Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Flaenoriaethau'r Chweched Senedd

This response was submitted to the Health and Social Care Committee consultation on Sixth Senedd Priorities

HSC PSS 14
Ymateb gan: | Response from: Coleg Brenhinol y Llawfeddygon, Caeredin | Royal College of Surgeons of Edinburgh

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Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor
Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrysgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?
Q1. Which of the issues listed above do you think should be a priority, and why?

We should like to comment on the issue of the health workforce, including organisational culture and staff wellbeing. This is a key priority for the RCSEd.

GMC data shows that 68.5% of doctors who surrender their medical licence do so for reasons related to mental health, stress, burnout, bullying, poor workplace culture or wellbeing. In contrast, a mere 26% retire. Further, it does not necessarily take a long time for staff to reach burnout. Of those doctors who qualified in 2014 7.1% had surrendered their medical licence within three years of graduation. As this means more doctors leave the profession than enter it the workforce shortages worsen and apply greater pressure to those remaining, resulting in an horrific spiral of burnout. Although this data applies to the UK as a whole, there is no reason to state that the situation specifically in Wales is any better than elsewhere.

We advocate a framework designed for hospitals and trusts to to combat stress and mental and emotional trauma amongst their staff based on five key tools. These are; rest, recovery, reserves, rotation and rehabilitation. The committee can propagate this framework or consider its implications for other policy concepts.

Rest refers to ensuring that staff can and do take small amounts of time out during their shifts to ensure moments of respite. Breaks of at least five to ten minutes should be very strongly encouraged by management at all levels, or even mandated if so required. Staff must have a physical space to which they can retreat for respite or to discuss a case or operation away from the ward or operating theatre. Finding space for rest whilst enabling appropriate social distancing has been difficult but is fundamental to the physical and mental well-being of staff, a fact worsened by the gradual erosion of such spaces in hospitals in preceding decades. The provision of hot food and drinks are also invaluable, so should be made universally available as a matter of course.

Staff should also be provided with 'wobble rooms' – spaces to which they can retreat if they begin to feel upset or overwhelmed during their shift. Whether wobble rooms are in the same physical space as rest areas is likely to depend on the geography of individual hospitals, but ideally wobble rooms should provide privacy from both patients and colleagues.

Recovery is the second tool and refers to taking time off as annual leave. This is exceedingly difficult in the middle of a pandemic, especially when many colleagues will be off sick or self-isolating, but staff must be encouraged to take time off when possible. Some staff will not have taken time off at all during the pandemic, and this is highly likely to lead to burnout. Many managers concerned about staffing levels may be understandably reticent to encourage clinicians to take annual leave but the alternative is losing a staff member not only immediately but also permanently from the profession through burnout. Whilst it will take considerable planning to ensure staff are able to take time off, pre-allocating set leave days off correlated to those days when there are fewer expected acute admissions or clinics seems a logical first step. That said, time off also needs to mean time off. Clinicians should be strongly encouraged not to check or respond to emails when they are on leave, or other communication channels, for example they should mute work WhatsApp or Facebook Messenger groups.

Related to this point is reserves. If a staff member is on annual leave, or off sick or self-isolating, how are they replaced? If one member passes Covid or another illness to several others or causes groups of staff to have to self-isolate how does the unit cope? Management need to ensure there are plans in case for these scenarios which don't simply rely on remaining staff overworking to cover the gap, as this is unfair and simply unsustainable in anything except an absolute emergency. The nature of a pandemic and indeed the nature of the contemporary NHS means that inevitably there will be times when this is necessary and unavoidable, but it should be minimised as far as possible and under no circumstances should it become a routine feature of post-pandemic working. For this end, rotas should be designed to have standby staff or on-call cover available at short notice. However care must be taken to ensure that the same staff aren't covering all the time so that they too aren't placed under undue stress.

The fourth tool is rotation. What are the most and least stressful roles, shifts and tasks an individual clinician has to undertake? If a staff member is showing signs of stress or has been performing high stress tasks at a higher than average frequency of late, rotate them to less stressful tasks, shifts or roles for a period of time if possible. This can be difficult to do, given the realities of short-staffed hospitals and the workloads the NHS is facing at the moment and that stress tolerances will be

different for each individual. However, rotating an individual can mean the difference between losing a staff member from the profession or not, so now is an opportune time to review job plans and work schedules to ensure staff are being used optimally and where possible made to feel part of a supportive team. Different individual staff will find different tasks and activities more or less stressful than others – what one person finds challenging another may find relatively simple – so staff members should be involved in those discussions.

Training courses can also be a valuable method of doing this. Sending someone on a training course for a week allows them to take a step back from the frontline without feeling like they are being stood down, and managers can take advantage of this.

Finally, rehabilitation refers to interventions to allow an individual to take an extended period away from their duties to recover an individual's mental and emotional health when it is at breaking point. This is effectively emergency mental and emotional first aid. Managers and senior clinicians need to consider what signs they are looking for that indicate that an individual is at risk of immediate and serious mental and emotional harm, burnout or breakdown. They also need to be able to spot these signs in themselves as well as colleagues and indicate what these signs are to all colleagues so that everyone is alert to them. Once an individual is identified as in need of intervention managers need to consider how best to help, including use of the above four tools. Consideration of this can include conversation with the individual and their families, who should be made aware of who to contact and how if they have concerns. Other actions can include referral to mental health support and counselling, which should be immediately available.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd
Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

a) gwasanaethau iechyd;

b) gofal cymdeithasol a gofalwyr;

c) adfer yn dilyn COVID?

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

a) health services;

b) social care and carers;

c) COVID recovery?

Gwasanaethau iechyd
Health services

The Royal College of Surgeons of Edinburgh believes that another key priority for the Sixth Senedd, not listed above, is a reduction in health inequalities in Wales. While COVID-19 exposed pre-existing health inequalities to the cold light of day, as well as worsening many of them, the issue long predates the pandemic. The Senedd needs to institute an inquiry into how to reduce these inequalities.

Health inequality is the result of multiple complex and interacting factors. These include housing conditions, occupation, availability of sport facilities, diet, education opportunities, access to light and clean air and travel and commuting options. Therefore, reducing health inequalities requires action across the different policy areas covered by Senedd committees. In addition to the Health and Social Care Committee the inquiry should involve other committees including in particular, but not limited to, the Senedd committees for:

- Children, Young People and Education,
- Climate change, Environment and Infrastructure.
- Equality and Social Justice,
- Local Government and Housing.

Only by taking a broad approach across each and every policy area can real progress be made to tackle health inequalities. An independent inquiry across these areas is therefore needed to analyse what each Welsh Government department is doing, how coherently they link up, and put forward recommendations as to what could be done better to tackle the root causes of health inequalities.

Adfer yn dilyn COVID
COVID recovery

The recovery from Covid needs to have a clear focus on the recovery of elective and diagnostic services as much as the continuing fight against the virus.

Unrhyw faterion eraill

Any other issues

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

We should like to draw the committee's attention to the longer-term workforce issues. We have called for a doubling of the number of medical school places across the UK and would reiterate that call here in the context of Wales.