

Health and Safety Executive Board Paper			
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## HEALTH AND SAFETY EXECUTIVE

### The HSE Board

### Addressing Work-Related Stress in HSE

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Cleared by Justin McCracken on 10 June 2002

#### Issue

1. Implementation of actions to decrease the number of staff in HSE exposed to work-related stressors.

#### Timing

2. In order to ensure the well-being of our staff, and demonstrate commitment to exemplar status, we need to urgently progress the action on completing risk assessments for work-related stress. The European Week for Safety and Health in October 2002 will be an opportunity for HSE to clearly show how it is tackling this challenging issue.
3. Action is also urgently needed to raise the priority of the review planned to evaluate the effectiveness of the changes made to the arrangements for Managing Attendance (part of the Personnel Programme 2002-3). This is because robust data collection will be necessary to allow the setting of a baseline from which to evaluate the effects of any interventions based on the findings of the risk assessments.

#### Recommendation

4. That the Board **agrees the overall plan** developed by the Stress Working Group (Annex 1).
5. The Board agrees the **three key actions** to begin to address work-related stress. These are:
  - a. HSE to **implement the risk assessment process** described in its external guidance on work-related stress ("Tackling Work-Related Stress: A Manager's Guide" HSG 218), and act upon the findings;
  - b. HSE to **raise the priority attached to reviewing its current procedures for Managing Attendance**, and further develop these where applicable, in

order to make the managing of sickness absence and its causes easier to manage in the future; and

- c. HSE to **consider positively** the recommendations of the current review of I.T. provision (being conducted by REFIT / BEU).

6. The Board **supports** the implementation of these, and gives personal commitment to ensure action.

### **Background**

7. When the Board agreed the Corporate Health and Safety plan (B/00/59), they asked for the issue of work-related stress in HSE to be further developed and communicated to the Board. The Corporate Health and Safety Committee (CHSC) set up a working group to take forward this action.
8. The working group has developed an action plan (Annex 1), and identified the key issues to be taken forward.

### **Argument**

9. Work-related stress is an important issue for HSE. In 2000/ 01, 33, 464 days were lost due to ill-health, with stress / anxiety / depression being one of the top three causes given. Although the data is poor, the minimum number of days lost due to stress and depression between September 2000 – September 2001 was estimated at 6, 358. Taking account of the spread of the days lost across Bands, the cost to HSE of days lost due to stress / depression is estimated at £1, 884, 257. Due to the difficulties in identifying a 'case' of work-related stress, and the challenges of the current reporting system, it is likely that this figure is significantly under-estimated (see Annex 2).
10. As part of the challenge in addressing what we define as a 'case' of work-related stress, it is important to recognise the unseen costs of stress. These are far harder to quantify. The staff survey suggests 59% of respondents felt that their part of HSE controlled stress either adequately or well; however, only 49% felt that they were able to report work-related pressure without fear of repercussions; these cases are therefore not available to us. The end products of this are likely to be attributing ill-health to other causes, and inefficiency whilst at work due to the interference of stressors.
11. HSE has committed to being an exemplar in health and safety management, and as such needs to be proactive and transparent about the steps it is taking to address work-related stress. This is particularly important in view of the current changes occurring within HSE, since change is recognised within our external guidance as a major source of stress.
12. The Working Group used the 5 tools of *Securing Health Together* in developing the stress plan (annex 1). This ensured that all key issues were captured, in order to effect the desired change. From the overall plan, 3 actions were prioritised as expected to have the greatest effect on work-related stress in HSE. These were:
  - a. **Managing Attendance Review** – the current method of data collection results in available information being both limited and inefficiently used; it would also represent a significant challenge to communicate this information externally, in a meaningful and transparent manner.

The issues of data collection need addressing to allow us to establish a baseline for work-related stress in HSE, and set targets to reduce its' occurrence accordingly. Raising the priority of the Managing Attendance Review, and ensuring that the intricacies of data capture are included are critical steps in achieving this.

- b. **Complying with the Guidance** – We are pressing external management, in consultation with employees to implement HSG 218. We are especially targeting the public sector, and encouraging managers to comply with the risk assessment process for work-related stress. HSE should set an example in complying with this guidance.
- c. **REFIT Project** – There is evidence from the Whitehall II study that I.T. is a significant source of stress in the workplace. The findings of the working group also confirmed this, and supporting the proposed REFIT project in examining the health and safety aspects of our IT systems is important. The initial recommendations of the project are to be discussed at the next CHSC on 4<sup>th</sup> July, and any resource implications of those recommendations brought forward will be submitted to the Board.

### **Consultation**

13. The working group consisted of members of the CHSC, management and Trade Union representatives. The proposals were discussed by the CHSC, who offered feedback, including from the point of view of individual divisions / directorates.

### **Presentation**

14. Internal – It will be important for senior management to demonstrate commitment to tackling work-related stress throughout the organisation. Publicising the actions to be taken immediately will be an important vehicle in communicating this commitment, and one possible method of achieving this may be for the Chair of the Health and Safety Committee to publish an article in *Express*.

15. External – There will be many opportunities to communicate HSE's actions to strive for excellence to an external audience. The European Week of Safety and Health, and the Annual Report represent two of these opportunities.

### **Costs and Benefits**

16. The estimated number of days lost due to stress and depression between September 2000 – September 2001 was 6, 358. The cost to HSE of these absences is estimated to be £1, 884, 257. It is also likely that the actual amount of ill-health attributable to work-related stress may be higher than the estimated figure, due to the difficulties in data capture identified in Para's 9 and 10.

17. The total cost to HSE for implementing the risk assessment **process** for work-related stress is estimated to be £110,000. This includes both policy and operations branches of HSE, and also incorporates the costs of Divisional Steering Groups and the reporting of these to the CHSC (Annex 3).

18. The review of the current systems for Managing Attendance is estimated to cost HSE £7, 500. This may be broken down in to 0.08 yrs B3, 0.1 yrs B4 and 0.04 yrs B5.

19. The costs of the review of IT provision were not available at this time.

20. The benefits of addressing work-related stress are a reduction in the number of days lost and cost to HSE of ill-health caused, or made worse by, work-related stress. In addition, benefits will arise through the increased efficiency of staff at work, and bringing those staff that are away from work through ill-health back to work quicker.

### **Financial/Resource Implications for HSE**

21. The costs of putting the processes in place for the three key actions are described above (paras 17-21). These processes will identify subsequent activities needed to address any issues that may arise. These cannot, at this time, be costed; however, this will be kept under review by the CHSC.

### **Environmental Implications**

22. N/A

### **Other Implications**

23. N/A

### **Action**

24. Agree the overall plan developed by the Working Group, and endorsed by the Health and Safety Committee

25. Agree the three priority actions to be taken forward (see para. 5)

26. Provide full commitment to taking forward the three priority actions.

**ANNEX 1 - OVERALL PLAN DEVELOPED BY  
STRESS WORKING GROUP.**

Reduce the incidence of ill-health caused, or made worse by work; and help those who have been ill return to work quickly.

**[Target – to be set when data is available]**

Co-ordinated HSE Plan

P1. Knowledge

1. Agree what data is needed and how this should be collected.
2. Information from DD's about performance against targets.
3. Information for management and employees.
4. Research by Refit about stressors in I.TA framework of what it is reasonable to expect a competent person in a particular job to be able to do.

P2. Skills

1. Management are competent to implement the guidance, including risk assessment of stressors, e.g. workload.
2. Individuals also take responsibility.
3. Senior management are skilled in recognising their management style and impact.
4. Using information gathered through knowledge programme to ensure appropriate training at the right time, e.g. for I.T.

P3. Continuous Improvement

1. Appropriate rehabilitation implemented, including Managing Attendance.
2. Investigation of work-related ill-health causes
3. Sharing / rewarding good practice.
4. HSE Excellence document for public consumption, including honesty and example-setting at senior levels.
5. "nursery" for developing ideas / improvements.
6. "stress club" to help managers resolve challenges.
7. Similar "club" for those with high stress levels.
8. Continuing Professional Development for Managers.

P4. Compliance

1. Awareness / acceptance of stress as an organisational issue within HSE.
2. Implement the Risk Assessment approach described in Guidance.\*
3. Use DD information to monitor and if necessary, effect change to meet targets.
4. Fully implement bullying / harassment guidance.
5. DD's to be held accountable to Director General.

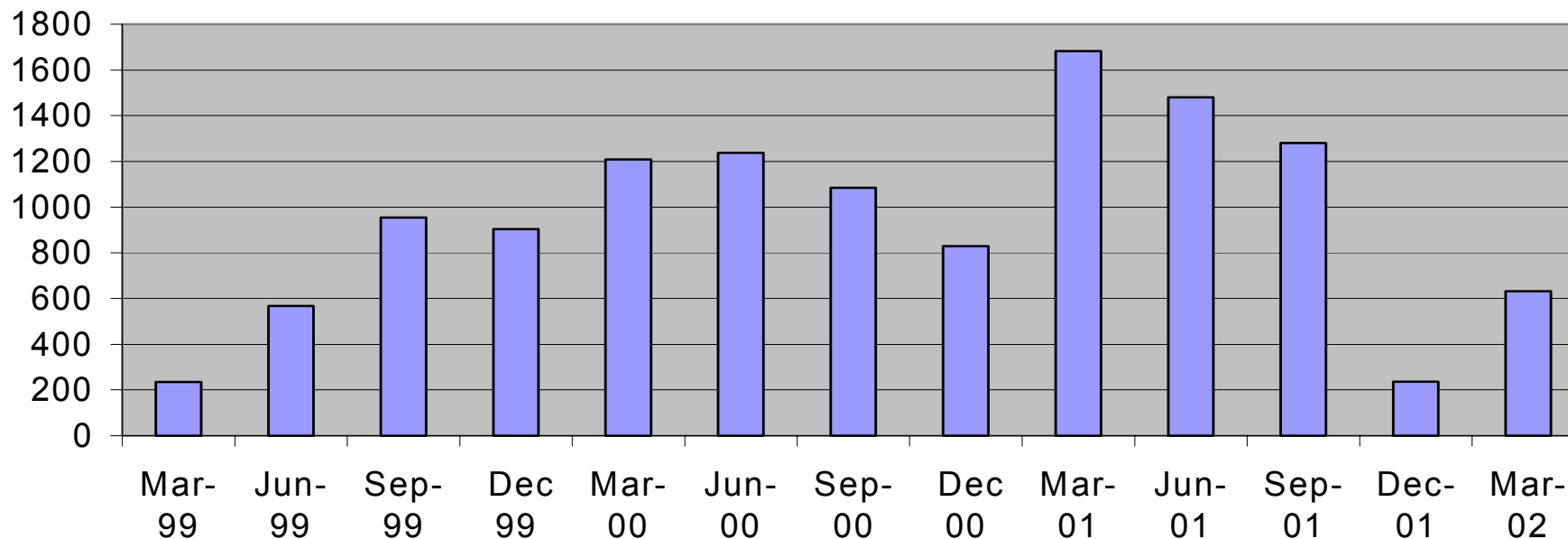
\*"Tackling Work-Related Stress: A Manager's Guide" HSG 218.

P5. Support

1. Change culture to one where managers want, and are supported in, realistic rehabilitation.
2. Identify necessary support, and comparing this with existing support.
3. Integrating the multi-disciplinary support.
4. Open and supportive culture, including a change in attitudes towards mental ill health and stress.
5. Better understanding, and communication, between different divisions (silo-breaking)

**ANNEX 2 – SICKNESS ABSENCE STATISTICS  
FOR HSE, PERIOD 11/99 – 03/02.**

# NET DAYS LOST DUE TO STRESS AND DEPRESSION (ALL BANDS)



THE CHART ABOVE RELATES TO ABSENCE REASONS FOR STRESS AND DEPRESSIVE DISORDER, COVERING A TOTAL OF **517** INSTANCES BY **349** PEOPLE DURING THE PERIOD. DAYS LOST ARE SHOWN NET OF WEEKENDS (NO ALLOWANCE HAS BEEN MADE FOR PART-TIME STAFF).

**A FURTHER 27 PEOPLE HAD NOT RETURNED TO WORK AS OF 31 MARCH 2002. HAD THEY RETURNED ON THIS DATE, AN ADDITIONAL 2,288 DAYS WOULD HAVE BEEN ADDED.**

**Depressive Disorder:**

	Mar-99	Jun-99	Sep-99	Dec-99	Mar-00	Jun-00	Sep 00	Dec-00	Mar-01	Jun-01	Sep-01
Band 2	0	0	0	0	0	0	10	0	0	0	0
band 3	40	25	146	210	174	73	3	23	210	244	224
Band 4	0	0	2	20	42	94	123	6	119	16	93
Band 4E	0	0	0	0	0	100	24	72	49	0	2
band 5	0	138	47	102	142	59	87	65	287	193	140
Band 6	39	102	108	215	234	177	225	205	242	456	351
TOTAL	79	265	303	547	592	503	472	371	907	909	810

**Stress:**

	Mar-99	Jun-99	Sep-99	Dec-99	Mar-00	Jun-00	Sep 00	Dec-00	Mar-01	Jun-01	Sep-01
Band 2	44	69	70	9	15	228	60	9	87	4	20
band 3	16	7	17	114	197	61	275	123	278	31	92
Band 4	48	16	109	30	52	31	2	0	33	64	12
Band 4E	0	0	0	0	0	7	29	0	0	16	0
band 5	7	164	150	74	33	142	159	6	86	236	6
Band 6	40	46	306	131	320	266	88	320	292	221	340
TOTAL	155	302	652	358	617	735	613	458	776	572	470

**Total Stress and Depressive Disorder**

TOTAL	234	567	955	905	1209	1238	1085	829	1683	1481	1280
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**ANNEX 3 – ESTIMATED COSTS OF  
IMPLEMENTING KEY ACTIONS.**

**Stress Working Group:**  
**Cost Work-Up for Priority Projects.**

**1. Implementing the Guidance:**

**In order to an estimate of costs** there are 3 identified steps in implementing the Guidance (HSG 218) within HSE.

These are: (1) to perform risk assessments at Divisional Level, which take into account the diverse experiences of different bands; (2) report the findings of the risk assessments to a Divisional Steering Group, which will be tasked with implementing interventions to those risks able to be dealt with at Divisional level, and referring other risks upwards to the Health and Safety Committee; (3) to report on progress.

**Step 1: Risk Assessment at Divisional Level.**

The following assumptions have been made:

- each Division may be split into 4 staff groupings to take into account the differences and similarities of some jobs within each Band.
- Each group will consist of Bands both above and below the target Bands, in order to allow 360 feedback to occur. A union representative must also be present in each group.
- Each group will consist of 6 members, and meet a maximum of 3 times, for half a day each time.

The estimated cost for 1 Policy Division = £4, 672

The estimated cost for 1 Operations Division = £5, 214

Based on these figures, the **total estimated cost to HSE for risk assessment of work-related stress at Divisional Level:**

Operations (8 Divisions) = £41, 712

Policy (7 Divisions) = £32, 702

**Step 2: Divisional Steering Groups.**

The following assumptions have been made:

- each Steering Group will have 6 members from Band 2 downwards, including a Band 2 facilitator.
- The group will meet a maximum of 3 times, over a maximum of 3 days.

The estimated cost for 1 Policy Division = £2, 263

The estimated cost for 1 Operations Division = £2, 298

Based on these figures, the **total estimated cost to HSE:**

Operations = £18, 381

Policy = £15, 841

**Step 3: Reporting of Divisional Steering Group to H + S Committee:**  
Assuming the Band 2 Facilitator reports.

Operations = £112

Equivalent to .001yrs B2

Policy = £108

## **Summary for Priority Project 1: Implementing the Guidance.**

The estimated **total cost to HSE** for priority project 1:

Operations = £60, 205

Policy = £48, 651

**Total = £108, 856.**

## **2. Managing Attendance:**

There are several steps identified in this project.

The project is estimated to take:

Band 3 – 0.08 years = £3, 068

Band 4 – 0.1 years = £3,128

Band 5 – 0.04 years = £985

The **total estimated cost to HSE** of priority project 2:

**£7, 181.54**

## **3. REFIT Project:**

The review of IT provision currently underway in HSE is seeking to harmonise IT provision across the organisation, in terms of interface, hardware and software. The review is due to report its preliminary recommendations to the CHSC in July. At present, no costs are available for this project.