

## B/03/038

Updated 20 May 2003 – Laura Whitford, BWED2 (x6997)

<b>Priority programme</b>	<b>Work-related stress (Year three, 2003/04)</b>
<b>Programme targets</b>	<p><b>Outcomes:</b></p> <p>Health [RHS/SH2] targets:</p> <p>No PSA targets have been set for 2004 as the stress programme relies on long term achievement of [RHS/SH2] targets in 2010:  <u>[Relates to PSA target 2:]</u></p> <ul style="list-style-type: none"> <li>• Reduce the annual INCIDENCE of work-related stress-related illness by 20% by 2010. Using the self-reported work-related injury survey 2001/02 (SWII 01/02) figures for illustration, this means around 53000 fewer people first reporting awareness of work-related stress, depression or anxiety in 2010;  <u>[Relates to PSA target 3:]</u></li> <li>• Reduce the NUMBER of working days lost from work-related stress by 30% by 2010. Using SWI 01/02 for comparison, this means around 2.7 million fewer days in 2010</li> </ul> <p>It is expected that numbers of cases will initially increase as awareness grows and individuals become less reticent in concealing the nature of this illness.</p> <p><b>Baselines:</b></p> <ul style="list-style-type: none"> <li>• HSC Discussion Document - Managing stress at work (DDE10 3/99): 98% of respondents thought more needed to be done on stress, 94% regarded stress as a H&amp;S issue.</li> <li>• CRR 322/2001 – Baseline measurements for the evaluation of the work-related stress campaign: 40% of respondents were unaware of any available resources to tackle work-related stress.</li> <li>• CRR 265/2000 – The Bristol Stress and Health at Work (SHAW) Study: one in five employees regard their job as very or extremely stressful. Estimates that 5 million workers believe they are exposed to work stress.</li> <li>• Surveys of Work Related Illness (SWIs) 1990, 1995, (1998/99) and 2001/02. In 2001/02 an estimated 265000 people first became aware of work-related stress, depression or anxiety during the previous 12 months, a significant increase when compared to 92000 in 1995. Stress, anxiety and depression accounts for 13.4 million working days lost (more than a third of total working days lost) compared to 6.5 million working days lost in 1995. These data suggest that work-related stress and related disorders are increasing in the British population. However, these data are difficult to interpret and the exact extent of this increase cannot be determined.</li> <li>• Costs to society were estimated to be £3.7 to £3.8 billion (1995/96 prices).</li> <li>• HSE surveillance schemes SOSMI and OPRA: In 2001/02 there were about 563000 cases of stress, depression or anxiety (including old and new cases), compared with 2.3 million cases of work-related ill health. That is to say, stress-related illness now accounts for an estimated 25% of all reported cases of occupational ill health.</li> </ul>
<b>Contribution to achieving the PSA targets</b>	<p><b>PSA target 2</b>          No PSA target has been set for work related stress for the period to 2004/5. However, it is assumed that if the stress programme is successful it should contribute 30% to the 2009/10 target.</p> <p><b>PSA target 3</b>          No targets have been set for work related stress for the period to 2004/5. However, it is assumed that if the stress programme is successful it should contribute 39% of the 2009/10 target.</p>
<b>Strategy</b>	<p>The strategy (agreed with HSC in May 2000) was developed following publication of a discussion document in 1999. The four points of the strategy are:</p> <ul style="list-style-type: none"> <li>a) to work with partners to develop clear, agreed standards of good management practice for a range of stressors;</li> <li>b) to better equip HSE inspectors and local authority officers to be able to handle the issue in their routine work, for instance by providing information on good practice and advice on risk assessment and consultation in the light of the above work;</li> </ul>

c) to start a project that would seek to involve others actively in developing a more comprehensive approach to managing stress; and

d) to launch a publicity drive to help educate employers. To underpin this, HSE would develop additional detailed guidance, drawing on the findings from HSE's research and adopting a particular focus on risk assessment.

Effective action that tackles work-related stress across all five of *Securing Health Together's* programmes of work is needed to make the significant impact on work-related stress that is required. This cannot be achieved by HSE acting alone, and calls for cross-agency working both within and outside Government

<p><b>Key work stream 1 Compliance:</b></p>	<p><b>Management standards</b>  Development of standards of good management practice against which an employer's management performance in preventing stress can be measured.</p> <p><u>Third party involvement:</u>  Standards piloted by 25 external organisations to ensure they are practicable. Of these, a quarter should be drawn from the top 350 companies represented. ACAS to support pilot study.  TUC to form key stakeholders group to liaise with HSE on development of standards.  DTI/HSE joint working group established to develop bullying aspect of relationships standard.  Standards validated by further research (see Key workstream 3) and an external panel of experts in psychosocial interventions and personnel management who will form a consensus view on the state to be achieved.  Health Education Board for Scotland's evaluation of 'Work Positive' pack to inform standards development, particularly small firms issues.  Further stakeholder engagement plans currently under development.  DWP involved in pilot.</p> <p><u>Milestones and outputs:</u>  Draft standards agreed with pilot organisations 23 Jan 03  Full support pack prepared for pilot organisations on how to conduct pilot. This includes an assessment tool, advice on the process and a ready reckoner to help build the business case March 03.  Meeting with CIPD to discuss ways of working together to widen stakeholder engagement (March 03).  Pilot organisations formally invited to begin piloting April 03 .  HSC agreement to approach and wider consultation on standards secured 8 April 03.  Meeting of all pilot organisations to evaluate progress 21 May 03  Piloting and evaluation of standards completed November 03.  Agreement to publish consultation document February 04.  Base line for standards established by modules in Omnibus workplace survey February 04</p> <p><u>Methodology for progress management (including surrogates or other indicators/measures of progress):</u>  Following roll out of the complete management standards package, compliance with the standards will be measured through FOCUS outputs (see 'Inspection and Enforcement' below). The impact the standards have on peoples' perceptions of their working conditions will be measured by rerunning the Omnibus survey at yearly intervals (see 'Evaluation of the programme').  Evaluation of the standards will be commissioned through a research project. Current proposals are for the standards to include progress measures to encourage organisations to go beyond compliance. Once the evaluation is complete, we will be able to estimate the levels of compliance needed to promote a population shift necessary to achieve the targets ie:</p> <ul style="list-style-type: none"> <li>• significant proportion (to be specified) of EMPLOYERS complying with management standards on stress by 2010; and</li> <li>• significant reduction in levels of exposure to key stressors (to be specified) (including the number of EMPLOYEES exposed) by 2010</li> </ul> <p><b>Inspection and enforcement</b>  1) Continue to improve the management of work-related stress by applying the new [topic-based] inspection approach in the HSE enforced sector.  2) Better equip HSE and Local authority staff to advise on work related stress – see key work stream 4.  3) Pilot of stress audit tool for inspectors across Local Authorities.  4) Development of inspection strategy in advance of standards roll out</p> <p><u>Third party involvement:</u>  Develop and use links with Local Authorities and NHS Trusts to ensure effective sector coverage.</p> <p><u>Milestones and outputs:</u>  FOD has allocated 10 staff years to stress work.</p> <p><u>Methodology for progress management (including surrogates or other indicators/measures of progress):</u>  HSE enforcement activity is monitored through FOCUS inputs, in particular Risk Control Indicators, and will act as an indicator of staff confidence in advising on stress and employer activity generally in tackling stress.</p>
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<p><b>Key work stream 2</b> <b>Continuous improvement:</b></p>	<p><b>Beyond compliance – encouraging best practice</b></p> <p>Research carried out by HSL for HSE suggested that risk communication on stress should not solely be focused on the transmission of “expert” knowledge. It also showed that there is activity going on to manage stress that goes unrecognised as such. Sharing information about such latent activity could help encourage employers to manage stress on a broad front. This includes:</p> <ul style="list-style-type: none"> <li>• Identifying models and examples of best practice in management and rehabilitation of stress.</li> <li>• Identifying networks through eg SH2 activity (SignUp), HSE's Industry Advisory Committees (Education/Health/Railways), management standards pilot.</li> <li>• Disseminating best practice through the web site, conferences, workshops and networks.</li> <li>• Encouraging employers to go beyond compliance in tackling stress at work, in a process of continuous improvement.</li> <li>• Developing training materials and other mechanisms for providing information on stress – see key workstream 4;</li> <li>• Supporting HSE senior management in working toward achieving exemplar status in stress management and prevention within HSE.</li> </ul> <p><u>Third party involvement:</u> The Government High Level Forum network to promote improvements in stress management across Government. <u>International Stress Management Association (ISMA) support for promoting best practice amongst practitioners.</u> <u>Chartered Institute of Personnel Development support for promoting best practice amongst HR professionals.</u> <u>Work with Department of Health's Mind out for Mental Health Campaign, including development of leaflet for managers on how to deal with someone in the workplace who is suffering from stress; and with the Doctor Patient Partnership to produce a patient leaflet for distribution in GP surgeries.</u></p> <p><u>Milestones and outputs:</u> Learning day for cross-Government stress network (June 03) Disseminate and promote research to identify case studies – see key workstreams 3 and 4 (June/July 03) Organise conference to launch good practice guidance (October 03)</p> <p><u>Methodology for progress management (including surrogates or other indicators/measures of progress):</u> Number of case studies collated through existing sources eg research and website. Number of networks facilitated. Feedback evaluation form incorporated into website. ISMA feedback on number of practitioners accredited to their standards.</p>
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<p><b>Key work stream 3 Knowledge:</b></p>	<p><b>a) Delivery of existing research projects:</b></p> <ol style="list-style-type: none"> <li>1) Defining what is a case of stress;</li> <li>2) Perceptual factors influencing reporting of stress;</li> <li>3) Best practice in rehabilitation</li> <li>4) Best practice in management interventions (Beacons)</li> <li>5) Better Regulation Unit's stress and ethnicity research</li> <li>6) Case studies on workplace stress and violence.</li> </ol> <p><u>Third party involvement:</u> DTI and Commission for Racial Equality involved in discussion of findings from 5).</p> <p><u>Milestones and outputs:</u></p> <ol style="list-style-type: none"> <li>1) Final report due February 04</li> <li>2) Draft report received Jan 03. Final report due Summer 03</li> <li>3) Final report due May 03. Publish July 03.</li> <li>4) Final report due June 03. Publish July 03.</li> <li>5) Initial findings received. Second phase underway Autumn 03. Draft report due Summer 04.</li> <li>6) Final report received April 03. Case studies on web site during Summer 03;</li> </ol> <p><u>Third party involvement</u></p> <ol style="list-style-type: none"> <li>8) Contribute to British Occupational Health Research Foundation work on workplace trauma – steering group meets June 03.</li> </ol> <p><b>b) Maintain and revise as required the stress research strategy and supporting business case.</b></p> <p><u>Milestones and outputs:</u> Research priorities agreed April 03 Progress review meeting September 03 Monthly progress reports circulated on progress with commissioning new research.</p> <p><b>c) Commission new research from HSE/HSL or external providers in the following areas by the dates shown:</b></p> <ol style="list-style-type: none"> <li>1) Call-off contract to assist development of management standards (including literature review of bullying research), support pilot organisations and evaluate supporting tools and methodology (April 03);</li> <li>2) Further analysis of Whitehall II data to support draft management standards and evaluation of draft management standards (outputs will also inform regulatory impact assessment) (May 03);</li> <li>3) Alternative metrics for assessing scale; and impact of work-related stress (May 03)</li> <li>4) Evaluation of HSE's guidance "Tackling Stress – A manager's guide to HSE's guidance" (Feb 04);</li> <li>5) Evaluation of HSE's guidance (Feb 04);</li> <li>6) Literature review of influence of stress and human reliability (April 03);</li> <li>7) Competition of ideas 2002 – one project to be selected from: impact of emotionally demanding work; and socio-economic factors affecting reporting of stress; (Sept 03);</li> <li>8) Literature review of work-related violence (Sept 03).</li> </ol> <p><u>Third party involvement</u> We are working with DTI to develop a management standard on relationships, of which bullying is one aspect. As part of the call-off contract HSL will work with HSE and DTI to convene an expert panel to agree and discuss the evidence for bullying behaviours. HSE are also represented on the steering group of a research project on bullying which is lead by AMICUS and an advisory board on destructive conflict and interpersonal relationships, lead by UMIST.</p> <p><u>Milestones and outputs:</u> The stress priority programme is evolving rapidly and the research needs necessary to support it may be subject to change. They will therefore be kept under continual review.. Other research projects may be commissioned to meet changing needs, so dates are approximate and may change.</p> <p><u>Methodology for progress management (including surrogates or other indicators/measures of progress):</u> HSE has strong research management protocols and systems and the research will be managed through these systems. Research into defining a case of stress and perceptual factors influencing reporting will be used to model self-reporting of work-related stress and predict the overall reporting trends. This in turn will feed into the monitoring and evaluation of the programme.</p>
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<p><b>Key work stream 4 Skills:</b></p>	<p><b>Internal:</b> Better equip HSE and Local Authority staff to advise on work related stress through learning days, workshops, the HSE and HELA web sites and development of an audit tool for inspectors.</p> <p><u>Milestones and outputs:</u> HSE/LAU working group met April 03. Pilot course for HSE inspectors successfully run in February 2003 Training course for 25 inspectors to run Nov 03.</p> <p><u>Methodology for progress management (including surrogates or other indicators/measures of progress):</u> Evaluation forms completed following pilot of inspector training showed increased confidence in dealing with workplace stress.</p> <p><b>External:</b> Develop tools to support the management standards pilot study and consider ways to ensure the management standards are understood and acted on in advance of their launch. Encourage a more comprehensive approach to preventing work-related stress.</p> <p><u>Third party involvement:</u> We are working with Department of Work and Pensions' Corporate Medical Group who are developing and piloting online training for GPs on dealing with a case of stress. We are also identifying and linking to suitable web sites from HSE's stress web pages.</p> <p><u>Milestones and outputs:</u> Revised web pages including the draft management standards and a facility to use a stress 'Chat room' launched June 03 Interventions guide developed and cut down version on web site July 03. Full version published at Good Practice conference in October 03</p> <p>Development of Health Services Advisory Committee guidance on stress in the health sector– during 2003/04</p> <p><u>Methodology for progress management (including surrogates or other indicators/measures of progress):</u> Number of case studies collated through existing sources eg research and website. Feedback evaluation form incorporated into website. Duty holders aware of and implementing the Health Services Advisory Committee's guidance</p>
<p><b>Key work stream 5 Support:</b></p>	<p><b>Communications strategy:</b> Develop a strategy to:</p> <ul style="list-style-type: none"> <li>• Engage trade press/academic community in run up to standards launch;</li> <li>• consider how to further develop HSE's web pages on stress;</li> <li>• establish a database of stakeholders and other interested parties to improve stress PP communications; and</li> <li>• seek support for priority programme activity through National Stress Awareness Day</li> </ul> <p><u>Third party involvement:</u> Peer review of journal articles. HSE's communications consultancy (McCann-Erickson) to advise on next phase of awareness campaign. External communications consultancy (Concept Company Limited) to organise National Stress Awareness Day.</p> <p><u>Milestones and outputs:</u> Communications working group met May 03 National Stress Awareness Day 5 Nov 03</p> <p><u>Methodology for progress management (including surrogates or other indicators/measures of progress):</u> Information on website access is available and feedback is encouraged as a way of making contact with stakeholders.</p>

<p><b>Key work stream 6 Development of priority programme</b></p>	<p><b>Programme Development and Management</b>  The programme does not stand still. It needs constantly to evolve as information becomes available and the external environment changes. In addition, we need to develop the later stages of the programme in the light of experience. There are also wider issues for HSC/E that the programme will interact with. This part of the programme identifies these issues and describes the associated activities.</p> <p><u>Third party involvement:</u>  There is interest in and ongoing work on work-related stress in Europe: in the European Commission, the Bilbao Agency and among other MS. We will consider how a successful action programme in the UK might be used to influence the EU towards an EU-wide solution. There is also a need to consider developments in the wider international community eg USA, Australia and New Zealand.</p> <p><u>Milestones and outputs:</u>  This part of the programme is in its early stages but already HSE has jointly organised an important international conference of practitioners in Toronto in Spring 03. Influencing strategies are being developed and will be refined as other key elements of the programme eg management standards work progress. The UK has the Presidency in 2005 and initiatives are being considered, including a major stakeholder conference.</p> <p><u>Methodology for progress management (including surrogates or other indicators/asures of progress):</u>  Feedback from presentations to international conferences.  Visits from other competent authorities hosted.</p>
<p><b>Third party involvement</b></p>	<p>Stakeholders include staff managing and working on the programme and people or organisations directly or indirectly contributing to the programme. As well as the involvement specified in the projects above, the programme has a general stakeholder management strategy. In the case of the Stress pp internal stakeholders are represented on the Stress Priority Programme Management Group – formerly the ISGPI.</p> <p>A key element of the programme involves promoting and supporting effective networking of specialists to anticipate and respond to technical challenges, particularly facilitation of technical expert panels to review evidence and form a consensus of opinion on technical issues. External stakeholders include individuals or groups outside HSE who have an interest in specific projects (as partners for example) or in the outcome of the programme as a whole, such as the TUC and CBI. As with the MSD Programme, projects outside HSE which are aimed at improving access to occupational health support and improving rehabilitation could have a major impact on targets. Stakeholders will be identified and involved according to the guidance given by the Office of Government Commerce and HSE's stakeholder strategy.</p>
<p><b>Evaluation of the programme</b></p>	<p>Progress towards targets will be assessed using a variety of techniques. A workplace survey module to be rerun yearly will provide data an indication of the impact of stress priority programme activity over time. A national survey in 2004, similar to SWI 01/02, will provide data about days lost and incidence. Research into defining a case of stress and perceptual factors influencing reporting will be used to model self-reporting of work-related stress and try to predict the overall reporting trends.</p>
<p><b>Input assumptions</b></p>	<p><b>Research budget:</b> 2003-04 allocation is £740k of which £210k funds existing research. Around 6 new projects to be commissioned this year using the remaining £530k - see key workstream 3. This includes support from HSL in developing the management standards.</p> <p><b>Publicity:</b> DIAS have allocated £250k to the stress pp for 2003-04</p> <p><b>Inspections:</b> HSE has allocated 10 staff years to stress work, both proactive and reactive, for 2003-04 [<b>LA staff allocation???</b>]</p> <p><b>Policy:</b> BWED2 has allocated 5.9 staff years to support development and delivery of the stress priority programme 2003-04</p> <p><b>Occupational psychology:</b> BWED7 has allocated 2.9 staff years to support development and delivery of the stress priority programme 2003-04.</p> <p><b>Statistical support:</b> COSAS has allocated 0.8 staff years to stress priority programme work for 2003-04</p>
<p><b>Key assumptions</b></p>	<p>The key assumption is that resources will continue to be made available for this work from all parts of HSE. Risks will be managed in accordance with the advice from the Office of Government Commerce.</p>