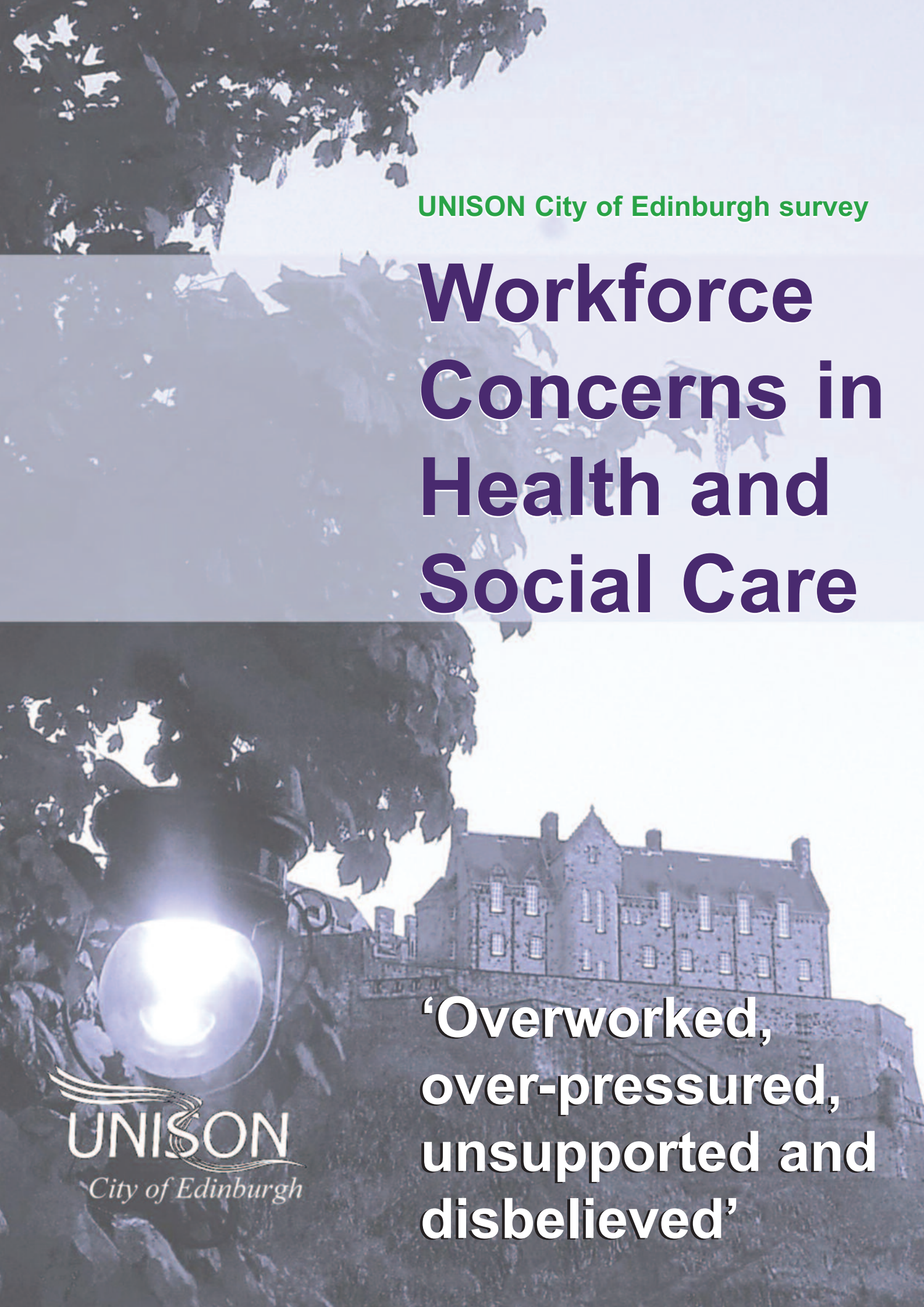

UNISON City of Edinburgh survey

Workforce Concerns in Health and Social Care

UNISON
City of Edinburgh

‘Overworked, over-pressured, unsupported and disbelieved’

Workforce Concerns in Health and Social Care

A survey by UNISON City of Edinburgh Branch
November 2017

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Introduction

The mismatch between resources and growing need for health and social care services is well documented.

It is also widely known that this has been exacerbated by councils in Scotland being starved of funds. The City of Edinburgh Council has had to cut £230 million over the last five years along with predictions of another £150 million in the next few years.

With around 1,000 jobs gone in the council, what is less well documented is the effect on the staff who are left behind trying to deliver essential services.

Following the concerning results of a smaller mental health survey in 2016, UNISON City of Edinburgh Branch decided to widen out its consultation in mid-2017 and ask its members what their day to day experiences were in trying to deliver health and social care services in Edinburgh.

This document summarises and analyses the responses to that survey. It gives a flavour of a workforce at times reeling under the pressures but committed to the services they provide and the people who depend on them.

Reasons for Survey

UNISON Health & Social Care (H&SC) stewards' committee held several members' meetings towards the end of 2016, and carried out a survey to determine the incidence of work-related mental health problems among members working in the practice teams.

The meetings and the survey results indicated that staff across the department are struggling with their workloads and so we (the stewards' committee) decided to survey all H&SC members to get a clearer picture of what the issues are.

UNISON has raised concerns about workloads within health and social care several times in the past ten years or so. In recent times these issues have been exacerbated by the competing, and sometimes contradictory, agendas of integration of health and social care and the transformation program.

Transformation has resulted in a mass exodus of experienced staff, with obvious consequences for the staff who have remained.

Method

A questionnaire was created using surveymonkey, a free website for users to create and distribute surveys. The survey link was distributed by email and remained open for one month, with reminders sent periodically until the survey closed.

> 'Transformation has resulted in a mass exodus of experienced staff, with obvious consequences for the staff who have remained.'

We felt that the surveymonkey method combined with the wording of the email would reassure members that they would be anonymous and so their responses would be confidential.

Members for whom the branch does not have an email address were sent a paper copy and asked to complete and return it.

The paper surveys also contained the relevant surveymonkey link so that members could submit their responses online if they preferred. Surveymonkey allows the creator of a survey to add in the results from paper surveys so that the responses can be analysed as a whole, and this was done.

We can provide copies of all of the comments left in response to each question, but as there were 257 responders and 22 questions, adding them to this report would make it unwieldy. We have provided samples of the comments where doing so gives a sense of what the respondents felt was important.

At present there are 1,513 UNISON members in health and social care, 1,215 (80%) of the members are women and 298 (20%) are men. Thirty (2%) of the members are under 26 and classed as young members.

Results and Discussion

Workplaces

Twenty-five different workplaces were mentioned in these responses, plus 12 which we did not categorise, either because the workplace was only mentioned once (eg FAST) or because not enough information was given for us to categorise it (eg south-east). Homecare was the largest workplace listed, at 79.

Practice teams were the next

biggest responder at 51, with 22 of those being north-west. There were 11 responses from care homes, 10 from criminal justice, nine from business support and seven from the hospital teams.

Three respondents identified their workplace as Waverley Court. We expected a higher response rate from those staff who have workplace access to computers, and this seemed to be the case.

Job titles

Combined, there were 71 responses from social care workers and social care assistants.

Thirty-eight of the respondents were social workers and 17 were occupational therapists. Eighteen respondents worked in business support and 12 were homecare organisers or coordinators. Seventeen were senior or senior practitioner occupational therapists and social workers. Eight mental health officers responded.

One person declined to give a job title as it would have made her or him identifiable, and 19 respondents did not give enough info for us to categorise, or their job was only mentioned once.

Age and Gender Distribution, and Length of Service

The male to female ratio of respondents was 28% to 72%, despite the membership being 80% female. This is perhaps because the biggest group of women workers is in home care, which has the least access to computers.

None of the respondents were under age 25, and only 8% were aged 25-30. The largest single age group was 51-60, at 35% and 10% were 60-65 years old. None of the respondents were over 65, 21% were 31-40, and 26% were 41-50 years old.

The majority of respondents (41%) had been in post over ten years. Ten percent had been in post for up to two years. Twenty-eight percent had been in post for two to five years, and 20% had been in post for five to ten years.

This suggests that the majority of staff are experienced workers, and that almost half are approaching retirement or early retirement. We believe that the partnership should consider how to recruit and retain younger workers as a priority.

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Registration and Regulation

Over half of respondents (53%) stated that they are registered with the Scottish Social Services Council, and 10% are registered with Health and Care Professions Council. Thirty percent said that they are not registered with any regulatory body, and 10 percent said “other.”

One person commented that their post does not require registration, but a number of respondents made comments such as “don’t know,” “not sure,” and even “PVG,” “SVQ” and “UNISON” which suggests confusion and lack of understanding about registration and regulation.

Ensuring that the workforce understands the regulatory framework for their role is vital to ensure that staff understand their rights and responsibilities when working with vulnerable people.

Supervision - not regular for 33% of staff

Two-thirds of respondents said they have regular supervision. Worryingly, a third said that they do not. Forty percent had had supervision within the last month, but seven percent last had supervision over a year ago or never.

Workloads are more demanding and becoming more complex all the time. Most of the roles within health and social care are regulated by SSSC or equivalent bodies which require managers to provide regular supervision.

UNISON believes that establishing effective supervision for all staff is a matter of priority.

Some of the text comments to our questions about how often people have supervision include...

‘Only when manager have negative false report which always make me feel depressed.’

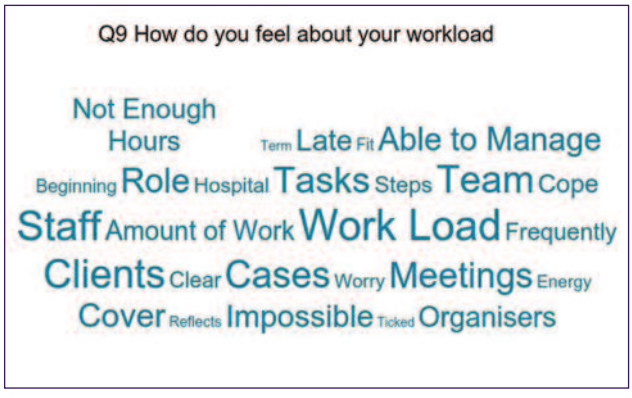
‘One supervision in nearly three years.’

‘Supervision tends to be centred around performance and targets.’

‘I receive regular formal and informal supervision.’

‘Regular supervision but not that useful because discussions mainly about work completed, number of cases closed, when you are on holiday to work out if you have to be allocated another case. No time to reflect and no discussion on training needs to help you work effectively.’

‘Might be regular, but quality is questionable, as to what happens when you reveal stress levels due to workloads. The support is minimal and sometimes not adequate for someone suffering with stress, you don’t get close support and just left to own devices with no follow up meetings about your stress, not even an assessment of your levels of stress.’



Workloads - 64% say too high

Under half (36%) of respondents felt they were managing their current workload. The majority said that their workload was higher and/or more complex than they were really comfortable with (40%) or so high and/or complex that respondents felt their health and/or ability to practise safely was at risk (24%).

Over half (57%) feel that the work in their area is not distributed fairly, and almost three-quarters (73%) said that they feel under pressure to take on more work than they can manage.

Of those who said they weren’t managing, 78% said that their workload was too big, too complex, or both. We asked these members if they felt internal pressure (such as guilt, not wanting to say no) or external pressure (such as instruction or pressure from management).

About a fifth (22%) said that they felt internal pressure, and the comments referred to not wanting to let service users down, knowing that if they refuse to take on more work it will fall on their colleagues, and not being seen as unable to manage.

Around 10 percent said that the pressure to take on more work than they could manage was external pressure, and comments referred to managers not listening when

workers raised concerns, being told “it has to be done” and the pressure around hospital discharges.

A majority of the respondents (59%) said that they felt both internal and external pressure to take on more work than they could manage.

This suggests that most of the workers (around 80%) struggling to cope will keep taking on more work than they can do because of a sense of obligation to their service users and their colleagues, despite the risk to their own wellbeing and their ability to practise safely.

A number of the OTs stated that they felt pressured by managers to take on work outwith their professional training and remit. Many of the respondents acknowledged that their line managers are also under pressure.

A number of respondents are responsible for allocating work to other staff. Of the staff whose job involves this, 53% said they did not feel pressured to push staff to take on more work.

Thirty-five percent said they have to pressure staff to take on work within their capabilities, and 11% said they were pressuring staff to take on work outwith their capabilities. There appears to be a huge difference between what managers feel their staff can manage and what staff feel they can manage.

> ‘I have discussed my mistakes with my senior and manager who were not bothered by any of it. As I am a good worker they brushed them under the carpet rather than question why I am making these mistakes - too much work.’

Comments included:

‘Can manage most of the time but when co-workers are on holidays or sick leave workload can double with no time allocated to travel from client to client.’

‘I am 63 years old and had knee replacement last Jan. I came back in June it was fine at first but from November & December I was getting more clients, no walking time and hills all the time. I asked for clients nearer my area but was told I had to do it. As a result of not listening to my request I had to go off sick.’

‘In the last 3 years and especially the last year my workload has increased and the number of tasks inherited from other departments whose members have decreased has risen re admin tasks HR tasks SMU tasks OT tasks sector tasks etc.’

‘A change in allocation procedures has led to an increase in stress - cases are allocated whether you have space or not, sometimes cases are allocated which could have been dealt with on Duty - this is frustrating. Previously in my career an efficient, effective screening and allocation process existed with workers feeling valued as their views and workloads were considered. Now emails are sent by Admin workers routinely and frequently regardless of annual leave or training courses booked. My line manager has twice taken cases back on realising the workload was unmanageable. It is neither satisfactory or satisfying to work like this.’

‘There are no easy straight forwards cases now and all allocations have a deal of complexity, there are no services to refer onto leaving you with higher caseloads and keeping cases open due to not being able to get specialist services for those more complex of cases.’

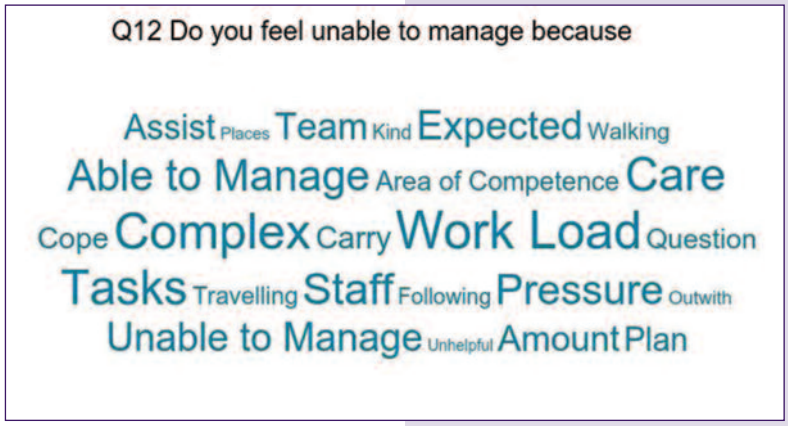
‘Huge pressure to ensure hospital discharges are done quickly. All other jobs stop, with a build-up of the day to day.’

‘I Have made a number of mistakes in the last year - I have had so many cases to juggle that I’ve “dropped the ball”.

I like to be thorough with my cases and have a high standard of work which I expect from others as well. However, just to keep on top of case I've had to relax the quality of my assessments and plans so that I can get through them quicker. I have discussed my mistakes with my senior and manager who were not bothered by any of it. As I am a good worker they brushed them under the carpet rather than question why I am making these mistakes - too much work.'

'This has caused me anxiety at work which is affecting my home life. I am constantly concerned that I am going to miss something important which results in serious harm/death to a client.'

'As a Senior OT, I'm expected to undertake many traditionally Senior Social Work tasks, such as an understanding of Corporate Appointeeship and Guardianship, which I feel unsupported by my manager to perform. Owing to this, there is a reliance on SSW colleagues to help.'



'My caseload is 38 which is highest it has ever been. Due to staff shortages, people leaving and subsequent need to absorb their cases I am overwhelmed with the level of work. I am terrified of missing something which causes anxiety and constant stress. I can say with conviction that something will happen as we are putting people at risk.'

'As a skilled worker I feel I get the more complex cases that involve adult protection, complex mental health, financial issues and complicated direct payments.

My senior has no understanding of direct payments so is unable to offer my advice or support when trying to pick apart what the money is being used for and how much we should be paying. Seniors are so far removed from reality that they have no real understanding of what front line social work is all about anymore.'

'I feel that as an OT I am performing two roles. That of an OT and that of a Social worker. There is very little distinction between the tasks that I do and those of my social work colleagues. I feel that I am unable to fully utilise my skills and experience within my profession as I am spending a majority of my time calculating budgets for complex care packages and performing long winded administrative tasks.'

I feel that the complexities of the OT role are not understood or valued by higher management and this results in double the workload per client. This also undermines the training and experience of my social work colleagues as it is deemed that anyone can perform their role regardless of training.

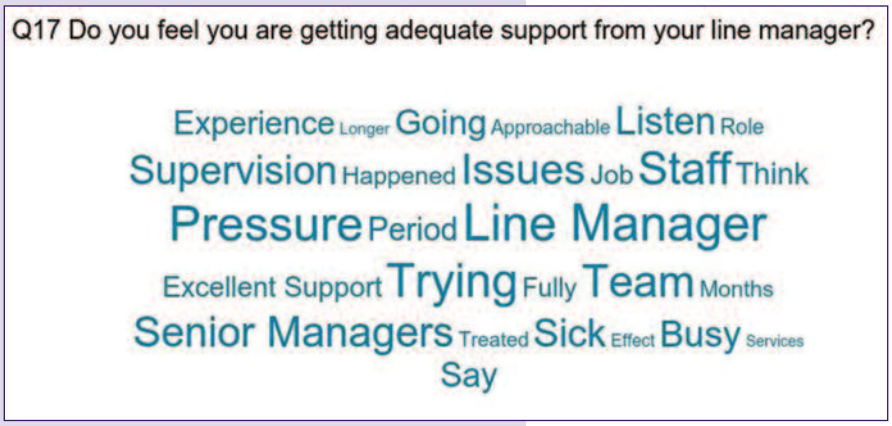
There is very little opportunity for joint working and sharing of skills and if Social work issues arise during OT involvement then the OT must keep the case on, however even if a minor OT task is required if a social worker is involved then the case gets allocated to an OT and then social work involvement is often quickly closed off so that the OT is then expected to pick up remaining social work tasks.

This does not appear to be monitored and it results in a great imbalance in workload between the two professions despite getting the same number of case scheduled in each week.'

'Work is piled onto workers who are seen as being able to cope, regardless of how they feel about it. If we see a client on standby and follow-up work is required, we will be instructed to take it on, rather than it passed to the next standby worker or put on a waiting list for allocation. Recently I agreed to do a joint visit with a senior to look at a new referral, on the understanding the case would not be allocated to me. It was allocated to me in addition to my scheduled allocations and despite my protests. This week I have been given double the scheduled allocations, without any discussion, and when I complained, was told that one could be closed as the client is in a care home - the assumption being that if the client was at home, I would have had to keep it.'

'This arbitrary 6 cases every four weeks is ridiculous within the core team, as before we had 3 allocations and were struggling with them, now someone has decided to give workers in core 6 allocations regardless of any evidence base for this increase.'

'I'm very firm now and won't do any seniors "a favour", however when it comes to scheduling I have little control of what cases I'm allocated. I do feel guilty as my senior is new and has problems with IT and case management so I want to be able to help him but it always ends up with me taking work that he doesn't how to manage.'



'I am always told that "this work will help your professional development" I feel this is just an excuse to place more SW/ OT work onto me - an unqualified person.'

'Recently, we were all emailed and told we had to take on cases as they were potentially adult protection concerns. This was in addition to normal scheduling and without any consultation.'

'I phoned organiser as was struggling and had two more clients to do in 15mins (yes impossible) I was told word for word "if you get off the phone you might manage." There is no support.'

Health Issues - 52% experience work-related illness

Over half of respondents, 52%, stated that they have experienced work-related ill-health in the past two years, and the majority of those (58%) had required sickness absence.

The survey did not ask members to specify whether it was a mental or physical health problem (which with hindsight was an omission), but did give space for comments.

The majority of comments specified mental health issues such as stress, anxiety and depression, with a sizeable minority reporting musculoskeletal problems.

This backs up the findings of the survey of practice teams UNISON undertook last year, in which 36% of the respondents said they had been

diagnosed with a mental illness during their time with the council.

A number of staff mentioned being unwilling to accept a GP's recommendation to sign them off because of the additional pressure this would put on colleagues.

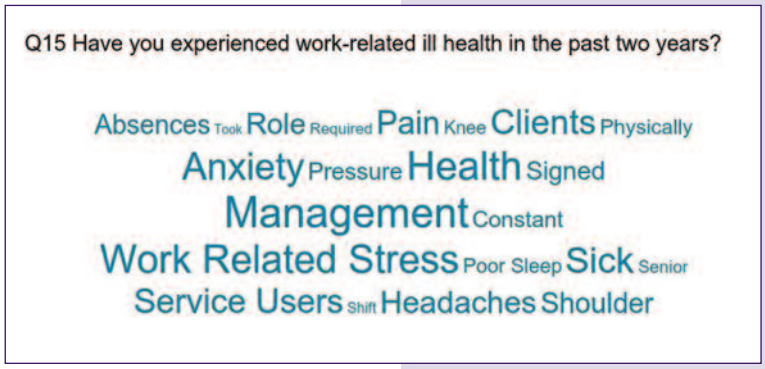
Several respondents talked about their anger and distress at being put onto sickness absence warnings after years of good service.

Worryingly, a number of respondents indicated that they have called in sick with colds etc when in fact they had a mental health problem but did not feel able to disclose this to their manager, and a small number said they continued to come to work when they were not fit to do so because of the implications for their pay if they were off.

Some said that managers did not take a known mental health issue into account when allocating work etc. Several people mentioned that they felt the absence management policy is punitive and unhelpful.

A number of staff reported catching infections such as tummy bugs from service users.

UNISON has long believed that the higher sickness rates in H&SC and what was Services for Communities are related to the work itself, such as exposure to infection and manual handling injuries.



Comments from respondents included:

'First time off in three years with hip pain for eight days and end up getting a stage one for sick leave.'

'Yes. Been off work re sore back while doing personal care. Also went to g.p. Regards sore knee. Found out I had housemaid knee symptoms due to kneeling a lot. Informed line manager for a fold away stool. Got told I would need to buy one myself. What ever happened to personal protective equipment.'

'I have been offered time off by my G.P. but refused it as it would mean added pressure on my colleagues.'

'My workload and the pressures of my role have had a significant effect on my health (mental and physical). I am reluctant to any leave of absence, as I feel that the retention of my post during the transformation process may depend upon my attendance at work.'

'Treated for stress and anxiety via drugs from GP, also paid for private talking therapies and CBT. Did try councils own occupational health which was utterly devoid of any value and seemed to be there to tick a box in terms of staff welfare, with no feeling that it was a genuine service on offer.'

'Stress, sleeplessness, over eating, and over use of alcohol at times. No energy when I go home. I don't see how I could go to the GP, as being off work for a short time is not going to make it go away when I get back.'

'I have depression. Work didn't cause me to be ill, but I believe it is stopping me getting properly better, despite medication. I have been resolute with my GP that I didn't want to be signed off, but I think that was a mistake. Managers are aware of my depression but make no allowances and don't even ask if I'm coping.'

'Long term sick with life threatening condition but not work related. However assessments that were completed under disability work legislation have not been followed up.'

Management support - from 'excellent' to 'doing nothing'

We asked members if they felt that their employer was adhering to the SSSC employers' code of conduct. There was an almost exact 50/50 split between yes and no.

This is particularly worrying given the recent care inspectorate report and suggests that the problems highlighted in that response are not exclusive to older people's services.

A number of respondents were not aware that the SSSC sets standards for employers as well as for workers. Some workers stated that they had never seen any SSSC literature in the workplace and felt that H&SC is only interested in using the codes to discipline workers and not to set standards for employer behaviour.

Just over half (53%) of workers feel they are getting adequate support from their line manager and only 20% feel they are getting adequate support from senior management. Some staff reported excellent support from their line managers and said they couldn't understand why the question was even asked.

The staff who feel unsupported by their line manager talked about multiple managerial changes in a short space of time, managers being too busy to help, and managers who are aware of problems and struggling staff but appear to do nothing.

Several respondents said they feel that senior managers are not aware of the realities of the front line and often do not appreciate the complexities of the work.

Many staff said they don't know who their senior managers are and there is a real sense of staff feeling that senior management are very removed from the front line work.

'This is not business as usual - many of us have years of experience with CEC and this is not the norm. Something has changed towards a "tough luck, you just need to do it or leave" attitude.'

Comments included:

'I'm a bit confused as to why I am even being asked this. I've had 3 line managers and they have all been fully supportive.'

' I personally feel as some carers workload takes them up to 10 pm it would be more helpfully to have local managers on call for emergency throughout our shift especially when there has been bad discharge from hospitals after office hours it can be very stressful period for carers & clients especially if medication isn't correct.'

'I was told by my doctor & by physiotherapist that I must do light duties due to injury. I require 10 weeks physio therapy. My line manager said she would put against my name but didn't. Eventually after requesting speak to health management she put on light duties but organisers still try give me unreasonable amount clients. Makes my mood very low & I feel pressured to do tasks I know I shouldn't.'

'Line manager has all but resigned themselves to feeling they are manning the bridge of a sinking and stricken ship. Paradoxically this has had a positive effect as staff no longer feel 'alone' in their distress and frustration with everything. "Don't make yourself sick, you cannot provide services which are not there."

'Line manager is focussed on waiting lists and waiting times and has no interest in individuals' capabilities.'

'Yes. Most of the time. However, she is also under pressure and sometimes not in a position to offer adequate support.'

'Never even met my line manager's boss. I couldn't put a face with the name.'

'Absolutely not. Senior management (and by this I mean management above sector manager) appear to care nothing for the welfare of social workers or OTs. We have watched our team disintegrate as staff leave due to work pressures, stress or related. This is not business as usual - many of us have years of experience with CEC and this is not the norm. Something has changed towards a "tough luck, you just need to do it or leave" attitude.'

Priorities - workloads are biggest issue

Q19 What do you think should be the highest priority for UNISON in the coming year

The survey concluded by asking members what the union's highest priority should be - protecting jobs (avoiding redundancies), better protection for struggling workers, or managing workloads (vacancies, new tasks, travel time, caseload sizes etc).

Over half the respondents (53%) identified managing workloads as the biggest issue.

Conclusion

The results of the survey are striking. Members feel over-worked, over-pressured, unsupported and disbelieved.

The council is perceived as failing to meet its obligations as stipulated by the SSSC and care inspectorate, and if members' responses are accurate, also failing to provide adequate supervision.

Q21 If the Branch were to organise a ballot on some form of action, what would you vote for?

Supervision is a key part of meeting regulatory obligations and of ensuring best practice with vulnerable people. The managers and seniors who are expected to undertake supervision with staff also reported pressure to allocate work. It is essential that the council ensures that all staff who should receive regular supervision do so, otherwise there is every chance that it might fail a further inspection.

The pressure to undertake work which staff feel unable to do is another key feature of the survey. Many members stated they take on more work than they can safely manage because of their sense of obligation to the service users and to their colleagues.

It is not acceptable for the department to put staff in this position, and we believe that this pressure is one of the reasons so many workers have chosen to leave in the past couple of years.

Half of the respondents stated that workloads should be UNISON's biggest priority in the coming months, and 85% said they would be prepared to take some form of industrial action in support of their aims. We feel that if staff report that they feel unable to manage, they should be believed and offered support, not told to get on with things.

UNISON is aware that the council is currently seeking to renegotiate the absence management policy. We firmly believe that concentrating on reducing sickness rather than on reducing absence would be the best way to ensure staff are able to attend work.

We were not able to compare the proportion of men vs women experiencing work-related ill-health but given the high proportion of women in the workforce, this might be worth investigating further. The ageing of the workforce should also be taken into account when addressing sickness.

Workers who are claiming physical illness rather than admit to a mental health problem are distorting the sickness figures and perhaps affecting how the department addresses health problems.

More training for managers on the effects of mental health problems might enable workers to feel more confident in disclosing the real reasons why they were off.

We know that when council care homes employed an OT to review manual handling plans for residents, not only did the residents' care improve, the number of musculo-skeletal injuries sustained within that workforce reduced.

We recommend a closer analysis of the reasons for sickness absence in order to address the causes and prevent the sickness, rather than discouraging absence through punitive measures.

It is essential that staff are aware of who their manager is, and what they can expect from their manager, particularly in terms of supervision. Urgent work is required to ensure that the CEC meets its obligation under the SSSC code of conduct.

Poor communication regarding the significant changes caused by integration and transformation has undoubtably added to the pressure felt on the frontline.

UNISON also feels that there has been insufficient consideration of the effects of losing so many staff and what it means for the productivity of staff who have remained.

Finally, UNISON has attempted to address particular issues for different groups of staff such as travel expenses for homecare workers. Some of these issues have been ongoing for several years.

We hope that in the future, our workforce's concerns will be listened to and addressed in order to allow us to provide services to the best of our ability.

Appendix: Summary of 2016 Mental Health Survey

Departmental sickness figures had been presented to the trade unions for the previous few years, and mental health issues had been a concern throughout that time.

A working group was set up to look at sickness matters in more depth and although it worked well in some ways, it fell by the wayside, and did not come up with any plans to address the incidence of mental illness in the workforce.

UNISON stewards felt that mental health problems were becoming more prevalent in the practice teams and believed it would be useful to survey members to get a better picture of the issues. As the Health & Social Care department is large, we decided to restrict the survey in the first instance to UNISON members in the practice teams and mental health teams, as these were the areas we had most concerns about.

Seventy-one workers responded. Twenty-six or 36.72% said that they have been diagnosed with a mental illness during their time with the council.

The prevalence of mental illness in the general population of the UK has been steady at approximately 25% for many years. We recognise that it is possible that the workers with mental health problems might be more likely to respond to a survey about mental health and therefore the results might be skewed, but without proper statistical analysis, it is hard to quantify this.

However, our own knowledge of how things are in the teams plus the department's own sickness figures leads us to believe this high rate is a cause for concern. Equally concerning is that of the people with no diagnosed mental illness, 65% had concerns about their mental health and nearly all of them felt that work was a contributing factor.

Of the staff who had a diagnosis, only 23% stated that work did not cause or contribute to their illness or they were not sure if it did. Forty-two percent said that work caused the problem or caused and contributed to the problem, and 35% said that work contributes to their illness. In total, just over three-quarters of the staff with a diagnosed mental illness felt that work was at least part of the problem.

A similar total (76%) said that they had been diagnosed with anxiety, stress, depression or any combination of those three.

According to the Mental Health Foundation, mixed anxiety and depression is the most common mental disorder in Britain with 7.8% of people meeting the diagnostic criteria, and 4-10% of adults will be diagnosed with depression at some time in their life. Amongst the people who responded to this survey, the rate is much, much higher.

Almost half of the respondents with a diagnosis said that their manager was aware of their health problem, a third said their manager was not aware, and a fifth didn't know if their manager was aware. This suggests that roughly half have not disclosed their illness to their manager. If the department wants to promote recovery and wellbeing, it is essential that staff feel able to disclose their problems and ask for support.

Only 17% of staff felt they have enough workplace support to stay well, with 44% saying they don't have enough support and 39% unsure.

Surveymonkey did not give us the option of looking to see if the unsupported staff were the same staff who had not informed their manager that they were unwell, but it is possible.

The number of staff within the practice teams and mental health teams with a diagnosed mental illness appears to be higher than within the general population. Among the staff with a mental health problem, it is very clear that the majority believe work is a major factor in their ill-health, but less than half have informed their manager.

Although 27 staff have informed their manager of their mental health problems, we are only aware of workplace stress risk assessments being carried out relating to five individuals, four teams, and one assessment for both an individual and their team.

Comments added by workers suggest that workplace managers are stressed and struggling to cope and it is possible that workers do not wish to add to managerial stress by raising their own problems. However, some comments such as “staff have been told ‘you’ve got a mortgage to pay, get on with it’” suggest poor support and lack of understanding from some managers. The worker on the receiving end of that comment has now moved to another employer.

It is clear to UNISON that too many of our members are experiencing mental illness and for most of these workers, work is a contributing factor.

Some members have identified good support from their managers and peers, but the majority of comments indicate a culture of increasing pressure, inadequate support and fear of being unable to cope.

Employers have a duty of care towards their employees, and all employers have legal responsibility under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 to ensure the health safety and welfare at work of their employees. This includes minimising the risk of stress-related illness or injury to employees.

We accept that it is hard for managers to know if individuals are having problems if the individuals do not disclose the information, but given the spread of mental illness across the teams and the sickness absence stats for the past few years, we feel that the department should be aware there is a problem and should be taking action to address it.

UNISON proposals

In light of all this, UNISON made the following proposals:-

- Re-establishing the sickness working group
- Doing a wider, more thorough and detailed survey of the workforce in relation to mental health, and taking appropriate action based on the results
- Improving and refreshing information and training for managers in relation to supporting staff with mental illness
- Looking into what work has been done within NHS Lothian and neighbouring local authorities regarding staff well-being, and learning from their experience
- Improving monitoring of factors related to stress-related illness in the workforce, for example, high rates of absenteeism, staff turnover, poor performance, conflict between staff
- Ensuring effective risk assessments have been carried out, are monitored regularly and any recommendations are being implemented and adequately funded.

You can read the full Mental Healtth Survey at unison-edinburgh.org.uk/survey-mental-health-issues-2016

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