

WF 23

Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol

Inquiry into the sustainability of the health and social care workforce

Ymateb gan: The British Psychological Society

Response from: The British Psychological Society



**The British
Psychological Society**
Promoting excellence in psychology

British Psychological Society response to the National Assembly for Wales

Inquiry into the sustainability of the health and social care workforce

About the Society

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 50,000 and have over 1,500 members in Wales.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries

We are content for our response, as well as our name and address, to be made public. We are also content for the Assembly to contact us in the future in relation to this inquiry.

Please direct all queries to:-

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About this Response

The response was jointly led on behalf of the Society by:

Dr Adrian Neal, Consultant Clinical Psychologist, ABUHB
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With contributions from:

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We hope you find our comments useful.

Dr Ian J Gargan CPsychol AFBPsS
Chair, Professional Practice Board

Dr Paul Hutchings CPsychol AFBPsS
Chair, Welsh Branch

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	<p>Do we have an accurate picture of the current health and care workforce? Are there any data gaps?</p>
1.	<p>Comments:</p> <p>The Society believes that reliance on traditional metrics for health and wellbeing including sickness absence, seasonal flu inoculation uptake, and staff survey give only a very limited sense of what the real picture is.</p> <p>We recommend that attention and value be given to a broader set of metrics to better understand the actual experience of work. These might include: retention / turnover, data from exit interviews, internal complaints and HR dignity at work processes, pulse surveys including satisfaction, morale, ‘happiness at work’, quality of relationships (peer to peer and towards the organisation), and lastly ways of assessing how safe do you feel at work.</p>
	<p>Is there a clear understanding of the Welsh Government’s vision for health and care services and the workforce needed to deliver this?</p>
2.	<p>Comments:</p> <p>The Together for Health document is a five year vision that was published in 2011. This document noted issues in recruitment and retention of medical staffing.</p> <p>The Delivering a Five Year Service document is also outdated, but highlighted the projected demands on NHS Wales. It outlined a vision of a workforce that is coordinated, motivated and professional. It linked the need for workforce allocation to healthcare population analysis.</p> <p>These documents did not link to research or evidence regarding important factors to the workforce e.g. factors impacting retention and recruitment, motivation, wellbeing at work, and other psychologically underpinned factors. There is no analysis and understanding of the complexities of the NHS and Social Care workforce.</p> <p>The Society believes the Welsh Government might benefit from such an analysis.</p> <p>Documents such as NICE Guidelines for Wellbeing at Work are useful</p>

	<p>guides.</p> <p>We also believe that there is currently too much emphasis on physical health, and not enough on psychological health & well-being. By creating systems that promote psychological well-being at work preventatively we may make progress towards a more sustainable workforce, and thus Welsh NHS.</p>
	<p>How well-equipped is the workforce to meet future health and care needs?</p>
3.	<p>Comments:</p> <p>Given the context which is characterised by hospitals that are already struggling with patient “flow”, sizable pressures in both acute and longer stay settings, the predicted increase in age (85+) in the general population along with increased numbers of people living with chronic conditions (often lifestyle related – obesity, diabetes, CHD, mobility – orthopaedic problems etc) over the next few decades, the workforce are going to be significantly challenged.</p> <p>There is a general opinion that the current workforce and the systemic infrastructure that supports them are not currently equipped for these challenges. There seem to be two key factors to consider:</p> <ol style="list-style-type: none"> 1. The supply and retention of a workforce to meet growing demand of an ageing population. 2. The sustainability of a high quality, compassionate, and productive workforce. <p>Recent publications (e.g. CAVUHB Investigation into A&E services; The Andrews Report; Berwick report; Francis Report) indicate that there are systemic failings in the support of the workforce and undermine workforce sustainability and patient safety. A detailed understanding of these factors in relation to health and social care in Wales has not to our knowledge been undertaken.</p>
	<p>What are the factors that influence recruitment and retention of staff across Wales? This might include for example:</p> <ul style="list-style-type: none"> • the opportunities for young people to find out about/experience the range of NHS and social care careers; • education and training (commissioning and/or delivery); • pay and terms of employment/contract;
4.	<p>Comments:</p>

Additional psychological factors that may impact include:

- The psychological contract between employer and employee.
- Organisational justice, and how employees experience fairness at work.
- At a macro level the compassion gap between how an organisation expects its staff to relate to patients, and how the organisation treats its staff. E.g. congruent utilisation of vision and values such as “kindness”; how this reflects in policies such as sickness absence; grievance; staff wellbeing.
- History of organisational trauma; the NHS in particular has experienced several re-structures, poor press, and the ever present sense of threat from Welsh Government down the chain of command.
- The evidence base suggests the relationship between management and employee is predictive of morale, satisfaction, and therefore retention (Guest, 2004).
- Perception of the Welsh NHS from outside of Wales - not all potential employees will be aware that NHS England and NHS Wales are different organisations with varying policies, values and opportunities. This is not well publicised in England if Wales wished to recruit from England.

Wider issues to consider also include:

- It is not unusual for HBs to have hundreds of vacancies at any given time despite recruitment trips abroad (for nurses in particular). It’s possible that nurses think the NHS is a difficult place to work and this can be off-putting.
- Staff stress – there are areas of work where staff do not want to work which compounds the ongoing stress and pressure in those areas.
- CPD restricted in recent years due to cost cutting, leading to some staff feeling frustrated and unable to progress.
- In terms of psychology – few opportunities for progression in some specialities (e.g. MH), particularly above 8a level.
- Restructure and organisational change have a traumatic impact on the workforce, leading to low morale.
- Many staff counting down the days until retirement. Also changes to pension age and scheme (staff feeling they are being forced to work longer).

Whether there are there particular issues in some geographic areas, rural or urban areas, or areas of deprivation for example.

5.	<p>Comments:</p> <p>The geography of Wales is such that there are more hospitals to cover the population. Recent documents (e.g. Faculty of Intensive Care Medicine, 2016) give examples of the lack of economies of scale of the number of hospitals required to meet the geographical spread of the Welsh population. Staffing might be adequate for the population, but the geography of the population is such that typical staffing estimations derived from English hospitals are not appropriate.</p> <p>There is only one medical Deanery and one school of Physiotherapy for Wales, which impacts the experience of Wales as staff in training will be asked to uproot themselves for placements across the whole of Wales</p> <p>Staff will vary in their attraction to bigger cities with better housing and cultural opportunities vs a more rural setting.</p> <p>In areas where Welsh language predominates may be a barrier to non-Welsh speakers.</p>
	<p>References</p>
	<ul style="list-style-type: none"> • NICE (2009) Promoting Mental Wellbeing at Work • NICE (2015) Workplace policy and management practices to improve the health and wellbeing of employees • Francis (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry • The Andrews Report (2015) - "Trusted to Care" - An independent Review of the Princess of Wales Hospital and Neath Port Talbot Hospital at ABMU Health Board • Department of Health (2013) Berwick review into patient safety • Faculty of Intensive Care Medicine (2016) Regional Workforce Engagement Report: Wales • Guest, D.E. (2004) The Psychology of the Employment Relationship: An Analysis Based on the Psychological Contract. Applied Psychology. 53(4), 541-555

End.