

A Healthier Wales Response

1. How effectively does A healthier Wales: our workforce strategy for health and social care address staff wellbeing?

As discussed in BDA Wales's initial consultation response, while A healthier Wales refers to implementation plans that will be developed, these plans have not been published making discussion difficult. To ensure that staff wellbeing is effectively addressed, any plans must be accompanied by data monitoring staff wellbeing. The pandemic has had a significant impact on the mental health and wellbeing of this workforce and continues to do so. Prior to the COVID19 Pandemic, depression and anxiety in the general population had increased in recent years. BDA Wales conducted two surveys to capture the mental health impacts the pandemic has had on all dentists working in Wales, and the different sources of stress that they face. Overall, stress levels remain high within dentistry, with several aspects becoming more stressful. Working conditions have worsened, with breaks becoming more difficult to take. Enhanced PPE also been a strain for many dentists, particularly this summer. A concerning high 70.5% stated that the pandemic led them to rethink their career in dentistry. Stress levels are high in NHS dentistry in Wales, it is vital that a healthier Wales effectively addresses staff wellbeing. As the workforce strategy develops, BDA Wales would be pleased to consult on this further.

2. What are your views on current approaches to assessing staff well-being? Are surveys as a standalone tool sufficient to provide an accurate picture of the wellbeing of the health and social care workforce? Are there other measures that you believe should be adopted?

Surveys can be an effective standalone tool, provided that they are able to capture a true picture of the mental health. Open text responses must be utilised, and appropriately analysed, to assess staff well-being. Surveys provide the benefit of being anonymous, which will allow staff to speak more freely regarding their well-being. The approach taken in promoting surveys is also important. While multiple surveys are important to capture ongoing mental well-being, survey fatigue can be a problem. It will be important to inform staff of the outcomes of well-being surveys. If staff feel that the survey's make no impact, they will be less likely to complete them. Surveys can provide an accurate picture, provided that they are drafted, promoted and analysed appropriately.

3. In your view, are the partnership forums referred to above by HEIW operating effectively?
4. To what extent is there sufficient staff capacity to ensure that workloads are manageable, and that staff are able to take breaks, annual leave, access wellbeing support and undertake training and professional development? Is the picture improving or deteriorating, and do staff feel they are sufficiently supported in this respect by their organisations' leadership and management?

BDA Wales has carried out two surveys since the pandemic, which included questions on working conditions. These surveys took place in January 2021 and September 2021. Breaks have been more difficult to take; while 13.7% of respondents were able to take breaks often in January 2021, just 8% have been able to do so over the last six months. While 30.5% were never able to take breaks in January 2021, that figure has risen to 40.2%. One respondent stated that even when breaks are scheduled, they are often filled by emergencies. Lunch breaks had also decreased in the last six months, with only 50% often being able to take a half an hour lunch break. 69.6% of respondents often do their admin at their desk during lunch. Back in January, 10% of respondents stated they never did admin at their desk in lunch, this figure has dropped to 3.6%. It was clear that the picture is not improving and is indeed deteriorating.

An increase in administrative tasks is in part to blame for this. Almost all respondents, 98.2%, had noticed an increase in administrative tasks. This has had an impact on the mental health of dentists, with 97.3% of respondents finding the increased admin at least mildly stressful. Concerns for patient backlog were also high, with 75% very concerned. One respondent shared that they had never needed a waiting list before, now it is 300 patients long. Patient demand was also evident, and a source of stress.

5. What are your views on the pilot approach to assessing staff's digital skills, capabilities and training needs? Is a self-assessment tool sufficient to identify where there are skills gaps across health and social care, and what further action is needed to ensure the health and social care workforce have the digital skills required?

Within dentistry, a self-assessment tool should be sufficient in identifying skill gaps. However, it is also important to assess the IT equipment across NHS dentistry in Wales. Currently, the levels of technology available in dentistry vary, particularly in the CDS where IT capabilities can be poor. There is great variation clinic to clinic, as well as among Health Boards. The workforce planning is broad, covering many different roles under the umbrella of the Health and Social Care Workforce. It is important that the technological needs of each aspect of this workforce are understood and met. When discussing digital skill, it is also important to recognise that these skills can be limited by poor or outdated equipment.