

The Boorman Review – Call for Evidence

Partnership for Occupational Safety and Health in Healthcare (POSHH) UNISON response

Introduction

UNISON is the largest trade union in health representing over 400,000 health service staff. We represent nursing, ancillary, professional, technical, managerial, administrative, clerical and ambulance staff at all levels. UNISON also holds the majority of officership positions on national negotiating bodies (it is a leading member of the POSHH and sits on the Strategic Implementation Group of CFSMS) and is the leading union at local level in the NHS. UNISON works:

1. to organise all those employed in the health service and to promote the advancement and spreading of knowledge among members within the Group
2. to achieve equal access to the health service for all and to promote the maintenance and improvement of standards and competence among all health sector workers
3. to provide and maintain educational facilities to support the maintenance and improvement of professional standards and competence and to encourage members to participate in them
4. to improve standards of conduct and levels of competence among health care workers by promoting greater employee, consumer and user involvement and representation in the delivery of health care
5. with all other interested parties, individuals and organisations to maintain and improve the quality of health care services to the public
6. to ensure that health care continues to be provided in a manner consistent with the founding principles of the NHS, free at the point of delivery and without recourse to the introduction of market mechanisms or the involvement of the private sector
7. to provide indemnification and protection of members against claims of professional malpractice, whilst ensuring that employers continue to remain vicariously liable for the actions of their staff
8. to negotiate pay and conditions of service on behalf of its members
9. to promote professional and occupational standards
10. in partnership with the Employer and other bodies including Education establishments to create and develop opportunities for life long learning and the knowledge and skills framework

The Questions

- 1. Do you think workplace health and well-being practices and initiatives – whether driven by occupational health, management or HR – make a positive difference to staff? If so do you have any evidence to support this?**

UNISON believes health and wellbeing initiatives can only be effective if they are part of a co-ordinated approach to tackle the underlying causes of ill health in the NHS workforce, and should not be implemented in isolation to other wider issues.

For example the NHS Staff Survey has shown a consistently high number of staff (28% for 2008) reporting that they had suffered from work-related stressⁱ. In addition the 2008 UNISON Pay Survey reports 73% saying that stress has increased in their immediate working environmentⁱⁱ. The same survey showed 51% saying staffing levels had been cut, and 77% that workload had increased. Any occupational health initiatives to reduce stress are going to be undermined if no effort is made to tackle underlying causes, such as excessive workloads. It is also important that any such initiatives are conducted in partnership. Workers are going to have more faith in an initiative if their trade union representatives are involved at the onset. The NHS Staff Survey showed a correlation between those staff groups who feel they are able to contribute towards improvements at work and those who reported problems around occupational health & safety. As is detailed below a disproportionately high number of ambulance staff reported problems around management of health & safety. This correlates with only 38% of ambulance staff (compared to 66% of other staff groups) feeling they are able to contribute towards improvements at work.

2. What do you think are the barriers to the implementation, or long term success of health and well-being practices and initiatives? What examples, evidence or reasons can you provide?

Initiatives often fail because, despite good initial good intentions, competing priorities overshadow them. An example of this is what has happened in the ambulance service. The 2008 NHS Staff Side survey exposed particular issues regarding occupational health & safety management in ambulance trusts. Thirty-three per-cent of ambulance staff reported work related injuries in the workplace, compared to 13% in all trust. Twenty-five per-cent of ambulance staff reported physical violence from patients/relatives in the last 12 months, compared to 11% in all trusts. These findings were consistent with UNISON's own findings in its 2008 staff survey. This found that 36% of ambulance staff experienced verbal abuse, compared to 21% amongst other staff. The argument often given is that these figures are not surprising given the nature of the job, i.e. a physically and mentally demanding job that involves dealing with patients in often stressful situations. However given that the work of ambulance staff is associated with a variety of challenging occupational health issues it would be expected that health & safety training would be a high priority. However the NHS Staff Survey shows only 34% of ambulance staff had received health & safety training in the last 12 months compared to 74% across all trusts.

The ambulance service has made some efforts to set up national structure to oversee health & safety management. This includes a national risk & safety forum which includes representation from all English Ambulance Trusts (representatives from Scotland, Wales & Northern Ireland are also invited to attend as observers), plus all the leading trade unions. There have also been a number of initiatives by NHS Security Management Services aimed at reducing violent & aggressive assaults by patients on frontline staff, including ambulance staff (e.g. conflict resolution training). However despite these initiatives, as the NHS Staff Survey figures show, health & safety remains a low priority in ambulance trusts.

Reports from members of UNISON's National Ambulance Sector indicate that one of the main reasons for this is that the overriding priority for ambulance trusts has been to meet the government's call connect targets (all calls are now initially treated as category A, i.e. life threatening). This combined with the decline in doctors' out-of-hours services has greatly increased the demands placed upon ambulance services, and as a consequence, according to reports from our Ambulance Sector reps, health & safety has suffered.

- 3. Do you have any statistical data or information relating to staff health and well-being in the NHS that you could submit? This may include, but not be limited to, sickness absence rates and the reasons for absences, and the impact of poor health on work performance?**

UNISON's 2008 pay survey demonstrated a strong correlation statistical correlation between increased stress levels and reduced quality of patient care. Of those who said stress levels had increased 34% said the quality of patient care had declined, whereas of those who said stress levels had decreased, only 8% said patient care had declined.

- 4. Is there evidence of inconsistencies in the way staff health and well-being are supported and delivered across the NHS? If so, do these inconsistencies lead to inequalities in the ability of different staff groups to access health and well being support and services, and are there varying outcomes as a result?**

The NHS Staff Survey also shows variations in the availability of occupational health servicesⁱⁱⁱ. Whereas 96% of staff employed in acute trusts have access to occupational health services, only 93% from ambulance and 91% from primary care trusts say they have access to such services. The inconsistencies around delivery of health & safety training to ambulance staff, and how this translates to poorer outcomes, e.g. higher incidence of work related injuries, have already been detailed above. In the case of primary care, provision of such services has become increasingly fragmented through the government's privatisation policies, with many primary care staff consequently not receiving the same level of support as their colleagues in acute services.

The NHS Staff Survey shows large variations between different types of trusts in the willingness of staff to report physically violent incidents.^{iv} Whereas 74% of staff from mental health and learning disability trusts said they had reported the incidents, only 48% of staff from acute and 52% of staff from ambulance trusts reported these incidents. However the NHS Staff Survey also highlighted enormous variation between trusts, even when they are of the same type. In some acute trusts as many as over 60% of staff said they had reported these incidents whilst in others it was less than 35%. This demonstrates how national recommendations by organisations such as CFSMS, are not always translating into action at local level.

UNISON's own staff survey^v showed variations according to ethnic group. Eighty-four per-cent of black and 87% of Asian respondents reported increases in stress levels, compared to 71% of white respondents.

There may be various reasons for this. For example according to the NHS Staff Survey more black members of staff are likely to be the victims of physical assaults) (13%) than their white colleagues (10%)^{vi}. It may also be what these groups do. A higher proportion of black & ethnic minorities work for example in nursing jobs than other NHS occupations^{vii} (according to UNISON's Staff Survey 78% of nurses say stress levels in their working environments have increased compared to 73% for all staff groups^{viii}). However it may also be the availability or relevance of occupational health support services to black & ethnic minorities. For example whereas 64% of white staff say they access to counselling services, only 55% of their black colleagues say they do^{ix}.

The NHS Staff Survey also showed gender differences with more women than men reporting stress related illness (29% compared to 26%). The survey also showed greater awareness of access to counselling services amongst women (64%) than men (55%). The TUC has set up a web page dedicated to research on gender and occupational safety and health^x.

5. Do you have evidence relating to effective short-term measures to improve staff health and well-being? What could be done to improve staff health and well-being in the long term?

UNISON has supported measures such as the HSE's Stress Management Standards, and as the Healthcare Commission in its report on the NHS Staff Survey has pointed out^{xi}; there has been a reduction (from 33% in 2007 to 28% in 2008) in the number of staff suffering from work related stress. However 28% is still an unacceptably high figure and it remains to be seen whether this trend can be sustained.

It is important that more is done to improve access to occupational health, and other staff support services (e.g. counselling), and that these services are not seen as just another part of a management led drive to reduce sickness absence levels. The first priority for such services must be the health & well being of staff. There should also be the consistent provision of such services, to ensure all health service workers receive a high and equitable level of support.

However employers must also do more to create a healthy working environment by effectively addressing the underlying causes of ill health at work such as work related stress, violent & aggressive assaults on staff, musculo-skeletal disorders, needlestick injuries and other causes of work related ill-health. Initiatives such as HSE Stress Management Standards are to be welcomed, and can have a beneficial short term effect. However improvement is unlikely to be maintained if more is not done to tackle the underlying causes, such as increase in demands on services, without a corresponding increase in resources.

6. What evidence do you have of NHS workforce understanding, perception, and experience of using occupational health services? What should be done to improve staff experience, perceptions or the effectiveness of these services?

As stated above occupational health is still too often seen as a management tool to drive down sickness absence levels. Moreover this is often seen in a negative way with the emphasis on punitive measures (e.g. disciplinary action), as opposed to supportive services. Workers do recognise the need for supportive and effective sickness absence management. If properly managed this can be an effective way to aid an employee who has been off sick for a long time to return to work. UNISON in its guide for branches and safety reps on sickness absence, which was produced following a survey of safety rep conducted by Bradford University, says that measures such as counselling services and maintaining contact with sick employees at home, can if properly undertaken be an aid to all parties.^{xii} However equally such measures can be seen "negatively to pressurise sick employees back to work, or to limit future sickness absence through threats and subtle intimidation"^{xiii}.

7. What should “success” for NHS staff health and well-being look like? How should it be measured?

The NHS Constitution gives staff the right “to work within a healthy and safe workplace and an environment in which the employer has taken all practical steps to ensure the workplace is free from verbal or physical violence from patients, the public or staff, to work your contractual hours, take annual leave and to take regular breaks from work”^{xiv}. The POSHH Occupational Health and Safety standards^{xv} can be used as a benchmark as to how well organisations meet their duties under the constitution.

With regard to measuring the health & well being of NHS Staff, the Care Quality Commission NHS Staff survey does provide valuable data, and UNISON is working as part of the Social Partnership Forum to improve the way this information is used. Better use could also be made of the data collected by both the NHS Litigation Authority^{xvi}, and the HSE^{xvii}.

8. How can managers and leaders across the NHS be motivated to take action to ensure that sustainable improvements are made to staff health and well-being in their organisation? What data or incentives should form part of the business case for change?

UNISON has consistently campaigned for the HSE to be given the resources it requires to improve its inspectorate, including where necessary, rigorous enforcement action. In addition organisations such as the NHS Litigation Authority can play their role in getting NHS providers to recognise the financial benefits of the effective management of occupational health & wellbeing.

However ultimately the biggest incentive is the benefits improved staff health & wellbeing can have in terms of quality of patient care. Health & well being of staff is too often only seen as relevant to health & safety managers, reps, with maybe a passing interest by HR. More work is required in getting senior management buy-in to the health & well being of the workforce. Recently UNISON worked with NHS Employers & its staff side partners in running & facilitating a series of regional stress management workshops. As well as HR departments, health & safety managers & reps, these were also aimed at senior management. Although these events were well attended senior management remained under-represented. The message to send to senior management is that you can’t expect to improve patient care, if you look after the health & well being of your workforce.

ⁱ [National NHS Staff Survey 2008: summary of key findings](http://www.cqc.org.uk/db/documents/NHSStaffSurvey_Nat_briefing_final_200904233323.pdf)
(http://www.cqc.org.uk/db/documents/NHSStaffSurvey_Nat_briefing_final_200904233323.pdf).

ⁱⁱ [2008 UNISON Pay Survey](http://www.unison.org.uk/file/UNISON%20material%20for%20Part%203v0.pdf), (<http://www.unison.org.uk/file/UNISON%20material%20for%20Part%203v0.pdf>)

ⁱⁱⁱ Care Quality Commission staff survey results (health)
http://www.cqc.org.uk/db/downloads/health_sheet9_REVISED.xls

^{iv} Care Quality Commission staff survey results (violence)
http://www.cqc.org.uk/db/downloads/violence_sheet8_REVISED.xls

^v OP Cit UNISON.

^{vi} OP Cit Care Quality Commission staff survey results (violence)

^{vii}

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalworkforce/DH_582

^{viii} OP Cit UNISON

^{ix} OP Cit Care Quality Commission staff survey results (health)

^x http://www.tuc.org.uk/h_and_s/index.cfm?mins=411&minors=395

^{xi} Op. Cit. National NHS Staff Survey 2008: summary of key findings

^{xii} Making us better: sickness absence arrangements: a guide for branches and reps:
(<http://www.unison.org.uk/acrobat/B3368.pdf>), p. 16

^{xiii} Ibid, p. 16

^{xiv} The handbook of the NHS Constitution

(http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093421)

^{xv} <http://www.nhsemployers.org/HealthyWorkplaces/POSHH/Pages/HealthAndSafetyStandards.aspx>

^{xvi} <http://www.nhsla.com/RiskManagement/>

^{xvii} <http://www.hse.gov.uk/statistics/index.htm>