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Target Audience:  
FOD Inspectors

## **PUBLIC SERVICES PROGRAMME 2005/06: THE MANAGEMENT OF STRESS IN HEALTHCARE**

This Sector Information Minute outlines the approach to be followed by inspectors regarding work related stress in healthcare in 2005/06.

### **INTRODUCTION/BACKGROUND**

#### **Impact of stress**

1 HSE's definition of stress is "the adverse reaction people have to excessive pressure or other types of demand placed on them" and it is a widespread problem. It is not a disease or medical condition in its own right, but clinical problems can result as a consequence of a stressful environment. [Appendix 1](#) contains a short discussion on the possible consequences of stress-associated ill health and a number of web-based sources of further information are quoted at the end of this document.

#### **The Extent of the Problem**

2 Up to date figures for the NHS are difficult to come by but in a study dated 1998, the following statistics were quoted for NHS staff. The "case" rate for NHS staff as a whole was quoted as 26.6%. Specifically, managers had the highest rate (32.8%), nurses, doctors, professions allied to medicine (PAMs), professional and technical staff and administrative staff scored between 24.6 and 23.5% and ancillary staff had the lowest rate, 23.1%. At the time of the survey, the "case" rate for stress amongst the employed population generally was 18.4%.

3 In the 2003 NHS annual staff survey, the self reported incidence of stress problems was reported to be 39%, the 2004 level was slightly reduced at 36%.

#### **Business Case Argument**

4 Short periods of sick leave associated with stress can become protracted, and it is not uncommon for sufferers from stress related disorders to be absent from work for long periods of time. Consequentially, increased workload amongst colleagues may result in others becoming victims. The affected worker often has to be replaced, and disruption and diminished efficiency can be considerable. If the affected worker returns (by no means a foregone conclusion), he/she may have to be rehabilitated which may involve more disruption and cost. As the financial consequences to a trust of stress-related illness can be considerable it makes good business sense to proactively manage work related stress before it becomes a problem.

5 Proactive management of workplace stressors is practicable and does not need to be expensive. This concept has been encapsulated by HSE in the [Stress Management Standards](#) (SMS), which were launched in November 2004. This is a pragmatic web based methodology, aimed primarily at large organisations, that enables them to put into place a risk assessment based procedure for ongoing proactive management of work related stressors. At present, many healthcare organisations rely on reactive management of stress issues, if they are managed at all.

### **Historical Perspective**

6 Work related stress was made a priority topic in 2001. Inspectors are thus expected to address this issue at each preventive inspection visit but in practice some inspectors have spent little time on it. This may partly have been a consequence of an understandable reluctance to pursue an unfamiliar subject. Also, it is a topic that causes enforcement problems as conventional enforcement criteria do not always apply (addressed further in the [“enforcement guidance”](#) section below).

7 A national project addressing inspection of work related stress issues in the NHS was undertaken in the 2004/2005 workyear. Feedback from the field has indicated that inspectors found the question sets included in last year’s SIM as an **aide memoir** or guide useful, so they have been retained and can be found in Appendices [3](#) and [4](#).

## **OPERATIONAL INPUT**

### **The Stress Management Standards Implementation Project**

8 Following the launch of the SMS a major national project has been initiated to encourage and facilitate their implementation.

### **Project Objectives**

9 The aim of the project is to assist and facilitate implementation of the SMS in five priority sectors, central government, local government, education, large financial institutions and the NHS throughout England, Scotland and Wales. During phase1 of the project, one hundred volunteer organisations (the “willing 100”), forty of which will be NHS trusts (in England and Wales) or boards (in Scotland), will be helped to implement the SMS by HSE.

10 In exchange, these organisations will provide intelligence about their experiences and specific case studies that will be used to inform and facilitate phase 2 of the project. This will be the rollout of the SMS across the rest of the priority sector organisations nationally. It is anticipated that phase 2 will be begun in the Autumn of 2005.

### **Background Information**

11 Specially trained inspectors termed “HSE Stress Partners” (HSPs) will assist forty selected NHS organisations nationwide to implement the SMS. Each organisation will be required to go through the process itself, the HSP will only be required to help if technical assistance is requested. In addition, some management consultancy expertise will be available to assist organisations appropriately, this will be provided by The Advisory Conciliation and Arbitration Service (ACAS).

12 In early 2005, volunteer NHS organisations for the project were sought. More than 80 expressed a firm interest in participation. All types of English and Welsh trusts and Scottish boards were represented. It was necessary to select forty from this volunteer group using criteria such as geographic location (to map with HSP location), numbers of employees, type of organisation, and knowledge of the organisations provided by their local HSE office.

### **Project Structure and Approach**

13 Fifty five HSPs attended one day training courses in April 2005. They were provided with resource packs that contained plans of the project, details of the web based standards and process, draft letters, presentations to be given to NHS senior management and to employee representatives etc. This is intended to provide a comprehensive resource for HSPs which will be updated as necessary during the course of the project.

14 It was envisaged that each HSP would be responsible for one or two organisations. The HSPs will be responsible for oversight of the SMS implementation process within the NHS organisations and will feedback information on the process via the Sector Account Manager (SAM) for each priority sector. The SAM for the NHS is Will Pascoe (VPN 508 4215) in the Health Services Unit (HSU).

15 The HSP will liaise with his/her NHS organisation(s) and be their personal point of contact with HSE for the duration of the project. It is envisaged that each HSP will build a close working relationship with his/her organisation(s). The HSP will be available to answer any technical questions that the organisation may have about the SMS and their implementation. Any questions that the HSP cannot answer will be fed back to the SAM who will answer the query or refer it to the project team (BHAW2) or the professional psychologists (BHAW6) as necessary.

16 It is the HSP's responsibility to keep apprised of the progress of the organisations for which he/she is responsible and HSPs are also responsible for feeding information back to the SAM for collation. This is a crucial part of the project and it is vital that HSPs liaise with the SAM on a regular basis.

17 If an organisation expresses, to their HSP, a desire to use some of the management consultancy expertise earmarked for the project, this request should be channelled via the SAM who will arrange for the appropriate ACAS Advisor to contact the HSP. As a rule of thumb, each organisation will be entitled to approximately eight days of management consultancy time. It is important that this time is monitored and controlled as it is a limited resource. It is also important that this time is allocated appropriately and that it is used solely for the purposes of the project. Organisations wishing to use their ACAS Advisor for other purposes will have to contract (and pay for) their services separately.

18 During the course of the project the intention is to establish a “web community” so that participating organisations can access information from others and share their experiences. In this way organisations will be able to find out what did and didn’t work in other organisations and will be able to apply the latest knowledge to their own circumstances.

19 Phase 2 of the project will roll out the SMS to the rest of the NHS (i.e. those NHS organisations that did not participate in the phase 1 project). This phase of the project is due to commence in Autumn 2005 and is being planned at the time of writing (May 2005). It is envisaged that there will be less commitment of HSE staff to the phase 2 project and no specific allocation of HSPs to NHS organisations is likely. Any management consultancy thought to be required will have to be accessed, provided, supported and purchased by participating trusts. However, there will inevitably be a requirement by HSE inspectors to answer questions about the process and reference can be made to the web community and other sources of information and intelligence that were generated during the phase 1 project.

### **Data Recording**

20 Contacts should be recorded on FOCUS or COIN as usual.

### **Enforcement Guidance for the Phase 1 SMS Project**

21 The project is not enforcement led and is not an enforcement initiative. On the contrary, it represents a new, more co-operative approach by HSE. The NHS organisations that are included in the project will be given an undertaking by their HSP that they will not be subject to any enforcement action on stress by HSE during the currency of the project provided they implement the Stress Management Standards properly. In the event of non co-operation HSPs should consult with the Sector Account Manager (SAM) who will be able to assist in deciding an appropriate course of action.

22 Participating trusts will not be entitled to any such “enforcement holiday” with regard to any other HSE enforced topic and should not be given any undertaking or impression that they may receive such preferential treatment.

**NHS organisations that are not included in the project and other healthcare premises (including independent hospitals)**

23 NHS organisations that are not included in the project should be treated as normal with regard to work related stress. Two question sets, one for management and one for staff were put together as an **aide memoir** to assist inspectors to gather intelligence for last year's NHS stress project. These have been included again for convenience (Appendices [3](#) and [4](#) respectively) and can be used at inspectors' discretion. It should be emphasised, however, that these question sets were designed for use by HSE inspectors and were not intended to be distributed and completed by NHS staff for survey purposes.

24 Specially trained inspectors termed Nominated Persons for Stress (NPSs) with more extensive knowledge about stress related issues are available to answer questions and provide appropriate advice. These are discussed in [Appendix 2](#).

25 The phase 1 SMS project in the healthcare sector is targeted specifically at NHS organisations, other healthcare premises should be treated as previously. However, it should be borne in mind that work associated stress has been found to be less of an issue in independent hospitals and clinics than in the NHS.

### **Enforcement Guidance for NHS Trusts not Included in the Phase 1 SMS Project**

26 Enforcement issues should be handled in accordance with the EMM and other current enforcement guidelines, which can be found in the [Work - related stress topic inspection pack](#). There is also other useful information in the pack.

### **Guidance on Work Related Stress Issues**

27 NHS organisations in particular should have a policy or policies on stress and stress related issues such as bullying, violence and harassment. These may not be separate documents but may be contained within their Risk Management Strategy.

28 All forms of violence from verbal abuse through to physical assault can be potent stressors, as can the perception of threat. Violence and aggression is dealt with in detail elsewhere **DN new links to 2005 SIMS needed** :([SIM 07/2004/09: Health services industry programme 2004/05: Management of violence & aggression in healthcare](#)). However, they can be followed up and dealt with as stressors as well as a separate risk.

29 Studies have suggested that most, if not all, NHS trusts have a problem with work related stress to some extent. All trusts should, therefore, have assessed the risk. Any risk assessment that suggests that work related stress is not an issue should be questioned, although some small trusts (possibly only some PCTs) may legitimately argue that they do not have a stress problem.

30 Due to the different structures, demands and working practices of the different types of NHS trust, the profile of work related stress problems is going to be different in each.

31 In an acute trust, or similar, some departments could be regarded as high risk for work related stress, e.g. accident and emergency units because of the nature of their work. Others may be regarded as high risk because of their systems of work practices,

e.g. onerous shift patterns among some groups. Other worker groups could be regarded as high risk because of their local circumstances, e.g. understaffing.

32 High risk departments may not be immediately obvious but the following are likely to be included:

- acute mental health units;
- chronic mental health wards;
- accident and emergency units, as indicated in the previous paragraph.

33 The Department of Health has instructed NHS trusts to address workplace stress issues. This requirement is formalised within the “Improving Working Lives” (IWL) scheme which has three stages, “Pledge”, “Practice” and “Practice plus”. All trusts should have attained the first two stages which means, in practice, that trusts should be able “to provide a portfolio of evidence over a wide range of policies and procedures that improve the working lives of staff”. This should include stress. The “Practice” level accreditation does not require them to have all procedures in place but they should all have time limited action plans for implementation. Further information can be obtained from the [IWL](#) website.

#### INSPECTOR TRAINING

34 A training course dealing with [work related stress](#) issues generally is available through FOD HRU (now OSU Learning & Development) – see appropriate intranet web link.

35 There are, at present, (May 2005) no plans to run more courses to train HSPs but there may be a training need associated with the phase 2 project which may necessitate this or some other appropriate training course.

#### SOURCES OF FURTHER INFORMATION AND ADVICE

36 There are a number of further sources of information, some of which are listed below:

##### **HSE sources**

- [Stress Management Standards](#). These are a new and innovative web based approach to proactive stress management and the pages contain guidance for implementing these in an organisation. A summary of information about the Management Standards can be found in a [leaflet](#) that can be freely given to dutyholders.
- [Work - related stress topic inspection pack](#).
- “Real Solutions Real People”.

- [“Interventions to control stress at work in hospital staff”](#), Contract Research Report 435/2002, **Cox et al**:
- Tackling work-related stress - A managers' guide to improving and maintaining employee health and well-being (HSG 218)

### **External sources**

- The NHS Direct website has an encyclopaedia entry for [stress](#).
- There is a very informative website hosted by the [Mental Health Foundation](#).
- The mental health charity [“Mind”](#) also publish a useful webpage.

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## APPENDIX 1

### BACKGROUND INFORMATION ABOUT STRESS

1 In the short term, acute stress can manifest itself as any combination of the following (this is not an exhaustive list):

- i. emotional distress e.g. anger, irritability, anxiety, and depression;
- ii. muscular problems including tension headache, back pain, jaw pain, and, possibly, the muscular tensions that lead to pulled muscles and tendon and ligament problems;
- iii. stomach, gut and bowel problems such as heartburn, acid stomach, flatulence, diarrhoea, constipation, and irritable bowel syndrome; high blood pressure, rapid heartbeat, sweaty palms, heart palpitations, dizziness, migraine headaches, cold hands or feet, shortness of breath, and chest pain.

2 In the longer term, stress can become chronic. This is typically caused by long term lifestyle problems such as dissatisfaction at work, relationship problems (either in the workplace or at home) or other serious worries. The onset of chronic stress can be insidious and people can be almost unaware that they are affected as they may have become used to the situation, which could have built up over a period of time.

3 There is evidence that chronic stress can manifest itself physically in a number of ways such as heart attack and stroke. It is known to depress the immune system thus making the sufferer more susceptible to a variety of other ailments, possibly even cancer.

4 Psychological effects can include changes in personality sometimes leading to violence. In extreme cases long term stress can lead to mental breakdown, clinical depression and even suicide. In serious cases, stress management alone may be insufficient and long term medical and behavioural treatment may become necessary. This may result in employees having extended sick leave.

## APPENDIX 2

### NOMINATED PERSONS FOR STRESS (NPSS)

1 Work related stress (WRS) is a complex and developing topic for HSE. In many cases inspectors lack confidence in their ability to tackle the issue particularly in relation to giving advice on intervention strategies and quality of risk assessments.

2 At the same time WRS is one of the HSC/HSE priority hazard programmes. This reflects the fact that, according to labour force survey statistics, work related stress is the second most commonly reported cause of occupational ill health. Any effort devoted to reducing WRS is therefore likely to make a significant contribution to the PSA and SH2 targets for reducing both the incidence of work related ill health and the number of working days lost.

### ROLE OF THE NOMINATED PERSON FOR STRESS

3 To support FOD's programme on work related stress it will be necessary to try and improve FOD's overall confidence to deal with the topic. One mechanism for this will be to improve access to sources of specialist support.

4 It is proposed that where inspectors require specialist assistance the usual practice for commissioning help will be followed i.e. they will contact their SG in the normal way. Additionally, each SG (EMAS) has nominated at least one person to act as the NPS. Their role will be:

- to provide advice to colleagues on priorities and encourage the appropriate use of available technical expertise and also to liaise with and monitor such services;
- in each SG, to be the link between FOD divisional staff and contracted sources of expertise on work related stress. They will advise when and how their input should be sought and ensure the quality of work and reports;

in addition the NPSs may be involved in operational work relating to WRS.

#### NPS's BY REGION

Scotland	Brenda Wilson
YNE	Ruth Fletcher
NW	Dil Sen
Midlands	Alan Scott
Wales and West	Carys Osborne London and ESE Tony Erlam

APPENDIX 3  
QUESTION SET (MANAGEMENT)

**Policy**

Q.1	Is there a policy on stress/mental health/staff well being etc in the workplace?	
	Yes	No

Comments:

Q. 2	If there is a policy document does it cover issues such as bullying, violence and harassment?	
	Yes	No

Comments:

Q. 3	Does it convey the message that stress is an organisational issue and demonstrate management commitment to the topic?	
	Yes	No

Comments:

Q. 4	Were staff and their representatives consulted on drawing up policies?	
	Yes	No

Comments:

**Organisation**

Q. 5	Is there clear allocation of responsibility among managers for pro and reactive management of stress at work as a health & safety issue?	
	Yes	No

Comments:

Q. 6	Have staff been made aware of trust policies on stress?	
	Yes	No

Comments:

Q.7	Have staff been told of the possible consequences of stress related disorders?	
	Yes	No

Comments:

Q. 8	Has employee co-operation been sought in dealing with stress at work?	
	Yes	No

Comments:

Q. 9	Are there lines of communication between the Occupational Health (OH) and Safety departments, and the OH department and line managers and is there effective liaison?		
	OH & Safety dept.	OH & Line managers	Effective liaison

Comments:

Q. 10	What arrangements are there for communication with employees to raise awareness of stress at work?	

Comments:

Q. 11	Has training been given to ensure the competence of managers/risk assessors in the management of stress at work?	
	Yes	No

Comments:

Q. 12	Are there performance standards for managers in relation to health and safety generally and stress related issues specifically?	
H&S?	Yes	No
Stress?	Yes	No

Comments:

Q. 13	Is there access to competent occupational health advice?	
	Yes	No

Comments:

### Planning and Implementation

Q. 14	Have risk assessments been completed?	
	Yes	No

Comments:

Q. 15	Have stressors falling within the 6 broad risk factors been considered?					
	Demands	Control	Support	Relationships	Roles	Change
<p><b>N.B.: If the interviewee is unaware of them, HSE's Stress Management Standards should be mentioned , these quote the following risk factors:</b></p> <ul style="list-style-type: none"> <li>• <b>demands</b></li> <li>• <b>control</b></li> <li>• <b>support</b></li> <li>• <b>relationships</b></li> <li>• <b>roles</b></li> <li>• <b>change</b></li> </ul>						

Comments:

Q. 16	How was the information for risk assessments collected? Were staff asked their opinion and were the opinions of any focus groups sought?	
How?		
Staff?	Yes	No
Focus?	Yes	No

Comments:

Q. 17	Have the significant findings of risk assessments been recorded?	
	Yes	No

Comments:

Q. 18	Are there arrangements in place for risk assessment review?	
	Yes	No

Comments:

Q. 19	Has an action plan for stress been drawn up using the findings of the risk assessment? Does this include targets set for the implementation of measures to control stress at work?	
Plan?	Yes	No
Targets?	Yes	No

Comments:

Q. 20	What action has been taken to control the risks (proactive management)?	
	Yes	No

Comments:

Q. 21	Were staff and their representatives consulted on issues concerning the planning and implementation of measures for the proactive management of stress?	
	Yes	No

Comments:

Q. 22	Is support (eg Occupational Health Department) available for staff with ill health or who feel stressed?	
	Yes	No

Comments:

Q. 23	Is there a system for facilitating rehabilitation following sickness absence with stress or mental health problems?	
	Yes	No

Comments:

Q. 24	Were staff and their representatives consulted on issues concerning the planning and implementation of measures for the reactive management of stress (counselling services, rehabilitation procedures etc)?	
	Yes	No

Comments:

### Measuring Performance

Q. 25	Is there effective monitoring of the trust's arrangements for proactive and reactive management of stress (eg of support for staff consultation forums, numbers of staff using the counselling services, etc)?	
	Yes	No

Comments:

Q. 26	Is there effective monitoring of sickness absence due to work related stress?	
	Yes	No

Comments:

Q. 27	Is there monitoring of managers' performance in proactive and reactive management of stress at work (eg interventions supported by managers and/or initiated by them)?	
	Yes	No

Comments:

Q. 28	Is employee work performance monitored for indications of stress related problems?	
	Yes	No

Comments:

Q. 29	Are there any arrangements to monitor the implementation of the stress action plan?	
	Yes	No

Comments:

Q. 30	What arrangements exist for monitoring and investigating ill health associated with work related stress?	

Comments:

Q. 31	Is anything done in practice? Have the results been recorded? Have any actions been taken as a result of the findings?	
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Done?	Yes	No
Recorded?	Yes	No
Actions?	Yes	No

Comments:

### Audit and Review

Q. 32	Is there a system for reviewing performance regarding pro and reactive management of stressors and stress related issues?	
	Yes	No

Comments:

Q. 33	Have any recommendations from these reviews been prioritised and acted upon?		
	Yes	No	Not applicable

Comments:

Q. 34	Is there a system for appropriate feedback from the OH department to management?	
	Yes	No

Comments:

Q. 35	Is there any evidence of such feedback being given and acted upon?		
	Yes	No	Not Applicable

Comments:

APPENDIX 4

QUESTION SET (STAFF)

**N.B.: Staff should be reminded that answering the questions is voluntary (i.e. inspectors are not using HSWA powers), and any answers will not be attributable (i.e. their name will not be recorded).**

Q. 1	Are you aware of any policy(ies) within the trust dealing with work related stress issues?	
	Yes	No

Comments:

Q. 2	Do you know what these policies say? Have you ever seen them?		
	What?	Seen?	Not applicable

Comments:

Q. 3	Do you think there is any senior management commitment to work related stress issues?	
	Yes	No

Comments:

Q. 4	Are you aware of any risk assessments that have been done on the issue of stress? Was your opinion sought? Have you ever seen any and are you aware of any findings?			
	Aware?	Opinion sought?	Seen r/a?	Findings?

Comments:

Q. 5	Do you know if these risk assessments are ever updated or if there are plans to update them?		
	Updated?	Plans to update?	Not applicable

Comments:

Q. 6	Do you know if any staff (management included) are personally responsible for management of any stress related issues (pro or reactive)?	
	Yes	No

Comments:

Q. 7	Are you aware of any proactive management of stress within the trust? What form do you think it takes? Do you consider it effective?	
	Aware?	Effective?
Form?		

Comments:

Q. 8	Have you been made aware of any "support" available for stress related problems (eg counselling)? Have you used any of these? Were they effective?		
	Aware?	Used?	Effective?

Comments:

Q. 9	Do you know of any rehabilitation programmes offered to staff returning after episodes of stress related illness?	
	Yes	No

Comments:

Q. 10	Are you aware of any interventions that have been implemented by management to address issues of work related stress?	
	Yes	No

Comments:

Q. 11	Has your line manager discussed stress related issues with you (pro or reactive stress management)? Do you feel able to approach him/her about stress related issues?	
	Discussed?	Approachable?

Comments:

Q. 12	In your opinion, do you work in a stressful environment? What, particularly, do you find stressful? Why?	
Stressful?	Yes	No
What?		
Why?		

**N.B.: If the interviewee is unaware of them, HSE's Stress Management Standards should be mentioned , these quote the following risk factors:**

- **demands**
- **control**
- **support**
- **relationships**
- **roles**
- **change**

Comments:

Q. 13	Have you ever discussed any concerns about stress with any representative from the trust?	
	Yes	No

Comments:

Q. 14	What steps do you think could be taken to address the stress issues within your working environment? Have you ever discussed this with anyone?	
Steps?		
Discussed?	Yes	No.

Comments:

Q.15	Are there any forums at work in which you can discuss issues relating to stress?	
	Yes	No

Comments:

Q. 16	Does the trust regularly run staff attitude surveys or similar to canvass views from staff? Are there questions about work related stress? Are the results fed back to staff?		
	Surveys?	Stress Q?	Feedback?

Comments:

Q. 17	Do you know of anyone that has had to take sick leave associated with work related stress? Was this a short-term problem? Did it become long term? Did that person ever return to work?			
	Sick leave?	Short-term?	Long-term?	Return?

Comments:

Q. 18	Have you ever suffered from anything that you would ascribe to work related stress? Are you aware of any occupational health provision in the trust? Do you know if it's effective?		
	Suffered?	OH aware?	Effective?

Comments:

Q. 19	Do you belong to a union or professional organisation? Do you know if this has been involved with stress management in the trust? If so, was that involvement effective?		
	Union?	Involved?	Effective?

Comments:

Q. 20	Is the trust generally supportive of staff if they have problems with stress related issues?	
	Yes	No

Comments:

Q. 21	Do you think that enough attention is given to work related stress issues within your workplace?	
	Yes	No

Comments:

Q. 22	What sort of thing could be done (practically) to address issues of work related stress within your working environment? Has anyone from the trust ever asked your opinion about this issue?	
What?		
Opinion?	Yes	No

Comments:

Q. 23	Are you aware of anybody monitoring the situation regarding stress in the trust?	
	Yes	No

Comments:

Q. 24	In your opinion, how well does the trust deal with work related stress issues? Could they do more? How?		
How well?	Good	Fair	Poor
More?	Yes		No
How?			

Comments:

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