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| Health and Safety Executive | | Sector Information Minute | |
| | | SIM 7/2006/02 | |
| Cancellation Date | 14/05/2010 | Open Government Status | Fully Open |
| Version No & Date | 1: 14/05/2006 | Author Unit/Section | Public Services Programme - Health Services Unit |

Target Audience:
FOD and Sector Staff

PSP/STRESS PROGRAMME 2006-07: HEALTH CARE

This SIM describes the policy and field led activities to promote sickness absence management and return to work strategies across the health care sector in 2006-2007. It sets out the national interventions being undertaken and the local interventions to be taken by FOD. Supplementary information on managing sickness absence and return to work strategies (MSA/R2W) can be found in SIM 07/2006/09

INTRODUCTION

1 The Public Services Programme is designed to reduce work related accidents and ill health and the subsequent loss of productivity in the public services. Its key objective is to make a major contribution to HSE's PSA target for lost days, and particularly:

- To reduce the number of working days lost in the civil service and wider public sector, especially those caused by work related accidents and ill health, by 30% by 2010

2 There is close Ministerial involvement with this area of work across health and social care as part of the overall drive towards the public sector reform and efficiency agendas. Specific information on the Scottish and Welsh agendas can be found in their respective Business Group Delivery Plans (BGDPs). However, within England, the Ministerial Task Force on Health Safety and Productivity is relying on HSE to engage with and co-ordinate efforts in reducing sickness absence. It is also looking to lead by example. The recent publication of DWP proposals on Incapacity Benefit reflects the role that HSE plays in ensuring that workplace health is improved and that suitable arrangements are in place to facilitate better absence management. Similarly, the Health, Work and Well-Being Strategy aims to improve the health of the working population and again, and gives HSE another driver to continue with activities which will make a significant impact on the PSA target.

3 The Public Services Programme (PSP) involves a portfolio of projects, referred to as PSP 1 - PSP10. Full details on all the PSP related projects can be found in the Business Group Delivery Plan BGSP/PSP/06/07. This SIM

concentrates on projects PSP 1 'Workshops' and PSP 5 'Targeted inspections'.

4 The main focus of PSP1 is convincing NHS Trust Chief Executives / Human Resource Directors of the business case for managing staff sickness absence and having return to work systems in place. Then, in a series of regional workshops for practitioners, illustrating how the adoption of HSE's stress management standards (SMS) is an example approach to improve absence management systems.

5 PSP5 aims to capitalise on FOD and Sector interventions over the last 4 years, and using new intelligence, conduct targeted management systems inspections on the basis of NHS Trust sickness absence data and employee numbers to persuade duty holders to adopt best practice on MSA/R2W.

6 The NHS is the single largest employer in the UK with approx 1.7 million employees, and including the social care sector, this figure rises to approx 2.6 employees. Sickness absence data for 2004 has been analysed for almost all NHS trusts and on average, for each employee, 10.5 days were lost through sickness absence.

PSP 1 'PSP/STRESS REGIONAL WORKSHOPS'

7 As a first stage, a publicity campaign is planned and, through the Task Force, high level approaches to senior managers are intended to gain commitment to reducing work-related absence, and in particular, the adoption of the Stress Management Standards (SMS). Specifically, the programme will be launched at two forthcoming high profile NHS events in April and June with presentations targeted at Chief Executives and Human Resource Directors to promote active participation and commitment from employers and employees. FOD are also asked to consider contacting a limited number of Trusts to advise them of the workshop approach so that they can be aware that an invitation to participate in one of the workshop events will be forthcoming. Similarly, FOD are asked to identify and approach Trusts who have low sickness absence rates with a view to them championing their approaches to others who are not as successful (ref. PSP4 Public Sector Partnerships).

8 A series of regional workshops for practitioners are then being arranged to secure their commitment to tackle sickness absence by implementing the SMS - See SIM 07/2006/08 for detailed arrangements and expected FOD involvement. Approximately 18 workshops will be arranged specifically for the health care sector during November and early December 2006 to help duty holders in taking the practical steps to addressing MSA/R2W and implementing the Stress Management Standards. Links will also be made to the other priority topic areas of MSDs, Violence & Aggression, Slips and Trips.

9 The publicity campaign, high level engagement and then workshops seek to:

- Persuade managers of the business case for managing sickness absence and return to work;
- make the links to the efficiency and well-being agendas by providing relevant information and case studies on sickness absence management - including work related injuries and ill health;
- engage managers to start applying or further develop their expertise in applying the Management Standards for work related Stress and to show them how to access other useful guidance/tools.

10 The workshops will be largely devoted to the SMS methodology, the tools that can be used to facilitate the process, the overall business case for managing sickness absence, short case studies and key messages for addressing some of the other key causes of sickness absence. In return, trusts will be asked to then design a suitable action plan for delivery.

11 Participants at the workshops will be offered support in the design and implementation of action plans. This will be provided specifically for those adopting the Stress Management Standards by way of dedicated phone, HSL and consultancy advice. Additionally, and where resources permit, local support from FOD and other parts of HSE on the other topic areas may be provided. This might include, for example OHI support on MSA/R2W issues.

12 FOD resource will be required to:

- contact certain Trusts to advise them of the impending workshop events;
- provide a local presence at the workshops;
- monitor actions arising from them;
- provide advice; and
- follow up organisations that fail to attend.

13 It is envisaged to follow up progress with participants towards the end of 2006/07 and in 2007/08. Eventually, FOD will also need to tackle those who didn't attend and/or have not delivered on action plans during 2007/08.

PSP 5 TARGETED INSPECTIONS

14 FOD Scotland and Wales are designing separate approaches to the targeting of NHS bodies within their Divisions. Full details can be obtained from the respective versions of the PSP Business Group Delivery Plan.

15 Across England, recent sickness absence data obtained from the NHS Employers Organisation has provided a benchmark for the proposed targeted inspections. Organisations have been identified based on the number of sickness absence days, sickness absence rates and size of workforce.

16 FOD has allocated 8 inspector years for targeted inspection across the public sector in England. Of this, 3.8 staff years have been dedicated to this element of the programme in healthcare to undertake 34 management inspections^[1], as follows:

- **YNE = 9, NW = 9, Midlands = 6, ESE = 4, London 4, SW = 2**

17 Based on recent sickness absence data, Divisions are requested to select and target interventions to Trusts where the greatest impact can be made to reduce days lost. The data is available on request from the Health & Social Care Services Unit (healthservices e-mail account). External requests for this information will be considered under HSE's FOI procedures^[2].

18 HSE expects the biggest impact to be achieved in those organisations, where if a reduction of 30% could be achieved, the resulting saving of 822,000 days equates to 9% of the total days lost from sickness absence in NHS trusts. The statistics clearly demonstrate a relationship between the type of trust and its sickness absence level, with, for example, ambulance and mental health trusts having noticeably higher absence levels (on average) than strategic health authorities. The relationship appears consistent with areas where you might expect higher levels of stress.

19 While the key prompt for the intervention is to determine the sickness absence and return to work systems in place (HSG249 refers), Inspectors should also examine the arrangements in place for managing the main causes of sickness absence - that is, MSDs, stress, slips & trips and violence & aggression. Inspectors may also wish to refer to the Local Authority Strategic Intervention Plan (para 8) for details on planned interventions with social care services.

ENFORCEMENT

20 The FOD guide to Inspection and HSG 65 provide the framework for inspection. Inspectors should use this and the priority topics, in particular work related stress, to evaluate the organisations' health and safety performance management. If examination of the overall safety management system and/or topics inspected suggest a less than satisfactory approach, enforcement action should be considered in accordance with the Enforcement Management Model. See OC 202/3(rev) for further guidance on Stress. If other matters of evident concern are noted, these should be dealt with as appropriate.

21 HSE has published guidance on MSA/R2R (HSG 249) (Subject File No: 200). However, Inspectors will be aware that much of it cannot be enforced under relevant statutory provisions. Therefore, the thrust of the approach is to encourage best practice and to advertise to the public sector that HSE prefers to work with dutyholders to prevent work related injury and ill health, and if assistance on MSA/R2W is required, HSE can help. Inspectors will therefore need to be familiar with the background material, which contains suitable case studies. If however, there is no transparent commitment, organisations will find themselves under scrutiny, not only from HSE, but also from other public sector regulators (e.g. the Healthcare Commission and the NHS Litigation Authority).

22 Duty holders should be asked to adopt and implement the Stress Management Standards and attending one of the Workshops will be seen as a first step in their process.

23 The Sector welcomes requests for advice on factors that may influence decisions over enforcement notices or prosecutions.

LINKS TO EXISTING INITIATIVES AND AGENDAS

24 The body responsible for promoting health and safety in the NHS in England is the NHS Employers Organisation (NHSE). One of their main drivers, in common with HSE, is the reduction of sickness absence within the NHS in England. The NHSE has recently launched its own project aimed at effective reactive management of stress. This is predicated on management of stress on an individual basis.

25 Therefore, their approach although different to HSE's, provides a valuable and opportune link toward the common goal of a healthier workforce. The NHSE has now agreed to collaborate with HSE so the joint effort creates a holistic approach to stress management within the NHS in England. Similarly, there are links to the NHS's Improving Working Lives (IWL) initiative. This specifically addresses quality of life issues in the NHS workforce and is run by the NHSE.

NHS SCOTLAND AND WALES

26 Scotland and Wales have their own NHS Confederations, which represent most of the NHS organisations in the devolved administrations. As NHS Scotland and Wales are relatively small it will be possible to contact their NHS organisations direct, and this is reflected in the BGDG for Scotland and Wales.

REPORTING ARRANGEMENTS

27 A standardised approach has been agreed for reporting Fit3 interventions. The key word "PSP" should be used in the comment field for each contact under the PSP including LASIP. Further instructions are provided at in the PSP BGDG (Para 34).

Date re-issued May 2006

[1] Includes planning, preparation, inspection, feedback and follow up.

[2] FOI requests for this data should be referred to the Health and Social Care Services Unit.