# Health and Wellbeing (including Stress) Policy

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<tr>
<th>Document No</th>
<th>HR - 00024</th>
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<th>1.0</th>
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<tr>
<td>Approved by</td>
<td>Policy Governance Group</td>
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**Target Audience** - who does the document apply to and who should be using it.

All employees directly employed by the Trust (including those who deliver services on behalf of Wiltshire Health and Care), whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as ‘employees’ throughout this policy.

<table>
<thead>
<tr>
<th>Accountable Director</th>
<th>Director of Human Resources</th>
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<tbody>
<tr>
<td>Author/originator – Any Comments on this document should be addressed to the author</td>
<td>Staff Support Services</td>
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<td>Division and Department</td>
<td>Corporate. Human Resources</td>
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<td>Implementation Lead</td>
<td>Deputy Director Human Resources</td>
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**Equality Impact**

Great Western Hospitals NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

**Special Cases**

There are no special cases.
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Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.
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1 Document Details

1.1 Introduction and Purpose of the Document

Great Western Hospitals NHS Foundation Trust (the Trust) is committed to protecting the health, safety and wellbeing of its employees and its goal is to ensure that this commitment, which is reinforced by the Trust’s Service, Teamwork, Ambition, Respect (STAR) values, is embedded in the culture of the organisation. In the context of work, “employee wellbeing” is about having the right conditions in place to enable employees to perform at their optimum level, whilst maintaining an appropriate work – life balance.

It is also recognised that work related stress can be a major factor in reduced employee performance, increased sickness absence, loss of productivity, and motivation. In managing the health and wellbeing of the workforce, the objective is to minimise the impact of work related stress, by taking practical steps, to prevent potential harm to the mental wellbeing and physical health and safety of all employees.

The Trust has further demonstrated its commitment by signing up to the Mindful Employer Charter (Ref 1), which is one element of the Mindful Employer initiative (Ref 1). It aims to increase awareness of mental health in the workplace by promoting a non-judgmental and proactive approach to supporting individual employees experiencing mental health issues.

The purpose of this policy is to set out the strategic management of employee health and wellbeing throughout the Trust, and to reflect the Trust’s commitment to promoting a culture where health and wellbeing is embraced by all employees. Investing in health, particularly mental health and musculoskeletal disorders, will improve the health and safety performance of the organisation, which in turn contributes to better patient safety and to compliance with the legal requirements of the Health and Safety at Work Act 1974 (Ref 2).

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
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<tr>
<td>CBT</td>
<td>Cognitive Behavioural Therapy</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
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<tr>
<td>CQUIN</td>
<td>Commissioning for Quality and Innovation</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HSE</td>
<td>Health and Safety Executive</td>
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<tr>
<td>IP&amp;C</td>
<td>Infection Prevention and Control</td>
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<td>KPI</td>
<td>Key Performance Indicator</td>
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<td>MSD</td>
<td>Musculoskeletal Disorder</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>NICE</td>
<td>National Institute for Clinical Excellence</td>
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<td>PALS</td>
<td>Patient Advice and Liaison Service</td>
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<tr>
<td>STAR</td>
<td>Service, Teamwork, Ambition, Respect</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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</table>

For the purpose of this document Great Western Hospitals NHS Foundation Trust will be referred to as ‘The Trust’. Health and wellbeing and stress will be referred to as ‘health and wellbeing’.

Health and Wellbeing is seen as embracing the physical and mental health of the whole person, both inside and outside of the workplace. It is greater than simply an absence of ill health and disease.
According to the World Health Organisation (WHO) “Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (Ref 3).

**Stress:** The Health and Safety Executive (HSE) defines stress as “the adverse reaction people have to excessive pressure or other types of demand placed on them”. This makes an important distinction between pressure, which can be a positive state when managed correctly, and stress, which can be detrimental to health. Such harmful stress is recognised as being a contributory factor in a wide range of diseases and conditions and it is accepted that the recognition, management and reduction of stress can have substantial benefits in improving general health and wellbeing.

### 2 Main Policy Content Details

This policy sets out the Trust’s intentions for the management of health and wellbeing at work as part of its overall management of health, safety and wellbeing.

The intention is to ensure that, wherever possible, employees who experience health related concerns, including stress, are supported, and to detail the sources of support currently available to all employees.

This policy is designed to comply with:

- Health and Safety at Work Act 1974 (Ref 2)
- The Management of Health and Safety at Work Regulations 1999 (Ref 4)
- The Equality Act 2010 (Ref 5)
- The Human Rights Act 1998 (Ref 6)
- Health and Safety Executive Management Standards for Work-Related Stress HSE, March 2009 (Ref 7)

The guiding principles of this policy are:

- To establish goals and standards which the Trust aims to achieve in each of the key areas.
- To implement Employment and Management Policies, Procedures and Practices which protect and promote the health and wellbeing of the workforce.
- To ensure that Health and Safety Policies, Procedures and Practices reflect the requirements of current legislation.
- To encourage employees to take responsibility for their own health and wellbeing through effective health promotion programmes and initiatives.
- All employees should receive adequate training, information and supervision to be able to carry out their role and to understand what their role requires.
- To assess the impact of work on the individual’s health and wellbeing at every performance review/appraisal.
- Recognition that any employee, regardless of their role or banding, can experience mental illness through work-related stress.
- Any employee should be able to raise fair concerns about their work environment, excessive work pressure or demands without being criticised, belittled or victimised.
- Seeking help and support should be seen as a positive approach to be encouraged and not to be viewed in any sense as an admission of weakness or of failure.
- Any employee seeking help and support will be able to do so in the knowledge that this will be treated confidentially. All parts of this process should be confidential to those involved.

The Trust recognises that their employees are its largest asset and play a vital role in the provision of high quality patient care. The Trust STAR values are embedded in the way the Trust’s employees work with each other, its patients and its partners.
They provide the foundation for this policy:

Service- We will put our people first

Teamwork - We will work together

Ambition - We will aspire to provide the best service

Respect - We will act with integrity.

- Under the auspices of Equality and Diversity, the Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
- Where workplace stressors are identified within their area of responsibility, managers will conduct a Stress Risk Assessment, either individual or departmental, to control and manage the risks from stress. The Stress Risk Assessment forms and guidance can be found under Health and Safety on the intranet, see also Appendix D, E and F. These risk assessments will be regularly monitored and reviewed by the Health and Wellbeing Group, Occupational Health, Human Resources and Health and Safety.
- The Trust will consult with Trade Union Safety Representatives on proposed action relating to the management and reduction of workplace stress.
- The Trust will provide training for all managers and supervisory employees in good management practices, including Mental Health First Aid and work related stress.
- The Trust will provide confidential counselling and, where applicable, trauma support for employees affected by stress caused by either work or external factors.

2.1 Health and Wellbeing

**Health and Wellbeing** is about emotional and physical health, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by a variety of issues, for instance, financial concerns, work, home, family, the people around a person and the environment they live in. It is important for a person’s wellbeing to feel in control of their life. Everyone experiences a certain amount of pressure and rising to everyday challenges can be a positive and uplifting experience resulting in high levels of motivation, clear thinking and positive energy.

On the other hand, stress may not be easy to detect; whilst each individual response to stress is unique, some common symptoms may include:

- **Physical:** difficulty sleeping, digestive problems, aches and pains, exhaustion, nausea, lower resistance to minor illnesses, headaches, back ache, constant tiredness, and elevated blood pressure.
- **Emotional:** loss of confidence, worry or anxiety, low self-esteem, anger, depression, apathy, irritability, loss of interest.
- **Behavioural:** hostility, poor concentration, loss of creativity, withdrawal, absenteeism.

See Appendix C How to Recognise Stress for a more comprehensive illustration of symptoms.

2.1.1 Benefits for Healthy Employees

The following points illustrate potential benefits to employees by promoting a sense of value in their working role, thereby encouraging a positive effect on their health and wellbeing.

- Employees understand their role and see where they fit in within the organisation
- Employees have increased morale and experience more engagement with work
Opportunity to develop potential with access to learning and development, increasing skills, competence and potential for career progression

Employees feel that they are involved in decisions that affect them and the services they provide, both individually and through representatives encouraging the employee to feel that they are an essential part of the team, thereby raising morale, making work a happier place.

Employees are supported to deal with the ups and downs of life more positively and effectively and are supported in dealing with stressful situations

Employees could have reduced stress levels

Employees have access to support to keep themselves healthy and safe

Reduction in illness and improved health and wellbeing

Employees feel that they are treated fairly with pay, benefits and facilities

Employees feel they have worthwhile jobs that make a difference to patients

Through better communications, Employees are supported to understand and adapt to change.

2.2 Benefits – to the Trust

When the Trust has employees that have good health and wellbeing it helps the Trust by:

- Achievement of the Trust objectives and key performance indicators
- Improved attendance at work and reduction in sickness absence rates
- Increased commitment and satisfaction from employees leading to increased productivity
- Increased numbers of employees wanting to work for the Trust, giving more choice of candidates and quality of recruits
- Improved retention of good employees, reducing the cost of organisational turnover and retaining skilled and experienced workers
- Excellent patient experience with employees and patients recommending the Trust as the provider of choice, giving competitive advantage
- Enhanced reputation in the local community.

The Trust has a range of dedicated teams of professionals, who are available to support employees in the management of their health, safety and wellbeing. (See intranet under Occupational Health and Appendix C for illustration of current activities). Following the National Institute for Clinical Excellence (NICE) guidelines (PH22), regular monitoring and evaluation of the impact of activities, policies, organisational change on employee health and wellbeing, and identifying and addressing any gaps is advised.

2.3 Benefits to Patients

The improved health and wellbeing of Trust employees benefits patient care in the following ways:

- Stability in the workforce helping to provide consistent and safe care for patients
- Improved access to services due to increased productivity
- Reduced number of accidents and complaints
- Reduced infection rates
- Patient experience is improved by a more positive, energised and happier environment.
2.4 Staff Support Services

The Service offers counselling, stress management, personal/professional support, critical incident debriefing/defusing, solution focussed therapy, cognitive behavioural therapy (CBT), resilience sessions, mood management groups, signposting and general advice. Any employee can self-refer to the Service by telephoning the Service directly on 01793 815279.

The Service includes Mental Health Practitioners who offer assessments; follow ups, signposting, liaising with General Practitioners (GPs) and managers, giving a supporting structure in the workplace to employees with issues such as bipolar, psychosis and other conditions which have vulnerability for relapse.

2.5 Health and Safety Department

The Health and Safety Department provides support and advice for employees and managers in the practical management of existing or new conditions including Musculoskeletal Disorders via the Manual Handling Advisory Team and Display Screen Equipment Advisory Team. Additionally, the department monitors risk assessments and assists in the management thereof.

2.6 Stop Smoking and Smoke Free Environment

The Trust acknowledges the smoke free site requirements as promoted by Smoke Free England (Ref 8). Alongside this the Trust is encouraging employees to stop smoking via the various stop smoking services promoted across the Trust as illustrated on the intranet.

2.7 Occupational Health Department

The Occupational Health Department provides support to managers, human resources, and employees in managing absence, health assessments, flu vaccinations, nurse consultations, sharps/contamination injuries. Occupational Health Department also advises managers to carry out individual or departmental stress risk assessments.

The Occupational Health and Wellbeing Lifestyle Advisor offers classes, health assessments, health and wellbeing events, advice about health at work and runs a Health and Wellbeing Hub with information and leaflets available to employees to be found in Bookends, through Occupational Health and on the intranet. (Ref 9).

2.8 Physiotherapy

The Occupational Health Physiotherapy Team provides a self-referral service for all Trust employees. The Team see employees who have musculoskeletal problems which affect their work and offer: advice on how to manage the problem, including in the workplace, a short course of treatment (if applicable to the employee’s needs, and fast tracking to physiotherapy.
2.9 Stress Management

HSE Management Standards

The Health and Safety Executive (HSE) Management Standards define the characteristics, or culture, of an organisation where the risks from work related stress are being effectively managed and controlled. The six management standards cover the primary source of stress at work. These are:

- **Demands** – examples are workload and exposure to physical hazards or difficult situations;
- **Control** – how much say the individual has in the way they carry out their work;
- **Support** – from peers, colleagues and managers;
- **Relationships** – with colleagues, and issues such as bullying and harassment;
- **Role** – whether the individual understands their role in the organisation and if they have conflicting roles or role demands;
- **Change** – how organisational change is managed and communicated in the organisation.

Health and Safety Executive (HSE) – the HSE are a government body whose role is to prevent death, injury and ill-health to those at work, and those affected by work activities. Further information about the management of work-related stress can be found on their website [www.hse.gov.uk](http://www.hse.gov.uk).

2.10 Stress Risk Assessment

The Management of Health and Safety at Work Regulations 1999 (Ref 4) places a legal obligation on all employers to assess the risk of stress-related ill health arising from work activities. The Health and Safety at Work Act 1974 places a legal obligation on employers to take measures to control those risks identified.

The risk assessment process identifies hazards, assesses the risks to health and safety, prevents the hazards and risks from occurring, or if they cannot be avoided, attempts to control the risks so they are reduced to a minimum.

A stress risk assessment, using the form in Appendix E, can be completed by the responsible manager at the appropriate level, either for an individual or as a departmental measure (Appendix F), which can then be reviewed on a regular basis to monitor and manage the identified concerns. Safety Representatives should assist with the completion of such risk assessment wherever possible. As stress has a variety of causes, managers need to consider not only the objective risks that can be calculated from statistical evidence, but also the subjective risks that come from an individual's perception of a risk. Risk assessments should also be undertaken in consultation with the individuals involved in undertaking the activities as they will have valuable information to contribute. It will also ensure that any control measures to be implemented are accepted and integrated into existing working practices.

3 Protected Characteristics Provisions

This document has been assessed and has not identified any unlawful discrimination against the protected characteristics.

**Age:** This document has no adverse effects for this protected characteristic.

**Disability:** The Trust has taken all reasonable steps to support any employee affected by work related stress including physical access, format of information, and time of interview/consultation/event in
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relation to the person’s needs, hearing loop, interpreter, and personal assistance. The Trust ensures a universal non-judgmental process that is supportive and confidential. The Trust recognises that those with a mental health condition may be more vulnerable to stress and anxiety, and also that some conditions can be exacerbated by stress, e.g. Diabetes. This policy supports all employees irrespective of any disability they may have.

Gender Reassignment: The Trust recognises that this is a major transition for an employee to go through; this policy aims to provide a framework to identify those who may be more susceptible to stress and anxiety, ensuring confidentiality and a non-judgmental process that is supportive.

Marriage and Civil Partnership: The Trust ensures that a confidential, non-judgmental and supportive approach is provided, irrespective of an employee’s relationship status.

Pregnancy and Maternity: The Trust understands that pregnant employees may be more vulnerable to stress and anxiety during their pregnancy and when they return to work after their statutory maternity leave. In line with Occupational Health’s recommendations, the Trust considers the impact of working hours, carers’ responsibilities and breast feeding. The Trust provides a confidential, supportive and non-judgmental environment.

Race – including nationality and ethnicity: This policy is written in English and it may have an impact on employees whose first language is not English and who may struggle to read this policy. This document can be transcribed to another language using the service provided under the Trusts Interpretation and Translation services via Patient Advice and Liaison Service (PALS). If required the Trust will arrange to provide an interpreter and consider the culture, religion and beliefs, where appropriate. This impact can be minimised by providing a supportive framework to identify those at risk. The policy supports all employees irrespective of race.

Religion or Belief: The Trust understands and is responsive to the needs of employees who may make requests to attend religious festivals or events and dress codes.

Sex: Awareness of all of those, regardless of sex, who may have caring responsibilities and who may therefore be more susceptible to stress and anxiety. Seek advice from Occupational Health.

Sexual Orientation: Provide a confidential, respectful and supportive environment.

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Trust Board

To recognise and accept its responsibility and “duty of care” as an employer to provide a safe and healthy workplace, and working environment, for all its employees as required by the Health and Safety at Work Act 1974. The reference to health in the Act refers to both the physical and mental wellbeing of employees.

4.3 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.
4.4 Role of Managers

If Health and Wellbeing issues are identified, managers to refer employees on to appropriate support system. For general wellbeing issues that might arise, including musculoskeletal, blood pressure, mental health, smoking cessation, dietary advice refer to page 20

- Conduct regular one-to-one meetings with employees
- Ensure effective communications between themselves and the employees they manage, particularly where there are organisational or procedural changes, which may lead to heightened anxiety.
- Conduct annual appraisals and objective setting to ensure employees are aware of their duties in accordance with the Trust’s Appraisal Policy.
- Monitoring workloads to ensure employees are not overloaded, and ensure employees are fully trained to perform their duties.
- Monitor working hours and overtime to ensure that employees are not working excessive hours and are having appropriate breaks.
- Ensure that bullying and harassment is not tolerated in the Trust, and particularly within their area of responsibility.
- Conduct individual stress risk assessments (refer to Health and Safety intranet page; for guidance see Appendices D and E) and agree and monitor action plans to support employees who are experiencing work-related stress.
- If stress is identified refer the member of employees to Occupational Health. Ensure Incident Notification Forms are completed and collate sickness absence data.
- Conduct Stress Risk Assessments within their area of responsibility using the forms found under Health and Safety on the intranet. For guidance see Appendices D and E. This should be on an annual basis or whenever there is a significant change to working practices or if the need arises. Involve employees in these risk assessments and share responsibility with employees in resolving any outstanding issues, where practicable.
- In all cases, the manager to ensure that employees are aware of the range of support services available to them and how to access them.

4.5 Role of Human Resources

- Advising managers on the application of the policy.
- Assist in monitoring the effects of measures to address stress by collating sickness absence statistics and reviewing exit interview data where available.
- Provide advice to managers and employees on managing stress where risk assessments identify problems.
- Provide continuing support to managers and individuals, and encourage referral to Occupational Health and Staff Support Services where appropriate.

4.6 Role of Occupational Health

- To support employees in remaining health and fit for work.
- Undertakes Management Referrals, providing support and guidance to managers.
- Sharps and contamination injuries
- Provides support and advice on the management of stress, including absence from and return to work.
- Signposts to GP, Staff Support Services and/or Lifestyle Advisor, and other appropriate agencies.
4.7 Role of Health and Safety

- To receive and interpret individual and departmental stress risk assessments.
- To report the findings to appropriate persons within the Trust.
- To liaise with Human Resources regarding Health and Safety statistics.
- Stress Risk Assessment paperwork is located under Health and Safety on the intranet.

4.8 Role of Staff Support Services

- The Trust provides a free, confidential and impartial counselling service for all employees.
- All counsellors are appropriately qualified and members of the British Association for Counselling and Psychotherapy.
- The Service can be contacted on 01793 815279. There is a twenty-four hour confidential answering machine available. Messages are responded to as quickly as possible.

4.9 Role of Employees

All employees have a duty to take care of their own health, safety and wellbeing at work. They should familiarise themselves with this policy and highlight any problems that they may be experiencing. Without highlighting their concerns, managers would not be able to manage the issue.

Employees should:

- Raise issues of concern with their line manager, Health and Safety representative, Occupational Health, Staff Support Services, Lifestyle Advisor or any other appropriate person/agency.
- Seek help at an early stage through their manager, Human Resources team or Occupational Health, when they experience the effects of work related stress.
- Show commitment by participating with managers in identifying and assessing stress, and by working in collaboration to seek and implement changes to improve the situation, where this is possible.
- Understand that they may be the cause of stress for colleagues and modify their actions and behaviour, if appropriate.
- Attend training courses as required.
- Accept opportunities for counselling, when recommended.
- Make themselves familiar with all the information available on health, wellbeing and stress.

Employees are actively encouraged by the Trust to self refer to Occupational Health if they feel they are starting to experience symptoms of stress.

4.10 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.11 Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

4.12 Role of the Health and Wellbeing Group

- Health and Wellbeing Group comprises representatives from Human Resources, Occupational Health, Staff Support Services, Health and Safety, and others as invited in accordance with Terms of Reference.
- To implement the Trust’s Health and Wellbeing Strategy and Action Plan.
- To identify stress hotspots by monitoring several criteria, such as absence statistics provided by Human Resources, incidents, departmental investigation close out rates, Staff Support trends, Occupational Health referral data and act to address findings and suggest strategies to help resolve issues.
- To ensure the Trust’s Health and Wellbeing Action Plan incorporates measures to assist in alleviating the symptoms of stress in the workplace.
- To ensure continual update of Action Plan linked to the CQUIN targets.

5 Monitoring Compliance and Effectiveness of Implementation

Monitoring of identified stress levels will be conducted locally by appropriate level of line management, who will liaise with relevant support, for instance, Human Resources, Health and Safety, Occupational Health.

Managers will instigate a Stress Risk Assessment, individual and departmental, and produce an Action Plan to address ways of reducing stress levels in consultation with the individual/team and other support agencies. Completed risk assessments should be shared with Health and Safety.

In addition, the national Staff Survey includes questions relating to the HSE standards, which collates organisational data and enables benchmarking against other NHS organisations.

The arrangements for monitoring compliance are outlined in the table below:

<table>
<thead>
<tr>
<th>Measurable policy objectives</th>
<th>Monitoring / audit method</th>
<th>Monitoring responsibility (individual / group /committee)</th>
<th>Frequency of monitoring</th>
<th>Reporting arrangements (committee / group to which monitoring results are presented)</th>
<th>What action will be taken if gaps are identified?</th>
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<tr>
<td>Stress</td>
<td>Regular meetings</td>
<td>Health and Wellbeing Group</td>
<td>Monthly</td>
<td>Health and Safety Committee</td>
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5.1 Data Monitoring

The Trust monitors the following data:

- Human Resources monitor and produce a workforce report, which captures data regarding sickness absence (long and short term), turnover and stability and temporary staffing rates.
- The Human Resources Directorate also provide useful information i.e. exit interviews, uptake of grievance policy, number of disciplinary hearings, access to listeners via the Openness Policy, appraisal compliance rates, referrals to Occupational Health and Staff Support and results of annual staff surveys.
- Data can be drawn from complaints via the PALS Team.
- Commissioning for Quality and Innovation (CQUIN).
- Key Performance Indicators (KPIs), quantifiable measures used to compare performance over a period of time.

6 Review Date, Arrangements and Other Document Details

6.1 Review Date

This document will be fully reviewed every three years in accordance with the Trust’s agreed process for reviewing Trust-wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

6.2 Regulatory Position

- The Health and Safety at Work Act 1974
- The Equality Act 2010
- Human Rights Act 1998
- Management of Health and Safety at Work Regulations (1999)
- CQC (Care Quality Commission) regulate the Trusts activity and its right to provide services.

6.3 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Location</th>
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<tbody>
<tr>
<td>1 Mindful Employer</td>
<td><a href="http://www.mindfulemployer.net">www.mindfulemployer.net</a></td>
</tr>
<tr>
<td>3 World Health Organisation</td>
<td><a href="http://www.who.int">www.who.int</a></td>
</tr>
<tr>
<td>4 The Management of Health and Safety at Work Regulations 1999</td>
<td><a href="http://www.legislation.gov.uk">www.legislation.gov.uk</a></td>
</tr>
<tr>
<td>5 The Equality Act 2010</td>
<td><a href="http://www.legislation.gov.uk">www.legislation.gov.uk</a></td>
</tr>
<tr>
<td>7 Health and Safety Executive Management Standards for Work Related Stress, HSE, March 2009</td>
<td><a href="http://www.hse.gov.uk/stress/standards">www.hse.gov.uk/stress/standards</a></td>
</tr>
<tr>
<td>8 Smoke Free England</td>
<td><a href="http://www.smokefreeengland.co.uk">www.smokefreeengland.co.uk</a></td>
</tr>
</tbody>
</table>
### 6.4 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

<table>
<thead>
<tr>
<th>Job Title / Department</th>
<th>Date Consultee Agreed Document Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divisional Director, Women and Children's</td>
<td>27.03.17</td>
</tr>
<tr>
<td>Community Health and Safety Officer</td>
<td>21.03.17</td>
</tr>
<tr>
<td>Health and Wellbeing Counsellor</td>
<td>17.03.17</td>
</tr>
<tr>
<td>Health and Safety Manager</td>
<td>27.03.17</td>
</tr>
<tr>
<td>Employee Relations Advisor</td>
<td>29.03.17</td>
</tr>
<tr>
<td>Mental Health Practitioner</td>
<td>17.03.17</td>
</tr>
</tbody>
</table>
Appendix A – Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?
Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision
Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.
# Appendix B – Quality Impact Assessment Tool

**Purpose** - To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.

**Process** - The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives. Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.

**Monitoring the Level of Risk** - The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person. High Risks must be reported to the relevant Executive Lead.

**Impact Assessment** Please explain or describe as applicable.

| 1. | Consider the impact that your document will have on our ability to deliver high quality care. | The Policy provides a guidance framework for the Trust to manage Health and Wellbeing, including stress in the workplace. |
| 2. | The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care). | The Policy should have a positive impact on delivering care by supporting employees to be fit and well in the workplace. |
| 3. | Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall. | The Policy should not compromise the overall service; it should have a positive impact on the health and wellbeing of the organisation. |
| 4. | Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is. | Managers, Human Resources, Occupational Health and Health and Safety will ensure appropriate support is available to all employees. |

**Impact on Clinical Effectiveness & Patient Safety**

| 5. | Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm. | The Policy provides a framework for any health related concerns, including stress, to be addressed to support the health and wellbeing of all employees |

**Impact on Patient & Carer Experience**

| 6. | Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment. | The Policy encourages employees to look after their health, safety and wellbeing, thereby supporting employees in delivering a high standard of patient care. |

**Impact on Inequalities**

| 7. | Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language). | No impact identified. |
Appendix C - How to Recognise Stress in the Workplace

Whilst many of the symptoms listed below can have unrelated causes, in the context of stress in the workplace they can all be regarded as indicators:

**Emotional Symptoms**
- Feeling out of control
- Sense of failure, guilt, blame or self doubt
- Growing feeling of being overwhelmed
- Apathy, frustration
- Tearfulness
- Anxiety
- Depression/low mood.

**Physical Symptoms**
- Tiredness/exhaustion
- Nausea, indigestion or heartburn
- Migraine, insomnia
- Muscle constriction causing aches and pains
- Constipation or diarrhoea or frequent urination
- Loss of appetite
- Rashes, irritated skin
- Hot and cold spells (blushing/sweating)
- Poor sleeping patterns
- High levels of sickness absence.

**Behavioural Symptoms**
- Nervous habits e.g. nail biting, clumsiness
- Unusual changes in behaviour
- Poor time keeping
- Poor performance
- Panic, leading to ‘freezing up’ or inability to do a simple task
- Avoidance rituals – sleep, frequent visits to the toilet
- Unexplained mood changes
- Making more mistakes than usual
- Excessive eating, smoking, abuse of alcohol or other substances
- Frequent forgetfulness, loss of memory
- Loss of sense of humour
- Low productivity
- Withdrawal socially.

**Organisational Symptoms**
- Increased absenteeism
- Poor relationships in work
- Reduced output
- Loss of job satisfaction
- Increased accident rate
- High employee turnover.
Current Activities

Health

- Health and Safety reporting incidents, community fire wardens, safety representatives, work related to musculoskeletal disorders (MSD), with ergonomic prevent programmes working well via a dedicated team, who support staff with workplace ergonomics.
- Occupational Health providing support through management referrals, employees in managing absence, health assessments, flu vaccinations, nurse consultations, sharps/contamination injuries.
- Occupational Health Physiotherapy: assessments and advice is available on a fast track basis for Trust staff; physiotherapy drop in clinics.
- Podiatry and Dietetics provide support as required on an ad hoc basis.
- Health and Wellbeing Roadshows offering health checks (blood pressure, cholesterol checks, weight and Body Mass Index (BMI)), physiotherapy advice, information and handouts from Staff Support Services, also from Occupational Health Mental Health Advisor and Health and Safety around ergonomics in the workplace.
- Team Health Checks; Health and Wellbeing Toolkits; Classes on health at work – Lifestyle Advisor

Keeping Active

- Cycle to Work Scheme
- ‘Active for Ten’ – staff challenge
- Discounted membership to gyms advertised on the intranet under Occupational Health and Wellbeing
- Personal trainer, also providing sports massage and nutrition advice
- Zumba classes
- Staff Stair Climb Challenge
- Lunchtime Walks
- Football club (Staff Social and Sports committee)
- Hockey available through a local club
- Dance classes (ballet, tap and jazz) available at a local community centre
- Scuba diving

Mental Wellbeing

- Staff Support Services: dedicated to offering staff a confidential service which covers various forms of talking therapy, for example: counselling, stress management, cognitive behavioural therapy (CBT), debriefing/defusing as well as stress management and low mood groups. Available at various locations both locally and throughout Wiltshire.
- Occupational Health Mental Health Advisor providing assessments, follow ups, signposting, liaising with GPs and managers, giving a supporting structure in the workplace to employees with issues such as bipolar, psychosis and other conditions which have a vulnerability for relapse.
Document Title: Health and Wellbeing (including Stress) Policy

- Hospital Chaplaincy: the hospital chaplain is involved in the working life of the Hospital Trust and provides a confidential place for staff to discuss what is on their minds.
- Life Coaching, accessed through The Academy.

Drugs and Alcohol

- Dry January.
- Seasonal reminders – keep safe.

Team Spirit Activities

- The STAR Awards celebrate individuals/teams who are nominated, selected and awarded on a monthly basis. Additionally, there are the Staff Excellence awards, aimed at recognising staff in a range of categories.
- GWH Choir.
- The Trust is a Mindful Employer.
- The newly formed Sports and Social Committee organises various events and sporting activities.
- Health and Wellbeing Hub in Bookends, created by the Lifestyle Advisor

Social Responsibility

- Equality and Diversity (eLearning, working with different communities)
- Safeguarding, multi-agency working:
  - Learning disabilities
  - Patients with dementia
  - Hearing and visually impaired
- Volunteering

Healthy Eating

- Weight management self referral to Dietetics
- Slimming club – monthly – run by Dietetics
- Dietetics have well illustrated information on the intranet about the ‘Eat Well Plate’, ‘Fruit and Vegetables – getting 5 a day!’ as well as a booklet, which comprehensively advises staff entitled ‘Help Yourself to Eat Healthily’ which culminates in useful website links.
- Healthy snacks available to staff.

Smoking

- Smokefree site
- Swindon NHS Stop Smoking Service available for staff
- Supporting national campaigns – Stoptober and No Smoking Day

Disclaimer: Correct at date of publication.
Appendix D - Stress Risk Assessment Guidance

This guidance provides advice for managers on how to conduct a risk assessment of stress at work using the Health and Safety Executive’s five steps for identifying and managing stress.

The risk assessment action plan should be filled in as you go through the five steps.

Guide

Step 1 Identify the hazards/stressors
Step 2 Decide who may be affected and how
Step 3 Evaluate the risk and take appropriate action
Step 4 Record findings
Step 5 Monitor and review

Step 1 Identify the Hazards

The HSE have identified six key areas of work that, if properly managed, can help to reduce work-related stress. These are known as the Management Standards. In each standard there are questions: ‘what should be happening/states to be achieved;,’ which define a desirable set of conditions to work towards. The states to be achieved refer to the aims and outcomes of the standards. The standards should be used to highlight both problem areas and areas where stress issues are not considered a problem or have already been resolved by existing control measures.

DEMANDS – of the job, including issues like workload, work patterns and the work environment.

The standards states:

- Employees indicate that they are able to cope with the demands of their jobs; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved:

- The organisation provides employees with adequate and achievable demands in relation to the agreed hours or work
- Employee’s skills and abilities are matched to the job demands
- Jobs are designed to be within the capabilities of the employees
- Employees’ concerns about their work environment are addressed.
CONTROL – How much say the person has in the way they do their work.

The standard states:

- Employees indicate that they are able to have a say about the way they do their work
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved:

- Where possible, employees have control over their pace of work
- Employees are encouraged to use their skills and initiative to do their work
- Where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work.

ROLE – Whether employees understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.

The standard states:

- Employees indicate that they understand their roles and responsibilities
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved:

- The organisation ensures that, as far as possible, the different requirements it places upon employees are compatible
- The organisation provides information to enable employees to understand their role and responsibilities
- The organisation ensures that, as far as possible, the requirements it places upon employees are clear
- Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.

SUPPORT - includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.

The standard states:

- Employees indicate that they receive adequate information and support from their colleagues and superiors
- Systems are in place locally to respond to any individual concerns

What should be happening/states to be achieved:

- The organisation has policies and procedures to adequately support employees
- Systems are in place to enable and encourage managers to support their staff
- Systems are in place to enable and encourage employees to support their colleagues
- Employees know what support is available and how and when to access it
Employees know how to access the required resources to do their job
Employees receive regular and constructive feedback.

**RELATIONSHIP** – including promoting positive working to avoid conflict and dealing with unacceptable behaviour.

The standard states:
- Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved:
- The organisation promotes positive behaviours at work to avoid conflict and ensure fairness
- Employees share information relevant to their work
- The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour
- Systems are in place to enable and encourage employees to report unacceptable behaviour.

**CHANGE** – How organisation change (large or small) is managed and communicated in the organisation.

The standard states:
- Employees indicate that the organisation engages them frequently when undergoing an organisational change
- Systems are in place locally to respond to any individual concerns

What should be happening/states to be achieved:
- The organisation provides employees with timely information to enable them to understand the reasons for proposed changes
- The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals
- Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs
- Employees are aware of timetables for changes
- Employees have access to relevant support during changes.

**Step 2  Decide who might be affected and how**

Some members of staff may be more vulnerable to developing work related stress than others. For example, staff who:
- Have a history of significant or physical health problems
- Have been absent from work due to work related stress or have had difficulties with coping in the past
- Have personal difficulties which may be unrelated to work
- Are inexperienced in their role
Step 3  Evaluate the risk and take action

To gather data about your team, consider:

- Individual discussion
- Team discussion
- Analysis of appraisal reports
- Analysis of sickness absence data
- Analysis of staff turnover
- Results of staff surveys
- Changes in behaviour/ performance.

Step 4  Record the findings

If the risk assessment has identified areas of concern and you have taken steps to develop solutions, it is important that you:

- Record the findings
- Establish an action plan for reducing stressors
- Agree realistic timescales with your staff
- Share your plans with senior management
- Communicate the outcome to your staff
- Decide how you are going to review the results.

Think about:

- What the problem is
- How the problem was identified
- What you are going to do in response
- How you arrived at this solution
- Some key milestones with dates
- Whether any resources need to be sought
- A commitment to provide feedback to employees on progress
- A date for review.

Step 5  Review and revise your assessment where necessary

- Follow up any changes made to ensure they are having the intended effect
- Review the assessment when there are major changes in the workplace (e.g. organisational changes, new equipment, work systems or processes) or if there is a change in management or personnel to make sure that stress has not increased
- Review the assessment if any employee declares work related stress
- Review assessment at least once a year (at annual appraisal)
Appendix E  Individual Stress Risk Assessment Form
What are the hazards? | Who might be harmed and how? | What are you doing already? | Severity (S) (1-5) | Likelihood (L) (1-5) | Risk Rating (SXL) | What further action is necessary? | Action by whom? | Action by when? | Completion date |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
Demands |  | ■ the organisation provides employees with adequate and achievable demands in relation to the agreed hours of work; ■ people’s skills and abilities are matched to the job demands; ■ jobs are designed to be within the capabilities of employees; ■ employees’ concerns about their work environment are addressed. |  |  |  |  |  |  |  |  |
Control |  | ■ where possible, employees have control over their pace of work; ■ employees are encouraged to use their skills and initiative to do their work; ■ where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work; ■ the organisation encourages employees to develop their skills; ■ employees have a say over when breaks can be taken; and ■ employees are consulted over their work patterns |  |  |  |  |  |  |  |  |
Support |  | ■ the organisation has policies to adequately support employees; ■ systems are in place to enable and encourage managers to support their staff; ■ systems are in place to enable and encourage employees to support their colleagues; ■ employees know what support is available and how and when to access it; ■ employees know how to access the required resources to do their job; ■ employees receive regular and constructive feedback |  |  |  |  |  |  |  |  |

Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.
| Relationships | ■ the organisation promotes positive behaviours at work to avoid conflict and ensure fairness;  
  ■ employees share information relevant to their work;  
  ■ the organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour;  
  ■ systems are in place to enable and encourage managers to deal with unacceptable behaviour;  
  ■ systems are in place to enable and encourage employees to report unacceptable behaviour. |
|------------------|--------------------------------------------------------------------------------------------------|
| Role            | ■ the organisation ensures that, as far as possible, the different requirements it places upon employees are compatible;  
  ■ the organisation provides information to enable employees to understand their role and responsibilities;  
  ■ the organisation ensures that, as far as possible, the requirements it places upon employees are clear;  
  ■ systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities. |
| Change          | ■ the organisation provides employees with timely information to enable them to understand the reasons for proposed changes;  
  ■ the organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;  
  ■ employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs;  
  ■ employees are aware of timetables for changes;  
  ■ employees have access to relevant support during changes. |
| Any other issues raised |                                                                 |

Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.
When all further actions have been completed the risk assessment should be rewritten to show the new risk rating.

If the risk rating is 8 or more the staff member must notify their line Manager who will add the risk to the Safeguard Risk Register unless it contains confidential staff or patient information. In these cases the risk assessments should be stored in the patient’s records or the staff personnel records.

Department: Date of Risk Assessment: Signed
Name (printed) Review Date

For further help with risk rating please see Risk Matrix below.

Instructions for Use

1 Define the risk under one of the ‘domains’ described in column one of the Consequence Score table.
2 Determine the Consequence score(s) (S) for the potential adverse outcome(s) relevant to the risk being evaluated.
3 Determine the likelihood score(s) (L) for those adverse outcomes.
4 Calculate the risk score by multiplying the consequence by the likelihood: S (Consequence) x L (likelihood) = R (risk score)
5 Identify the level at which the risk will be managed in the Trust, based on the roles and responsibilities laid out in the Risk Management Strategy (Ref 1). If the risk scores 8 or above (‘high’) this must be added to the Safeguard Risk Register System by a trained user, unless it contains staff or patient confidential information.
Consequence Score

When undertaking a risk assessment the consequence or how bad the risk being assessed is must be measured. Consequence is defined as the outcome or the potential outcome of an event. Clearly, there may be more than one consequence of a single event.

The below table is to be used to identify what the consequence score will be if the risk is realized (actually happens). The most appropriate domain for the identified risk from the left hand side of the table is to be selected. The columns in same row are to be progressed through to assess the consequence of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

Scoring should take into account existing control measures so should be a score of residual risk not scored as an uncontrolled risk (unless of course there are no control measures in place).

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<th>Description</th>
<th>Consequence score and examples of descriptors</th>
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<tbody>
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<td><strong>Domains</strong></td>
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<tr>
<td>Impact on the safety of patients, staff or public (physical/psychological harm)</td>
<td>Minimal injury requiring no/minimal intervention or treatment.</td>
</tr>
<tr>
<td></td>
<td>Requiring time off work for &gt;3 days</td>
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<tr>
<td></td>
<td>No time off work</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Consequence score and examples of descriptors</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
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<tr>
<td></td>
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<td>5</td>
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<td>Domains</td>
<td>Negligible</td>
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<td>Minor</td>
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<td>Moderate</td>
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<td></td>
<td>Major</td>
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<tr>
<td>Quality/complaints/audit</td>
<td>Peripheral element of treatment or service</td>
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<td>suboptimal</td>
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<tr>
<td></td>
<td>Informal complaint/inquiry</td>
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<td></td>
<td>Overall treatment or service</td>
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<td></td>
<td>suboptimal</td>
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<td></td>
<td>Formal complaint (stage 1)</td>
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<td></td>
<td>Local resolution</td>
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<td></td>
<td>Single failure to meet internal</td>
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<tr>
<td></td>
<td>standards</td>
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<td>Minor implications for patient</td>
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<tr>
<td></td>
<td>safety if unresolved</td>
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<tr>
<td></td>
<td>Reduced performance rating if unresolved</td>
</tr>
<tr>
<td></td>
<td>Treatment or service has significantly reduced</td>
</tr>
<tr>
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<td>effectiveness</td>
</tr>
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<td>Formal complaint (stage 2)</td>
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<td>complaint</td>
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<td>Local resolution</td>
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<td>with potential to go to independent review</td>
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<td>Repeated failure to meet internal standards</td>
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<td></td>
<td>Major patient safety implications if findings</td>
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<td></td>
<td>are not acted on</td>
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<td></td>
<td>Non-compliance with national</td>
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<td></td>
<td>standards with significant risk to patients</td>
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<td></td>
<td>if unresolved</td>
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<td></td>
<td>Multiple complaints/</td>
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<tr>
<td></td>
<td>independent review</td>
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<td></td>
<td>Low performance rating</td>
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<tr>
<td></td>
<td>Critical report</td>
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<tr>
<td></td>
<td>Totally unacceptable level or quality of</td>
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<tr>
<td></td>
<td>treatment/service</td>
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<tr>
<td></td>
<td>Gross failure of patient safety if findings</td>
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<td></td>
<td>not acted on</td>
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<td></td>
<td>Inquest/ombudsman inquiry</td>
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<td></td>
<td>Gross failure to meet national</td>
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<tr>
<td></td>
<td>standards</td>
</tr>
<tr>
<td>Human resources/ organisational development/staffing/ competence</td>
<td>Short-term low staffing level that</td>
</tr>
<tr>
<td></td>
<td>temporarily reduces service quality (&lt;1 day)</td>
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<tr>
<td></td>
<td>Low staffing level that reduces the service</td>
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<td></td>
<td>quality</td>
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<td></td>
<td>Late delivery of key objective/service</td>
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<td></td>
<td>due to lack of staff</td>
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<td></td>
<td>Unsafe staffing level or competence (&gt;1 day)</td>
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<td></td>
<td>Low staff morale</td>
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<tr>
<td></td>
<td>Poor staff attendance for mandatory/key training</td>
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<td></td>
<td>Uncertain delivery of key</td>
</tr>
<tr>
<td></td>
<td>objective/service due to lack of staff</td>
</tr>
<tr>
<td></td>
<td>Unsafe staffing level or competence (&gt;5 days)</td>
</tr>
<tr>
<td></td>
<td>Loss of key staff</td>
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<td></td>
<td>Very low staff morale</td>
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<tr>
<td></td>
<td>No staff attending mandatory/key training</td>
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<tr>
<td></td>
<td>Non-delivery of key</td>
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<td></td>
<td>objective/service due to lack of staff</td>
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<tr>
<td></td>
<td>Ongoing unsafe staffing levels or competence</td>
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<tr>
<td></td>
<td>Loss of several key staff</td>
</tr>
<tr>
<td></td>
<td>No staff attending mandatory/key training on an</td>
</tr>
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<td></td>
<td>ongoing basis</td>
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<tr>
<td>Statutory duty/ inspections</td>
<td>No or minimal impact or breach of guidance/</td>
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<tr>
<td></td>
<td>statutory duty</td>
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<td></td>
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<td>Single breach in statutory duty</td>
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<td>Challenging external recommendations/improvement notice</td>
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<td>Enforcement action</td>
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<tr>
<td></td>
<td>Improvement notices</td>
</tr>
<tr>
<td></td>
<td>Low performance rating</td>
</tr>
<tr>
<td></td>
<td>Critical report</td>
</tr>
<tr>
<td></td>
<td>Multiple breaches in statutory</td>
</tr>
<tr>
<td></td>
<td>duty</td>
</tr>
<tr>
<td></td>
<td>Prosecution</td>
</tr>
<tr>
<td></td>
<td>Complete systems change required</td>
</tr>
<tr>
<td></td>
<td>Severy critical report</td>
</tr>
</tbody>
</table>
## Consequence score and examples of descriptors

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domains</strong></td>
<td>Negligible</td>
<td>Minor</td>
<td>Moderate</td>
<td>Major</td>
<td>Catastrophic</td>
</tr>
<tr>
<td>Adverse publicity/ reputation</td>
<td>Rumours</td>
<td>Local media coverage – short-term reduction in public confidence</td>
<td>Local media coverage – long-term reduction in public confidence</td>
<td>National media coverage with &gt;3 days service well below reasonable public expectation</td>
<td>National media coverage with &gt;3 days service well below reasonable public expectation, MP concerned (questions in the House) Total loss of public confidence</td>
</tr>
<tr>
<td></td>
<td>Potential for public concern</td>
<td>Elements of public expectation not being met</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business objectives/ projects</td>
<td>Insignificant cost increase/ schedule slippage</td>
<td>&lt;5 per cent over project budget Schedule slippage</td>
<td>5–10 per cent over project budget Schedule slippage</td>
<td>Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met</td>
<td>Incident leading &gt;25 per cent over project budget Schedule slippage Key objectives not met</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance including claims</td>
<td>Small loss Risk of claim remote</td>
<td>Loss of 0.1–0.25 per cent of budget Claim less than £10,000</td>
<td>Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000</td>
<td>Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time</td>
<td>Non-delivery of key objective/ Loss of &gt;1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) &gt;£1 million</td>
</tr>
<tr>
<td>Service/business interruption</td>
<td>Loss/interruption of &gt;1 hour</td>
<td>Loss/interruption of &gt;8 hours Minor impact on environment</td>
<td>Loss/interruption of &gt;1 day Moderate impact on environment</td>
<td>Loss/interruption of &gt;1 week Major impact on environment</td>
<td>Permanent loss of service or facility Catastrophic impact on environment</td>
</tr>
<tr>
<td>Environmental impact</td>
<td>Minimal or no impact on the environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Likelihood Score (L)

The below table is to be used to identify how likely it is for the risk to happen at the level of consequence identified and to identify what the likelihood of the consequence occurring is.

The frequency-based score is appropriate in most circumstances and is easier to identify. It must be used whenever it is possible to identify a frequency.

However, frequency is not a useful way of scoring certain risks, especially those associated with the success of time limited or one off projects such as a new IT system. For these kinds of risks the likelihood score cannot be based on how often the consequences will materialise. Instead it must be based on the probability that it will occur at all in a given time period. In other words a three year IT project cannot be expected to fail once a month and the
likelihood score will need to be assessed on the probability of adverse consequences occurring within the project time frame. Scoring must take into account existing control measures so should be a score of residual risk not scored as an uncontrolled risk (unless of course there are no control measures in place.

<table>
<thead>
<tr>
<th>Likelihood score</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Rare</td>
<td>Unlikely</td>
<td>Possible</td>
<td>Likely</td>
<td>Almost certain</td>
</tr>
<tr>
<td>Frequency</td>
<td>This will probably never happen/recur</td>
<td>Do not expect it to happen/recur but it is possible it may do so</td>
<td>Might happen or recur occasionally</td>
<td>Will probably happen/recur but it is not a persisting issue</td>
<td>Will undoubtedly happen/recur - possibly frequently</td>
</tr>
<tr>
<td>Probability</td>
<td>&lt;0.1%</td>
<td>0.1-1%</td>
<td>1-10%</td>
<td>10-50%</td>
<td>&gt;50%</td>
</tr>
</tbody>
</table>

### Risk Scoring

**Risk = Consequence x Likelihood (C x L)**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consequence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5 Catastrophic</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>4 Major</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>3 Moderate</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>2 Minor</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>1 Negligible</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

- 1 - 3 Low risk
- 4 - 6 Moderate risk
- 8 - 12 High risk
- 15 - 25 Extreme risk