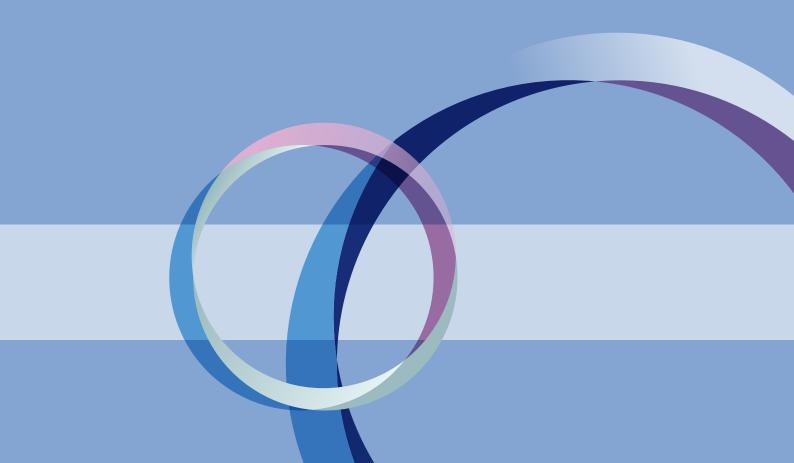


# Welfare facilities for healthcare staff



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## Introduction

The NHS Staff Council's Health, Safety and Wellbeing Partnership Group (HSWPG) has developed guidance to support NHS organisations to improve their provision of staff welfare facilities.

The COVID-19 pandemic has been a stark reminder of the importance of good welfare facilities for staff working in healthcare. From lockers to store clothes, facilities to change out of worn uniforms, and rooms in which to relax, they are all key elements that contribute to the wellbeing and safety of staff and the prevention and control of infections. However, in the context of the pandemic, it is also important that welfare facilities are made COVID secure e.g., in terms of capacity and spacing of seating.

Far from a nice to have, there are specific legal requirements on organisations to have suitable and sufficient physical welfare facilities for staff.

This guidance includes the case for improving and providing welfare facilities and the legal requirements for organisations to have suitable and sufficient facilities for staff. These are supported by partnership principles which HSWPG would like organisations to adopt.

The work is supported by case studies outlining how organisations have made improvements.

In healthcare environments, it is essential to work in partnership with local union representatives to ensure that staff are kept safe and healthy at work. Subsequent improvements in staff health, safety and wellbeing will have a positive impact on patient safety and the quality of care. (nhsemployers.org)

This guidance should be read in conjunction with HSWPG's guidance on the health and safety of shift workers which highlights the importance of <u>rest breaks</u> and evidence base on power naps.

# The case for good welfare facilities

The NHS collectively employs over 1.1 million staff across a diverse number of job roles covering a wide range of professions. It is generally acknowledged that staff are the NHS' greatest and most valuable asset. Staff are employed on a variety of working practices and patterns, across a range of health and social care settings, which at times can be demanding.

Working in a health and social care environment, while often rewarding, can frequently be challenging physically, mentally and emotionally. Employers are expected to care for staff and to support and enable them to maintain their health and wellbeing. In health and social care, we aim to be exemplary in improving the working lives of employees, helping to empower them to become champions of their own wellbeing, and that of their families and the wider communities we serve.

The NHS is committed to promoting staff health, safety and wellbeing. In turn this enables staff to be more energised, productive and engaged at work, leading to decreased sickness absence and presenteeism. Evidence links healthier, valued staff to better patient/ client outcomes. This is vital for us to be one of the safest, most effective and compassionate health and social care organisations.

The NHS People Plan¹ calls on organisations to have safe spaces for staff to rest and recuperate: "Employers should make sure that staff have safe spaces to manage and process the physical and psychological demands of the work, on their own or with colleagues".

"Employers should make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. To do this, they must make sure staff understand that they are expected to take breaks, manage their work demands together and take regular time away from the workplace. Leaders should role model this behaviour."

The importance of staff being supported at work was evidenced in the Stevenson/Farmer review of mental health and employers: Thriving at Work 2017<sup>2</sup>. It highlights that when employees 'have good work, it contributes positively to their mental health, our society and our economy'. The mental health core standards within this report talk about the importance of good working conditions.

The King's Fund report: The Courage of Compassion (2020)<sup>3</sup> states that workplace conditions are fundamental to the sense of control and relate to basic biological needs, such as being able to get a hot drink or nutritious food and having good toilet facilities, or to feeling secure and safe.

The report calls for improvements in the basic facilities for nursing and midwifery staff to enable them to practise effectively and provide good quality care to patients. It also highlights the importance of employers understanding the unintended consequences of failing to provide basic facilities for staff to do their jobs.

In the guidance, Managing shift work,<sup>4</sup> the Health and Safety Executive points to the importance of having facilities to make a drink and heat up food, and rest areas where workers can take their longer/meal breaks away from their workstation in order to mitigate the risks of fatigue and fatigue related incidents.

Employers as a minimum have a legal duty to ensure the welfare of their employees at work. Providing a safe and healthy environment will also help to motivate a workforce. Adequate welfare facilities for staff are a measurable indicator of how valued staff feel in the workplace and will also help to increase employee wellbeing and motivation. The lack of suitable places for staff to rest, eat a meal and have time to decompress and engage with colleagues during breaks can be detrimental to morale, performance, and overall staff satisfaction.

# Welfare facilities – the legal requirements

The Workplace (Health, Safety and Welfare) Regulations 1992 and the Workplace (Health, Safety and Welfare) Regulations (Northern Ireland) 1993 places a number of legal requirements on organisations in terms of welfare facilities for staff. Regulation 22 to 25 are the key regulations that apply and are detailed in the appendix.

Whilst a vehicle does not count as a 'workplace', under the regulations it is essential that peripatetic staff who travel during their working day have access to facilities. Our joint principles recognise the needs of peripatetic staff.

### **Drinking water (Regulation 22)**

The regulations require organisations to have a 'readily accessible' supply of drinking water and a supply of vessels/cups to use to drink the water. In the case of non-disposable cups, a facility for washing them should be provided nearby. Water can be from a tap (it does not need to be labelled as drinking water unless there are significant risks of people drinking non-drinking water) or a water dispensing system.

Keeping hydrated is essential, particularly for those in safety critical areas. Dehydration can lead to decreased cognitive function and heat stress. Certain groups of workers may need to drink more water including those wearing PPE for long periods, those with underlying conditions, and those experiencing the menopause and associated hot flushes. This is particularly important during hot weather.

While a vehicle does not count as a 'workplace', it is essential that peripatetic staff who travel during their working day are able to access areas to top up water bottles or take a drink. Driving while dehydrated can present risks in terms of cognitive function and fatigue.

Organisations should ensure that all staff have easy access to drinking water, not only during break times but during their shift. Where there are concerns about infection control, the organisation should work together to find a resolution to any issues and not deny staff ready access to drinking water.

## Facilities to rest and to eat meals (Regulation 25)

Organisations must provide suitable and sufficient facilities, that are readily accessible, to allow workers to rest and eat meals away from their working environment to avoid the contamination of food. There should be adequate seating and tables for the number of staff that are likely to use them at any one time. Provisions need to ensure that there is suitable seating for disabled members of staff and there must be facilities for pregnant or nursing mothers to rest.

The supporting Approved Code of Practice to the regulations calls on organisations to have eating facilities that include an area for preparing or obtaining a hot drink, such as an electric kettle, a vending machine, or a canteen. Workers who work during hours or at places where hot food cannot be obtained in, or reasonably near, the workplace should be provided with the means for heating their own food.

Eating facilities should be kept clean to a suitable hygiene standard. Clear responsibility for cleaning should be allocated.

Canteens or restaurants may be used as rest facilities, providing there is no obligation to buy food in order to use them.

Workers should be able to take their rest breaks and eat meals without being disturbed by members of the public. Special provisions need to be put in place for pregnant staff and nursing mothers, including facilities with close proximity to toilets and somewhere to lie down. Facilities should be accessible to staff with disabilities

In many healthcare environments, it is not suitable to eat a meal or snack at the workstation due to contamination. Therefore, it is important that healthcare staff working in clinical environments have readily accessible rest room facilities to be able to eat and take their break.

Furthermore, where hot food is not readily available out of hours or during shifts, organisations should ensure there are adequate facilities to allow staff to store and heat up food e.g., fridges and microwaves. There should be adequate amounts of equipment for the staff who may be using them at any one time. There should be cleaning schedules in place for rest/eating areas and equipment.

Facilities to rest, network with colleagues, and have a healthy balanced meal are also important for mental health and wellbeing.

Organisations should ensure that there are adequate facilities for staff to have their breaks in a COVID safe way i.e., enabling social distancing and ensuring compliance with the Working Time Regulations on rest breaks and the NHS Terms and Conditions Handbook chapter on working time.

Southern Health and Social Care Trust, owing to no visitors to the hospitals, dedicated family rooms repurposed for staff. This was led by the trust's Human Resources Psychology Staff Support Team & Health Improvement Teams. These rooms were decorated with greenery and items to ground staff into the present moment including essential oil massage creams and sprays; posters with key messages, music and sensory lights and recliner chairs. A village area was also created for staff comprising a marquee and a number of portacabins brought in especially in response to COVID-19. Some teams also created small spaces where staff could have a quiet moment, snacks and refreshments were provided, hand creams with essential oils, these were also decorated with some art two new massage chairs were donated by a charity for staff. In some spaces staff were also able to do jigsaws and mindful colouring and other creative activities to help them relax during breaks. Given staff feedback, the managers showed a commitment to keep the spaces for calm space for staff and families. There was an opportunity for staff to link with the Psychology team on an ad-hoc basis.

Sheffield Teaching Hospitals NHS Foundation Trust have approximately 47 calm rooms and three Breathing Spaces (in the Chapels) on site and have made a successful bid to Sheffield Hospitals Charity to retain these until the end of December 2022. The rooms have been particularly beneficial to staff during the pandemic as they provide a space for them to reflect and recharge. A qualitative evaluation of the rooms showed that the calm rooms helped keep staff experiencing anxiety in work. In particular, the location of the calm rooms seemed to be particularly beneficial, rather than the size of them. For instance, if the proximity of a calm room is closer to acute COVID wards, they appear to be more frequently used.



### **Changing facilities and lockers**

Organisations must have facilities for staff to store their clothing when they have to change into a uniform for work. Such facilities need to be secure, such as individual lockers. Organisations also need to ensure that, when wet, workers' own personal clothing can be hung in a clean, warm, dry, well-ventilated place, where it can dry out during the working day if necessary.

A changing room or rooms should be provided for workers who change into special work clothing and where they remove more than outer clothing. Changing rooms should also be provided where necessary to prevent workers' own clothing being contaminated by a hazardous substance. The changing facilities should be fitted with adequate seating and contain, or connect directly with, clothing accommodation and showering/ bathing facilities that have accessible facilities for disabled staff. They should be accessible from workrooms and eating facilities and ensure the occupier's privacy.

The facilities should be large enough to allow the maximum number of workers expected to use them at any one time to do so without overcrowding or unreasonable delay. There should be separate facilities for, or separate use of facilities by, men, women and disabled staff.

## Sanitary and washing facilities

Suitable and sufficient sanitary conveniences and washing facilities should be provided at readily accessible places and workers should be able to use them without unreasonable delay. They and the rooms containing them should be kept clean and be adequately ventilated and lit.

Washing facilities should have running hot and cold or warm water, soap and clean towels or other means of cleaning or drying. Where the work is dirty or results in contamination of the skin by hazardous or offensive materials, suitable and sufficient showers should also be provided for staff to use. Men and women should have separate facilities unless each facility is in a separate room with a lockable door and is for use by only one person at a time.

Specific information on the number of toilets and wash basins per person can be found in the Heath and Safety Executives' Workplace health, safety and welfare - Workplace (Health, Safety and Welfare) Regulations 1992.



# Partnership principles on the provision and improvement of welfare facilities

## 1. Senior management and board commitment

An important first principle is having a clear statement from the chief executive and the board that recognises the legal framework and importance of providing the best staff welfare facilities. The business case for caring for staff is high on the NHS agenda and each organisation should have a policy/policies relating to staff health, safety, and wellbeing.

It is essential that NHS organisations take action to support and retain a skilled and experienced workforce and reduce unnecessary absence from the workplace. Furthermore, there is strong evidence that prioritising the wellbeing of NHS staff can impact positively on patient outcomes and productivity. A positive statement about the provision of staff welfare facilities can contribute to morale, motivation, retention, and productivity.

In addition to the provision of facilities, it is important to set a culture where the using of facilities and the taking of breaks is seen as an essential element of both staff wellbeing and patient safety.

# 2. Ensure that staff welfare facilities are integral to any refurbishment or new build

The estates in NHS places of work are often expanding and moving to accommodate the ever-growing demand. Traditionally, areas for staff rest and changing rooms have been sacrificed for office or bed spaces.

This must not continue, and staff welfare facilities must be high on the list of priorities in any estate's reviews and new development/building plans.

All relevant parties including health and wellbeing leads and Trade union representatives should be involved in the planning.

# 3. Be inclusive of the needs of shift workers and community-based staff

The needs of community staff must also be recognised, especially in terms of access to sanitary conveniences and somewhere to rest, that isn't their own car or public transport. Organisations should map what facilities are available for community staff and make any necessary improvements and raise awareness of access to facilities. Work schedules should recognise the needs for community staff to have toilet and rest breaks and the risk of fatigue related incidents especially for those driving during their shift.

Shift workers, particularly those working night duty, should have access to hot and healthy food and, as a minimum in line with legislation, access to a fridge and microwave to heat their own food.

# 4. Ensure that the needs of pregnant workers (new and expectant mothers) and those with disabilities are included when looking at the provision of and access to facilities

Both health and safety and equality related legislation require employers to have provisions in place for new and expectant mothers and make reasonable adjustments for staff with disabilities.

## 5. Work in partnership with trade unions

Trade union representatives are often the first person staff will approach when they have issues in the workplace including access and suitability of welfare facilities.

The people best placed to make workplaces safer and healthier are the staff and managers who work in them. While we each have responsibilities for health and safety, we can do this much better when we work as a team – working together to achieve shared aims of a workplace that is healthy and safe for all. Partnership working on health, safety and wellbeing issues is an effective means of supporting workforce involvement and engagement. The Importance of Effective Partnership Working.

Trade union safety representatives must be consulted on matters such as repurposing staff facilities of refurbishments and new builds to ensure the welfare needs of staff are being addressed.

Close working between health and safety advisors, facilities teams, infection prevention and control specialists, and trade union workplace representatives is key.

Health and Safety Committees should work in partnership to develop and implement action plans about health, safety and wellbeing issues including access to welfare facilities, for all staff groups and locations. Consideration should be given to consulting staff on access to welfare facilities and barriers that they face to support the development and implementation of action plans

Inspection of welfare facilities should be included as part of a programme of joint workplace inspectors.

Organisations should also provide facilities for trade unions to meet with members and have confidential conversations

#### 6. Know your responsibilities

Employers have a duty of care to the people they employ. It is important to be aware of responsibilities under the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, the Workplace Health, Safety and Welfare Regulations 1992, the Safety Representative and Safety Committee Regulations 1977 and the Equality Act 2010.

There will be additional responsibilities in the context of the COVID pandemic to ensure national legislation and guidance is followed to make welfare facilities COVID secure.

Where staff experience unsafe and unhealthy working environments, including a lack of suitable welfare facilities, this will affect moral, recruitment and retention.

### 7. Train line managers

Employers should ensure that line managers and those who engage with staff daily in the workplace are fully aware of the legal requirements to provide access to suitable welfare facilities including access to drinking water, and the principles of partnership working.



#### 8. Raise awareness

Communications encouraging the use of welfare facilities should be regularly included in staff briefings/newsletters and notice boards.

Where changes are being made to facilities, organisations should make people aware of changes e.g., social distancing in response to COVID-19 pandemic risk reduction measures and informing staff what alternative provision has been put in place.

Organisations can celebrate successes in improving welfare facilities, for example, through the use of charitable funds and through partnership working to develop solutions.

### 9. Ensure sustainability

Employers should continue to provide and maintain facilities, beyond the COVID-19 pandemic to ensure they are compliant with relevant legal requirements and continue to work to promote staff wellbeing and improve morale. Organisations should seek feedback from staff on what facilities have worked well during the pandemic.

Where staff have difficulty accessing facilities due to their location and the length of breaks, employers should work in partnership with staff to develop sustainable solutions to such problems.

Cleaning protocols should be in place for rest, showering, changing, and locker facilities including systems for the control of legionella.

## References

- 1. NHS People Plan
- Stevenson Farmer Review Thriving at Work: a review of mental health and employers
- 3. West, et al The Courage of Compassion 2020
- 4. HSE (2006) Managing Shift work Managing shift work: Health and safety guidance

# Further Information

<u>Supporting the wellbeing of shift</u> <u>workers in healthcare</u>

**Workplace Health and Safety Standards** 

The Royal College of Midwives campaign for healthy workplaces delivering high quality care

The Royal College of Nursing, Rest, Rehydrate, Refuel

**UNISON Working Environment** 

Back to basics for a healthy working environment infographic

The NHS Staff Council's Health, Safety and Wellbeing Partnership Group (HSWPG) is a sub-group of the staff council and was established to:

- raise standards of workplace health, safety and wellbeing in healthcare organisations
- promote a safer working environment for all healthcare staff
- promote best practice across the NHS and independent sector.

The group has produced a range of useful guidance and information on topics such as, lone workers, managing musculoskeletal disorders and back pain, sickness absence and stress.

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