

The Management of Health, Safety and  
Welfare Issues for NHS Staff

## **CONTENTS**

INTRODUCTION

CHAPTER 1 BACKGROUND AND CONTEXT

### **OCCUPATIONAL HEALTH**

CHAPTER 2 THE NEED FOR AN OCCUPATIONAL HEALTH FUNCTION

CHAPTER 3 PLANNING AND ORGANISING OCCUPATIONAL HEALTH SERVICES

CHAPTER 4 PRE EMPLOYMENT CHECKS

CHAPTER 5 HEALTH SURVEILLANCE

CHAPTER 6 EDUCATION AND HEALTH PROMOTION

CHAPTER 7 GOOD PRACTICE EXAMPLES

### **HEALTH AND SAFETY**

CHAPTER 8 HEALTH AND SAFETY MANAGEMENT :HSG(97)6

### **MANAGING RECRUITMENT**

CHAPTER 9 MANAGING RECRUITMENT

### **ANNEXES**

ANNEX A A MODEL OF OCCUPATIONAL HEALTH AND SAFETY  
POLICY

ANNEX B MODEL IPD RECRUITMENT POLICY

ANNEX C PERFORMANCE MANAGEMENT OF OHS

ANNEX D BULLOCK REPORT RECOMMENDATIONS

ANNEX E PRE EMPLOYMENT QUESTIONNAIRE - EXAMPLE

ANNEX F DEFINITION OF ROLES

ANNEX G

REFERENCES AND PUBLICATIONS

ANNEX H

ACKNOWLEDGEMENTS

## **INTRODUCTION**

An occupational health service addresses the impact of work on health and of health on work. It seeks to reduce the incidence of illness and injury caused by work in the NHS. It also has the objectives of ensuring that work in the NHS fits the worker and that all staff are able to achieve their full capabilities at work. Why are these objectives so important to the NHS?

The NHS has a statutory and ethical duty to safeguard, so far as is reasonably practicable, the health and safety of staff at work. It has a parallel duty to prevent harm to patients and the wider public arising from its work activities. These duties are placed firmly upon those who manage the NHS: an occupational health service should provide competent advice and support to help secure these aims.

Those running the NHS have other duties. It must be a fair employer to the more than 1 million people who work in the various parts of the NHS. It must exercise good governance in relation to its activities and seek to ensure the very highest standards of patient care within available resources. Wherever health issues arise in relation to employment and work in the NHS, the occupational health service should provide competent advice in support of the organisation's objectives. There is thus a clear requirement for an occupational health department to work closely with others on a day to day basis. This includes particularly personnel, health and safety and health promotion departments. This working harmony does not compromise the professional independence of the OH service, the maintenance of the highest standards of medical confidentiality nor the requirement to safeguard and improve the health of the workforce. The best outcomes for staff, patients and others come from working together within an agreed, robust framework.

Occupational health services are based on teamwork. Specialist trained doctors and nurses provide complementary clinical and workplace services. The occupational health team, however, encompasses a much wider group of professionals. Some of these professions,

such as physiotherapy and psychology, are easily recognisable within the NHS. Other professions, such as occupational hygienists and ergonomists, may be less familiar but have a crucial role in the overall delivery of a competent service.

An occupational health service cannot work in isolation. It works in relation to a local strategy which is in turn dependent upon an assessment of need including hazard identification and risk assessment at the workplace. Given the diversity of work in the NHS, occupational health services may be quite different from place to place. They should have in common a commitment to competence and excellence.

The new NHS has a number of key principles. Fairness, excellence, equity of access, working in partnership and the need for positive health gains. These principles are shared by occupational health services. This Guidance should help the NHS to improve the provision of occupational health services throughout the NHS for the benefit of staff and patient care.

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## CHAPTER ONE

### BACKGROUND AND CONTEXT OF THE NEW GUIDANCE

Staff health and welfare issues have attained a new prominence with a report being issued by the Public Accounts Committee on *'Health and Safety in NHS Acute Hospital Trusts'* (1996) and the **'Independent Inquiry into the Major Employment and Ethical Issues arising from the events leading to the Trial of Amanda Jenkinson'** (The Bullock Report)(1997). The Safeguards Review **"Children Living Away from Home"** led by Sir William Utting raised further issues around the employment of staff who work with children in the NHS. The profile of these important issues has been further raised by their adoption as Ministerial priorities and their inclusion in the consultation on an integrated Human Resource Strategy for the NHS.

In June 1997 the NHS Executive issued guidance [HSG(97)6 NHS Health and Safety Issues] in response to the Public Accounts Committees concerns on health and safety management in the NHS and followed this up with a series of regional roadshows for Trust Chairmen, Chief Executives and Directors organised by the NHS Confederation and sponsored by the Health at Work in the NHS project..

### BULLOCK REPORT

These guidelines are published in response to the Bullock Report and take note of the recommendations that it made in relation to:

- recruitment practices
- confidentiality and professional ethics
- the Park report
- the Clothier report

Whilst addressing those recommendations specifically made for the NHS Executive no attempt has been made to address those made to the UKCC, GMC, BMA and RCN. These organisations have responded separately to the Bullock recommendations with the exception of UKCC who will be responding later this year.

The text is annotated to show where recommendations have been noted, however, no attempt has been made at this stage to respond to Recommendation 14 on a national framework for mental health screening criteria. Subject to the successful conclusion of current research it is hoped to publish criteria later this year. Recommendation 24 relating to performance review and clinical supervision did not fall within the remit of this group.

### MINISTERIAL PRIORITIES

The guidelines take account of new ministerial priorities which have been set out by the Minister of State for Health as:

- Look after the Health of the Workforce
  - Stop avoidable accidents
  - Have proper strategies for avoiding violence
  - recognise what stress is doing, address causes, support and help staff
- Make sure staffing policies are flexible enough to make best use of staff
- Provide reasonable standards of accommodation and food for staff on call
- Recognise and deal with racism head on
- Make sure staff can speak out without fear of victimisation

#### **LINKS TO HEALTH AND SAFETY AND PERSONNEL - FORGING CLOSER LINKS**

The guidelines take note of and encourage the closer links being formed between the disciplines of Occupational Health, Health and Safety, Personnel/Human Resources and Health Promotion. In June 1995 the Health and Safety Executive, Health Education Authority and Association of NHS Occupational Health Physicians issued a Joint Statement of support for closer working between the three disciplines. Through these guidelines all NHS staff are encouraged towards ever closer working ties to the benefit of staff and patients .

The NHS Executive consultation paper on the new Human Resource Strategy for the NHS looks towards the integration of staff health, safety and welfare issues into the core management practices of NHS employers and its achievement through closer working of occupational health, health and safety, infection control and management professionals.

#### **COSTS OF NOT HAVING A STAFF HEALTH AND WELFARE POLICY**

There are around 450,000<sup>(1)</sup> reported accidents a year in NHS acute hospitals in England of which one third are to staff<sup>(2)</sup>; of those accidents to staff, 14% <sup>(3)</sup>(over 20,000 per year in number) involve physical violence.29%<sup>(4)</sup> of nurses are reported as being above the threshold for psychological distress.

Whilst it is not possible to eliminate all accidents and their costs any reduction will produce savings that can be used for other services. The scale is significant: the immediate cost of accidents is estimated at £12 million per annum<sup>(5)</sup> , with long term costs arising from these of £154 million<sup>(5)</sup>. Furthermore, every nurse lost to the service represents a loss of some £33,000<sup>(6)</sup> it took to train them. The argument for a strong, effective and coherent staff health and welfare policy is easily made.

## **SERVICES COMPLEMENTARY TO OHS**

Whilst this guidance is aimed at improving the provision and quality of Occupational Health Services in the NHS and bringing about a closer working relationship between professionals in OHS, Health and Safety, Health Promotion and Personnel/Human Resources it also acknowledges the contribution that can be made by other services to the health and well being of staff. It should always be considered good practice to give consideration to the important and significant role that can be played by Trades Unions (who have certain rights to consultation on staff health and welfare policies), staff organisations, Chaplains and the providers of staff support and employee assistance in taking forward staff health and welfare policies.

(1) (2) (3) (5) Report of the National Audit Office " Health and Safety in NHS Acute Hospitals in England"

(4) Report on the "Mental Health of the Workforce in NHS Trusts" By Carol Borrill and others, Institute of Work Psychology, University of Sheffield and Department of Psychology, University of Leeds