

Health and Wellbeing (including Stress) Policy

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Status	LIVE		
Target Audience- who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by: <ul style="list-style-type: none"> • 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. 	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including volunteers, private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
Special Cases	N/A		
Accountable Director	Director of Human Resources (HR)		
Author/originator – Any Comments on this document should be addressed to the author	Head of HR and Well Being Services		
Division and Department	Corporate. Human Resources		
Implementation Lead	Deputy Director Human Resources		
If developed in partnership with another agency ratification details of the relevant agency			
Regulatory Position			
Review period. 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.			

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1 Introduction

1.1 Introduction & Purpose

Great Western Hospitals NHS Foundation Trust (the Trust) is committed to protecting the health, safety and wellbeing of its employees to encourage an open and supportive culture reinforced by the Trust's Service, Teamwork, Ambition, Respect (STAR) values. The Trust recognises that 'employee wellbeing' means having the right conditions in place to enable employees to perform at their best mentally and physically, whilst maintaining an appropriate work- life balance.

The Trust is committed to support the health and wellbeing of the workforce and to minimise the impact of work related stress which can be a major factor in reduced performance, increased sickness absence and low morale, by taking practical steps, to prevent potential harm to the mental wellbeing and physical health and safety of all employees.

The purpose of this policy is to reinforce this commitment through clear strategic objectives and practical interventions for the management of employee health and wellbeing and to promote a culture where health and wellbeing is embraced by everyone.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

CBT	Cognitive Behavioural Therapy
CQUIN	Commissioning for Quality and Innovation
EIA	Equality Impact Assessment
GP	General Practitioner
HR	Human Resources
HSE	Health and Safety Executive
KPI	Key Performance Indicator
NHS	National Health Service
NICE	National Institute for Clinical Excellence
PALS	Patient Advice and Liaison Service
STAR	Service, Teamwork, Ambition, Respect
WHO	World Health Organisation

Great Western Hospitals NHS Foundation Trust is referred to as 'The Trust'. Health, wellbeing and stress will be referred to as 'health and wellbeing'.

Health and Wellbeing includes the physical and mental health of the whole person as defined by 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" as distinct from pressure, which can be a positive state when managed correctly. 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.

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2 Main Document Requirements

The strategic objective of the Trust Health and Wellbeing (including Stress) Policy is to ensure that, wherever possible, employees who experience health related concerns, including stress, are supported by the organisation and have access to a programme of health and wellbeing support.

This policy is designed to comply with

- Health and Safety at Work Act 1974 (Ref 2).
- (WHO) "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (Ref 3).
- 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)
- Smoke Free England (Ref 8)

The guiding principles of this policy are:

- To implement employment and management policies, procedures and practices which protect and promote the health and wellbeing of the workforce.
- To encourage employees to take responsibility for their own health and wellbeing through effective health promotion programmes and initiatives.
- To assess the impact of work on health and wellbeing at individual 1-1s and annual appraisal.
- Recognition that anyone can experience mental illness through stress and seeking help and support, should be seen as a positive approach to be supported.
- Any employee should be able to raise fair concerns about their work environment, excessive work pressure or demands without being criticised, belittled or victimised.
- Any employee seeking support can do with the assurance of confidentiality.
- The Trust STAR values provide the cornerstone for this policy - (Service; Teamwork; Ambition; Respect).
- Where workplace stressors are identified, managers to conduct a Stress Risk Assessment, either individual or departmental, to manage the risks from stress. Appendix C of this policy provides Stress Risk Assessment guidance and Appendix D is the Stress Risk Assessment template. Evaluation of stress risk assessment outcomes is monitored and reviewed by the Health and Wellbeing department, Human Resources and the Health and Safety team.
- That the Trust will consult with Trade Union Safety Representatives on any concerns raised or proposed actions relating to the management and reduction of workplace stress.
- That the Trust will support managers and supervisory employees with management training to include the offer of stress awareness and Mental Health First Aid training.
- That the Trust will offer 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 the emotional and physical health of an individual and can be affected by a variety of issues, including financial concerns, work, home, family, the people around a person and the environment they live in. It is important that an individual feels in control of their life and that they are experiencing a reasonable level of pressure and able to rise to the challenge.

Stress may not be easy to detect and common symptoms include:

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- **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.

Refer to Appendix B – ‘How to Recognise Stress in Workplace’

2.1.1 Health and Wellbeing Benefits

A comprehensive Health and Wellbeing programme supports a range of benefits for all parties including, support with wellbeing and health care issues, increased productivity, decreased absenteeism, improved morale and encouraging and informing positive lifestyle choices.

Some of the key areas where benefits have been identified are:

Employee:

- Feel valued, fairly treated and supported
- Clarity of role and expectations
- Confidence to perform under pressure
- Understand how to access support to keep themselves healthy and safe
- Reduction in illness and improved health and wellbeing
- Feeling supported to understand and adapt to change.
- Work life balance is assured

Trust:

- Healthy and productive workforce
- 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
- Enhanced reputation in the local community
- Confidence in offer of a modern health and wellbeing offer.

Patients:

- 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.

2.2 Staff Support Services

The Trust Health and Wellbeing programme includes a Staff Support service offering counselling, mental health and resilience support, stress management guidance, personal/professional support, critical incident debriefing/defusing, solution focussed therapy, cognitive behavioural therapy (CBT), mood management groups, wellbeing signposting and general advice. An individual can refer themselves or be referred by their Manager to access Staff Support services.

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2.3 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.

2.4 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 promoted on the intranet.

2.5 Occupational Health Department

The Occupational Health Department provides support to managers, Human Resources, and employees in managing absence, health assessments, guidance with physical wellbeing and preventative advice, immunisations, flu vaccinations, nurse consultations, sharps/contamination injuries. The Occupational Health Department can also provide advice and guidance to managers to support completion of stress risk assessments.

The Trust has a dedicated Health and Wellbeing Lifestyle Advisor who 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.

2.6 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.

2.7 Stress Management

Health and Safety Executive (HSE) Management Standards

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.

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 influence 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** – individual clarity of role and any conflicting responsibilities and/or demands;
- **Change** – how organisational change is managed and communicated in the organisation.

Further information about the management of work-related stress can be found on the HSE website www.hse.gov.uk.

2.8 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.

Appendix D presents a Stress Risk Assessment template for completion by the line manager and individual or as a departmental measure for further review on a regular basis to monitor and manage the identified concerns. Safety representatives should assist with the completion of such risk assessment wherever possible and any control measures to be implemented should be accepted and integrated into existing working practices.

3 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: -

Measurable policy objectives	Monitoring / audit method	Monitoring responsibility (individual / group /committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified?
Health and Wellbeing	Health and Wellbeing Group Action Plan	Health and Wellbeing Group	Monthly	Health and Safety Committee	Escalate through designated chair member.
Stress	Regular meetings	Health and Wellbeing Group	Monthly	Health and Safety Committee	

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3.1 Data Monitoring

The Trust monitors the following data:

- Human Resources produce a monthly workforce report, which captures data regarding sickness absence (long and short term), turnover / retention, appraisal and training compliance, temporary staffing rates.
- Key Performance Indicators (KPIs), quantifiable measures used to compare performance over a period of time.
- Referrals to Occupational Health and Staff Support, achievement of performance KPI's and results of annual staff surveys.
- Data can be drawn from complaints via the Patient Advice and Liaison Service (PALS) Team.
- Commissioning for Quality and Innovation (CQUIN).

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

- Conduct regular 1-1 meetings and annual appraisal with employees ensuring effective and open communication to enable support, change and role understanding.
- Monitor workloads to ensure employees are not overwhelmed, 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 taking 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 C and D) and agree and monitor action plans to support employees who are experiencing work related stress.
- If stress is identified in a member of the team, refer the individual to Occupational Health and Staff Support for further support; complete an ‘Incident Notification ‘ and review departmental sickness absence data relating to evaluate trends and inform action planning.
- In all cases, the manager to sign post the range of support services available to them and how to access them.

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4.5 Role of Human Resources

- Support managers and individuals with policy application, and encourage referral to Occupational Health and Staff Support Services where appropriate.
- 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.

4.6 Role of Occupational Health

- To support employees in remaining healthy and fit for work.
- Undertakes Management Referrals, providing support and guidance to managers with occupational health related matters including sharps, immunisations, contamination injuries, musculoskeletal and other Physiotherapy concerns
- Provide support and advice on the management of stress, including absence from and return to work.
- Signpost support from General Practitioner(GP), Staff Support Services and/or Health and Wellbeing 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 and talking therapy service for all employees.
- All practitioners are appropriately qualified and members of their relevant regulatory body and adhere to their professional code of conduct and ethics.
- The service is accessible through management and/or self referral.

4.9 Role of Employees

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

Employees should:

- Raise issues of concern with their line manager, Health and Safety representative, Occupational Health, Staff Support Services, Health and Wellbeing Lifestyle Advisor, Freedom to Speak up Guardian 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 and to embody the STAR values.
- Attend training courses as required.

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- Accept opportunities for counselling, when recommended.
- Make themselves familiar with all the information available on health, wellbeing and stress.
- Proactively self refer to the health and wellbeing services available (Occupational Health / Staff Support) if 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.

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5 Further Reading, Consultation Glossary

5.1.1 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:

	Document Title	Document Location
1	Mindful Employer	www.mindfulemployer.net
2	Health and Safety at Work Act 1974	www.legislation.gov.uk
3	World Health Organisation	https://www.who.int/
4	The Management of Health and Safety at Work Regulations 1999	www.legislation.gov.uk
5	The Equality Act 2010	www.legislation.gov.uk
6	The Human Rights Act 1998	www.legislation.gov.uk
7	Health and Safety Executive Management Standards for Work Related Stress, HSE, March 2009	www.hse.gov.uk/stress/standards
8	Smoke Free England	www.smokefreeengland.co.uk
9	Lifestyle information	Intranet
10	Absence Management (Sickness) Policy	T:\Trust-wide Documents
11	Bullying and Harassment Policy	T:\Trust-wide Documents
12	Manager Guidance Hearing and Resolving an Employee Concern	T:\Trust-wide Documents
13	Freedom to Speak Up Policy	T:\Trust-wide Documents
14	Equality and Diversity Policy	T:\Trust-wide Documents
15	Stress Risk Assessment – Individual/Departmental	T:\Trust-wide Documents
16	Health and Safety Executive: Stress at Work	HSE Website
17	How Are You Feeling Toolkit	Intranet
18	Management Standards for Tackling Work Related Stress	HSE
19	Five Steps to Wellbeing	Health and Wellbeing intranet
20	Guide to Managing Stress	www.nhsemployers.org
21	The Advisory, Conciliation and Arbitration Service	www.acas.org.uk
21	International Stress Management Association	www.isma.org.uk
23	Chartered Institute of Personnel and Development	www.cipd.org.uk
24	NICE Guidance on Managing Mental Health	www.nice.org.uk
25	Appraisal Policy	T:\Trust-wide Documents
26	Useful links: www.mind.org.uk www.rethink.org.uk	Internet

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5.2 Consultation Process

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

Job Title / Department	Date Consultee Agreed Document Contents
Health and Well Being Manager	April 2020
Health and Well Being Manager	February 2020
Health and Wellbeing Counsellor	February 2020
Health and Safety Manager	February 2020
Employee Relations Advisor	February 2020
Mental Health Practitioner	February 2020

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Health & Well Being Policy (including stress)		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? Support the wellbeing of Trust staff and volunteers with a clear and supportive health and wellbeing framework including stress management		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		No
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?		No
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?	Yes	

Signed by the manager undertaking the assessment	Ashley Oakshott
Date completed	4 th May 2020
Job Title	Head of HR & Well Being Services

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full 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.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
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Appendix B - 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.

Appendix C - 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.

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CONTROL – How much influence 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

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- 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 previously absent from work due to work related stress or difficulties with coping
- Have personal difficulties which may be unrelated to work
- Are inexperienced in their role
- Are of a personality type which tends to over work.

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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)

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Appendix D 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		<ul style="list-style-type: none"> ■ 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		<ul style="list-style-type: none"> ■ 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		<ul style="list-style-type: none"> ■ 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 							

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Relationships		<ul style="list-style-type: none"> ■ 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		<ul style="list-style-type: none"> ■ 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		<ul style="list-style-type: none"> ■ 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. 							

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Any other issues raised									

This risk assessment provides examples of hazards and controls which individual Wards or Department Managers should modify to manage risks in their Departments. Managers are responsible for ensuring controls described are implemented in the Department; this document is signed, dated and regularly reviewed; that the risk score is recorded and additional actions necessary to manage the risk are agreed, recorded and completed.

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: $S \text{ (Consequence)} \times L \text{ (likelihood)} = R \text{ (risk score)}$
- 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.

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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).

	Consequence score and examples of descriptors				
Description	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients

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	Consequence score and examples of descriptors				
Description	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report

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

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

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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).

Likelihood score	1	2	3	4	5
Description	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur - possibly frequently
Probability Will it happen or not?	<0.1%	0.1-1%	1-10%	10-50%	>50%

Risk Scoring

Risk = Consequence x Likelihood (C x L)

	Likelihood				
	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

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

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