

Health and Safety Executive Board Paper

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HEALTH AND SAFETY EXECUTIVE

The HSE Board

Tackling Work Related Stress in HSE: Rolling out the Stress Management Standards

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Cleared by Justin McCracken on 22 June 2004

Issue

1. Proposals for further tackling work related stress in HSE in the light of:
 - a. the risk assessments undertaken and action plans already in place following the Board's decision in June 2002 to tackle this potential ill health problem;
 - b. HSE's own experience of piloting the stress Management Standards;
 - c. the wider consultation on the Standards currently underway (due for completion end August 2004); and
 - d. the expected formal launch of the stress Management Standards in November 2004.

Timing

2. Early decisions are needed to enable the preparatory work to be put in place. It is proposed to roll-out the Management Standards by conducting a survey questionnaire (building on the stress questions included in the 2004 staff survey) as soon as the Standards are finalised in the Autumn. This will be followed by a full consultation process aimed at producing team action plans, with interventions, leading to sustainable continuous improvement. The process is expected to take 4 months (excluding preparation time which could run in parallel with work to finalise the Standards); an indicative roll out plan is provided at Annex 1.

Recommendation

3. That the Board agrees to rolling out the Management Standards in HSE involving a questionnaire survey being undertaken in the Autumn, co-ordinated centrally by a member of staff at Band 4 level, and contracting out the survey administration.

Background

4. The Board considered how to address work-related stress in HSE on 19/06/02 (B/02/028) and agreed the key priorities were
 - to implement the risk assessment process described in “Tackling Work-Related Stress” (HSG 218) and act on the findings
 - to raise the priority attached to reviewing the current procedures for managing attendance
 - to consider positively the recommendations of the current review of IT provisions to ensure they deal adequately with the stressors
5. Details of action on these issues is reported to the Board each September as part of the H&S Report. In brief, D/Ds have carried out risk assessments and have produced action plans; the managing attendance review has produced recommendations which are currently with the trade unions for agreement, unlikely to be reached until the pay dispute is concluded, and include early intervention via the new OH advisers for stress related illness but will not resolve the “real time” sickness absence issue; the follow up action from the Refit IT review on systems that require improvement and are not going to be replaced by COIN are currently being actioned by BEU.
6. Organisations following the risk assessment process in HSG 218 will be able to measure their success using the Stress Management Standards as a yardstick, once these are finalised. The Standards were piloted in HSE and 21 other organisations recently, brief details of which are contained in Annex 2. A detailed report of each stage of the HSE pilot is available on request.
7. Many lessons were learned during the pilot that have been taken on board, enabling us to simplify and streamline the process to reduce the administrative burden and costs for the roll-out, such as a revised, simpler follow-up survey question set. Crucially we concluded it was essential to set a firm timetable at the outset and stick to it, in order to make the best use of the questionnaire data and to maintain staff interest and commitment. An overall summary of the “Lessons Learned” is reproduced as a table at Annex 3. The pilot proved to be successful in providing a framework for undertaking a stress risk assessment, identifying problems and putting practical solutions in place using HSE’s own interventions guidance “Real Solutions, Real People” (RSRP).
8. Because improvements to the sickness absence data collection arrangements are still under development, this currently affects our ability to both provide true costs (see para 11) and to set targets (see para 19). However, Personnel have recently embarked on a three-year project to review the options for HR delivery in HSE in future, one element of which will be to address how we monitor real time sickness.

Argument

9. There are sound reasons for rolling out the Standards in HSE (excluding the pilot group who are already implementing their action plans) including:
 - testing out whether **D/Ds action plans** are working effectively

- **business productivity and efficiency grounds**¹ eg costs to HSE of sickness absence for stress related absences;
 - **central government pressure** on departments to better manage sickness absence; future financial settlements are likely to penalise those who fail to do so;
 - the need to probe further the **outcomes from the stress questions included in the 2004 staff survey** which indicated scope for improvement (Annex 4 refers);
 - on **reputational grounds** both as a regulator and an exemplar employer.
10. D/Ds' risk assessments and **action plans** originally produced as a result of the Board's 2002 initiative were based solely on HSE's guidance "Tackling Work-Related Stress" (HSG 218) without the benefit of the detailed questionnaire surveys developed since as part of the Management Standards and our interventions guidance. We need to implement the Standards to establish how well these earlier action plans are working. We know from the recent staff survey (see paragraph 13 below) that there is room for improvement and that the plans therefore need to be reviewed to address issues that research has shown lead to ill health.
 11. In relation to **business productivity and efficiency**, there is no evidence to suggest that there are major work-related stress problems in HSE that might potentially lead to widespread ill health. However, the number of reported incidents of stress related sick leave has steadily increased over the last three years; ill-health reports (IH1s) for 2003/04, citing a work-related stress illness, cost the organisation at the very least around £235k (using HSE's ill health cost calculator – Annex 5 refers) and 6423 days were lost in the same period as a result of known stress and depressive disorder absences (see Annex 6). We believe this to be the tip of the iceberg and that the real cost is much higher due to: under-reporting; other non-attributed stress-related absences; staff working below capacity through a stress related condition; return to work needs after lengthy absences, and to funding staff replacements.
 12. In addition to the obvious business costs in terms of payroll, loss of productivity and efficiency, the human cost of these absences is significant, not only for the individuals and their families, but also in terms of the impact on others who have to continue to deliver the work. Additionally there is potentially a longer-term issue in relation to the Civil Service Injury Benefits Scheme if stress is not identified and tackled early.
 13. The Management Standards first stage **questionnaire** known as the "**first pass**" **included in HSE's 2004 staff survey** showed an almost universal failure to meet the Standard relating to the potential stressors "Demands", "Support" and "Change", with some D/Ds failing to meet the Standard in one or more of the other categories "Control", "Relationships" and/or "Role". This highlights a need to probe further to identify potential hotspots, get to the root of problems and put in place interventions leading to continuous improvement.
 14. In terms of **reputation**, it would clearly demonstrate to other organisations that HSE is serious about implementing its own policy and would be influential in persuading other particularly large organisations to follow suit. The Board had previously indicated that it wanted HSE to work towards exemplar status.

¹ An estimated 13.4 million working days were lost in 2001/02 through stress, depression, or anxiety caused or made worse by work. This compares with SWI95 data (self-reported work-related illness), which indicated an estimated 6.5 million working days lost. At 1995 prices this related to an estimated cost to employers of around £353m - £381m and a cost to society of around £3.7 - £3.8 billion.

15. The Stress Working Group of the Corporate Health and Safety Committee (CHSC WG) have considered the pilot's findings and advised on the most appropriate way of rolling out the Management Standards across HSE. They recommended that:
 - (a) doing nothing was not an option;
 - (b) the roll-out should take account of lessons learned and, in particular, a simplified administrative process, a pre-prepared timetable and commitment from senior managers to monitor progress with action plans.
16. There would be significant economies of scale in handling as much of the process work centrally and we have identified a third party provider who can support us on this. The estimated costs of outsourcing this work of up to £25k would be more than offset by savings in payroll (estimated at £40k) of providing this facility in house.
17. Based on the pilot experience, it is strongly recommended that for administrative simplicity and to minimise the risk of corrupted data, a common questionnaire is used. What to include in it is determined by the 2004 staff survey results (see paragraph 13 and Annex 4) - Demands, Support and Change. The CHSC WG believes that Relationships should also be included as most casework involves this issue. An alternative approach would be to cover all six stressors but this would not concentrate on priorities.
18. The pilot has shown that it is at team level that problems can best be identified and addressed. Any new or revised action plans produced as a result of the Management Standards roll-out would clearly need to reflect the progress already made since 2002, making use of HSE's interventions guidance RSRP. It is clear too that SCS commitment is crucial at all stages - to see through the entire process including identifying and implementing solutions as well as in securing maximum team involvement. It is for that reason that we believe SCS members should take responsibility for implementing, monitoring, reviewing and reporting the outcome of their teams' activities to their Board member at agreed intervals. It is proposed that a short training session of around 2 hours would equip the SCS for this task. Further training and briefing needs can be identified locally.

Management Information and Targets

19. The CHSC will be discussing possible **targets** for stress at its meeting on 1 July and will be tabling a paper, with recommendations, to the Board separately.

Consultation

20. The CHSC WG, the Deputy Director General (Policy), Policy Group's Directors and Better Working Environment Division, BSD, Personnel, and RPD have been consulted, as have the Trades Unions through the CHSC sub-group.

Presentation

21. An HSE-wide awareness raising campaign would be undertaken prior to the questionnaire survey, using the techniques being introduced following the review of internal communications (in particular Corporate Cascade Briefing). This would be

taken forward alongside the work to raise awareness externally as part of the launch of the Management Standards.

Costs and Benefits

22. The Policy Group pilot involving around 390 staff was estimated to have cost in the region of £83k. Using this as a basis, the costs of rolling out the stress Management Standards across HSE – contracting out the survey work – are estimated to be around £393k. A detailed breakdown of costings is at Annex 7.

Financial/Resource Implications for HSE

23. In the longer term, we believe that managing stress will become part of normal good management practice with periodic checks being conducted to coincide with biennial staff surveys. The extent of subsequent activity would be proportionate to risk.

Environmental Implications

24. None.

Other Implications

25. None.

Action

26. The Board is asked to agree to:
- i. rolling out the stress Management Standards as proposed across HSE (excluding the pilot group) through a common questionnaire survey based on four stressors (paragraphs 15/17 refer);
 - ii. the work being centrally co-ordinated with the IT elements being outsourced (paragraph 16);
 - iii. SCS members, with training/briefing, taking responsibility for monitoring and reporting action plan activity (para graph 18 refers);
 - iv. the proposal for targets in this area (paragraph 19 refers);
 - v. the detail being worked up by the co-ordinator on appointment.

The Board's view on the frequency at which they wish to review progress would be helpful.

INDICATIVE PLAN - ROLL OUT OF
THE HSE STRESS MANAGEMENT STANDARDS

	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11	Wk 12	Wk 13	Wk 14	Wk 15	Wk 16	Wk 17	Wk 18	Wk 19	Wk 20	Wk 21	Wk 22	Wk 23	
Weeks 1 - 4 Preparation																				
Publicise detailed Timetable and explanatory note	↔																			
Issue Questionnaire																				
Identify Facilitators																				
Analyse Responses																				
Brief Facilitators																				
Consultation - Peer Group Discussions																				
Team Discussions																				
Action Plans / Interventions																				
Implement Action Plan																				
Monitor & Review																				

The preparation at weeks one to six above, could be undertaken in parallel with the work to finalise and launch the stress Standards thereby reducing the overall period to 15 weeks.

Tackling Work Related Stress in HSE: Rolling out the Stress Management Standards**The Pilot Process**

Between July 2003 and 16 April 2004, Policy Group, SID, the Solicitor's Office and the Change Team (known as the pilot group) successfully participated in piloting the stress Management Standards in partnership with 21 other organisations. The process consisted of "first" and "second pass" survey questionnaires based on the six key stress indicators identified in HSE's guidance "Tackling Work-Related Stress" (HSG 218) which formed the foundation for the organisation's earlier stress activity. In HSE each Division completed a second pass questionnaire based on its three least good results from the first pass. As a result five different combination question sets, of up to 23 questions for each, were needed for the second pass survey. This proved to be unnecessarily complex and, despite every effort being made to prevent it, a small minority of staff mistakenly completed the wrong question set for their Division thereby skewing the results.

The surveys were followed up by a consultation phase - to validate the survey outcomes and identify actions - culminating in the production of timed team action plans designed to lead to measurable and sustainable improvement. Divisions were given flexibility to arrange their consultation to best meet their needs. As a result, a wide range of methods was tested including the use of video and teleconferencing facilities. Meetings involving between 6 and 10 people worked best and while some were externally facilitated, experience suggests that only those teams experiencing serious problems needed external help. For operational reasons, a decision had been taken to delay the consultation stage as a result of which the data proved to be too outdated to validate the second pass questionnaire. The key process areas for improvement that emerged from HSE's pilot therefore were the need, in future, to: put in place a firm timetable (for the entire process) at the outset and to stick to it in order to make best and timely use of the emerging data; and to reduce the administrative burden.

Work to take account of the pilot findings has been ongoing. For example, the questions used during the pilot highlighted some particular challenges and have been revised following discussion with interested parties (such as academics, occupational health practitioners, TU and safety representatives). A revised first pass question set was included in HSE's 2004 staff survey. The likelihood is that the second pass question set covering all six potential stress indicators will reduce from around 100 to around 35. The Standards themselves and the evaluation tools are also under review. A formal external consultation campaign on the Management Standards, which was approved by HSC in March 2004, is currently underway; the Standards and toolkit will subsequently be finalised for formal launch in November.

HSE'S PILOTING THE STRESS MANAGEMENT STANDARDS- LESSONS LEARNED

STAGE/ ISSUE	APPROACH ADOPTED	WHAT WORKED WELL	DIFFICULTIES IDENTIFIED	LESSON LEARNED
<u>SECURING COMMITMENT</u>	Commitment secured from: <ul style="list-style-type: none"> • Executive/Board • Senior Divisional Management • Trade Unions fully involved • Stress Working Group consisting of divisional representatives (set up to oversee activities) • Central Health & Safety Committee 	<ul style="list-style-type: none"> • Joint meetings of TU/Stress Working Group members was constructive, reduced bureaucracy and helped drive project forward more speedily • TUs active in encouraging members to participate contributed to high response rates 	<ul style="list-style-type: none"> • Management commitment patchy 	<ul style="list-style-type: none"> • Essential that top team commitment secured. HSE Board had already committed to tackling work related stress. Seek commitment on a business case basis (lower absence rates/productivity etc) • Top team commitment: <ul style="list-style-type: none"> - Demonstrates caring employer/acknowledges good business reasons for change - Signals desire to improve - Commits resources - Encourages participation • Encourage active involvement of line managers before starting surveys • TU involvement - ensures members' interests covered and encourages participation • Joint meetings before each step minimise delays and levels of bureaucracy and help secure commitment. • Regular feedback maintains commitment

STAGE/ ISSUE	APPROACH ADOPTED	WHAT WORKED WELL	DIFFICULTIES IDENTIFIED	LESSON LEARNED
<p><u>PLANNING</u></p>	<ul style="list-style-type: none"> Stage planning was adopted rather than an overall project approach 		<p>This led to:</p> <ul style="list-style-type: none"> delays as each stage was evaluated before moving onto the next outdated data which may no longer be relevant and requires greater probing eg affected by personnel/structural changes arising since project began delay in identifying/ addressing potential stressors thus leading to delay in implementing interventions that would lead to improvements some cynicism among staff of if/when the work would lead to results staff and management find it difficult to see where project is leading; could be seen as separate events rather than part of the whole 	<p>At outset:</p> <ul style="list-style-type: none"> publicise entire project plan with a firm timetable, including full details of meeting dates etc <u>and stick to it.</u> ensure project plan emphasises that the outcome of the process is taking action test systems/processes to ensure glitches ironed out so timetable is achievable. allocate adequate resource

STAGE/ ISSUE	APPROACH ADOPTED	WHAT WORKED WELL	DIFFICULTIES IDENTIFIED	LESSON LEARNED
<p><u>DATA GATHERING (SURVEYS)</u></p>	<ul style="list-style-type: none"> Anonymous electronic survey questionnaires by Division covering around 390 staff, representing approx 10% of HSE's workforce. <ul style="list-style-type: none"> First pass, and simultaneous external questionnaire Second pass - 5 different questionnaires. Each Division covered their 3 least good results from first pass Separate e-mail account set up for responses All surveys had 2 week response period 	<p>All three surveys:</p> <ul style="list-style-type: none"> staff preferred simplicity of electronic system Filter tools easy to complete <p><u>First Pass</u></p> <ul style="list-style-type: none"> Simple questions High response rate (85%) <p><u>External Q-aire</u></p> <ul style="list-style-type: none"> Staff were able to print out personal report and overall results for their Division Mandatory field set up so could not fail to answer questions Good response (72%) <p><u>Second Pass</u></p> <ul style="list-style-type: none"> High response (81%) <p><u>All Surveys</u></p> <ul style="list-style-type: none"> Run over 3 weeks - mid-week to mid-week to maximise responses from those on leave etc 	<p>First Pass</p> <ul style="list-style-type: none"> Some questionnaires incomplete and had either to be spoiled or answers "deemed" Bland questions raised few issues <p>External Q-aire</p> <ul style="list-style-type: none"> Some questions not clear (relevance to HSE) <p>Second Pass</p> <ul style="list-style-type: none"> Ambiguity of some questions – were differently interpreted by staff thereby potentially skewing results Some files were lost requiring central recovery. Led to small delay in analysis Some questionnaires incomplete and either had to be "deemed", partially used (where entire stress indicator questions set was complete) or spoiled <p>All surveys</p> <ul style="list-style-type: none"> Some multiple submissions Division box left blank or wrongly ticked (? more than 100% responses) 	<ul style="list-style-type: none"> Consider combining Pass1 and Pass 2 Ensure questions unambiguous – if scope for different interpretation then include guidance Consider best approach (manual/electronic) to suit working environment Insert validation filter to prevent incomplete responses/if poss prevent multiple submissions Test IT before roll out Consider advantages of anonymity against disadvantages of not being able to target hot spots If survey is anonymous, ensure response groups sufficient in size so that individuals cannot be identified Consider hard copy back-up in case of data loss also to provide audit trail Reminders (personal and electronic) helped maximise response Incentives (sweets etc!) can help Maximise response period by running survey mid-week to mid week

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<p><u>DATA ANALYSIS/ EVALUATION</u></p>	<ul style="list-style-type: none"> Standard analysis reports based on traffic light system produced by HSL used for internal questionnaire and circulated to Band 2s and above External questionnaire analysed by consultancy and Divisional reports made available electronically to all pilot group. Individuals were able to print out a personal profile. Evaluation reports produced after each survey 	<ul style="list-style-type: none"> Result/evaluation reports welcomed by staff Welcomed by participants Well received 	<ul style="list-style-type: none"> Results had to be keyed in separately for each response which took time Reports for Pass 2 were separate for each indicator so input was slow and fiddly Incomplete internal questionnaires were “deemed” where possible or wholly or partially “spoiled” if “relationship” questions unanswered thus reducing usable data Weightings behind the reports produced unexpected results and were questionable Ambiguous questions led to unexpected results Traffic light trigger points require review. Some unexpected results 	<ul style="list-style-type: none"> Insert validation filter (see data gathering above) to eliminate risk of incomplete responses/multiple submissions if possible More flexible evaluation “tools” needed in longer term to reduce data input time Review questionnaire analysis “tool” weightings Review traffic light system of reporting to ensure the trigger points are correct

STAGE/ ISSUE	APPROACH ADOPTED	WHAT WORKED WELL	DIFFICULTIES IDENTIFIED	LESSON LEARNED
<p><u>CONSULTATION (to validate survey findings, etc)</u> <u>TIER1</u></p>	<ul style="list-style-type: none"> In response to TU/Stress Working Group concerns that staff in HSE would be uncomfortable moving directly to team discussions, a two-tiered approach was adopted using external facilitator: Tier 1 Peer Group (ie same band level) meetings and Tier 2 team meetings Initial proposal of all staff undertaking both tiers subsequently modified – because tier 1 for all could have meant more than 50 facilitated meetings. This was impracticable Modified proposals involved staff stating their preference in attending Tier 1 meeting. These meetings were all externally facilitated 	<ul style="list-style-type: none"> 10 Peer Group meetings held – feedback from participants was good. Some who could not be accommodated elected for one-to-one discussions with the facilitators Some groups produced their own feedback to facilitators Feedback reports produced and circulated were welcomed Peer Group meetings of 8 – 10 people Provision of briefing material for facilitators Holding facilitators' round-up session to put feedback into perspective 	<ul style="list-style-type: none"> Logistics of organising Peer Group meetings Availability of staff to attend Peer Group meetings People subsequently withdrawing leaving very small, non-viable, Peer Group meetings of less than 4 people 	<ul style="list-style-type: none"> Be flexible, listen and don't underestimate the concerns of less assertive staff Offering a two-tiered approach settled nerves for those who felt intimidated at team level Staff welcomed the opportunity for peer group meetings and would like more (for whatever purpose) Offer half-hour face to face meeting with facilitator if unable to attend Peer Group meetings to avoid them feeling disadvantaged Publicise feedback from Tier 1 discussions Peer Group discussions of between 4 and 10 work best Use experienced facilitators Bringing together facilitators at the end for a round-up session enables feedback to be put into perspective Facilitators briefing pack is useful. If using more than one facilitator providing an outline structure for the discussions to improve consistency Be alert to live issues of concern

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<p><u>CONSULTATION (to validate survey findings, etc)</u> <u>TIER 2</u> <u>(Team Discussions)</u></p>	<ul style="list-style-type: none"> All staff to participate in Tier 2 team meetings HoDs given flexibility to agree Division-specific Tier 2 meetings (in defining “team” and deciding whether meetings would be internally/ externally facilitated) Aim was to test a range of approaches (team size and facilitation etc) to enable comparisons to be made/identify examples of good practice Generic/corporate issues to be reported to project manager for taking up centrally. 	<ul style="list-style-type: none"> Flexible approach Freedom to choose DIY, internally or externally facilitated groups gave options to suit local needs Dedicated time for group discussion Free and open discussion Brigaded meetings eg for small teams Split site discussions by initial site meetings followed by joint video-link discussion Choice of venue – some preferred out of the office discussion Provision of examples of open ended questions in briefing pack Meetings sometimes strayed into areas other than stress but were useful in drawing teams together Securing assistance from team members to take notes ready for drafting action plan Meetings of between 6 and 10 Using other piloteers as external facilitators 	<ul style="list-style-type: none"> Focusing on local issues Getting teams together Some cynicism among staff about the likelihood of action being taken that would make a difference Getting staff to focus on team rather than corporate issues Identifying facilitators for non-DIY meetings within a short timescale (they had other commitments) 	<ul style="list-style-type: none"> Early availability of easy to understand briefing required – keep it simple Statistical data to show date collected Helpful for external facilitators to have pre-meeting briefing from team leader and project manager Nameplates for externally facilitated meetings etc Meetings of around 2 hours should suffice Team members need a refresher as to why meeting being called Facilitators need to remind teams of purpose/aims/ desired outcomes Brigading worked well where teams worked together Meetings of between 6 and 10 worked best Meetings of 12 or more worked best with 2 facilitators External (non-DIY) facilitation should only be needed where teams have particularly difficult problems Take spare blank action plan copies for reference Allow people time to get corporate issues off their chest to enable them to focus on local issues Summarise meeting/finish on a positive note

STAGE/ ISSUE	APPROACH ADOPTED	WHAT WORKED WELL	DIFFICULTIES IDENTIFIED	LESSON LEARNED
<p><u>ACTION PLANS/ INTERVENTIONS</u></p>	<ul style="list-style-type: none"> • HoDs invited to oversee Divisional arrangements for team meetings to set in place action plans. • Plans to prioritise 4/5 actions that the team could influence/implement that would make a measurable and sustainable difference • Plans to include timed interventions using HSE's guidance "Real Solutions, Real People" 	<ul style="list-style-type: none"> • Set format for action plans • Meeting of HoDs with consultant to provide feedback on progress so far, issues of concern and future action. • Identifying at start a team member to complete draft action plan for agreement with other members subsequently • Action plans where: <ul style="list-style-type: none"> - focus was on team issues - responsibilities were clearly identified - clear timetables and milestones/outcomes were recorded 	<ul style="list-style-type: none"> • Using Real Solutions, Real People in the meetings • Getting people to take personal responsibility for addressing problems and taking actions rather than putting actions onto others outside the team • Persuading staff that not everything can change as a result of this process eg pay and conditions but that continuous improvement is worthwhile 	<ul style="list-style-type: none"> • Real Solutions Real People was a helpful reference document, though many found it difficult to use in preparation for and during the meetings • Many problems are multi-faceted requiring several interventions • Introduce a standard format for action plans • Action plans focusing on the six stress indicators worked well • Essential to time actions and identify milestones/ responsible person for taking issues forward • Action plans are a living document • Reviewing, revising and monitoring plans needs to be done at team level and progress reported to management. Put review/reporting arrangements in place • Actions need to be taken and seen to be taken

STAGE/ ISSUE	APPROACH ADOPTED	WHAT WORKED WELL	DIFFICULTIES IDENTIFIED	LESSON LEARNED
<u>OTHER ISSUES (OVERALL LESSONS REVIEW)</u>				<p><u>DOs</u></p> <ul style="list-style-type: none"> • Involve as many as possible in the process to ensure ownership • Keep it simple • Make explicit any links to other events/initiatives/ activities so staff are clear of how this process fits in • spoon-feed where necessary (eg hypertext links etc) • Publish complete project plan at the beginning and get commitment to meeting deadlines • Make it fun if possible • Include rewards (sweeties etc) • Avoid holiday periods • Listen to outcomes • <u>Take action – ensure there are tangible outcomes and publicise</u> • Consider best approach to meet organisation’s culture (eg electronic or manual surveys)

STAGE/ ISSUE	APPROACH ADOPTED	WHAT WORKED WELL	DIFFICULTIES IDENTIFIED	LESSON LEARNED
<u>OTHER ISSUES (OVERALL LESSONS REVIEW)</u>				<ul style="list-style-type: none"> • Give regular feedback and progress reports to all participants to maintain interest <p><u>DON'Ts</u></p> <ul style="list-style-type: none"> • Find excuses for why outcomes should not be addressed – perceptions matter

Remember: Work related stress can lead to serious ill-health Tackling it makes good business sense and improves the environment for your staff leading to higher productivity/efficiency and fewer days lost.

2004 HSE STAFF SURVEY - STRESS MANAGEMENT STANDARDS RESULTS

D/Ds	DEMANDS Standard 85%	CONTROL Standard 85%	SUPPORT Standard 85%	* RELATIONSHIPS Standard 65%	ROLE Standard 65%	CHANGE Standard 65%	Response %
HSE Overall	75	89	64	65	68	41	66
HSL	72	90	63	59	69	41	53
OPD	61	87	62	52	65	42	100
RI	73	96	63	74	69	41	63
NSD	75	93	63	62	67	31	60
HID Directorate	75	86	63	66	64	43	65
HID Offshore	80	85	71	72	76	38	52
HID Chemical Ind	71	90	59	71	64	48	72
HID Central	78	80	60	60	48	40	72
HID Specialist Ind	67	92	59	57	74	44	63
FOD Directorate	74	89	64	68	69	37	66
FOD Wales & the West	76	83	56	56	69	37	62
FOD York & NE	72	95	69	68	74	45	60
FOD NW	77	90	72	79	69	39	70
FOD Midlands	73	88	69	62	72	31	73
FOD East & SE	76	87	66	73	75	40	68
FOD Scotaland	72	89	57	62	61	24	63
FOD London	72	89	57	67	61	36	50
FOD construction	67	87	53	79	69	34	88
FOD Central Specialists	72	95	72	62	68	45	61
FOD Bootle HQ	85	89	67	73	70	47	94
RPD Directorate	78	89	69	56	74	49	71
RPD PEFD	80	85	60	53	63	38	65
RPD DIAS	70	82	61	39	65	29	62
RPD BSD	81	91	67	64	75	54	66
POLICY GROUP	75	87	65	65	59	45	74
SOLICITORS OFFICE	74	94	55	68	81	35	86
COSAS	86	97	76	67	80	51	77

 Indicates Standard not met.

* This was a negatively phrased question the favourable response is reproduced here

Tackling Work Related Stress in HSE: Rolling out the Stress Management Standards

Available Sickness Monitoring Data

Table 1

Central Health and Safety Committee: Discussion on targets for reduction of stress

Number of incidents of stress related sick leave

Year	1-5 da ys	6- 20	21- 50	Over 50
2001	85	74	40	43
2002	102	88	50	55
2003	111	80	55	62

Over 50 day cases over past 3 years - include

72 incidents - depressive order

26 anxiety

12 nervous debility

6 emotional upset

14 general debility

78 stress

Table 2

IH1 Reports in 2003/04 citing some element of work-related stress related illness as the reason for absence

Band	Number of Days off sick
2	295
3	1148
4	210
5	222
6	662

TOTAL COST £236,000

DAYS LOST DUE TO STRESS OR DEPRESSIVE DISORDERS

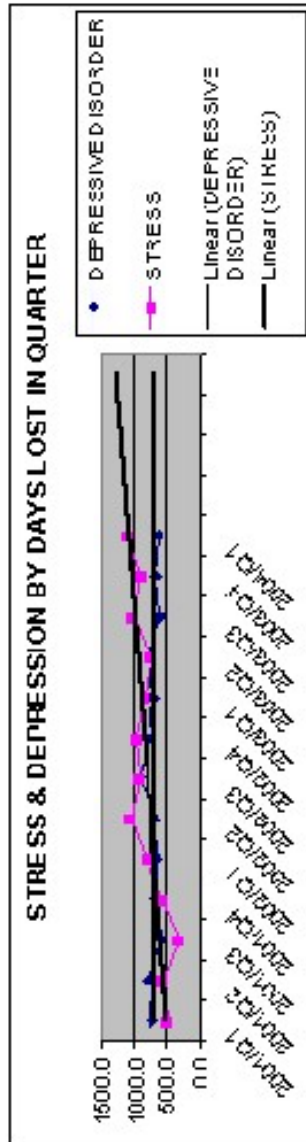
INDIVIDUAL RECORDS IN EACH QUARTER

	2001/Q1	2001/Q2	2001/Q3	2001/Q4	2002/Q1	2002/Q2	2002/Q3	2002/Q4	2003/Q1	2003/Q2	2003/Q3	2003/Q4	2004/Q1	Total
DEPRESSIVE DISORDER	32	31	25	26	24	27	37	26	31	25	27	27	29	367
STRESS	31	26	28	29	38	50	48	46	50	44	51	38	50	530
Grand Total	63	57	53	55	62	83	85	72	81	69	78	66	79	903

NEW INSTANCES IN EACH QUARTER

	2001/Q1	2001/Q2	2001/Q3	2001/Q4	2002/Q1	2002/Q2	2002/Q3	2002/Q4	2003/Q1	2003/Q2	2003/Q3	2003/Q4	2004/Q1	Total
DEPRESSIVE DISORDER	21	18	8	14	13	16	20	19	19	13	22	17	21	231
STRESS	24	23	9	23	26	37	20	39	31	33	38	24	38	383
Grand Total	45	41	37	37	41	53	46	58	50	46	60	41	59	614

Length	Number of Instances
100+	2
300-399	2
200-299	1
100-199	44
60-99	90
20-49	129
Under 20	367



Information is based on -

- 1 Data covers only where absence reason has been recorded as Stress or Depressive Disorder
- 2 Absences that began or ended between 1 Jan 2001 and 31 March 2004
- 3 Absences with no current end date have been included to reflect days lost up to 31 March 2004
- 4 Days lost are shown net of weekends
- 5 Days lost reflect the Whole Time Equivalent (WTE) as at the time of the absence
- 6 Days lost reflect the number of WTE days lost in each quarter
- 7 Absences crossing quarter end dates have been shown to reflect only the days lost in each quarter
- 8 Data used for this exercise was extracted from ADP on 30 April 2004
- 9 Late receipt of absence notification could result in retrospective changes to data

COSTS OF ROLLING OUT THE STRESS MANAGEMENT STANDARDS IN HSE

1 The Policy Group pilot involving around 390 staff was estimated to have cost around £83k using ready reckoner costs based on:

Opportunity costs of around £62.5k

Staff time totalling for:

- Project Team (four months of one each of a Band 2 and Band 6 @ £25,571;
- 1 day each for members of the Policy Group Stress Working Group and TU representatives attending joint meetings @ £2,047;
- ½ day each for 14 SCS members to attend meetings @ £3,178;
- DIAS involvement of 4 days at Band 5 @ £928;
- ½ day per capita for staff involved in completing the questionnaires and participating in the consultation/action plan and intervention phase @ £31,109.

Additional costs totalling £20.5k exclusive of VAT

- Consultancy costs of: £500 in DIAS relating to electronic provision of the survey questionnaires and £14k for advice and support to the Project Team from an acknowledged expert in work-related stress.
- Facilitation costs for a small number of team meetings of £6k.

2 Given the above, the costs of rolling out the stress Management Standards across HSE – contracting out the survey work - are estimated to be £393k using ready reckoner costs based on a Band 4 project co-ordinator as follows:

Opportunity costs of around £350k

- ½ day per capita for training/briefing of SCS members/Bands 1 and 2 (£100k);
- ½ day for all HSE staff (except the pilot group) to complete the questionnaire and participate in subsequent consultation (£234k);
- ½ a Band 4 to co-ordinate the work centrally (£16k).

Additional costs totalling £43k (exclusive of VAT)

- Consultancy: up to 10 days plus expenses estimated at £18k excluding VAT;
- Survey set up and reporting costs using NOP Business estimated at £25k.

Unbudgeted costs

There are no other known unbudgeted costs with the possible exception of (as yet unknown) T&S costs.

3 The estimated roll-out costs are modest when set against the readily identifiable costs of the 2003/04 IH1 absences (minimum £235k) due to work-related stress and the 2003/04 costs of sickness absences in HSE directly attributable to stress and depression {the latter could only be provided at disproportionate cost but a conservative estimate would be £800k and more likely significantly higher). We have tried retrospectively to obtain from D/Ds a guesstimate of the costs so far of the stress work already undertaken

but, as they were not asked to maintain a record of this at the outset, understandably the information available is patchy and potentially unreliable.