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Target Audience:  
All HSE Inspectors

## WORK-RELATED STRESS

This OC cancels and replaces OC 202/3. It presents current operational policy on work-related stress and guidance on how inspectors should deal with the topic. It provides information on the Management Standards for work-related stress, which form the core of HSE's work on stress. An overview of the Stress Programme Plan of work is given with information on how this work links with HSE's activity on Managing Sickness Absence and Return to Work. It does not deal with post-traumatic stress.

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### DEFINITION

1 HSE defines stress as ‘**the adverse reaction people have to excessive pressures or other types of demand placed on them**’. It arises when they perceive that they can’t cope with those demands.

2 The stress response is natural and not in itself an illness. Its effects are often short-lived and cause no lasting harm. However, it is well established that stress can result in physical and psychological illness when exposure is excessive and prolonged. Work-related stress is not reportable under RIDDOR.

## SCALE AND NATURE OF THE PROBLEM

3 The increased incidence and prevalence of work-related stress (WRS) over recent years is a real concern. Data given in a HSE report estimated that WRS costs British employers about £410 million to £530 million – based on 2001/2002 prices, and society about £3.75 billion per annum – based on 1995-6 prices.

4 WRS, depression or anxiety are the leading causes of working days lost through work-related injury or ill health, with an estimated 12.8 million days a year lost in 2004/05. Figures from the 2004/05 Survey of Self-reported Work-related Illness (SWI04/05) indicate that each case of stress leads to an average of 30.9 days lost. Further detail is provided at the Stress-Related and Psychological Disorders pages.

5 The findings of HSE sponsored research projects have provided important information about the sources of WRS, which have implications for the way enforcement agencies approach this topic. In particular, the report of The Whitehall II Study: Work, environment, alcohol consumption and ill health, demonstrates the links between psychosocial risk factors and subsequent ill health. The findings are based on the longitudinal study of 10,000 British Civil Servants. The findings that have the most significance for inspectors are that:

- Factors concerned with work organisation are capable of inducing both psychological and physical ill health in members of the work force.
- Management style has the potential to affect the health of employees. In particular there was clear evidence that social support, particularly from managers to their employees, has a protective effect on the development of future psychiatric disorder, health functioning and spells of sickness absence.
- Interventions are only likely to be effective if applied to management systems and work organisation, rather than at the individual level.
- Many groups of workers, but most often teachers, nurses and managers reported being highly stressed.

6 There is research to support the Stress Programme. This research and other available evidence have informed current operational policy on WRS.

## MANAGEMENT STANDARDS FOR WORK-RELATED STRESS

7 Stress has been designated as an HSE Priority Programme and sits within the ill health reduction strand of Fit 3. A key element of the work of the Programme has been the development of the **Management Standards for work-related stress (Management Standards / Standards)** to provide duty holders with a framework to tackle WRS. The Standards were developed with input from a range of stakeholders including businesses, professional bodies and Trades Unions. They were launched on 3 November 2004 and are designed to help employers and employees work together to gauge stress levels in an organisation and identify locally relevant solutions to manage the risks from WRS.

8 Two academic papers have been written that provide the policy and academic background of the Management Standards and a summary of the practical developments up to presenting the Standards for public consultation in May 2004. These papers can be accessed via the following links. (i). Mackay *et al.* (2004), (ii). Cousins *et al.* (2004).

9 The Standards are based on a risk assessment methodology with three core components:

1. An indicator tool (based on a short questionnaire) to give a broad overview of potential organisational issues. This has been designed and validated to specifically measure the six elements of work design which comprise the Management Standards;
2. Consultation with employees to provide a mechanism to check back on the results of the tool and to develop locally relevant interventions to improve working conditions; and,
3. Implementation of interventions and subsequent review to evaluate their success.

10 The Management Standards look at six key areas of work design/organisation which if not correctly managed can lead to WRS. These are: -

- Demands [work load (quantity, pace and content), work scheduling (shifts, breaks, uncertain hours), physical environment (violence, noise, thermal comfort, etc)].
- Control [lack of control over work, low autonomy, little decision-making].
- Support [skill shortfall, lack of support from organisation / management / colleagues].
- Role [role conflict, role ambiguity, low perceived status, inappropriate levels of responsibility].
- Relationship [interpersonal conflict and harassment].
- Change [poor or absent strategies for involving staff and for minimising adverse effects of implementation].

11 There is a Standard for each of these six areas. Each Standard comprises of three elements:

- The Stressor (e.g. Demands, Control, Support, Role, Relationship, Change);
- The Standard e.g. for Demands is that 'employees indicate that they are able to cope with the demands of their jobs; and systems are in place locally to respond to individual concerns'; and,
- What should be happening / states to be achieved which define a desirable set of conditions to work towards, typical of characteristics of an organisation where this stressor is likely to be managed effectively.

The Standards provide a yardstick against which employers can measure their performance and encourage them to strive for continuous improvement.

12 It is important to recognise that organisational culture is likely to be a very significant contributor to the stress profile of an organisation but it pervades all aspects of management and cannot be considered in isolation. Poor culture is characterised by a lack of support for employees, poor communication, lack of commitment to employee well being, and employees not being valued etc.

13 The Standards and supporting guidance material are web-based products. Reference to further information on the Management Standards and the supporting evidence base can be found at Work Related Stress. Further Guidance material is listed at Appendix 1.

14 The Standards, indicator tool and guidance, are known collectively as the Management Standards Approach. The Approach helps large organisations meet their legal duties under the Health and Safety at Work etc. Act 1974 (HSW Act), and the Management of Health and Safety at Work Regulations 1999 (MHSWR).

15 The Management Standards approach is one way that organisations can conduct their risk assessment this but it is not the only way and organisations are free to choose alternative approaches. Such alternative risk assessment approaches should include the following core features:

- Employee consultation and involvement throughout;
- Focus interventions at the organisational, not the individual level; and,
- Based on gap analysis and strive for continuous improvement.

#### INTERVENTION STRATEGIES AVAILABLE TO EMPLOYERS

16 Stress researchers have found it convenient to categorise the types of intervention that employers can take to manage WRS as follows:

1. Primary interventions – proactive organisational strategies aimed at reducing or eliminating exposure to stressors.
2. Secondary interventions - provision of training for employees to enable them to cope more effectively (normally described as ‘stress management’ training).
3. Tertiary interventions - employee assistance programmes (EAPs) aimed at helping employees recover from illness (typically by provision of counselling).

These categories align conveniently with familiar health and safety concepts of prevention, control and mitigation.

17 **HSE’s policy for tackling WRS is to do so at an organisational level.** This is in line with research findings that suggest that where workplace conditions are not managed correctly then this can give rise to perceived WRS across an organisation. Tackling individual experiences of WRS or seeking to increase the resilience of individuals will not tackle the underlying causes. HSE therefore encourages employers to concentrate their efforts on primary interventions that are more likely to have a significant effect in reducing the incidence and prevalence of WRS.

18 However it is accepted that secondary and tertiary interventions have an important part to play in situations where there is little scope to apply further primary interventions and to help identify and manage employees who report that they are having problems before they become ill.

#### STRESS PROGRAMME OVERVIEW

19 There are 3 phases of engagement to the Stress Programme. HSE statistics indicate that the Health, Education, Local Government, Central Government and Financial Services sectors have the highest incidence and prevalence of WRS. The Stress Programme is currently focusing on these priority sectors and has developed an innovative engagement strategy known as the Management Standards Sector Implementation Plan (SIP).

1. **Phase 1** - Sector Implementation Plan 1 (SIP1)

This is designed to actively support and monitor the implementation of the Standards in a small cohort of organisations from across the priority sectors.

## 2. **Phase 2** - Sector Implementation Plan 2 (SIP2)

This is the main delivery phase. The objective of SIP2 is to promote the uptake of the Standards, or equivalent, across the whole or a large proportion of organisations within the priority sectors.

## 3. **Phase 3** - Wider Implementation of the Stress Priority Programme

This covers interventions with the wider working population outside the priority sectors.

Further details are provided at Appendix 2.

### MANAGING SICKNESS ABSENCE AND RETURN TO WORK (MSARTW)

20 The majority of long-term sickness absence is due to common health problems such as stress, depression, anxiety and musculoskeletal injuries. Common health problems are best addressed through an approach that considers not only the biological or health issues but also personal, social and work-related barriers that are preventing return to work. HSE has published HSG 249, a generic organisational approach to MSARTW that employers and managers can adapt for their use. Information on this can be found in Appendix 1 or at Managing Sickness Absence.

21 MSARTW is largely an issue that cannot be enforced under the HSWA (there are legal duties for employers under Employment Rights and Disability Discrimination Acts). HSE's approach is very much a voluntary one that is being promoted alongside Stress and Public Services Programme activities as well as working through and with other Government Departments and stakeholders where there are common agendas. HSE is currently taking forward a programme of work to develop an overarching policy on what constitutes good return to work practices for people suffering from WRS. This work is due to be completed by the end of 2006.

22 Making sure organisations record and monitor sickness absence and keep in contact with people off sick are essential actions in managing any instance of sickness absence. Managers may not be confident in keeping in contact with employees off sick and can be helped by training and having access to professional advice as necessary.

23 Once somebody who has been off work due to WRS is ready to return, the Management Standards provide a framework around which to structure return to work interviews to discuss which obstacles could continue to have an adverse effect on the person's condition and to identify solutions to overcome them. After instances of long-term sickness absence, the Standards can play an important role in return to work plans by ensuring that employees are not subjected to excessive demands and pressures during their planned return.

### ACTION BY INSPECTORS

#### **Proactive work**

24 For 2006 / 2007 the majority of the proactive work on stress is concentrating on SIP1 and SIP2, i.e. providing advice and guidance to organisations in the 5 priority sectors on how to complete a suitable and sufficient risk assessment. The detail of SIP2 work with further instruction can be found in the PSP Business Group Delivery plan and associated SIM 07/2006/08.

25 Proactive inspection of organisations outwith the priority sectors is not encouraged at the moment. Work ongoing from previous years can be continued to its conclusion.

26 In the 2007 / 2008 work year and beyond, organisations in the priority sectors will be followed up to ensure that they are taking appropriate steps to implement the Management Standards or an equivalent approach. The follow up strategy is currently under development. Further

operational instruction, briefing material and training will be provided. This will include tools to assist inspectors determine the suitability of a stress risk assessment and assess the equivalence of other risk assessment methodologies as compared to the Management Standards approach.

### **Reactive Work**

27 Inspectors may become aware of problems associated with WRS from complaints and other information sources, e.g. the media. Principal inspectors should exercise normal discretion as to whether investigation is appropriate but the following guidelines may help in making these decisions.

#### **Information/complaints appropriate for investigation**

28 Investigation of complaints should be considered where:

- A number of staff are experiencing WRS or stress-related ill health; **and**,
- There is scope for effective organisational intervention.

Before initiating any investigations of organisations in the 5 priority sectors, Principal inspectors are requested to first contact Health Unit [VPN. 520 2000], for information on whether the organisation has been or will be involved in SIP1 or SIP2 interventions and to discuss the appropriate action to take.

#### **Information/complaints that should not be subject to full investigation**

##### **29 Individual cases of ill health or WRS**

Individual cases of ill health or WRS should not be investigated unless the evidence for a breach of health and safety legislation is very clear-cut. A blanket policy of non-investigation would not be appropriate as there will inevitably be a few cases where the circumstances would indicate that further investigation might be appropriate.

30 The complainant should be advised that HSE's current policy on tackling WRS is to intervene at the organisational (not the individual) level and that such interventions are currently focussing on organisations within the 5 priority sectors. They should be referred to the stress pages of the HSE website and advised to consider raising their concerns with their manager or staff representative. The complaint should be noted.

31 Individual complainants may have unrealistic expectations that HSE may be able to obtain redress because of media publicity afforded to successful stress cases. These cases were all brought under civil law where the standards of proof are less onerous than criminal law. It is recommended that this be tactfully explained at an early stage.

32 After considering the circumstances of the complaint, it may be appropriate for inspectors to advise complainants that they may have more success in achieving individual redress if they pursue the issue via other routes, e.g. using industrial relations procedures. Where the substantive issue is pay, pensions, disciplinary matters, racial or sexual matters and other conditions of employment, then other routes are particularly likely to represent the most effective option, and in many cases Trades Unions may be able to play a useful role (see Appendix 3).

33 Where individual cases are judged to be unsuitable for investigation but there is good reason to believe that the organisation in question is not taking adequate steps to manage WRS, it would be appropriate to undertake a preventative inspection. This should be aimed at ensuring that the employer has completed an adequate risk assessment and implemented any necessary control measures. Before initiating any inspections of organisations in the 5 priority sectors, inspectors can contact Health Unit [VPN. 520 2000], for information on whether the organisation has been or will be participating in SIP1 or SIP2 interventions and to discuss the appropriate action to take.

### 34 HSW Act Section 3

Cases relating to HSW Act Section 3 issues i.e. alleged stress, to non-employees, caused by the way in which an employer conducts their undertaking should not be investigated.

For example:

- Complaints about the provision of a service or the function of a public body e.g. the work of the police, the courts etc alleging they have caused stress. These issues should be resolved through the complaints procedures for those bodies concerned (and ultimately the parliamentary ombudsman if necessary).
- Complaints about a consumer service where complainants should be advised to pursue the matter through existing complaints mechanisms for consumer issues.

HSE guidance on HSW Act Section 3 enforcement can be found in Legal and Enforcement.

#### **Feeding back field experience**

35 If inspectors discover employers who are using successful control strategies, or have carried out innovative work in this area, they should provide details to Health Unit [VPN. 520 2000] and the relevant sector so the information can be considered in discussions around the developing HSE strategy and for possible inclusion in guidance and training.

#### **Technical support**

36 Inspectors requiring technical support should contact Health Unit [VPN. 520 2000] indicating the issues on which they need advice in as much detail as possible. Health Unit will then arrange support from the most appropriate source.

37 The types of issue for which support may be available include:

- Judging the adequacy of risk assessments and risk assessment processes.
- Help overcoming any problems in using and implementing the Management Standards.
- Advice on determining the reasonable practicability of implementing particular control measures.
- Equivalence or adequacy of alternative approaches.
- Confirmation of diagnosis of ill health.

### **LEGAL AND ENFORCEMENT**

38 Employers have duties under the Management of Health and Safety at Work Regulations 1999 (MHSWR) in particular, to assess the risks to health and safety from work activities, and this should include risks of stress-related ill health arising from work activities. Under MHSWR and HSW Act, employers should make appropriate arrangements to address these risks and should take measures to control that risk so far as is reasonably practicable.

39 Up until the conclusion of the SIP2 'Healthy Workplace Solutions' workshop series in early 2007, formal enforcement action is discouraged. It would be unreasonable for HSE to begin an enforcement campaign without first allowing organisations time to act on the advice and guidance provided. However, where there is significant risk of exposure to stressors at work, there is an expectation that organisations complete suitable and sufficient risk assessment, in line with HSE's

current guidance. Employers should be encouraged to take the Management Standards approach but they are free to choose alternative approaches to risk assessment so long as they are suitable and sufficient.

40 Following the conclusion of the SIP2 'Healthy Workplace Solutions' workshop series, enforcement action should only be considered if:

- There is indication of a pattern of stress-related ill health affecting a number of staff in an organization; **or**,
- There is an indication that a number of staff are experiencing WRS and that this is intense and likely to be prolonged.

**and**, following advice from HSE;

- the organisation fails to complete a risk assessment; **or**,
- the risk assessment is inadequate; **or**,
- the organisation is failing to take reasonable steps to address any issues that are identified in the risk assessment.

41 Such enforcement would be based on application of the Enforcement Management Model (EMM) i.e. failure to conduct a risk assessment under the compliance and administrative arrangements. You are urged to discuss circumstances with Health Unit [VPN. 520 2000] before taking enforcement action.

42 HSE is refining its inspection and enforcement approach in the light of the information and advice made available through SIP2 interventions, to facilitate implementation of the Management Standards or equivalent. Further operational instruction will be provided for the start of the 2007 / 2008 work year.

43 An outline of an Improvement Notice for a stress risk assessment served on West Dorset General Hospitals NHS Trust, is given in Appendix 4.

#### CANCELLATION OF INSTRUCTIONS

44 OC 202/3 - **cancel** and **destroy**.

Date first issued: 18/08/2006

APPENDIX 1  
(para 13 and 20)

GUIDANCE ON WORK-RELATED STRESS AND MANAGING SICKNESS ABSENCE

1 HSE has produced some supporting guidance for the Management Standards. It was launched on the HSE website on 3 November 2004 and complements and supplements HSE's existing guidance. It explains in more detail how organisations might go about using the Management Standards to undertake a risk assessment for WRS.

2 HSG 218 **Tackling work related stress: a managers guide to improving and maintaining employee health and well being**, is no longer available as a stand alone priced publication but it is still available as part of **Real Solutions Real People**.

3 **Real Solutions, Real People; a managers guide to tackling work related stress** ISBN 0 7176 2767 5 is a priced support pack based on a series of case studies of effective interventions. It gives more detailed information on how organisations can develop locally relevant solutions to the stress issues identified by their risk assessment.

4 HSE is currently revising its printed guidance on WRS. The new guidance will not contain any radically different recommendations. It is intended to consolidate the various pieces of guidance issued since 2001 into one user-friendly document. We aim to publish the new guidance in Autumn 2006. Our web-based guidance will also be enhanced to reflect any changes.

AVAILABLE FROM HSE BOOKS

5 Managing sickness absence and return to work. An employers' and managers' guide. HSG 249. ISBN 0717628825. Priced.

6 Managing sickness absence and return to work in small businesses. INDG399. ISBN 0717629147. Free download available.

7 Off work sick and worried about your job? Steps you can take to help your return to work. INDG397. ISBN 0717629155. Free download available.

8 Real Solutions, real people. A managers' guide to tackling work-related stress. ISBN 0717627675. Priced.

9 Tackling stress. The Management Standards approach. INDG 406. ISBN 0717661407. Free download available.

10 Working together to reduce stress at work. A guide for employees. MISC 686. ISBN 0717661229. Free download available.

11 Making the stress Management Standards work. How to apply the Standards in your workplace. MISC 714. ISBN 0717661571. Free download available.

12 Managing work-related stress. A guide for managers and teachers in schools. ISBN 0717612929. Priced.

APPENDIX 2  
(para 19)

STRESS PROGRAMME PLAN

**Sector Implementation Plan Phase 1 (SIP1)**

1 SIP1 objectives are:

- To promote and support the adoption and implementation of the Management Standards in a cohort of volunteer organisations across five priority sectors;
- To use the knowledge and experience gained to refine the Management Standards approach and guide the development of subsequent phases of the Programme; and,
- To use data from organisations adopting the Management Standards approach to generate sector-specific business benefits messages and case-study material in order to enhance take up in later phases.

2 SIP1 is a 2-year project that began in May 2005. This time should allow organisations to implement the Management Standards properly and give sufficient time for the benefits of any interventions to be realised and measured. HSE have entered into a partnership with Acas (the Advisory Conciliation and Arbitration Service) to assist in the delivery of SIP1.

3 Approximately 70 volunteer organisations from the priority sectors are being assisted with implementing the Management Standards approach. Each participating organisation has the support of a Stress Partner, who is an operational inspector with specific training for this work. The Stress Partner's role is to actively engage with the organisation, to provide support, advice and access to technical support (from psychologists in HSE's Better Health at Work Division (BHAWD) and the Health and Safety Laboratory (HSL) as necessary for the duration of the project.

**Sector Implementation Plan Phase 2 (SIP2)**

4 SIP2 is the main delivery phase of the Stress Programme. The objective of SIP2 is to roll out the Management Standards across the whole or a large proportion of organisations within the priority sectors.

5 The focus of SIP2 is a 'Healthy Workplace Solutions' project. This project aims to persuade managers of the business case for managing sickness absence, and to enable them to tackle WRS by applying the Management Standards approach or equivalent. To aid this, HSE will deliver free workshops for practitioners within the priority sectors.

6 HSE is committed to providing support to organisations attending the 'Healthy Workplace Solutions' workshops. It is planned to provide access to a free telephone help line to answer simple enquiries about the process, the HSE tools available to assist implementation, and if necessary, further events to provide training and information about specific aspects of the approach.

7 Details of the work with the public sector organisations can be found in the Public Services Programme Business Group Delivery plan and the associated SIMs for 'Healthy Workplace Solutions' workshops - SIM 07/2006/08, Managing sickness absence and return to work in healthcare - SIM 07/2006/09, and Local Authority strategic intervention plan 2007 / 2007 – SIM 07/2006/07.

8 Follow-up inspection activity is planned during the 2007/2008 work year. Further instruction will be issued detailing FOD involvement.

9 A summary of work taking place / planned within the priority sectors for both SIP1 and SIP2 can be obtained by contacting Health Unit [VPN. 520 2000].

### **Wider Implementation of the Stress Priority Programme**

10 We must also engage effectively with organisations outside the priority sectors to encourage wider implementation of the Management Standards. We do not have the resource to support these organisations fully in a facilitated roll out programme in line with SIP1 and SIP2. Instead we will be reliant upon other methods of securing commitment. This phase of the Programme is currently under development and is scheduled to commence during the 2006/07 work-year.

11 The strategy for engaging this wider population is based on:

- Communicating the benefits of implementing the Management Standards within organisations; and,
- Working with partner organisations and intermediaries to identify channels for engagement within sectors and organisations as a whole.

APPENDIX 3  
(para 32)

SOURCES OF INFORMATION

**Employment Law**

The Department of Trade and Industry  
General enquiries: 020 7215 5000  
([www.dti.gov.uk](http://www.dti.gov.uk))

**Individual rights**

Advisory Conciliation and Arbitration Service (Acas)  
([www.acas.org.uk](http://www.acas.org.uk))

Head Office:  
Brandon House, 180 Borough High Street, London, SE1 1LW

**Acas Regional Offices:**

Birmingham	0121 456 5434	Liverpool	0151 728 5600
Bristol	0117 906 5200	London	0207 396 0022
Cardiff	0292 076 2636	Manchester	0161 833 8500
Fleet (Hants.)	0125 281 6650	Newcastle	0191 269 6000
Glasgow	0141 248 1400	Nottingham	0115 985 8253
Leeds	0113 205 3800		

**Disability**

Disability Rights Commission  
Helpline: 08457 622633 (Minicom - 020 7211 4037)  
([www.drc-gb.org](http://www.drc-gb.org))

**Equal Opportunities**

Equal Opportunities Commission  
([www.eoc.org.uk](http://www.eoc.org.uk))

Arndale House, Arndale Centre, Manchester M4 3EQ  
Tel: 0845 601 5901

**Racial Equality**

Commission for Racial Equality  
([www.cre.gov.uk](http://www.cre.gov.uk))

St Dunstan's House, 201 – 211 Borough High Street, London SE1 1GZ,  
Tel. 0207 939 0000

Please see OC 167/13 for advice on handling race issues encountered during work with external contacts and note specifically that it is not HSE inspectors' role to investigate racist incidents.

APPENDIX 4  
(para 43)

AN IMPROVEMENT NOTICE FOR A STRESS RISK ASSESSMENT - THE WEST DORSET  
EXPERIENCE

1 On 9 July 2003 the Health and Safety Executive served an Improvement Notice on West Dorset General Hospitals NHS Trust, for failure to risk assess exposure to work-related stressors. This was the first Improvement Notice of this nature (i.e. linked to the existing guidance, HSG 218) served on an NHS Trust and came before the launch of the Management Standards. The action attracted considerable media interest.

2 HSE visited the Trust on 9th April 2003 following a complaint. Investigation revealed no work-related stress policy in place or planned (despite advice following an inspection in 2000), and no risk assessment. Further, although they admitted that they knew of several cases of stress related ill health and resignations and suspected there were more, they had no management information to quantify this, nor any plans to obtain it. They also had the results of two staff surveys that cited stress as an issue, but no action had been taken. Importantly, it was because the Trust indicated this was not a priority and that they did not anticipate taking any action in the coming 12 months that HSE decided to serve an Improvement Notice. The enforcement decision was based on local circumstances and was consistent with EMM. The Trust complied with the Notice by 15<sup>th</sup> March 2004.

3 The Trust co-operated fully with HSE who invested considerable inspector, specialist Human Factors and Policy resource to help them work towards compliance and achieving the aims of the then current HSE guidance (Tackling Work-Related Stress – A managers' guide).

4 HSE learned a great deal from the West Dorset experience, in particular that:

- Conducting a suitable and sufficient stress risk assessment takes time, in this case 7 months;
- Duty holders require structured guidance to help them through the process;
- Developing sustainable solutions takes time and effort and often a step change in thinking for the organisation; and,
- Assessing compliance with such an Improvement Notice is very resource intensive.

Lessons learnt contributed to the development of the guidance associated with the Management Standards and informed the planning of the SIP1 and SIP2 work.