



# NHSHealthandWellbeing

the Boorman review

## Staff Perception – Qualitative Research August 2009

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## **1. Introduction**

The NHS Review of the Health & Wellbeing of the NHS Workforce (“The Boorman Review”) was commissioned as part of the Government’s response to Dame Carol Black’s Review, “Working for a Healthier Tomorrow”.

It sets out to investigate the health and wellbeing of NHS staff, and the ways in which it is preserved and improved. For the purpose of this research, the Review has used the World Health Organisation’s definition of Health and Wellbeing:

“a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”

The Review is made up of a series of activity strands including a formal Call For Evidence, and the development of a Cost Model and a Case for Change.

The Staff Perception Research strand comprises two elements:

- a) an online quantitative survey, and
- b) a series of “Discussion Group” Meetings

The findings from the Discussion groups should be read in conjunction with the outputs from all of the other activity strands of The Boorman Review.

## **2. Confidentiality**

All Discussion Group participants agreed to attend on the basis of the sessions being anonymous, so the identity of the participants in these meetings is protected, and comments are intentionally not attributed.

The overall findings of the Discussion Groups will be made available in summary through the Boorman Review Interim Report which will be published in the summer of 2009.

## **3. Acknowledgements**

The Boorman Review would like to thank the Trusts, SHAs, and all those members of staff who kindly volunteered to take part in the Discussion Groups at short notice.

The Review would also like to recognise the administration of Sophie Best and the facilitation of Steve Wood without whom this Report would have been impossible.

## **4. More Information**

Further information relating to The Boorman Review can be found at:

[www.nhshealthandwellbeing.org](http://www.nhshealthandwellbeing.org)

All views presented in this paper are the result of comments made during the Discussion Groups, and quotations are as accurate as one Facilitator's Notes can be.

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## 5. Methodology & Meeting Schedule

The aim of the qualitative research was to collect a broad range of views from Discussion Group participants in order to understand what staff perceive the NHS attitude is to staff Health and Well-being.

The sample was designed to:

- talk to clinical, administrative, managerial and support staff
- include a representative sample of the regions of England
- capture views from staff in different types of NHS organisations

A standard Facilitators Guide was developed, containing 8 uniform questions.

The Department of Health helped to identify suitable Trusts for the Review to approach within each of the SHAs, and local Trust staff were responsible for the selection of the Discussion Group participants.

As a result, a total of **18 Focus Groups** (ranging in size from three to ten participants) **and two 1:1 meetings** were conducted during early May, at a national spread of locations as follows:

Date	SHA	Location/s
Tuesday 5 <sup>th</sup> May	South East Coast	Surrey & Sussex Healthcare Trust
Tuesday 12 <sup>th</sup> May	North West	Greater Manchester West Foundation Trust
Wednesday 13 <sup>th</sup> May	West Midlands	Osprey House, Redditch
	South Central	Southampton University Hospital
Thursday 14 <sup>th</sup> May	South West	Mental Health, Taunton / Wells
Monday 18 <sup>th</sup> May	East Midlands	Duncan Macmillan House, Nottingham
Tuesday 19 <sup>th</sup> May	North East	West Park Hospital, Darlington
	Yorks & Humber	York Hospital
	West Midlands	Ambulance Service, Dudley

## 6. Key Findings

### 6.1. Staff perception of their own Health and Wellbeing

#### Communication

##### I. Limited awareness of existing H&WB initiatives.

Insufficient communications:

- ~ About the rationale behind the NHS wanting to help staff improve their H&WB, and
- ~ About any forthcoming activities (results in limited participation)

##### II. No common H&WB branding

Promotional materials for any H&WB initiatives have no common theme, look or style, so employees don't associate the various activities as all being part of a very large collective programme to improve staff H&WB.

##### III. No staff engagement in H&WB

Staff are not involved in the design of local H&WB activities, so the programmes are rarely tailored to the local requirements, and staff are less motivated to participate.

#### Governance

##### I. No consistency of H&WB ownership at Executive Board

Where H&WB is identified and has an owner, it is HR, but as HR is particularly short-staffed, H&WB now suffers from very mixed delivery and has slipped down the priority list.

In addition, Occupational Health reports into a variety of executive posts.

##### II. No 'joining up' of various H&WB activities

The H&WB activities that are happening across the country are not commonly branded, so the NHS Workforce does not link the "Quitters" (Stop Smoking) initiative with Cycle to Work and Healthy Eating. This significantly reduces the overall impact of any activities.

#### Occupational Health Service

- Staff believe it **exists to help the NHS first, and staff second.**
- Staff believe it **should be a preventative, rather than a reactive, service.**

#### Presenteeism

- Staff come to work when unwell to avoid letting their local team down.

#### Prioritisation for Treatment

- Staff do not understand why they aren't prioritised for treatment when unwell.

## **6.2. Current Health & Wellbeing Activities**

The following were recalled unprompted at least once during the Discussion Groups, and are listed in alphabetical order, with no weighting for recall frequency

- Advice on childcare
- Carer incentives
- CICC – Confidential listening and counselling service
- Communications on H&WB ideas (Newsletters / other)
- Concessionary swimming
- Cycle to Work (with/out purchase discount scheme)
- Exercise classes run by our Physios 5 days a week
- First Care – to help manage sickness absence
- Flexible Working
- Flu Jab initiative
- General health checks
- Gym Membership
- Healthy working and eating guidance
- HeartBeat – Pilates classes run by Physiotherapists
- Hep B and Hep C injections
- “Improving Working Lives” spin offs in place: such as stress management support, weight management, physical activities
- Intranet links to healthy working / lifestyle
- Non-religious retreat at week end
- Organisational values supporting health and wellbeing, and links to having regular IPR and PDPs
- Phone counselling
- “Quitters” – the Stop Smoking initiative

- SALS (Staff Advice & Liaison Service) recently started by Ambulance staff in Coventry, now being expanded.
- Social club
- Senior Managers / CEO walk the talk initiatives
- Staff award schemes – Golden Hearts – when patients/staff nominate employees for a good deed
- Staff rooms for breaks
- Staff shop
- Weightwatchers

### 6.3. *Is Staff Health & Wellbeing important to the NHS ?*

The following are quotations from Discussion Group participants

- *“The issue is that the whole NHS is working to a higher level of pressure than ever before...but we must wake up and smell the coffee... efficiency is not the be all and end all”*  
(Staff Nurse)
- *“Our workload has increased by 9% over last three years, but staffing levels have remained unchanged due to budget cuts. Most of the increase has been at night / weekend, so that has increased stress”*  
(Paramedic)

Most staff perceive their H&WB as being important only due to the management requirement to have resource available, and are firmly convinced that **“Patients always come first, at the expense of staff”**.

#### **I. Staff perceive the NHS focuses on patient H&WB and doesn't prioritise staff H&WB. This is** reflected in most H&WB initiatives not being properly thought through:

##### Examples

- *Introduction of a Cycle To Work initiative, but without the provision of bicycle racks or shower / changing facilities*  
(Mental Health)
- *Launch of a Flu Jab initiative, but due to the insistence on having a nurse to administer it, only 10% take-up as her availability times didn't suit most shifts*  
(Ambulance Service)

#### **II. Failure to explain the reasons behind the introduction of initiatives has caused cynicism among staff regarding some staff H&WB initiatives.**

Examples

- *Introduction of a Cycle To Work initiative, but it was led by the Estates department as its aim was to free up car parking spaces, rather than improve staff H&WB.*  
(Hospital)
- *H&WB of staff isn't important compared with the 18 week targets... we're just seen as a potential breach"*  
(PCT)
- *"Our night telephone operator had to pee into a bag at her desk, as she is a single operator on from 2-7am, and she had a crash call..."*  
(Hospital)
- *"They seem happy to let us double shift on a regular basis"*  
(Paramedic)
- *"We used to have a Jogging Circuit around the Hospital Grounds, but that was stopped by Health & Safety because of the building works"*  
(Hospital)
- *"Admin staff are at the bottom of the heap when it comes to H&WB"*  
(Admin)

**III. Hitting targets is perceived as the most important objective:**

Examples

- *"Stop making the Ambulance Service target driven, and instead make it outcome driven".*  
  
*The Call Connect policy of getting there in 7.5 minutes because the British Heart Foundation research says a de-fib within 8 minutes is far more likely to keep someone alive is only good if you then have an ambulance that can get that patient to hospital and keep them alive. Because we're now in single driver cars to hit the 7.5 minute arrival target, we don't have enough ambulance drivers, so it can take up to an hour for the ambulance to arrive and more patients are dying while they wait with the paramedic. That is stressful for the patient, the patient's family and for us."*  
(Paramedic)
- *"Our Foundation Trust status exposes the NHS to political scrutiny, so we have to deliver (ie hit targets with ever tighter budgets). But while the workload is increasing, resource levels have stayed constant. I don't see how those two can be reconciled"*  
(Hospital)
- *"H&WB is more about managing people than supporting staff"*  
(Admin)
- *H&WB is important but some initiatives are viewed simply as ways of saving money. Rather than helping staff, finance has become the driver."*

#### IV. H&WB is not viewed as a cost, so there is no concept of a Return on Investment (ROI) for Health & Wellbeing

##### 6.4. Presenteeism

Most staff claim to be motivated by the ideal of providing patient care, and therefore regularly **put pressure on themselves to come into work** when feeling unwell.

None were surprised by the survey finding that nearly two-thirds of staff have come into work at least once in the past four weeks, despite feeling unwell.

- *“If I don’t come in, then she has to do it”*  
(Staff Nurse)
- *“If I don’t come in, then it just piles up waiting for my return”*  
(Admin)

Some attributed **partial responsibility for any presenteeism to the Bradford Sickness Absence** monitoring system, claiming that adherence to strict targets results in negative behavioural patterns:

- *“It goes down as ‘one sickness’, so there’s no point being off for just one day: you might as well be off for the max until you need a doctor’s note”*  
(Hospital)
- *“There’s very little performance management of high Bradford scores, so there are no consequences for playing the system, no impact on pay”*  
(Admin)

Some claim to be **under pressure from their managers** to come in to work when unwell to help deliver patient care and quality targets, but there was limited evidence of this, and no managers agreed. When off sick some staff have been known to receive phone calls from their Line Managers asking when they are returning to work (although this could be very much viewed two ways, either concern or pressure)

Some staff identified a **‘survival culture’**, where coping with trauma is seen as just being part of the job, and staff are expected to ‘get on with it’:

- *“We need to change the culture so it’s OK for staff to seek help / admit they need help no matter how busy they are”*  
(Paramedic)

Some felt that **temporary staff are an inadequate way to provide cover:**

- *“Only 50-70% temp agency fill rate, and even then they need induction etc”*  
(Admin)
- *“We come in when we’re unwell because temp staff mess things up – they’re not the solution they’re claimed to be: they just cost more, without delivering more”*  
(Nurse)

### **6.5. Current Role of Occupational Health**

- *“Occupational Health used to be for employees, but now it’s a tool for management”*

The role of the **Occupational Health service is unclear to staff.**

- *“Occ Health is a waste of time, except they can use their contacts to get you a quicker appointment with the GP”*
- *Often give contradictory advice to that given by the GP*
- *“It’s just a process that gives us information we already know”*
- *“Occupational Health has lost its brand”*
- *“OH is short-staffed, so they face externally to generate revenue”*
- *There are some legal regulations about what they have to do”*

**The loss of the self-referral facility** in most locations has frustrated staff...

- *“Why does your manager have to refer you ? It’s embarrassing, and word often gets back to them...”*

.. **but Managers have found it useful** to have to enter a reason for referral on the form as it allows them to understand more about that member of staff’s issue and they can better support them.

Occupational Health is seen as being **a low organisational priority:**

- *“There’s an OH Waiting List of about 4-5 months for an appointment... I was told not to bother as I’ll have had the baby by then...”*
- *“We have a turnover of £175million, but only a £300k OH budget”*
- *“OH - the forgotten department, operating on 0.13% of the Hospital budget”*

In some areas of the NHS, there is **a stigma attached to staff who feel the need to seek help / support from Occupational Health:**

- *“I worry what my colleagues will think of me if I go to OH”*
- *“An OH appointment will adversely affect my performance appraisal”*

As OH has been forced lower down the priority list, and is increasingly outsourced to external providers, its **physical location has moved** either off-site or further away from the centre of a site. Staff believe this hinders staff getting access to OH, and gives less visibility to the promotion of staff H&WB.

- *“Occ Health locations are often miles away...”*

Staff believe **OH would benefit from a fundamental re-structuring**. It is now seen as something that used to be for the benefit of staff, but has been eroded over time:

- *“It’s under-used”*
- *OH is set up around “why they can’t do the job ?” and not “how can we get them to return to work to do something ?”*
- *“It’s an illness service - if your Bradford score is high, then you’re ‘punished’ with a referral to Occie Health”*
- *“It’s an outdated model – it needs to be more proactive”*
- *“Service delivery is very varied”*
- *“Now have to be referred by your manager which is terrible. It embarrasses staff , and reduces attendance”*
- *We can only offer our 30 minute Lifestyle Appointments on the back of selling a few extra travel vaccines”*

*(Occ Therapist)*

A number of **other Occupational Health issues** were raised:

**Fit for Work Decision-making:**

Can OH make a decision regarding whether or not an individual is fit for work ? The tendency is to caveat so much that the advice isn’t clear.

**Funding:**

Should OH be income-generating or not ?

**Staffing:**

There is a decline in the number of OH consultants

**Governance:**

There is very little consistent or joined-up thinking because each Trust has a different local approach to OH, different owners, and different SLAs”

**Motivation:**

Staff believe there is huge variation in the motivation levels of OH teams

#### **6.6. Suggested Future role for Occupational Health**

Staff believe that it would be an improvement if Occupational Health services were **more preventative**:

- Occ Health need to be more consultative in their delivery
- Education about Lifting & Handling to avoid Musc Skeletal damage etc
- Information about diet for sedentary drivers (to avoid ulcers, IBS, etc)
- Education about handling stress (ie. Post trauma)
- Information about coping with fatigue

Staff would like to see Occupational Health services **re-positioned as a service for them**:

- Self-referral
- Drop-in surgeries
- Annual Health Checks
- OH facilities at convenient locations for staff
- OH facilities open at convenient times for local staff shifts
- Should have the ability to fast track staff
- Uniform implementation of services across trusts and nationally

**Managers would like Occupational Health services to offer greater guidance regarding a member of staff's ability to return to work:**

- *“OH role should be to give managers guidance about the individual's ability to do their work, or return to work”*
- *Why doesn't OH make return to work decisions, based on the financial benefit of an individual returning to work or not ?*

### **6.7. Responsibility for Health and Wellbeing**

When asked “Whose responsibility is Health and Wellbeing?”, the vast majority of staff in the Discussion Groups agreed that **they have a primary responsibility for their own health and wellbeing, but that their employer had an obligation to support** their health and wellbeing in the workplace:

- *“Individual responsibility to look after themselves, but their manager has a duty of care to support them”*

One interesting aside was the observation:

- *“Often it’s the H&WB of the manager you need to worry about as they look after their team, but not themselves”*

### **6.8. Staff Suggestions to Improve Health & Wellbeing**

#### **Manager Training**

- Manager Training on specifically how to manage sick absence
- Manager Training on people issues.  
Managers are often promoted for their clinical skills (e.g. originally you had to be a paramedic in the Ambulance Service before you could be promoted)
- Train Managers to recognise when an Occupational Health case is actually a staff performance management issue
- Managers trained properly in local employment policies so consistency of application when staff need time out.
- Enforce regular staff 1:1s with their managers so that any H&WB pressure points are picked up early on

#### **Occupational Health Service**

- Should be preventative:
  - offer voluntary annual health checks to staff
  - education about Lifting & Handling to avoid Musc Skeletal damage etc
  - information about diet for sedentary drivers (to avoid ulcers, IBS, etc)
  - education about handling stress (ie. Post trauma)
  - information about coping with fatigue
- Need a more holistic approach to H&WB, and ensure national initiatives can be implemented locally
- Allow direct OH access to patients (not via GP as at the moment)
- Allow OH access to Mental Health records, especially for long term sick

- Compulsory Regular Health Screening Checks for high risk areas (such as those working with mortuary chemicals)
- OH could make return to work decisions, based on the financial benefit of an individual returning to work or not?
- Link Occ Health departments better (“OH should pull it (H&WB) all together for staff – make it easy for us”)
- Occ Health should own H&WB comms
- Re-introduce self-referral to OH
- OH needs to be more directional / instructive to help managers

### **National Initiatives**

- Improve staffing levels
- Ensure all staff have patient-free rest areas
- Start insisting on staff cover for holidays / long term sick, so remaining staff don’t just have to carry the additional resource burden
- Re-introduce a lunch break  
(*“...at the moment people sit in their cars and eat their lunch...”*)  
(*“...now it’s just e mails over the computer...”*)
- Lunchtime H&WB sessions: sometimes a walk, sometimes an educational information session, or even a Humour workshop
- Make most classes at lunchtime, not after work
- Introduce Rosemary Connelly classes / Massage Chairs
- Nationally negotiated discount scheme for gym membership
- “NHS should provide private healthcare option at subsidised rates like the corporates do”
- Dedicated funding set aside to enable staff to access H&WB support at discounted rates (ie. supplement fitness classes, relaxation therapies)
- Better working environments
- Sort out the car parking  
(*“..we’re having to come in earlier and earlier just to park...”*)
- Allow staff access to all Therapy Swimming Pools
- Incentivise attendance / non-sickness with an extra day’s holiday

- Voucher schemes for staff that can be used to access treatments such as relaxation, fitness classes
- Peer Supervision session
- Local contact that staff can access confidentially who are not Occupational Health or HR related to talk about home and work worries
- I'd like more recruitment to end short-staffing, and more team-building to counter rotation without induction.
- Ensure genuine equity in the H&WB facilities that are on offer and don't just "pander" to particular professions but make them for all staff

### **Improve Communication**

*(Strategic)*

- Show that all the various initiatives are joined up
- Explain to staff "why this initiative? Why is it so important?"
- Work on Staff Motivation to improve H&WB, so focus on education"
- Better more targeted communication – not just SHA wide note from HR

### **Specific subject matter**

- "Put some meaning into the NHS Constitution"
- Show people how much it costs to employ temps
- Do less things, but make more of them
- "Need to clarify sick pay terms for staff. We as managers are clear, but staff perception is different."

### **Prioritise staff for treatment**

- Give NHS employees priority over the public on waiting lists so staff can return to work asap
- Expedite staff for treatment – chiropody, physio, etc. By enabling early access to treatment will help avoid staff having to go off sick which then puts pressure on colleagues to cover which in turn impacts poorly on patient care.
- "Need therapeutic support for staff in high stress positions in addition to the informal network that we have today"
- Refer staff outside of Occupational Health

**Thinking differently:**

- H&WB initiatives could include better use of technology – things like Dragon Naturally Speaking dictation to help save time in writing reports to reduce the admin burden
- Training key staff in Cognitive Behaviour Therapy to help colleagues – train up some local H&WB Champions in this / other coaching & counselling techniques