors, nurses and carers have given people the compassionate and expert care they need to help them live the best life they possibly can. We take the time to understand what's important to people and give them choice and control over their care. We see a future where our palliative and neurological care reaches more communities; where we can help more people begin to cope with bereavement; and where everyone can access the quality care they deserve.

Across the UK we have six hospices and associated community palliative care services, one standalone community palliative care service and four specialist neurological centres. We also provide bereavement support via our Online Bereavement Community and Online Bereavement Counselling, in addition to that provided by our family support teams in our hospices.

### **What has the impact of the COVID-19 pandemic been on resilience, levels of workforce stress, and burnout across the NHS and social care sectors?**

#### **What are the impacts of workforce burnout on service delivery, staff, patients and service users across the NHS and social care sectors?**

- As an organisation we recognise the importance of staff health and wellbeing both in itself and also as a factor in the provision of high quality person-centred care. We regularly undertake surveys of all our staff and respond to results by putting in place action plans to resolve issues that can affect wellbeing and morale. For instance we are upscaling our Mental Health First Aid support for staff, are increasing awareness of ensuring rest breaks and hydration breaks and are developing online relaxation sessions for staff.
- Conscious of the impact of the pandemic on our staff, in July 2020, we asked our frontline health and social care workers to complete an additional wellbeing survey. Over 500 clinical and support staff across our palliative and neurological care services took part.
- Overall, the results were positive – reflecting the increased level of support introduced internally in the organisation. For instance, **78%** of staff agreed that “I feel supported by my line manager at work”.
- Nevertheless, there remains cause for concern. **20%** of staff rated their mental health at present as low or low-medium, and **16%** rated their happiness at work as low or low-medium.
- **44%** of clinical staff did not totally agree that “I have the resources to do my job safely”, which is an indication of the issues our hospices and neurological care centres had in accessing a regular and sufficient supply of medical-grade PPE.

- One theme that emerged from survey comments was that our healthcare staff felt incredibly supported by their line managers. However there is nervousness about the future, both in terms of how well the organisation can prepare itself for a second wave and also with regards to the financial security of the charity given the funding gap faced by our palliative care services, which has worsened because of the pandemic.

**What long term projections for the future health and social care workforce are available, and how many more staff are required so that burnout and pressure on the frontline are reduced? To what extent are staff establishments in line with current and future resilience requirements?**

**To what extent are there sufficient numbers of NHS and social care professionals in training for service and resilience planning? On what basis are decisions made about the supply and demand for professionals in training?**

**Will the measures announced in the People Plan so far be enough to increase resilience, improve working life and productivity, and reduce the risk of workforce burnout across the NHS, both now and in the future?**

- Workforce shortages are persisting across both palliative and neurological care, and indeed across the health and social care sector as a whole. If the current situation continues, the whole sector will be placed under more and more pressure as the number of health and social care professionals fails to keep up with demand.
- Planning to meet the NHS workforce should not take place in isolation. Nursing staff, allied health professionals and doctors work for a range of other employers outside of the NHS and, as the system moves towards integration across CCGs/ICSs, this is likely to become increasingly the case. A systems approach is required; however at present local partnerships vary in their readiness and capacity to take on wider health and social care workforce planning.
- As part of a systems approach, it is important to model workforce planning on genuine population needs. Local Workforce Action Boards must consider *all* the health and care services their population need, not just the NHS. The response to COVID-19 has underlined how palliative and other social care services are vital partners in frontline care delivery.
- For instance, at Sue Ryder we have workforce vacancies across **all 11** of our clinical care centres. As of June 2020, every centre except one reported Band 5-6 Nurse vacancies. Some of our hospices are experiencing registered nursing vacancies of over 30%.
- In addition, every centre except two reported Band 2-3 support worker vacancies, with at least two centres having vacancy rates higher than 30%. With some centres experiencing a vacancy rate of **over 50%** for certain nurse roles<sup>1</sup>, we have little choice but to rely on agency staff. Ultimately, meeting workforce shortages with agency staff is an expensive, short-term solution that risks a cycle of dependency as well as affecting continuity of care for the vulnerable people we care for.

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<sup>1</sup> Sue Ryder Neurological Care Centre Dee View Court has a Band 7 Nurse vacancy rate of 55%; Sue Ryder Thorpe Hall Hospice has a Band 3 Nurse Assistant vacancy rate of 53% (June 2020)

- In the future, the nation's ageing population and associated increasing rate of comorbidities at the end of life, combined with the growing preference to receive end of life care in a hospice or at home, means the number of nurses and support workers needed is set to increase. Yet, with ongoing uncertainty about the future funding of hospice and palliative care services, for instance, attracting staff to our palliative care services can be very challenging.
- The impact of COVID-19 on delays in diagnosis, referrals and treatment of serious illnesses will increase demand even further<sup>2</sup>. With scientists suggesting that if delays continue, there could be **35,000** additional deaths within a year from cancer alone<sup>3</sup>, it is clear that we can expect even more severe workforce shortages in the palliative care sector.
- Yet, investment in developing specialist staff remains an ongoing challenge across the health and social care sector. Newly recruited Sue Ryder Nurses often report finding the palliative and neurological specialities more difficult than expected, resulting in a comparatively high proportion of leavers within one year.
- Moreover, as the health and social care workforce as a whole is aging, the availability of suitable recruits is a growing concern. The implications of Brexit on a workforce that relies considerably on staff who are EU nationals is a similar serious cause for concern. Understanding and building on emerging workforce patterns is important if we are to resource appropriate development pathways to maintain the level of expertise specialist services require. Workforce planning must include and respond to such variances and risks.
- Evidently, meeting the NHS Long Term Plan ambitious commitments is reliant on increases in the number of professionals across the health and social care system on a scale that outpaces demand. However, the Long Term Plan did not include detailed workforce development schemes to ensure that the right health and social care workforce was in place to deliver said commitments.
- We welcome the NHS People Plan for 2020/21's focus on NHS staff mental health and wellbeing. Health leaders have repeatedly drawn attention to the strain staff are under. Yet, the Plan contained little detail of new funding, and therefore a lack of concrete commitments on long-term investment. And it failed to bring together health and social care workforce planning.
- As systems become more integrated, workforce planning needs to keep pace and aim to equip the whole system with the right staff, with the right skills in the right places. On this basis we regret health and social care workforce planning were not brought together in the People Plan and regard this as a missed opportunity. And while a Social Care Winter Plan in response to COVID was promised, a long-term plan and new funding settlement are needed urgently. As discussed, workforce shortages are not just an issue for the NHS. Therefore, a workforce development plan for the health and social care sector as a whole should be developed as a

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<sup>2</sup> Sue Ryder warns of increase in need for palliative care as a residual impact of coronavirus pandemic, Sue Ryder, (16 June 2020), [www.sueryder.org/news/sue-ryder-warns-of-increase-in-need-for-palliative-care-as-a-residual-impact-of-coronavirus](http://www.sueryder.org/news/sue-ryder-warns-of-increase-in-need-for-palliative-care-as-a-residual-impact-of-coronavirus)

<sup>3</sup> Study conducted by DATA-CAN, the Health Care Research Hub (HDR UK) for Cancer, BBC News (6 July 2020), [www.bbc.co.uk/news/health-53300784](http://www.bbc.co.uk/news/health-53300784)

matter of urgent priority for the Department of Health and Social Care, NHS England and NHS Improvement, and Health Education England.

For more information contact Elinor Jayne, Head of Influencing,

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