

UNISON Health & Wellbeing Factsheet: Boorman Review

The purpose of this factsheet is to give UNISON Health Service members and activists a better understanding of the Boorman review and provide guidance on how to respond to the new health & well being agenda. This fact sheet should be read in conjunction with UNISON's guide on managing sickness absence, "***Making us Better***".

Boorman carried out a review of NHS Staff health & wellbeing. The aim of the final report, published in 2009, was to raise awareness of the importance of staff health and wellbeing, and its impact on patient care outcomes.

Boorman accompanied other initiatives such as the "Fit Note" which focussed on different ways of managing sickness absence and health & well being in the workplace.

Boorman's Chief Recommendations

- To improve health & wellbeing services (Occupational Health Services) to a nationally specified standard, and ensure they are focussed on prevention and tackling the underlying causes of ill health in the workplace;
- NHS employers to mirror public health initiatives to tackle health & lifestyle issues by encouraging health staff to take more exercise, eat more healthily and stop smoking;
- NHS employers to put staff health & wellbeing at the heart of their work. This includes appointing a clearly identified board level champion, and ensuring that managers receive training in health & wellbeing;
- To incorporate staff health & well being measures in local governance frameworks. This includes provision for proper risk assessment of key health priorities, and access to early interventions for musculoskeletal and mental health problems such as stress;
- Establish a staff health & wellbeing strategy developed in partnership with trade unions. Trusts need to go beyond simply meeting their legislative obligations to embrace a wider concept of staff engagement;
- The Care Quality Commission's annual assessment should in future include standards and targets for staff health & wellbeing.

The NHS Constitution

The Constitution set out rights, pledges and responsibilities for employers and staff.

It reinforces that staff have the right to work within a healthy and safe workplace, work your contracted hours and take regular breaks from your work, and that you can expect your employer to have:

- taken all practical steps to ensure the workplace is free from verbal or physical violence;
- made a suitable and sufficient assessment of the risks to your health and safety;
- identified preventive and protective measures to be put in place.

It commits employers to provide support and opportunities for staff to maintain your health, well being and safety, and to engage you in decisions that affect you.

It also places a duty on staff to to act in accordance with the express and implied terms of contract of employment including hours, place and duties of work, annual and sickness absence provisions.

Managing sickness absence

UNISON accepts that employers have a responsibility to manage sickness absence. However UNISON has received reports of employers taking an increasingly punitive approach to managing sickness absence. This is not a Boorman recommendation. The purpose of Boorman was to focus on ways of improving the health of the NHS workforce. By improving the health of its workforce the NHS can make savings through reduced sickness absence. The Boorman Review clearly understood, staff attending work whilst feeling unwell (known as “presenteeism”); is more costly in the long term, and not good for staff or patient care.

Policy developments to be aware of:

Trigger points

UNISON frequently receives complaints from its activists and members about the arbitrary use of “trigger points”, a level of absence that triggers disciplinary procedures. Management will argue that setting triggers is necessary to ensure sickness absence is managed in a fair, consistent and transparent manner.

UNISON’s position on this issue is outlined in its guide **“Making us Better”**. UNISON accepts that absence provisions should operate consistently and fairly across the workforce, but individual circumstances will differ, and therefore a degree of discretion should be applied. In addition the arbitrary use of trigger points may leave employers open to claims of discrimination on the grounds of disability. Under the Equalities Act 2010 employers are required to make reasonable adjustments to accommodate workers suffering from a disability (**see TUC Guide on sickness absence and disability**), and this requirement applies to sickness absence arrangements. Proper training (for both managers and safety reps) and management consultation with safety reps can help employers avoid accusations of favouritism.

Finally monitoring of sickness absence can provide invaluable data highlighting hotspots in terms of ill health, whether it is a particular ward, office or department, or area of work, as well as accidents and injuries which are caused by work.

The nationally agreed procedures and arrangements for managing sickness absence are contained in Annex Z of the NHS Terms & Condition handbook (see p. 249). These procedures emphasise the importance of:

- Partnership working between managers and trade union representatives;
- Regular reviews of staff who are off sick;
- Early intervention for those off work for more than one month so as to avoid premature and unnecessary ill-health retirements.

Guidance on the implementation of Annex Z is available on the **NHS Employers web site**. This guidance is currently being updated in partnership with UNISON and its other trade union partners.

Occupational Health Services

Boorman recommended that Occupational Health Services should have nationally agreed standards. The Faculty of Occupational Medicine has produced **Standards of Accreditation** to enable services to identify standards of practice which they should aspire to, and must achieve if they are to achieve accreditation (see “additional reading” below for details).

Boorman’s vision is the development of “prevention centred” occupational health services as key to improving the health of the workforce and reducing sickness absence. This means occupational health should not be viewed as just a management tool, but instead be responsive to staff and management needs.

Most importantly, Boorman identifies that Occupational Health Services have often been under resourced in terms of both staff and money. Therefore they have failed to be pro-active in identifying potential systemic causes of ill-health (such as needlestick injuries, see additional reading below for details) and in turn have not put in place preventive early interventions. Instead they have been reactive, mainly dealing with disciplinary issues related to sickness absence and not getting to the causes or preventing further absenteeism.

Boorman also said that staff health & well-being should be fully aligned with wider public health priorities such as increasing exercise, tackling obesity, reducing smoking and excessive drinking and improving mental health (e.g. reducing stress). Examples of best practice include:

- Healthier eating options in canteens;
- Access to smoking cessation programmes;
- Changes in workplace design (e.g. easy access to stairs as well as lifts);
- Travel to work policies that encourage staff to walk or cycle to work;
- Discounted membership to sports, health and gym facilities.

UNISON has produced its own **fact sheet on Occupational Health Services**, details of which are given below. This emphasises that Occupational Health should prioritise identifying and preventing the causes of ill health in the workplace, as well as managing staff with health problems.

The Fit note

The purpose of the Fit Note, introduced earlier this year was to make it easier for workers to return to work, even when they are not 100% fit. Previously a sick note simply stated whether a doctor believed that a person should or should not be in work. The new medical statement will either indicate that a person is not fit for work, or that they might be fit for some work under certain circumstances. The doctor will also be able to suggest changes that would assist a return to work.

The implications of these changes are still unfolding. Although UNISON is not opposed to the Fit Note in principle it is concerned about the capacity of GPs and Occupational Health Services to realistically make recommendations on the adjustments needed within the workplace to enable a return to work. For the Fit Note to be successful Occupational Health Services will need to be proactive in helping staff, particularly those who have been off work for a long time, return to work, by for example helping to identify ways workplaces could be adapted or duties altered to accommodate the needs of the worker in question. For more information about the Fit Note please go the **UNISON Health & Safety Web Site**.

The role of Health & Safety Representatives

Trade union Health Safety Representatives have the legal right to be consulted on issues that affect the safety of the workforce – Sick employees affect the safety of the workforce. They also have the legal right to time off with pay to do their job as a health and safety representative.

It is crucial that UNISON Health & Safety Representatives work with managers in developing policies' on issues such as staffing, workload, shift patterns, stress, flexible working arrangements and managing needlestick injuries (see additional reading for more information).

Finally Health & Safety Representatives have a key role in recruiting and organising in branches. They have unique powers – which mean that employers have to listen to them. In addition health & safety issues, such as sickness absence, affect every worker, so using health and safety to recruit can prove successful.

If you'd like to get involved or want more information on the role of Health & Safety Representatives go the **UNISON Health & Safety Web Site**.

Additional reading

1. NHS health & well-being – the Boorman Review (<http://www.nhshealthandwellbeing.org/>)
2. Making us Better; Sickness absence agreement; a guide for branches and safety representatives (<http://www.unison.org.uk/acrobat/18267.pdf>)
3. Annex Z of the NHS Terms & Condition handbook (see p. 249) (http://www.nhsemployers.org/SiteCollectionDocuments/AfC_tc_of_service_handbook_fb.pdf)
4. Managing sickness: Chapter 43 of NHS Employers healthy workplaces handbook (http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/ManagingSicknessAbsence.aspx)
5. Joint NHS Staff Council Implementation advice on European Sharps Directive (http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/sharpsinjuriesframework/Pages/PreventionofSharpsInjuriesintheEuropeanHospitalandHealthcareSector.aspx)
6. Occupational Health Service Standards of Accreditation (<http://www.facoccmmed.ac.uk/library/docs/standardsjan2010.pdf>)
7. UNISON Fact sheet on Occupational Health Services (<http://www.unison.org.uk/acrobat/B177.pdf>).
8. "Fit Notes" – Guidance for UNISON Activists (<http://www.unison.org.uk/file/4987.pdf>)
9. Health and Safety Inspections at Work: organising for Health & Safety. A guide for UNISON safety reps (<http://www.unison.org.uk/acrobat/19465.pdf>).
10. Safety representatives and safety committees (Brown book) (<http://www.unison.org.uk/acrobat/17872.pdf>)
11. TUC Guide on sickness absence and disability (<http://www.tuc.org.uk/equality/tuc-15361-f0.pdf>)
12. Stress at Work – a guide for UNISON safety reps (<http://www.unison.org.uk/acrobat/18596.pdf>)
13. How stressed are you – a leaflet for members and potential members (<http://www.unison.org.uk/acrobat/18760.pdf>)

Want to get involved?

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