

Boorman review – Health and well-being of the NHS workforce

Faculty of Occupational Medicine response

The Faculty of Occupational Medicine supports fully the principal aims of the Boorman Review. We are participating actively through a nominated member of the advisory group, and through co-ordination of an earlier stakeholder group (Improving the Health of the NHS Workforce) that looked broadly at issues relating to improving the health and well being of NHS staff. Specific feedback from the Faculty on the key questions of the Boorman Review (and earlier iterations of these) has already been offered through these mechanisms. However additional comments and key points for re-emphasis are listed below.

There are anecdotal examples from OH practice of workplace health and well-being initiatives that really make a positive difference to staff. Individual support for employees and the implementation of adjustments to work, enable staff who are absent long term to return early, improving their overall quality of life. The key intervention is active and early case management, including the early identification of factors in the workplace that cause or exacerbate ill health. The best examples of success are cases where mental ill health has arisen because of a clear problem at work, such as excessive workload or conflict with colleagues or a manager. In our collective experience, positive case management by occupational health practitioners, in close liaison with Human Resources and line managers, makes an important impact on health and well-being outcomes in such cases. Indirectly, the perceptions of staff of their value in the organisation is improved by a positive and supportive approach to those with health problems. However, there is a general lack of robust information to support anecdotal examples such as this, and one aspect of the Boorman Review that the Faculty particularly supports is the collation of evidence in this area, provided that the quality of evidence is taken into account in its interpretation.

The Faculty has not collected nor collated directly any statistical information that might be submitted for the review. However, we have cascaded the call for evidence to our members, and have actively encouraged them to submit information via the Boorman Review website. This might include material that has been (or is intended to be)

submitted to the Faculty as a dissertation for the award of membership (MFOM). We have also reinforced the call for evidence through the communication forum of the Association of NHS Occupational Physicians (ANHOPs), a group that have clinical experience in the healthcare sector and would be most likely to have carried out useful research or audit in NHS staff.

The Faculty's view that there are indeed inconsistencies in the way that staff health and welfare is supported across the NHS has already been fed back to the Boorman Review through the advisory group representative. This is sometimes a consequence of the varying size and nature of NHS employers. However, the first national audits of occupational health practice in the NHS (carried out by the Occupational Health Clinical Effectiveness Unit (OHCEU)^{1,2} have provided evidence of variation in resourcing of NHS OH departments, with a large range in annual OH budget per head (Interquartile range £51-£93). Our impression from the OHCEU audit conferences and related feedback is that access to certain services varies e.g. physiotherapy services for those with musculoskeletal disorders and counselling or cognitive behavioural therapy for those with mental ill health. The audit on back pain did find evidence of varying outcomes (attitudes and beliefs of employees about back pain, which might affect their level of disability), but did not report directly the relationship between service provision and outcomes. The OHCEU is responding separately, and they will include information from further analysis of the audit findings in their response if this is relevant.

One of the key factors in improving the health of the NHS workforce is to improve the provision of "healthy" work, offering employees appropriate work demands and a degree of control over work. The well-being of staff is better if they feel that they are valued and they understand how their work contributes to the goals of the organisation. Engaging managers in this process by embedding the principles of good man management in their own objectives and appraisal cycle is crucial. Success measures for health and well-being of staff should be among the key performance indicators for Chief Executives, alongside financial success and quality of clinical services. Longer term aims should be to improve the consistency and quality of OH services between NHS employers, and to provide a broader range of well-being services in addition to traditional occupational health. There is a perception that important barriers to the development of OH services are caused by fluctuations in the financial constraints and competing priorities that operate at the level of individual Trusts. An exploration of evidence of the importance of this issue for staff health and well-being and, if appropriate, the possibilities for overcoming the barriers would be welcomed.

No single measure will assess success for NHS staff health and well-being satisfactorily. Instead it should be measured by a combination of factors, including self-reported health measures from staff surveys and objective measures such as long term absence rates, turnover (changing jobs or leaving for health reasons) and ill health retirement rates. It is important that any measures are considered in the context of health and well-being in other employment settings. Therefore the gold standard measure will be

comparison of ill health and well-being data in health care workers with other employee groups.

References

1. Occupational Health Clinical Effectiveness Unit. *Back pain management - Occupational health practice in the NHS in England: A national clinical audit*. London: RCP, 2009.
2. Occupational Health Clinical Effectiveness Unit. *Depression screening and management of staff on long term sickness absence - Occupational health practice in the NHS in England: A national clinical audit*. London: RCP, 2009.

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