

## **Unite response to the NHS Health and Wellbeing 'Boorman Review': Call for evidence**

**This response to the call for evidence is submitted by Unite the Union. Unite is the UK's largest trade union with 2 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction, transport and local government, education, health and not for profit sectors.**

Unite is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations - the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, health care science, family of psychology, counsellors and psychotherapists, the family of dental professions, audiology, optometrists, opticians, estates and maintenance, ancillary and ambulance workers .

### **Executive Summary**

- Unite believes the Review should reflect on the work that was carried out as part of 'Improving Working Lives' to give a higher priority to the health and wellbeing of staff.
- There is evidence that there is a significant relationship between exposure to bullying and various events frequently linked with organisational change.
- Unite believe there should be a single, overall question in the NHS Staff Survey that clearly establishes the levels of physical violence, harassment, bullying and abuse experienced by staff.

- Unite welcome the recognition that there have been lower levels of staff engagement in the 'staff perceptions survey' from community staff and support service workers. Unite have members in these groups and Unite look forward to working with the Department of Health in improving the engagement of these staff.
- Many occupational health departments are currently under funded. This should be addressed urgently.

## **Introduction**

1.1. Unite welcomes the opportunity to present evidence to the Boorman Review into the health and wellbeing of NHS staff; an area that Unite believe there has been too little attention paid in recent years.

1.2. Unite have structured this response around the questions specifically asked in the Review's 'call for evidence'. Unite are happy to discuss any of the points raised in this response in further; partnership working with NHS staff and their trade unions is a key part of improving the health and wellbeing of NHS staff.

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

2.1. In 1999, Improving Working Lives (IWL) was developed by the NHS in England. The process ensured a step change with organisations expected to work in partnership to develop an environment where staff had an improved working life, including issues related to health and well-being at work. The process ran through three stages (pledge, practice and practice plus), with the expectation that all organisations had to achieve the stages at set times.

2.2. Feed back from our representatives and members suggested this approach was working to ensure that higher priority was being given by NHS organisations to the health and wellbeing of its staff. This included regular reports at board level, oversight by members of the board and reported improvements in partnership working in the organisation.

2.3. It is concerning that the health and wellbeing review appears not to of reflected on the success of this work. Further there seemed to be confusion concerning both the current position of IWL and on any future/further developments at one of the national deliberative events when IWL was raised.

2.4. It is our understanding that a revised IWL document has been submitted to the NHS Staff Council which is to be presented in July.

2.5. It is further interesting that with the changes in organisations priorities how 'Improving Working Lives' has gone from the national agenda, being replaced firstly by Agenda for Change and then with 'World Class Commissioning'.

***Do you have any examples of current or past health and well-being practices that have not been successful? What impeded their success?***

***Do you have any statistical data or information which relates to staff health and well-being in the NHS that you could submit?***

Organisational change:

3.1. Hoel and Cooper<sup>i</sup> recognised that with the exception of redundancies there was a statistically significant relationship between exposure to bullying and various events frequently linked with organisational change.

3.2. In the case of 'major organisational change', 'budget cuts' and 'major internal restructuring' the scores for the 'witness' group of those who had witnessed or experienced violence were also statistically significantly different from those who had never witnessed nor experienced violence. The authors concluded that 'this should suggest that the association between bullying and organisational change cannot simply be explained with reference to dissatisfaction and the present state of mind of those currently bullied'.

3.3. With the current Government agenda in pursuing both 'World Class Commissioning' and 'Transforming Community Services' this appears to be having a negative effect, both on the services that healthcare practitioners deliver and their own health and well-being at work. Local cases are becoming more common where organisations are being increasingly oppressive in terms of service redesign - often telling their staff that if they don't conform their service will likely be commissioned from someone else.

3.4. With a culture of constant change staff who report high stress levels are often told that it is due to the constant organisational change and there's nothing that can be done about it. Our regional officers have also reported examples where when they are trying to address with

managers a problem with staff retention, managers have stated that they are surprised more staff have not left as the situation is so bad.

#### Staff stress levels:

3.5. Adams & Craig (2008<sup>ii</sup>) reported that 25.4% of our health visitor members in England reported that the chance of a local death similar to that of Victoria Climbié was either 'somewhat' or 'very' likely. It is therefore unsurprising that health visitors were highlighted in The Healthy Workplaces Handbook (2008<sup>iii</sup>) as a group that faced very high levels of stress. However, this is not the only group of our members that face considerable stress, whether endemic in the roles they perform or due to further pressures placed on them by dangerous and inappropriate staffing levels.

3.6. It is telling that in the NHS Job Evaluation Handbook (2004<sup>iv</sup>) in the factor which considers emotional effort, of the four relevant levels, the third and fourth levels include descriptions such as; "frequent exposure to distressing or emotional circumstances; occasional exposure to highly distressing or highly emotional circumstances; frequent indirect exposure to highly distressing or highly emotional circumstances; occasional exposure to traumatic circumstances; and frequent exposure to highly distressing or highly emotional circumstances". It is important to consider this when comparing sickness absence with other organisations.

3.7. For example, The Times<sup>v</sup>, in an article 'A Sickening State' partly referenced figures from the Chartered Institute of Personnel and Development (CIPD) showing how "few [public sector workers] have to tackle muggers or brave fires...health workers seem to be even more unhealthy, racking up an average 11.7 sick days a year".

3.8. In response Unite argued that many public sector workers do indeed have to deal with the public in highly pressurised situations because of the type of services which are delivered by the public sector almost exclusively. This is supported by an Income Data Services survey of NHS workers commissioned by the trade unions in 2007 found that 41% of NHS staff have been subject to some kind of violence or abuse in the previous 12 months. In regards to stress, it is specifically workload related stress that is cited by public sector employees as a leading reason for employee absence.

3.9. Further, there is simply no evidence that public sector workers "are taking liberties over sick pay", an assertion in The Times article which contradicted the CIPD research it was citing. The CIPD absence survey records that "other absences not due to genuine ill health" were lowest in the public sector.

3.10. As a general point, it is worth noting that only 61% of private sector employers even record absence while 84% of public sector organisations do - a sign that alongside a greater likelihood of supportive systems and policies being in place that return employees to work rather than dismissing them - that the public sector takes absence more seriously than the private sector. The Times also argued that public sector workers have a "cushy number" – but if we look at "actual number of hours worked" over half of NHS workers usually work more hours than their contract - typically unpaid.

#### Violence in the workplace:

3.11. Currently the NHS Staff Survey has no direct, overall question that establishes how many staff experience violence at work in the NHS. Instead there are separate questions to identify who committed the violence. This has the impact of not giving a true picture of the amount of physical violence that staff may be subject to. For example, in the results of the 2008 NHS Staff Survey if we take the responses from staff in 'All Ambulance Trusts', there is an average base number of 4012.2 respondents to question 28 sections a-e (In the last 12 months have you experienced physical violence from a. patients/service users, b. relatives/friends of patients or service users, c. other members of the public, d. your manager or team leader, e. other colleagues). This gives us an overall sample size of staff in this group. If we then consider the base number of respondents (1097) to Q28(g) which asks "If Yes to any of a to e: The last time you experienced physical violence, did you or a colleague report it?" we can calculate that approximately 27.3% of all staff in Ambulance Trusts have experienced physical violence in the past 12 months.

3.12. Using the same method on Question 29 of the 2008 NHS Staff Survey (again considering 'All Ambulance Trusts) there is an average number of 4010.6 respondents to each of different sections on harassment, bullying and abuse. The answers to Q29 f indicate that 2023 base respondents answered that they had experienced some sort of harassment, bullying or abuse in the previous 12 months. This means approximately 50.4% of staff in NHS Ambulance Trusts have experienced some sort of harassment, bullying or abuse in the past 12 months.

3.13. Unite believe there should be a single, overall question that clearly establishes the levels of physical violence, harassment, bullying and abuse experienced by staff.

***Do you think that there are inconsistencies in the way that staff health and well-being is supported across the NHS? If so, do these inconsistencies lead to inequalities in the ability***

***of staff groups to access health and well-being support and services, and are there varying outcomes as a result?***

4.1. At the session regarding the 'staff perceptions survey' it was noted that there had been less engagement from staff in community services and those employed in support roles.

It is important to ensure that these groups are further consulted to gain their insight but also to acknowledge that the delivery of any initiatives associated with the Boorman review should be conducted in a way that does not disadvantage these groups of staff.

4.2. Community staff and support staff are important groups in the Unite health sector membership; Unite will support their access to the Review and its outcomes. Unite look forward to working with, and receiving support from, the Department of Health in this endeavour.

***What should be done to improve staff health and well-being across the NHS in the short term? What should be done to improve staff health and well-being across the NHS in the long term?***

Short term measures:

5.1. Feedback from our regional officer colleagues indicates there are concerns regarding long delays in organisations dealing with health and wellbeing issues and disciplinary and grievance issues. We acknowledge that at times some cases may be delayed due to serious issues, including where fuller investigations are required. However we are aware of cases that are delayed due to poor staffing levels in Human Resources departments, or in some instances it would appear there is a reluctance to hear cases.

5.2. It is often the case in these instances that local policies and procedures are not being followed. It would seem a simple process that this should be done. Unite has examples where due to extended delays in hearing cases locally our members suffer more distress, and usually return back to work later.

5.3. Staff should be routinely given the right of self-referral to occupational health departments.

Long term measures:

5.4. Further investment should be made into occupational health departments. It should also be made clear that where occupational health departments are providing services to 'make a profit'

from local businesses this should not be at the detriment of the service that they are providing to NHS staff employed in that organisation.

5.5. Better efforts should be made by organisations to use the resource that is the NHS Staff Survey. Not many organisations can boast of having such a method of asking staff what their perceptions are of their workplace. Unite believe many organisations do not use this information to better develop their support and systems. When questioned, managers and Human Resources departments in some organisations cannot clarify what mechanisms they are putting in place to improve on poor outcomes year on year. Again, Unite often hear the argument that staff *will* be stressed and this is accepted rather than being properly addressed.

5.6. Unite welcome that the Department of Health is proposing the next edition of 'The Healthy Workplaces Handbook' will be freely available to organisations, downloadable from the NHS Employers website. Unite believe this is overdue and will help contribute to ensuring that Health and Safety representatives will be able to use the publication as part of their roles.

***In your opinion, what do people think about occupational health services in the NHS? What could be done to make these services more effective?***

5.7. Unite are often told by our members that they have had positive involvement with occupational health departments, often against difficult operating situations.

5.8. Unite believe many occupational health departments are currently under funded. This should be addressed urgently, especially in light of the impact that this would have on an organisations ability to provide healthcare to the public.

5.9. In some organisations Unite members report that they perceive occupational health departments as a "management tool" or as a punishment for ill health. This has been further emphasised in some organisations where the ability of self referral has been denied to staff. This approach alone gives a further impression that the service is not there for the benefit of staff. It also goes against any hope of perceiving the department as being involved in the positive promotion of health and wellbeing improvement (rather than dealing with ill health).

5.10. Unite are also aware of cases where occupational health departments have been supportive to groups of staff who have individually attended the department with similar 'symptoms'. However Unite are concerned that in these cases when the occupational health department has made recommendations to the Trust these recommendations can be ignored.

***What should ‘success’ for NHS staff health and well-being look like? How should it be measured?***

6.1. From information provided during the period of this ‘call for evidence’ and at the deliberative events it would appear that parallels are being drawn with private sector companies. This includes an example discussed at the deliberative events in London and Leeds where absences were reduced in Royal Mail. However, Unite do not believe this is an appropriate comparator; there is a lack of comparison between the Royal Mail and the NHS on details such as the retention rates of staff and length of time of service. Whilst it is important to develop and share good practice from other organisations it is important to understand where these parallels have limited relevance, and Unite would draw attention to the arguments made above drawing on the CIPD research.

6.2. Unite believe an important indicator that would demonstrate success would be where staff report they feel the approaches taken are supportive, are not felt to be ‘top down’ or punitive. Even though IWL was led by the Department of Health at the highest level, many members reported a feeling of bottom-up implementation that Unite believe shows that this is an achievable and preferable option for any initiative that aims to improve staff health and well-being.

6.3. To further achieve this Unite feel it is important that the language used should be reflective of a positive and engaging approach. For example, Unite members report that when faced with arguments that demonstrate how much money “could be saved” by reducing absence it is felt a negative, punitive approach to staff is being taken. Whereas those organisations that concentrate on the importance of achieving positive improvements in a person’s health, leading to more support in the work place, leads to better outcomes in reducing ill health.

***How can managers and leaders across the NHS be encouraged to take action to ensure that sustainable improvements are made to staff health and well-being in their organisation?***

6.4. The NHS Constitution<sup>vi</sup> was published in January 2009. Whilst it was welcome that the Constitution included pledges that related to staff health, well-being and safety Unite are concerned that these are pledges rather than rights. Unite believe if this were changed there would be a more serious commitment from organisations to prioritise staff health and wellbeing.

6.5. Unite are also concerned that it is also a pledge to engage staff in decisions that affect them, rather than a right of staff to be involved. The ‘staff perceptions survey’ shows that staff who feel consulted and included in their organisations are more likely to also report being more ‘healthy’.

6.6. Additionally, research shows that where trade unions are present in a workplace there is a cut in industrial accidents and there are more likely to be associated with equal opportunity policies and family-friendly policies in the workplace<sup>vii</sup>. Trade unions clearly make a difference to the health and wellbeing of staff, yet the NHS Constitution did not include reference to the importance of trade unions.

6.7. To perform well an organisation has to have good staff 'health and wellbeing' principles and outcomes. This needs commitment from the top of the organisation, with those at all levels feeling fully included.

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<sup>i</sup> Hoel H, Cooper GL. (2000) *Destructive conflict and bullying at work*. Manchester: UMIST, 2000.

Available at: [www.bullyinginstitute.org/research/res/umist.pdf](http://www.bullyinginstitute.org/research/res/umist.pdf) (accessed 16 March 2009).

<sup>ii</sup> ADAMS, C & CRAIG, I (2008) *A service at crisis point*. In Community Practitioner Journal. December 2008. Volume 81. Number 12.

<sup>iii</sup> NHS EMPLOYERS (2008) *The Healthy Workplaces Handbook*. The NHS Reference Guide to Staff Well Being. NHS Employers. London.

<sup>iv</sup> DEPARTMENT OF HEALTH (2004) *NHS Job Evaluation Handbook: Second Edition*. [www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en)

<sup>v</sup> EDITORIAL (2008) *A Sickening State*. [http://www.timesonline.co.uk/tol/comment/leading\\_article/article4995703.ece](http://www.timesonline.co.uk/tol/comment/leading_article/article4995703.ece)

<sup>vi</sup> DEPARTMENT OF HEALTH (2009) *The NHS Constitution: The NHS belongs to us all*. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_093419](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093419)

<sup>vii</sup> For example, please see David Metcalf, *British Unions: Resurgence or Perdition? (The Work Foundation, 2005)*