Peter Brown

HSE’s health and work programme – tackling work-related stress
Professor Sir Cary L. Cooper, CBE, FAcSS

The 50th Anniversary
Professor of Organizational Psychology and Health
Manchester Business School

Causes of Long-Term Absence for Non-Manual Workers 2015

<table>
<thead>
<tr>
<th>Reason</th>
<th>All (base 394)</th>
<th>Manufacturing &amp; production</th>
<th>Private services</th>
<th>Public services</th>
<th>Non-Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>58%</td>
<td>50%</td>
<td>46%</td>
<td>79%</td>
<td>60%</td>
</tr>
<tr>
<td>Acute medical conditions</td>
<td>51%</td>
<td>49%</td>
<td>44%</td>
<td>64%</td>
<td>49%</td>
</tr>
<tr>
<td>Mental ill-health</td>
<td>49%</td>
<td>37%</td>
<td>45%</td>
<td>61%</td>
<td>52%</td>
</tr>
<tr>
<td>Musculoskeletal injuries</td>
<td>38%</td>
<td>35%</td>
<td>29%</td>
<td>49%</td>
<td>44%</td>
</tr>
<tr>
<td>Back pain</td>
<td>32%</td>
<td>32%</td>
<td>33%</td>
<td>36%</td>
<td>26%</td>
</tr>
<tr>
<td>Recurring medical conditions</td>
<td>25%</td>
<td>24%</td>
<td>23%</td>
<td>31%</td>
<td>22%</td>
</tr>
<tr>
<td>Injuries not related to work</td>
<td>25%</td>
<td>35%</td>
<td>19%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Minor illness</td>
<td>17%</td>
<td>18%</td>
<td>19%</td>
<td>9%</td>
<td>21%</td>
</tr>
<tr>
<td>Pregnancy-related absence</td>
<td>16%</td>
<td>13%</td>
<td>17%</td>
<td>17%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Percentage of respondents citing this reason as leading cause (base 394) Source: CIPD Absence Management Survey
Estimated Annual Costs to UK Employers of Mental Ill-Health
(Sainsbury Centre for Mental Health, 2007)

<table>
<thead>
<tr>
<th></th>
<th>Cost per average employee (£)</th>
<th>Total cost to UK employers (£ billion)</th>
<th>Per cent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absenteeism</td>
<td>335</td>
<td>8.4</td>
<td>32.4</td>
</tr>
<tr>
<td>Presenteeism</td>
<td>605</td>
<td>15.1</td>
<td>58.4</td>
</tr>
<tr>
<td>Turnover</td>
<td>95</td>
<td>2.4</td>
<td>9.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1035</strong></td>
<td><strong>25.9</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Presenteeism

<table>
<thead>
<tr>
<th></th>
<th>Health “Good”</th>
<th>Health “Not good”</th>
</tr>
</thead>
<tbody>
<tr>
<td>No absences</td>
<td>Healthy &amp; present</td>
<td>Unhealthy and present “Sickness Presentees”</td>
</tr>
<tr>
<td>Some absences</td>
<td>Healthy and not always present</td>
<td>Unhealthy and not always present</td>
</tr>
</tbody>
</table>
How common is sickness presenteeism?

<table>
<thead>
<tr>
<th></th>
<th>Health “Good”</th>
<th>Health “Not good”</th>
</tr>
</thead>
<tbody>
<tr>
<td>No absences</td>
<td>35%</td>
<td>28%</td>
</tr>
<tr>
<td>Some absences</td>
<td>13%</td>
<td>24%</td>
</tr>
</tbody>
</table>

N=39,000 employees from general working population (UK)

Managers’ Experience of Ill-health

(Source: CMI Quality of Working Life 2012)
Managers’ Experience of Physical and Psychological Symptoms

<table>
<thead>
<tr>
<th>Percentage who Experienced</th>
<th>Sometimes or often 2012 %</th>
<th>Sometimes or often 2007 %</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of sense of humour</td>
<td>36</td>
<td>31</td>
<td>5</td>
</tr>
<tr>
<td>Avoiding contact with other people</td>
<td>33</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td>Mood swings</td>
<td>31</td>
<td>27</td>
<td>4</td>
</tr>
<tr>
<td>Feeling unable to cope</td>
<td>30</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Difficulty in making decisions</td>
<td>27</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>Unable to listen to other people</td>
<td>25</td>
<td>21</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: CMI Quality of Working Life 2012

Managers’ Views About Their Organisation as a Place to Work

<table>
<thead>
<tr>
<th></th>
<th>Agree 2012 %</th>
<th>Agree 2007 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>My organisation is a good employer</td>
<td>64</td>
<td>69</td>
</tr>
<tr>
<td>I feel fairly treated by my organisation</td>
<td>54</td>
<td>60</td>
</tr>
<tr>
<td>I feel empowered to make decisions within my organisation</td>
<td>56</td>
<td>60</td>
</tr>
<tr>
<td>Senior managers in my organisation are committed to promoting employee wellbeing</td>
<td>39</td>
<td>55</td>
</tr>
<tr>
<td>I think senior management manage change well in my organisation</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>Overall, I am satisfied with my job</td>
<td>55</td>
<td>62</td>
</tr>
</tbody>
</table>

Source: CMI Quality of Working Life 2012
Perceived Effects of Organisational Change on Employees

(Source: CMI Quality of Working Life 2012)

Organisational change and its effects

The impact of organisational change on employees
Percentage of Managers Working Over their Contract Hours per Day
(Source: CMI Quality of Working Life 2012)

Your working hours

Average contracted hours were 38.18
(36.89 in 2012)
(Source: CMI 2015)
Impact of Working over Contract Hours

(Source: CMI 2012)

Individual Sources of Stress
- Intrinsic to the Job
- Role in the organisation
- Relationships at work
- Career development
- Organisational structure and climate
- Home/work Interface

Individual Symptoms of Stress
- Depressed mood
- Excessive drinking
- Irritability
- Chest pains
- High blood pressure

Organisational Disease
- Coronary heart disease
- Mental illness
- Prolonged strikes
- Frequent and severe accidents
- Apathy

(Source: CMI 2012)
Intrinsic to the Job

• Too much work - quantitative - qualitative
• Too little work
• Time pressures and deadlines
• Poor physical working conditions
• Mistakes
• Too many decisions

Variable Workload
High Workload
Poor Procedures by Pilots
Responsibility for Lives
Shiftwork Hours
Training Others

Stressed Air Traffic Controller

Increased Risk of Coronary Artery Disease
Role in the Organisation

- Role ambiguity
- Role conflict
  - Too little responsibility
  - Responsibility for People
  - Responsibility for things
- Lack of managerial support
- Organisational boundaries

DENTIST
Anxious Personality

Patients perceive as inflictor of pain

Job interfering with family life

Trying to manage a practice

Administrative duties

Coping with difficult patients
Relationships

• Relationships with boss
• Relationships with colleagues
• Relationships with subordinates
  • Difficulties in delegating
  • Personality conflicts

Career Development

• Over promotion
• Under promotion
• Lack of job security
• Fear of redundancy or early retirement
Respondents Perceived Security in Current Job

(Source: CMI Economic Outlook April 2010)
Organisational Structure and Climate

• Restrictions on behaviour
• No effective consultation or communication
  • Uncertainty
  • Loss of identity
• Lack of participation

Organisation’s Interface with Outside

• Divided loyalties
• Conflict of work with family demands
• Intrusion of problems outside
  work-economic, life crisis
Women: hours contracted vs hours actually worked

Base: Working mothers (254)
Source: Amv

Men: hours contracted vs hours actually worked

Base: Working fathers (392)
Source:
Comprehensive Programme

Interventions

- **Primary – Dealing with the stressors**
  - Selection policies & induction
  - Workflow planning (task allocation, matching resource to work flow demand, etc)
  - Work Life Balance initiatives
  - Management Development Programmes

- **Secondary – Helping people to cope**
  - Resilience training
  - Annual reviews & appraisals and personal development plans
  - Healthy Lifestyle & Well-being programmes

- **Tertiary – Picking people back up**
  - Employee Assistance Programmes

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There is a business case for wellness programmes

<table>
<thead>
<tr>
<th>Benefits attributed to wellness programmes in the UK*</th>
</tr>
</thead>
<tbody>
<tr>
<td>(-) Sickness absence</td>
</tr>
<tr>
<td>(-) Staff turnover</td>
</tr>
<tr>
<td>(-) Accidents &amp; injuries</td>
</tr>
<tr>
<td>(+) Employee satisfaction</td>
</tr>
<tr>
<td>(-) Resource allocation</td>
</tr>
<tr>
<td>(+) Company profile</td>
</tr>
<tr>
<td>(+) Productivity</td>
</tr>
</tbody>
</table>

Price Waterhouse Cooper Research based on 55 companies
Making the business case

- If mental illness costs employers £28.3 billion per annum in 2009
- Prevention and early identification of problems, should save employers at least 30% £8 billion per annum

Best practice reporting group outperforms rest of FTSE 100 on average TSR for 2009

Average Total Shareholder Return (TSR) for 2009

Best practice reporting group on employee wellness & engagement: 61%

The rest of the FTSE 100: 51%

FTSE All-Share: 30%

BITC Ipsos MORI FTSE 100 Reporting Trends, May 2010
Why Does Psychological Wellbeing Matter for Businesses?
A worked example

Data collected from 2600 individuals in 2014 from a large public sector organisation

Impact on the Bottom-Line
Using the equation from Robertson, 2011:
Impact on the Bottom-Line
The figures:

• For one individual the estimated financial benefit of improving psychological wellbeing by a conservative amount is £1,201

• Making these improvements for just 15% of those in the sample equates to a productivity increase worth £468,390

• Making these improvements for 15% of those in the company’s workforce of 34,000 people equates to a productivity increase worth £6.1million

• Making these improvements for 15% of the UK working population equates to a productivity increase worth £5.6billion

That’s enough to:

Pay the wages of 243,000 nurses

Buy 21,500 Lamborghini Aventadors

OR...
‘The Imperative for Change!’

Presented to HSE Stress Summit
By Carole Spiers MIHPE FISMA International Motivational Speaker
Chair, The International Stress Management Association [UK]

Wednesday 16th March 2017
Stress is a Mental Health Issue

Acceptable vs Unacceptable Disability

- Recognisable
- Allowances made
- ACCEPTABLE

- Usually hidden
- No allowances made
- UNACCEPTABLE
What do People Say About Stress?

- ‘There’s no such thing as stress!’
- ‘Stress is good for me’
- ‘I thrive on stress’
- ‘If I ignore it, it’ll go away!’

‘I don’t want to talk to HR or they may think I can’t cope!’

The Impact of Personal Stress

- Depression
- Insomnia
- Irritability
- High blood pressure

- Burnout
- Heart attack
- Premature death
Some Effects of Workplace Stress

- Poor performance
- Reduced productivity
- Low morale
- Decreased commitment
- High staff turnover
- Personal and team conflict
- Absenteeism
- Presenteeism

Stress is Swept Under the Carpet

- Long hours
- Lack of control
- Poor communications
- Uncertainty
- Lack of recognition and reward
Your 3-point Plan

1. Increase stress awareness
2. Challenge misconceptions
3. Stop stress being a taboo subject

Actions to be Taken

1. Educate, educate, educate!
2. Care for the health and wellbeing of your employees
3. Be creative!
A Simple Yet Effective Idea from www.orangebox.com

just 7 minutes of stair climbing a day has been estimated to more than halve the risk of a heart attack over 10 years.

climbing stairs is a classic short burst' exercise and ideal for the time-poor.

We are all in the people business…

We all have a part to play!
2017: The Imperative for Change

- Companies who demonstrate best practice and thrive through their people will succeed
- Those who don’t will fail!

- Stress is not a sign of weakness
- High on the national and international agenda

Speak Up and Speak Out About Stress!

Annual Conference: GROWTH 2017
16th June – central London
Stay up to date by using – #growth2017

International Stress Awareness Day:
2nd November

Join Us Today!

admin@isma.org.uk  Follow Facebook  Join LinkedIn
Creating homes and places where people want to live
THOSE RED FLAGS

You’re the guru
OTTINGHAM CITY HOMES

- Manage 27,000 properties
- 1,000 staff
- Budgets
- Lemonade budget

WHAT NCH DID

- Staff survey by union
- Procedures for managers
- Flow chart
- Risk assessment for each role
- Risk assessment for individuals
- Workshops and feedback
EU OSHSA Healthy Workplaces Award
Daimler Deutsche Post Siemens

THE SHOCKING NEWS...
MAKE LIFE EASY

- Demands
- Control
- Support
- Relationships
- Role
- Change
BURNOUT BUSTER

► Ebook
► Monday message
► Other free stuff

WHAT CHANGED

► Aware of the risks
► Know what to do
► Take it seriously
► Use the procedures
WHAT CHANGED
- Benefits package
  - Counselling
  - £ off theatre, gym, travel
  - Bike to work scheme
  - Social events
  - STAR gala awards

CAN STRESS BE TACKLED AT AN ORGANISATIONAL LEVEL?
- Don’t over manage
  - Policy, procedure, attitude & skills
  - Use HSE standards - clarity
  - The whole culture
  - From the CEO outwards
Creating homes and places where people want to live
Where people want to work and can be well
Stress: More than just the business case. The workers perspective.

Hugh Robertson TUC

Stress is the top concern for unions.

2016 bi-annual survey of union health and safety representatives found:

- 70% of health and safety reps across all sectors cited stress as a top concern.
- In the public service sector the rate was 93% for central government, 89% for education, 83% for health services and 72% for local government.
- Stress was the top concern in 10 sectors and in the remaining 4 sectors it was the second concern.
Cost of stress

In 2010/11, the Health and Safety executive (HSE, 2010/11) estimated the cost of stress, depression and anxiety at £3.6 billion.

- This was based on an estimated cost of one case (£16 400) multiplied by the reported number of cases of 'stress, depression and anxiety' (222 000).

The total number of working days lost due to this condition in 2015/16 was 11.7 million days. This equated to an average of 23.9 days lost per case. with the cost of ‘sick’ days being £618 meaning workplace stress totalled £7.2 billion.

- This is the total cost incurred by individuals, employers and the government, and includes health care and rehabilitation costs, costs resulting from disruption of production, loss of income, and administrative and legal costs.

Real cost much greater, in particular to the worker and their families.

Tackling stress.

- We need employers to take action, but the only way to properly tackle stress at work is by having good jobs, with an element of control, respect at work, security and decent pay.
- For the TUC, the HSE stress management standards are the only show in town that could make a difference.
- Yet too many employers simply wait for people to become ill and then try to work out if it is caused by work, and even then treat it on an individual basis.
- The only way you can tackle stress is by actually removing the causes which can be overwork, too many demands, bad line management etc. In other words the six sources of stress identified in the stress management standards.
- However there has to be an acknowledgement that reducing stress may mean increased staffing levels or major changes to how the employer operates.
- Yet management often simply refuse to take action because it is too expensive or too difficult.
- That is no different from the cost of reducing chemical or similar risks in manufacturing.

So how are they working?
Trends

- HSE – October 2014 – “The rates of work-related stress, depression or anxiety, for both total and new cases, have remained broadly flat for more than a decade”.
- Working days lost to stress per worker showed a generally downward trend up to around 2009/10, since then the rate has been broadly flat and has now started going up.
- Yet sickness absence as a whole has continued its downward trend.

Does that mean that 10 years of stress management standards have made no difference?

Take up

Despite them being available for 10 years, most employers have done nothing with the standards, and probably have never heard of them.

The number using them has fallen, even in the public sector.

Why?

Ask the expert..........
"It was put to me that ten years ago HSE was very active in research and publishing of new guidance on these areas. For example, the HSE management standards for work-related stress published in 2004. Following that, HSE has reduced the resources invested in these topics. It was alleged that HSE has lost control of its ‘brand’ in this area and that others, including other government bodies such as Public Health England (PHE), the National Institute for Health and Care Excellence (NICE) or the Advisory, Conciliation and Arbitration Service (ACAS), have stepped into this space to provide advice to businesses. In doing so, the messages for businesses and for individual workers about taking action on stress have become conflated and confused."

Martin Temple 2013

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Why

**Reasons include**

- No promotion.
- No updating.
- Little research into their effectiveness.
- Confusion as to their status
- Competition from consultants

**Two main reasons:**

- There has been no enforcement activity
- It costs money to reduce or remove stress.

**But – those that have used them have reported considerable success.**
Stress management standards work

Very little published analysis but those that have used the standards, and who have evaluated appear to show positive results.

- **Blackpool, Wyre and Fylde NHS Foundation Trust** reported that related interventions contributed to a 40 per cent reduction in cases of work-related stress.
- **Aberdeen University** reported that, after one year of implementing the standards, the average days lost per person due to stress reduced by 21 per cent.
- **Scottish Power** achieved an 11 per cent reduction in stress-related sickness absence.

Employers have a duty to risk assess for stress under the Management regulations and, if there is a risk to the worker, they must then remove or reduce the hazard caused by stress “as far as reasonably practical”.

Can issue improvement notice.

None issued for stress in past 5 years.

Enforcement

- HSE website asks: “Will HSE initiate enforcement action for those organisations who obtain a satisfaction rating below that in the Stress Management Standards?”
- The HSE answer is unequivocal. “No. HSE’s approach to tackling work related stress is not enforcement led.” However it does go on to say: ” Where appropriate, HSE will investigate complaints relating to work related stress and enforcement action may be taken if there is clear evidence of a breach of health and safety law, and a demonstrable risk to the health and safety of employees.”
What is happening in practice?
Instead of removing the causes of stress employers concentrate on changing the worker.
Includes:
- Stress management
- Resilience training
- Well-Being Programmes.

Stress management

- Right that employers should support those with stress-related illnesses and unions have no problem with that but NOT as an alternative to prevention.
- Often just access to a EAP, 6 sessions of CPT or "stress awareness training"
- Usually run by private providers or consultants.
- They do not, in themselves, reduce the number of incidents of stress within a workplace and are only rarely linked with any type of prevention or to the risk assessment process.
Resilience

- New Kid on the block
- Attempts to “harden us to stress”
- No evidence that it has any scientific basis.
- It completely against the principles of prevention required in law.
- Growing as more consultants peddle it (often replacing NLP)

Well-being

- The new buzzword for selling stress management programmes
- Also called wellness
- Found in every workplace – but not just workplaces.
- It has become a brand, used to sell anything from yogurt to pillows.
Well-being

Means all things to all people. Well-being initiatives range from on-site massage to subsidised gym membership. Workers often like them. Unions can support them and be involved.

BUT:

- They focus on the individual, not the problem.
- No evidence base they have any effect on preventing stress.
- If work makes people ill, change the workplace, not the workers.
- Not a substitute for stress prevention!
"Those who promote well-being in the workplace should not allow it to be confused with health and safety requirements."

“I recommend that HSE should ensure its own guidance sets out clearly what employers must do to control work-related health risks and be prepared to challenge others if they inadvertently misrepresent what the law requires to promote the wider wellbeing agenda.”


Times are changing!
HSE has a positive agenda on stress

HSE health and work strategy addresses the real issues that are leading to most work related ill-health and death. Tackling stress is a significant part of it. It is a programme that is relevant and will be welcomed by everyone involved in workplace health. Already seeing progress.

TUC and unions actively involved. Initiatives include:

- A joint guide to using the Stress Management Standards for workplace representatives
- Piloting their use in schools.

Summary

Workplace stress is destroying tens of thousands of lives despite being manageable.

Stress is no different from other hazards. It must be removed or controlled through risk assessment and risk management. Not just through trying to put workers back together again.

In most cases it is simply a lack of awareness and support but we don’t accept employers inertia or inaction on other hazards.

HSE now has a strategy which is likely to be effective, but it needs resources and it needs the involvement of all stakeholders at every level.
Towards an Integrated Approach

Clare Forshaw
Head of Centre for Health

Surveys

VOID OF ACTIVITY

Sickness Absence Management
Mental Health First Aid
Coping/Resilience

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Good Risk Management

- Risk Assessment
- Prioritisation Exercise
- Controls
- Checks
- Health Surveillance

Preparedness
Consultation
Engagement
Reinforcement

Trade Union Representative

Health and Safety Manager

Occupational Health

HR Manager

CEO/Director

Line Manager

Individual worker
On Your Tables

- Hand out roles
- Discuss these roles in relation to their contribution to tackling WRS
- Share your own experience
- Chair to collate consensus for each role and feedback via slido
On Your Tables;

• What is your priority/interest in WRS
  – Concise soundbite if possible

• What do you need to reduce WRS
  – Choose top 3 from list provided

• Answer for each role (7 of them)

Health and Safety Executive

Stress Work Programme highlights

Work-related stress and the Management Standards approach

Rob Vondy
Head of Work-related Stress Policy
Tel: 0203 028 3756
E-mail: rob.vondy@hse.gsi.gov.uk
HSE Stress Work Programme

- Review of guidance and tools
- Insight/research
- Update evidence base
- Stakeholder engagement – working in partnership
- Sector pilots
- Communications strategy - driving promotion, awareness and positive action

HSE Stress Work Programme

Web based guidance
New format with two sections:
- Focus on work related stress, employers duties, recognition of the problem, signs/symptoms and what employers must do to comply with their legal duties
- Stress tools, including the Management Standards approach

A test bed version is now available to provide feedback on the first section at: http://www.hse.gov.uk/testbed/new-stress/

To access the site, users will need to enter these credentials:
User name: development Password: HSEl0g1n

A free, automated tool is in development to update the current non digital Management Standards indicator and analysis tool
Infographics Poster

- Specific statistical data relating to stress, anxiety and depression.
- Number of sufferers;
- The number of working days lost both per case and annually across industry; and
- The overall cost to GB plc
- Identifies the work factors and worse effected sectors

Management Standards Workbook

- Step by step guide to completing a risk assessment for work related stress, anxiety and depression
- Focusses on the Management Standards approach
- Includes advice, guidance and tips for practical application
- The workbook will be web based to allow for flexibility in updating and maintenance
- We will welcome ongoing user feedback
Work-related Stress pilots

Evidence based focus on Public Services namely:

- Education
- Health service
- Prison service

Partnership working will involve; engagement, intervention, development of practical, sector focused solutions underpinned by the Management Standards approach

How you can get involved

• You can contact us on issues relating to stress at: http://www.hse.gov.uk/stress/contacts.htm
• Stay abreast of developments by signing up for our stress e-bulletin at: http://www.hse.gov.uk/stress/ebulletin/index.htm
• Share ideas, raise questions or take part in discussions, surveys or user testing of tools and guidance via the HSE Stress Forum at: http://webcommunities.hse.gov.uk/connect.ti/group/stress_solutions/grouphome
Peter Kelly

Rationale and background for the management of work-related stress

Applying the Management Standards in your business

Victoria Whitehouse MSc, P.G.C.E., CPsychol, AFBPsS
Jane Hopkinson MSc, MBPsS
What’s the goal?...

...to have high performing teams:
  – With low levels of stress
  – Who are happy, healthy and well (physically and psychologically)
  – Who are highly resilient

Discuss for 5-10 minutes...

Q1: What do you envisage the team would look like?
  • Prompts:
    • characteristics,
    • skillset,
    • attitudes,
    • behaviours,
    • how would they support one another,
    • how would they deal with demands / problems?
Discuss for 5-10 minutes...

Q2: How could you achieve the goal to have high performing teams?

- Prompts:
  - What could the organisation provide?
  - What would line managers need to do?
  - What would individuals need to do?

The Management Standards Approach

Step 0 Preparation

1. Identify the risk factors
2. Who can be harmed and how
3. Evaluate the risks
4. Record your findings
5. Monitor and review
Lessons learned: step 0

- Secured SMT commitment
- Representative steering group (R&R)
- Set yourself a goal or vision
- Elect a figure head as champion
- Communication / employee engagement strategy
- Project plan and secure budgets
- Think about the timing

Lessons learned: step 1

- Ensure full understanding of the MS risk factors: senior managers and steering group

This should include:

- Knowledge of the six areas
- A need to focus on prevention
- A need to focus on exploring organisational level issues
Lessons learned: step 2

✓ HSL have developed a new MS tool
✓ Use several data sources in line with your goal / vision and associated KPIs
✓ Mix of qualitative and quantitative data sources
✓ Mix of leading and lagging
✓ Identify positive and areas for improvement
✓ Trends and hot spots
✓ Beware of the neutral responses

Lessons learned: step 3

✓ Explore your issues – consult with employees to discuss problem areas and solutions in more detail
✓ Top tips for conducting focus groups and interviews:
  ✓ Select a representative sample
  ✓ Homogeneity of group
  ✓ Prioritise the issues you want to explore
  ✓ Be aware of group think
  ✓ Ensure facilitators are trained
  ✓ Be aware of the sensitivity of the topic
Lessons learned: step 4

COMMUNICATE YOUR DECISIONS MADE, AGREED ACTION PLAN AND PROGRESS TO ALL

Lessons learned: step 5

- Conduct process and impact evaluation
- Evaluate the effectiveness of the solutions you implemented
- Feed lessons learned into the next cycle
- Communicate outcomes
Thames Water Health & Wellbeing

The Journey so far…

Karl Simons  MSc  MIoD  CMIOSH
Head of Health, Safety, Security & Wellbeing
Thames Water

- 15m customers
- 4 million customer enquiries annually
- 100 water treatment works
- 350 sewage treatment works
- 31,000km of water mains
- 118,000km of sewers
- 7,000 Pumping Stations
- 5,000 employees
- 10,000 contractors
- Largest capital delivery programme in the industry
- >10,000 jobs a month on our network

Health and wellbeing

Our strategy

- Worker
- Workplace
- Wellbeing
- Wider Community
Health & Wellbeing 2013/14

- Refreshed Policy
- Emotional Resilience training
- ‘Hear for You’ Culture Survey
- H&W Strategy
- Collaborative H&S Hub
- Visible Lead & Lag indicators

Health & Wellbeing 2014/15

- Targeted ‘facts about’ booklets introduced
- Personal Medical Assessments
- Water Wellbeing Week
- Targeted Health Promotion
- Illustrative personal stories
- Fatigue Condition Monitoring
- Executive Lifestyle Challenge
- Cohort Health Management system introduced
- Flu Vaccination s
**Health & Wellbeing 2015/16**

- Wellbeing Focus
- Positive Energy Workshops
- Health & Wellbeing Essential Standard
- Tiredness & Fatigue guidance
- HSLT Supply Chain Engagement
- Prostate cancer testing
- Drug & Alcohol awareness Testing & support
- Ergonomics assessment, awareness & analysis

**Health & Wellbeing 2016/17**

- Mental illness speaker
- Allen Carr’s stop smoking programme
- Mental Health Awareness Quiz
- Interactive face to face Doctors appointments
- Well over Winter campaign
- Health & Wellbeing Conference
- Leadership team clinical psychologist workshops
- New Year New You campaign
- Mental Health Awareness Quiz
Setting the tone…

“all cases of work-related lost time injury or illness (psychological or physical) must be recorded, investigated and have an executive review undertaken”
Thankyou

Karl Simons  MSc MIoD CMIOSH
Head of Health, Safety Security & Wellbeing