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HEALTH AND SAFETY COMMISSION

Developing options for Management Standards to tackle work-related stress

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Issue

1. The Commission is invited to agree the way forward for the stress Management Standards following the consultation campaign.

Timing

2. Public consultation on the Management Standards ends on 27 August 2004. This paper is being presented to the Commission before the detailed analysis has been undertaken as there is widespread expectation that we will launch the Standards on 3 November 2004 (National Stress Awareness Day). A summary of consultation responses will be circulated prior to the meeting, once the consultation has ended. Late responses received up to 7 September will be considered and presented orally at the meeting.

3. Originally the Management Standards were due to be discussed on 12 October 2004 but as this will be an open meeting the paper has been brought forward.

Recommendation

4. That the Commission:

a) Notes the [emerging] results from consultation (Annex 1);

b) Considers the options that have been generated as a result of the consultation campaign;

c) Agrees to the launch of the Management Standards on 3 November 2004.

Background

5. The work-related stress priority programme has been high profile and innovative. A risk assessment approach has been at the core of the work with HSE encouraging employers to assess the risks, develop and implement plans to manage the risks, and then assess and measure performance. HSE has advocated that employee involvement is key to the success of each stage of this process.

6. While we have been successful at demonstrating that risk assessments for stress can be undertaken (through, for example, 'Tackling Work-related Stress' – HSG218) and that interventions are available to organisations (through 'Real Solutions, Real People') there remains the challenge of assessing and measuring performance.

7. The Management Standards for work-related stress have been developed to both build on the work undertaken and to help organisations assess performance against six key areas of job design (the Standard headings of Demands, Control, Support, Relationships, Role, Change). They have been designed to respond to the needs of organisations. HSE has also been asked to develop a specific assessment method for to support the Management Standards. This method will help prioritise issues and complement existing measures that organisations use to assess stress, for example sickness absence data, turnover, exit interviews, etc.

8. The Commission agreed to a consultation campaign on the draft Management Standards at its 6 April 2004 meeting (HSC/04/05) and a widespread public consultation was launched on 25 May 2004.

9. The campaign asked six questions based around two central arguments:

   - Did consultees think that the Management Standards and 'states to be achieved' were sensible and achievable

   - What was the preferred mechanism for assessing performance against the Standards

Consultation

10. Since the public consultation was launched, HSE has received 489 responses. Analysis of the responses received up to 6 August 2004 shows:

    - that most respondents view the 'states to be achieved' as being achievable

    - that there is a difference of opinion about the way organisations want to assess performance against the Standard.

    Analysis of the results received up to 6 August 2004 is at Annex 1 and a more up to date analysis will be tabled at the Commission meeting.

Argument

11. The Revitalising Health and Safety (RHS) targets require a 20% improvement in ill-health and a corresponding 30% reduction in sickness absence for stress-related illness by 2010. The adoption of the Management Standards is a key element of bringing about these improvements. The Management Standards provide a framework that allows an assessment to be made about the degree of exposure to six key workplace stressors (Demands, Control, Support, Role, Relationships and Change), and promotes better working conditions. The Standards are aimed at assessing the

exposure of the working population rather than trying to identify and treat 'high risk' individuals.

12. Peer reviewed papers setting out the approach have been well received in the UK and abroad, providing assurance of the acceptability and credibility of the approach. These will be published in a special edition of Work & Stress, copies of which will be available to Commissioners.

13. In testing the Management Standards in pilot organisations, it was clear that most wanted some form of numerical benchmark against which they could assess the performance of their organisation. A percentage was chosen (85% for Demand, Control, Support; 65% for Relationships, Role, Change). However, this led to some presentations issues, especially as some organisations perceived the Standards as a 'pass/fail' system.

What are the options?

14. The consultation response has broadly supported the approach. The views of commentators together with an examination of other systems designed to examine organisational performance (e.g. IiP) have helped to generate four broad options. Each option has advantages and disadvantages which are explained in more detail at Annex 2.

15. A summary of the options follows. It is key that the Commission agrees which option it wishes to pursue as this affects subsequent activity, for example the development of supporting tools and user manuals.

16. Option A   Continuous improvement – not target based

Key features

➢ This approach does not include quantitative targets (i.e. loses the 85%/65% targets used during the pilot of the standards)
➢ Focus is on doing things better without any benchmarks – performance is assessed by employees expressing views on organisational interventions which are then verified by an assessor (like IiP)

Main strength

Analogous to IiP approach, which is widely accepted and popular.

Main weakness

An approach which lacks objective measures and requires independent assessment, which moves away from other areas of health and safety and makes stress 'different'.

What would it look like?

This approach is like the Investor in People (IiP) Standard, where independent assessors make a judgement on whether the standard is met. Some British Standards also take this approach. This option works simply on the basis of improving stress management

practices to achieve an improvement in the current state of affairs leading to a better work environment. The focus is to do things better without any numerical criteria for pass or fail.

In this approach, progress would be measured by employees indicating that, following appropriate interventions, working conditions had become 'better'. The approach would not yield quantitative data which would make checks on year-on-year progress difficult.

17. Option B An absolute cut-off

Key features

> ➢ This approach uses a target for organisations to aim and aspire to
> ➢ It gives an idea of performance against the Management Standards
> ➢ It is self-contained and does not require validation
> ➢ It is similar to a (now outdated) chemical exposure model

Main strength

Easy to demonstrate whether or not the organisation has met the Standard.

Main weakness

Creates a pass/fail system which is hard to justify as the data does not support a clear cut-off for stressors and related health end points.

What would it look like?

This approach has been used in the past in chemical exposure limit setting and for other physical agents such as noise.

In practice, organisations would be set a common target they would need to achieve in order to meet the Standard. Organisation are most likely to use a questionnaire or survey to do this. This is not ideal as surveys provide a broad indication of performance. A blend of both quantitative (questionnaires, absence/turnover data) and qualitative (focus groups, discussions) methods has been advocated as a better approach.

In addition, a cut off could be perceived as a 'pass/fail' system, offering little incentive to continuously improve once the standard is met. Those who fell well short of the standard might be demotivated. There is also concern about how such a limit might be interpreted eg by the civil courts/insurers. Finally, we do not have sufficient evidence on which to base an accurate target linking the Standards to health.

18. Option C An aspirational target

Key features
> ➢ The organisation sets its own target

- ➢ Follows a model used in other disciplines e.g. education - a school may aspire to improve its number of A grades
- ➢ HSE could guide on what is reasonably achievable

Main strength
Flexibility as it hands ownership to the organisation and employees.

Main weakness
An arbitrary approach to setting targets and the targets set may be inadequate to conbat stress in an organisation and for the achievement of Revitalising targets.

What would it look like?

This approach has been used in education and sport – a team may aspire to be in a higher division within a specified time and determines what action it needs to take to do achieve this.

In practice, this would involve the organisation setting its own target, using data on the current state of the organisation and what degree of improvement it feels is possible. The target is thus internally generated and is based on self-regulation and agreement between employees and employers as to what is 'do-able'. HSE would need to provide guidance on what levels of improvement are reasonably achievable. This information is potentially available from existing HSE funded research.

Respondents like the flexibility of this approach, but many feel a target set by an organisation will not be as challenging or carry as much weight with senior management as one set by HSC/E. It is less likely to be adopted or sustained.

19. Option D - A stepped approach

Key features
- ➢ Follows a continuous improvement model using targets based on reasonable practicability
- ➢ Organisations could assess their performance against the 'state of the nation' and the top 20% of performers (data taken from the ONS)
- ➢ The organisation and employees determine what reasonable progress would be (e.g. if poor aim for average, if good aim for top 20%)
- ➢ Could simplify organisational and sector benchmarking

Main strength

Compatible with goal setting, continuous improvement and reasonably practicable models.

Main weakness

More complex than other options, which would need to be explained to 'users'.

What would it look like?

This approach is similar to that advocated for other areas of health and safety and follows a continuous improvement model.

HSE's Board has adopted a similar approach while piloting the standards. This approach advocates a stepwise progression over time and is supported by a longer term target based on reasonable practicability e.g. to eventually achieve the best 20% in terms of exposure to key stressors.

In practice, the organisation would receive the Management Standards and supporting tools. The tools would provide an indication of how well the organisation appeared to be performing and how this compared against the national average and the top 20%. They would also be able to benchmark within their sectors.

The organisation could take this data to focus groups to verify the findings from the survey, gather an idea of the key issues affecting the organisation, decide on an action plan and determine where it wanted to be on its next review (e.g. if it was a poor performer it may wish to move to average, if average it may wish to move to the top 20%).

Overall, feedback from public consultation and discussion with HR professionals supports Option D as the best way of promoting continuous improvement. By breaking down the process into manageable chunks we hope to retain momentum and motivation. HSE would be able to provide guidance on what levels of improvement are reasonably achievable and also guidance on realistic timescales.

A further advantage is that it is possible to link gradual population shifts in exposure to improvements in health and sickness absence (and thus to the RHS targets).

Summary and discussion points

20. Without pre-empting the outcome of public consultation, the responses received so far and the experiences of pilot organisations generally indicate it is helpful to have a numerical target to aim for. Pilots felt a numerical target was a key factor in securing senior management support. However, the available evidence does not support an exposure limit-type target based on health data. Instead, a target based on what is reasonable for organisations to achieve is proposed. In addition, a target on its own may not be enough for some organisations and for these a stepwise approach could help to facilitate organisational change.

21. The option that best meets these criteria is **Option D** and this is the recommended option.

Presentation

22. The percentages in the piloted standards (85% for Demands, Control and Support and 65% for Role, Relationships and Change) generated significant discussions and some concern, particularly with Trade Unions. There are presentational issues around this approach, in particular, concern that the standard could be met even if 15% of staff are ill as a result of workplace stress or 35% of staff are bullied. We have taken these concerns into account and balanced them against feedback that a target was helpful in gauging performance, prioritising areas for action and securing senior management support. We are now recommending an overall target based on what individuals tell us

is achievable in the best organisations. Tools and supporting materials will make it clear that organisations should aspire (for example) to no individuals reporting being exposed to bullying behaviours.

23. Also, there are concerns that HSE is advocating an approach based on surveys and which is very paper intensive. Supporting materials will encourage organisations to use a range of other existing data such as sickness absence figures and not rely solely on monitoring against the Standards.

Costs and Benefits

24. Costs and benefits of adopting management standards to tackle work-related stress were considered in the Impact Assessment which was appended to HSC/04/05.

Action

25. That Commissioners consider the options presented here (taking account of any late responses to public consultation presented at the meeting) and:

a) agree that option D should be the preferred option;

b) agree to HSE working up Management Standards, together with supporting tools and guidance, based on the approach outlined in option D; and

c) agree to launch the Management Standards on 3 November 2004, and consider how they might like to participate in the launch.

ANNEX 1 – SUMMARY OF RESULTS

1. This annex provides a summary of the interim results of the consultation as at 6 August 2004.
2. Since the wider public consultation was launched on 25 May 2004, HSE has received 489 responses. Analysis of the responses received up to 6 August 2004 shows:

- 73% want a numerical target as a reference point (26% do not and 1% did not respond).

- 43% of respondents want the target in the standard and 32% want the target in the supporting guidance (25% did not answer the question).

- Views are split on what this target should be: 16% want an absolute cut off based on ill-health data, 35% want an aspirational target promoting continuous improvement and 23% want a stepped approach eg bands or ranges (26% did not express a preference).

- All the states to be achieved appeared achievable with well over 50% support.

- The Change Standard proved least popular with up to 29% respondents disagreeing that one state (Ch2): *The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals*; can be achieved.

3. A breakdown of comments will be included in the summary of consultation responses to be circulated prior to the meeting. Any late responses will be presented orally at the meeting.

ANNEX 2 – OPTIONS ANALYSIS

Four options are presented in the main paper (cf. HSC/04/99 para 16 to 19). For each of these options an analysis of strengths and weakness has been undertaken and a proposed format developed. Some options appear stronger than others, however, this work has endeavoured to make each option as viable as possible within the framework of existing guidance and available knowledge.

Option A

Continuous improvement – not target based

This option works on improving stress management practices to achieve an improvement in the current situation to bring about a better work environment. The focus is simply on doing things better without any numerical criteria for pass or fail.

This approach is similar to Investors in People (IiP), which relies upon independent assessors to make a judgement on whether criteria are met. Some British Standards also take this approach.

A similar approach could work for Management Standards. In practice, organisations would need to assess themselves against the 'states to be achieved' for each standard. An assessor would then make a judgement as to whether the Standard is met. Progress would be measured by employees indicating that, following appropriate interventions, working conditions had become 'better'.

HSE's supporting guidance would necessarily focus upon helping the assessor come to that judgement.

Summary of Strengthes and Weaknesses

Strengths	Weaknesses
• No pass or fail, just focus on doing things better	• Requires a judgement to say whether standard is met – who would judge and how?
• Analogous to IiP approach which is widely accepted and popular	• Argues for independent assessment or 'award' to say standard is met
• Allows employers flexibility to decide what is realistic– would encourage more to adopt standards	• Once standard is met, no incentive to improve
• Focuses on local indications / situations to provide improvement in working conditions	• Vague – doesn't add much to existing guidance
• No occasion to do nothing	• Difficult to tell if you are being successful or measure improvement
• Non-threatening	• Difficult to prioritise
	• Takes no account of 'reasonable practicability'
	• Not likely to engender top management commitment
	• Organisations would be inclined to do nothing
	• Doesn't reflect regional/cultural differences within organisations

Overview

Broadly, feedback from all strands of the consultation campaign does not support this option. Criticisms are that it is too vague and doesn't allow organisations to compare their performance, in a quantitative manner, with others or measure improvements over time. It is not thought likely to engender top management commitment.

Option B

An absolute cut-off

This approach is similar to that used in the pilot of the draft Management Standards. It is based upon the notion of setting a target that reflects the likely level of exposure to stressors at which sickness absence and/or ill health are likely to occur.

Evidence commissioned and gathered by HSE shows ill health increases linearly with increasing demands, control and support. However, a 'threshold' level has not been identified. Additional data based on the 'stressfulness of job' shows a similar relationship with demands, control and support. However, these data are not sufficient to set an evidence based exposure limit based entirely on health data.

It would be possible to define alternative targets based on what it is reasonable for organisations to achieve on the basis of the maximum number of the workforce to be exposed at a particular level of harm. However, there would be provisos that the target would be largely arbitrary and the level of exposure would be a relative rather than absolute value (such as a relative risk). This approach (that leaves a proportion of the population 'unprotected') has been very widely used in standard setting.

In this option, HSE's guidance would necessarily cover the basis for the target, particularly as it may have an impact on propsective civil claims.

Summary of Strengthes and Weaknesses

Strengths	Weaknesses
• Clear target to aspire to and work towards – easier to demonstrate meeting the standard	• Dose/response data does not support cut-off for health end points
• Challenging	• Methodology (including indicator tool) could be open to manipulation (assumption)
• Organisational confidence that it is 'performing well' when it 'passes'	• Takes no account of 'reasonable practicability'
• Simple to implement	• Open to challenge (particularly if used in civil litigation). May be interpreted as the minimum for common law duty of care
• Easy to explain to CEOs etc.	• Target may 'overwhelm' organisations performing badly – a source of demotivation
• Consistent level of achievement for all	• Evidence focuses on ill health and is not comprehensive across all ill health situations. Absence data is unlikely to correlate well with incidence/prevalence etc.

• Some existing standards use this approach	• Perception: okay to have 15% stressed, 35% bullied
• Informs focus groups	• Pass/fail system does not encourage continuous improvement – "tick the box and move on"
• Allows prioritisation	• No clear consequence for 'failure' – HSE's approach is not enforcement led etc.
• Demonstrates real commitment to change	• Dependent upon accurate organisational judgement of performance
	• Pilot organisations have highlighted some concerns with this approach
	• Not clear where percentage should be set
	• Insensitive to context – every industry is different
	• Questionnaire driven approach – bureaucratic. Needs to be used in conjunction with other data to give whole picture.
	• Doesn't help deal with "pockets" of stress in the organisation
	• Another target to meet – could increase pressure on managers and/or worsen industrial relations
	• Shareholders will want to know costs.

Overview

Feedback on Option B is cautious. People want a target to aim for and a single numerical target is a simple concept that people can easily understand, something that was borne out by the media coverage of Management Standards development. However respondents are concerned a numerical target will be treated as a 'pass' or 'fail' system. This offers little incentive to continuously improve once the standard is met. Those who fall well short of the standard might be demotivated.

Option C

An aspirational target

This option would allow organisations to set their own targets based on an evaluation of current performance and what degree of improvement seems possible. The approach relies on self-regulation and agreement between employees and their representatives, and employers as to what is 'do-able'.

HSE would need to provide guidance on what levels of improvement are reasonably achievable. This information is potentially available from existing HSE funded research.

Summary of Strengthes and Weaknesses

Strengths	**Weaknesses**
• Flexibility to set clear and realistic targets to work towards	• Seemingly arbitrary approach to setting targets
• Increased organisational confidence	• Need for support would stimulate

when meeting its own targets	commercial market for stress management consultancy
• In keeping with themes of working with partners etc.	• Would require data to allow organisations to determine what is reasonable for their sector
• Allows prioritisation and management of expectations	• An organisation meeting its own aspiration may not be doing enough
• Allows scope to agree targets between employees, employees and their representatives	• No clear consequence for failure – no accountability
• Allows organisation flexibility to take account of different challenges in different roles (and deal with "pockets" of stress effectively)	• Depends upon making an accurate judgement on how well an organisation is performing
• Allows organisations to set areas of 'zero' tolerance	• Difficult to justify to key stakeholders (eg. TUs)
• Loosens the emphasis between the 'score' and compliance	• Difficult to explain to aggrieved employees
• Might get more buy in from staff if they don't think employer just trying to protect themselves from enforcement action	• May not drive less enthusiastic employers to progress/improve – no incentive to spend money if no "bite"
• Easy to explain to CEOs	• Lack of clear understanding of what's good, bad or indifferent – cannot compare against others.

Overview

Respondents like the flexibility of this approach, but many feel a target set internally by an organisation will not be as challenging or carry as much weight with senior management as one set by HSC/E.

Option D

A stepped approach

This approach advocates a stepwise progression over time (promoting continuous improvement and best practice), but supported by a longer term target based on reasonable practicability eg. over time, to achieve the best possible result with the required reduction in ill health.

There are a number of ways of defining 'the best possible result' operationally. This could include reference to scores from the HSE indicator tool supplemented by other sources of data eg. sickness absence etc.. HSE's Board has adopted a similar approach while piloting the standards.

The strength of this option is it recognises that organisations will be starting from different pointsand that a sequence of manageable interventions can bring about substantial improvements in the state of the organisation or work group. It also reflects that some interventions have more immediate effects so organisations can make larger gains early on in the process.

This approach would also enable HSE to make a judgement linking gradual shifts across the population in exposure to stressors to improvements in health and sickness absence and thus to the RHS targets.

Summary of Strengthes and Weakeness

Strengths

- Need an overall target to appraise yourself as an employer
- Feasible for HSC/E to set an aspirational target based on what employees report best organisations can achieve
- Information is available on what degree of improvement achievable

- Allows improvement over time – acknowledges effort
- Targets could be altered over time, as the state of the Nation improves
- Common sense approach

- Fits with pilot organisations' suggested approach
- Flexible enough to allow for organisational change
- In tune with themes of working in partnership etc.
- Relatively easy to explain to key stakeholders
- Overall target set by HSE so carries more weight
- Encourages continuous improvement
- Loosens the link between score (%) and compliance
- Opportunity to link in other sources of performance data eg sickness absence monitoring
- Compatible with other standards

Weaknesses

- HSE are not in a position to set a target based on health outcomes
- Need baseline data on sectors to set meaningful targets for what is achievable

- Target based on what is reasonable is linked closely to omnibus survey/ tool – would need to use tool to demonstrate target met.
- Couldn't put target in Standards as doesn't stand on its own.
- Guidance needed to explain basis for setting interim targets
- More complex than other options – need to think carefully about language to explain it
- Not prescriptive – open to manipulation etc.
- Could stifle new ways of working – what if performance dips?

Overview

Overall, feedback from public consultation and discussion with HR professionals supports Option D as the best way of promoting continuous improvement. By breaking down the process into manageable chunks we hope to avoid disillusionment. HSE would be able to provide guidance on what levels of improvement are reasonably achievable and also guidance on realistic timescales.