

Written evidence submitted by The Academy of Medical Royal Colleges (WBR0009)

Introduction

The Academy of Medical Royal Colleges is the representative body for medical royal colleges and faculties in the UK. We speak on standards of care and medical education across the UK. By bringing together the expertise of the medical royal colleges and faculties we seek to drive improvement in health and patient care through education, training and quality standards.

Resilience of the service

During the first wave of the COVID-19 pandemic, health and care staff across all professional groups worked extremely hard, often under intense pressures and sometimes in unfamiliar and uncertain environments. This was against a backdrop of long-term staff shortages, which existed prior to the pandemic and which remain a pressing concern.

Medical resources were, appropriately, concentrated to accommodate the peak of COVID-19 cases. More complex planned care is now being restored, but there is a backlog of patients needing interventions. This backlog includes reinstating cancelled procedures and identifying the range of cases not presented during the first wave.

The pandemic has presented remarkable challenges and exposed underlying issues with resourcing, but it has also accelerated change. New ways of delivering care are becoming more accepted and there has been greater recognition of the value of multi-professional team-working. Innovations delivered during the pandemic should be captured and evaluated, to ensure positive changes are retained, and negative changes are discarded.

Staff burnout

The pressures of the pandemic led to greater anxiety, stress and burnout among those working in health and social care. How these effects manifest has varied according to personal circumstances – for some, underlying mental ill-health has been exacerbated, while others have experienced adverse effects for the first time. In this difficult climate, measures have been introduced and expanded to support wellbeing, and the dedication and hard work of staff has been publicly recognised.

The disproportionate impact of COVID-19 on BAME members of staff has highlighted inequalities within the NHS, however, and these must be acknowledged and tackled to ensure all staff are supported and valued.

As we move into the recovery period, active national support through a sustained and coordinated approach to mental health and wellbeing is essential for staff engagement and retention. [Emerging evidence](#) suggests that the need for psychological support in NHS staff (and other employee groups) will increase at this time. Staff who have been shielding or have required significant work adjustments because of underlying health or other issues may also require specific support to return to work.

The effects of a potential second wave and of regional peaks on staff must also be considered and steps taken to mitigate these as soon as possible.

Workforce planning

The NHS People Plan sets out a positive vision for the way the workforce should be treated and valued, which we fully support and are keen to see implemented. However, it lacks detail on workforce planning and numbers. The best long-term support for staff would be addressing the long-running workforce shortages, which negatively impact staff wellbeing. Addressing the shortages will improve morale, productivity and patient care.

The NHS requires more staff from across the healthcare professions, with a nationally recognised priority in nursing. These shortages should be tackled through a range of measures, including increased recruitment to training, use of those volunteering to return, broader international recruitment (which is likely to be harder post-COVID) and better retention practices. Expanded and improved use of new roles and better access to technologies will also make the service more sustainable.

The ambition to make the NHS a great place to work must be realised. More opportunities for flexible training and working, improved access to rest facilities and food, and compassionate leadership will all help to ensure staff feel valued and supported. Some changes brought in during the pandemic have improved staff wellbeing and work-life balance, such as the shift towards more remote home-based working in general practice or the reduction in administrative workloads. These positive developments should be harnessed to bring about longer-lasting changes for staff morale and retention.

To improve the resilience of the service, current and future staff must also be provided with education and training that adequately prepare them to deliver services that meet the future needs of the population. This will include training around new ways of working and digital technologies, which will underpin healthcare both during and beyond the COVID-19 pandemic.

Sept 2020