Introduction

This report summarises the results of Unite’s survey of members working in Healthcare Science in June 2020. The survey focused on issues of safety, resourcing, and the utilisation of NHS science facilities during the response to the Covid-19 pandemic.

The Unite in Health (UiH) national organising & professional committee for healthcare science (HCS NOPC) expresses its sincere thanks for those who took the time to respond to this survey, with several hundred responses enabling us to draw some meaningful conclusions.

The HCS NOPC also acknowledges the hard work done by all HCS colleagues during these unprecedented times and remains ready to support our members through local workplace representatives and regional officials.

The key themes that emerged from the survey are:

• The experience of accessing PPE and safety and wellbeing of scientific staff during the pandemic has improved but is still a concern in many areas.

• Members have expressed concerns about the capacity, resourcing, and utilisation of NHS science facilities during the pandemic

• Members have raised concerns about the new Lighthouse Laboratories – including issues around the service quality provided and the accountability and transparency of their commissioning.

Methodology

The survey was distributed on two dates in June (6 and 18 June 2020) by email to all Unite members within health care science. This snapshot survey generated 388 responses from across the UK.
Respondents came from labs across all English regions and UK countries. While there was some variation by region and country there are lots of variables that would explain divergent experience by trust and demographic area. With this in mind, the data broadly show similar trends throughout.

Respondents also came from a range of Biomedical Science disciplines including Haematology, Blood Transfusion, Clinical Biochemistry, Histopathology, Microbiology, Cytology, Virology and Immunology.

Unite believes that this survey paints a useful picture of the experiences of scientific staff over the period.

**DISCIPLINE OF RESPONDENTS**

- Clinical Biochemistry: 24%
- Microbiology: 25%
- Haematology: 15%
- Blood Transfusion: 12%
- Histopathology: 7%
- Virology: 5%
- Immunology: 2%
- Cytology: 2%
- Other: 8%

**Personal Protective Equipment (PPE)**

A key concern for members working in the NHS during the pandemic has been the safe access to appropriate Personal Protective Equipment (PPE).

It was pleasing therefore to see that at the time the survey was undertaken, 90% of respondents said that they the necessary PPE to carry out their job, and almost 80% saying they had been trained in its use.

Had this survey been done a couple of months earlier, we expect that the result would have been much different – which can be testimony to the hard work that Unite and its members have done in raising the earlier issue about the supply of necessary PPE to laboratories (and other areas where our members work).
That said there are a significant number of concerning comments from staff who still feel they have not had the appropriate PPE or training. Here are some examples:

“Due to the amount of people working within our department and the small amount of space available, social distancing is impossible. Only this week (15/06/20) have they recognised this and given us surgical masks to wear. Before this it was business as usual with the normal amount of staffing despite the reduced workload. We were told we would not be redeployed elsewhere in the trust, nor would we be allowed to work from home.”

“We were provided with face mask from 15/06/2020. No 2 metre social distancing rule followed since its national implementation. Staff were handling fluids and urines as normal until concerns were raised. POCT staff provided ward service without proper disposable lab coats and face masks.”

“For our TB work we wear a disposable gown which we are supposed to change daily. Our entire supply of gowns was taken for staff dealing with covid patients. I understand they need PPE too, but this meant we had to reuse our gowns for weeks and weeks at a time when TB is much more dangerous than Covid.”

“Face masks and face shields were initially designated as non-essential PPE as the transmission risk from samples was deemed to be low. Face masks are now available and in use now that track and trace is in use.”

“No disposable over-sleeves offered for processing samples. Have not been fit tested as of yet. At the start of the pandemic we did not have enough masks and had to reuse disposable masks meant for single use as there was not enough to go around.”

“Recent introduction of face mask for all NHS staff. No guidance as to how long they should be worn, and I see a lot of people using them incorrectly.”

“We’ve had a poster - no official training”

“Haven’t been given masks. There is a notice to say we can ask for one and instructions on how to put it on, but no-one has one.”

“Initially we were told you don’t need masks, just eye protection. How do the splashes that might hit our eyes miss the mouth? Then masks were provided but no training was given on how to wear a mask or how often to change them etc”

“No FIT testing for masks - just shown by another member of staff on the ward. the lab itself provided no training. Colleagues had to print out simple instructions on how to don and doff face masks - managers did not do this. One manager constantly wore their face mask inside out for over a week and said she was doing it right when another member of staff said she was wearing it incorrectly”

“Items were just provided such as face shield and masks and were only provided this week. Up until now we had only gloves”

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Staff Health & Well-being

Of more concern has been the impact that working through the pandemic has had on staff wellbeing.

Over a third of respondents (34.6%) were dis-satisfied or very dis-satisfied with the mental health and staff well-being support services offered by employers.

While this was not the dominant theme of the survey several worrying examples were highlighted:

“Although the health board provides mental health support for staff. The directorate I work in has very little or no support. Very little support has been shown by managers throughout the pandemic and have shown lack of empathy towards their staff and their concerns.”

“I feel the biomedical scientists have been the scapegoats for any Government failure during Covid 19. Our hard work is largely unnoticed, and the public is only aware of the doctors and nurses. Any issues and the testing is blamed. “Not enough testing” “too many positives” “lab failures.”

“The government demand for antibody testing, Covid swab testing on top of routine laboratory work is simply unrealistic without additional support or staffing. No additional staffing has surfaced and in fact staffing has gone down due to vulnerable shielding. Who cares? It feels like no one.”

“The conditions we work in are appalling. Decades of underfunding have become increasingly apparent and the shortage of staff is even more amplified by dealing with Covid on top of routine work. Mandatory overtime is enforced and the mental health impact of this is tremendous. Annual leave effectively cancelled and enforced working every other weekend takes its toll. It’s not what anyone signed up for.“

“Additionally, there is the threat of NHSI, which was already a terrible idea but in the current climate shows every reason why that cannot and should not go ahead. There is no back up option if kits run out, analysers break down or staff sickness is high. There would be no “small lab” to send the work to. There is no social distancing. There is no potential to expand. We work tirelessly 24/7 as an invisible force and still face the threat of a job loss or relocation. Morale has never been lower. I dread going to work. I no longer enjoy my job.”

“There must be increased investment in NHS laboratories if they are to be utilised properly as the primary COVID testing service. Laboratory staff in virology are under immense stress with an exponentially increasing workload and there is little to no support for their mental health at this time. Redeployed staff have been helpful but they are only temporary and no replacement for permanent trained staff. There must be investment in recruitment and in training to improve retention of staff within virology. I believe there is also a need to conduct a health and safety risk assessment and a stress risk assessment with any change in shift patterns being asked of staff.”

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NHS Facility Utilisation and Resourcing

The other core focus of the survey concerned the utilisation and resourcing of NHS facilities to support the NHS’s efforts to stem the pandemic.

A key theme has been concerns about the proper use of existing facilities.

Almost two-thirds (61.9%) of respondents said that their laboratory was not working at full capacity, and over half (50.4%) considered that their laboratory could have been better utilised. 61% said that their workload was less than normal – which is likely to be due to the much-reduced number of elective procedures and clinics, along with closure of GP practices. Nevertheless, it is concerning to hear of a regulated and quality-assured workforce under-utilised when other non-NHS facilities were delivering service using unqualified students and university staff.
This concern was clearly shared by respondents, with over 90% of respondents either agreeing or strongly agreeing that NHS laboratories should have been better used during the pandemic crisis.

Even where staff said that they were involved with testing patients suspected of having covid-19 symptoms or staff providing frontline services they report under-utilisation of their labs.

For example, 59% of those involved with testing patients and 56% of those involved with testing frontline staff reported that their labs were not working at capacity. 52% of staff involved with testing patients and 59% of those testing staff felt that their labs could have been better utilised.

When staff were asked to explain how they could have better been utilised the responses were revealing. While a minority do report being over-capacity or stretched the majority of the comments report that they had been underutilised and in numerous cases there were complaints about failure from government to supply adequate reagents to conduct the tests and failures of the NHS to redeploy staff that could have helped with the testing.

Within free text comments there were numerous examples of complaints about a lack sufficient materials and equipment to do their job and shortages and delays in delivering of key resources. Most regular of these were access to reagents for running covid tests, hardware and a lack of or inappropriate PPE.
Some examples of these comments are here below:

“We have been ignored in favour of private laboratory enterprise. We cannot get hold of reagents as they are being directed to private labs first. We could have achieved the required testing capacity from day one as we have the staff.”

“Lots of support staff, in particular, could have gone to help out in the other departments who were involved in the Covid testing and were extremely busy.”

“Lack of kits at the start of the pandemic prevented us from processing samples even though we had the equipment and staff available.”

“We have introduced 2 new analysers and taken on bank staff, so have the capacity to test way more than we are currently doing. We would have greater capacity if more reagents were available. I believe the lighthouse labs are allocated too many kits”

“We have capacity to test more for Covid PCR. We have current capacity for about 1000 tests but are receiving between 400-700 day but soon we are getting more instrumentation that would enable us to do even more tests.”

“Our laboratory is currently working far above normal capacity, testing samples that have little diagnostic value but seem to be pushed for political reasons”

“It took a long time for our lab to receive the reagents and equipment for Covid testing but now we’ve got it we’re already doing as much as we can to support the hospital.”

“I work in a private lab supplying services to the NHS and private health care providers. We have 12 Hologic Panthers in the building, two are running routine STI testing, two HPV screening. So, we have 8 machines each capable of comfortably doing 1000 tests each per day, 1500 at absolute capacity. On these instruments only that's 8000 to 12000 per day, we're currently running just over 2000 and we have capacity on other assays too, how much I do not know.”

“Needs to speed up the process of antibody testing. Also, most laboratory workers and managers outside blood sciences and microbiology (in my trust where virology belongs) have been at home, not working, instead of being redeployed to our lab. Or any other”

“Staff could have been re-deployed earlier in the crisis because workload dropped significantly. It is not possible now as workload is increasing and not all staff are working at normal capacity.”

“Our (private) employer has pushed to have as many staff as possible on furlough. It was dressed up as a
measure to keep staff safe, but clearly it was to save money, because the demand for a lot of the pathology repertoire of tests had dried up, and therefore the money wasn’t coming in. Those of us still at work have been pressurised, both to go on furlough, and by the need to keep the busy service going with fewer staff.”

“We have a large team doing Covid testing, including 4-6 staff on dedicated “surge standby”. These staff often do nothing all day long. Meanwhile, other (non-Covid) areas of the lab are desperately short staffed, because we’ve diverted resources to Covid”

“Public Health England failed to engage NHS laboratories to perform Covid 19 testing. Therefore, the initial track and trace failed and the outbreak was allowed to get out of control”

“There was far too much emphasis placed by the government, on setting up new private testing facilities when NHS labs could have been utilised a lot better, without the need for this. These labs did not use fully qualified staff and did not have correct”

“Local specimens going down to Milton Keynes for testing, discussions of new “super” COVID labs manned by non-BMS, non-IBMS, non-HCPC registered scientists when the infrastructure is already available and need only be better provided for.”

“Could have been more involved in the testing in general - would not have needed any new labs for testing could have just supplied current NHS labs with the reagents and equipment”

“We have little work and the staff could have been deployed elsewhere to support over-stretched areas such as virology. We all have the skills to perform RNA and antibody testing”

Lighthouse Laboratories

Concerns about under-utilisation of NHS resources, were matched by concerns around the introduction of the new Lighthouse Laboratories and the impact this was having on NHS services. Broadly these concerns focused on the quality of services provided, the diversion of resources from the public sector and the decision making, and transparency process used to commission these new laboratories.

Over 85% of respondents agreed or strongly agreed that there was concern regarding the service quality from the Lighthouse Laboratories.

And over 90% agreed or strongly agreed that there was concern about the transparency and contracting arrangements for the Lighthouse Laboratories.
In contrast 98% of respondents either agreed or strongly agreed that there should be further investment in NHS labs; 82% of respondents either agreed or strongly agreed that the NHS should better utilise current labs to support the COVID-19 Crisis; and 91% of respondents either agreed or strongly agreed NHS science work should be delivered by the public sector.

These same concerns are reflected within many of the comments submitted within free text fields within the survey. A selection of these can be seen below:

“I am concerned that future projects will be offered to the private sector which will compromise the retention of BMS staff within the public sector.”

“The profession of biomedical science as a whole is constantly underfunded and understaffed. The government should have approached and engaged with hospital laboratories first before private companies. Are the staff running the private laboratories HCPC registered?”

“We have the instrumentation and the reagents we need to run our Covid tests now but this was no always the case. In April we were going week to week worrying that this week we might not get the reagents/ consumables we needed. That was very stressful. We were all competing for the same reagents/ consumables! Is this because we don’t have an industry in this country to make our own
consumables/reagents? Is it because NHS labs have consolidated and all have the same platforms? Is it because we are competing with private labs? Whatever the answer this is no acceptable. The government need to be held to account."

“Private partnerships are already doing NHS lab work, although public are likely to be unaware it's a "for-profit" partnership, superlabs run risk of further undermining NHS involvement. It's a shame”
“Pathology services aren't valued enough by NHS to keep this work within the NHS, utilizing the very skilled workforce currently in place”

“Private companies were used for testing when the NHS labs had capacity that was not being used. This pandemic has just demonstrated how NHS lab staff are being let down by government”

"In order for me to practice as a BMS in the NHS I had to complete a degree that has been IBMS accredited and I volunteered for a year in an NHS hospital to complete my IBMS registration portfolio to ensure I could become HCPC registered. For me to be able to continue practice, I must maintain HCPC registration for which I pay annual fees and I have to ensure my continual professional development to enable me to continually learn and develop in my field. The HCPC is necessary for protecting the public by ensure all BMS staff are appropriately trained and responsible in their roles. It is worrying to hear stories that the super labs are privately owned facilities where staff may not be held to the same level of accountability, when processing tests that can have a significant impact on public health. Any test performed in an NHS lab must be validated in order for us to have confidence in the results we are generating, yet we know so little about the unknown labs providing some of the testing (some COVID-19 tests are being performed in the lab I work at in biochemistry and microbiology).”

“I think it would be irresponsible of the government to have used labs (or staff) that may not meet the same standards of an NHS laboratory."

“Pathology is often not recognised as an essential role within the hospital, and staff are often forgotten or unheard of. I think we are an underpaid profession for the responsibility we have and I feel it would be an appropriate gesture for the government to reimburse the fees we have paid to ensure we can protect our public and I feel this should apply to all those who pay to be part of their profession in the NHS during this pandemic."

“The COVID-19 ‘super labs’ are unnecessary and take away testing capacity from the communities where it is needed most. They are contracted out to private companies who will be charging the NHS a lot of money. There will be non-qualified staff conducting tests in laboratories that are not UKAS accredited. Little regard will be given to ISO 15189 requirements, poor data handling and turnaround times will be unacceptably long!”

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“Our Biomedical Science workforce in NHS laboratories across the country could have taken on these tests but the government were too quick to line the pockets of private companies. Testing within NHS laboratories would have made use of existing infrastructure and would have enabled test, track and trace to be up and running much sooner.”

“I was appalled with the sudden surge of private labs. As Biomedical Scientists we have to be registered to work and pay fees, we also work very hard all year to maintain our UKAS accreditation. Plus we were on reduced staffing to reduce the risk of transmission and we had to field phone calls from patients and surgeries asking where their results were and we couldn't help. We also had to transport samples to various other NHS labs for testing depending on who had kits/reagents available - this would sometimes change on a daily basis.”

“Years of underfunding and expensive private contracts have meant that costs have went up and targets were unattainable as we had to wait to orders for equipment and reagents. I strongly believe that the production of a lot of equipment could be provided by new public sector industry with sales for profit being offered to private companies only after the NHS has been resourced. The renting of private beds is shameful the UK should have followed Spanish example.”

“Covid has been used as a political tool to try and introduce more private sector services to carry out NHS pathology work. Also why is the NHS paying Spire private hospitals staffs wages? This hasn't been publicised, but should be!! Privatisation through the back door. Especially when many of the government have a vested interest in these establishments making profits.”

“Very concerned that some of the "pop-up" labs are not UKAS registered also their staff are not registered professionals. It makes a mockery of all the hoops we have to jump through to become UKAS and state registered. Also because some of their "bosses" have government contacts, private labs seemed to get priority for the testing kits, reagents and swabs/media because they paid up front leaving the NHS labs. short of materials to do their jobs. There were also problems with medical professionals ringing us up for patient results which we couldn't give them as they had not been tested by NHS. We were unable to obtain any contact numbers for the Lighthouse labs, nor the testing platforms they were using - all VERY secretive!”

"At first in this crisis it felt like we were given a blank cheque, now we are being questioned by the Trust on every single financial decision. It seems like the Trust management are worried about future financial problems. We have had lots of stock orders blocked, arbitrary bans on overtime and lack of funds for non-COVID essentials (e.g. chairs, footrests, pipettes to set up the COVID lab).“
Conclusions

This report has shown a deep concern among Health Care Science members about the way they have been resourced and utilised during the Covid-19 Pandemic. There are also deep concerns about the use of unsuitable private provision and unskilled staff to take on work that could have been delivered in-house through NHS laboratories Healthcare Science staff and their trade unions have been left in the dark regarding these processes and the NHS system needs to take time to listen, understand and act on the concerns and hopes expressed in this report.

While Unite understands that decisions needed to be made quickly to get the service ready to face the pandemic, Unite members are clearly concerned that inadequate accountability has been in place for these changes.

As the professional union representing biomedical scientists Unite strongly believes that the professional standards of the job need to be maintained. The job title “Biomedical Scientist” is protected by law – meaning only those registered and regulated can undertake the tasks and duties of the role.

In addition, we have long argued that NHS services have been underfunding and subject to poor decision making and fragmentation as a result of decisions taken in Westminster. A key lesson from the Covid-19 pandemic is that the health service must be more accountable, better planned and resourced and that procurement from the private sector does not deliver either the quality or integration that we should expect from our National Health Service.

Lastly the survey shows that there are ongoing concerns about staff wellbeing, stress and mental health. The recently published NHS people promise endeavours to make the NHS the best place to work for all staff and that the wellbeing of staff is a priority, and unwell staff should receive the support they need. Unite will continue to escalate our campaigns to make sure that the NHS has adequate support for all staff working in the NHS.