

TRUST-WIDE POLICY DOCUMENT

Health and Wellbeing (including Stress) Policy

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Lead Author(s):	Clinical Lead for Occupational Health and Wellbeing

Version 3.0

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Further information about this document:

Document summary	The purpose of this policy is to outline clear strategic objectives and practical interventions for the support and protection of employee health and wellbeing, and to promote a culture where health and wellbeing is embraced by everyone.
Author(s)	Clinical Lead for Occupational Health and Wellbeing
Published by	Corporate Governance Team Trust Headquarters Great Western Hospitals National Health Service (NHS) FT Marlborough Road Swindon
To be read in conjunction with	Health and Safety at Work Etc. Act 1974 (Ref 2). 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). 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 (HSE) Management Standards for Work-Related Stress HSE, March 2009 (Ref 7) Smoke Free England (Ref 8) Stage 2 Full Equality Impact Assessment
Review period. This document will be fully reviewed every three years in accordance with Great Western Hospitals NHS Foundation Trust's (the Trust) 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.	

Version Control:

Version History:	
3.0	Minor changes, put on new template, changed any mention of staff health and wellbeing to occupational health and wellbeing to prevent confusion.

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1 PURPOSE AND RATIONALE

Purpose –

The purpose of this policy is to outline clear strategic objectives and practical interventions for the support and protection of employee health and wellbeing (both physical and mental), promoting a culture where health and wellbeing is embraced by everyone.

Rationale –

A comprehensive Health and Wellbeing programme supports employees to thrive at work, enabling them to contribute fully, to provide safe, effective, and innovative services. It nurtures staffs' talents, skills, and insights to enable them to reach their full potential. It supports staff to feel fully engaged with work. It encourages staff to proactively engage in self-care and healthy lifestyles as a central task of efficient working. It provides training, supervision, and consultancy to raise awareness of facilitators, inhibitors and barriers to individual, team and organisational wellbeing and workplace factors that can contribute to this. It works to safeguard employees from the potential adverse effects of work-based stressors on physical and mental health and wellbeing. It enables the early identification of workplace stressors and signs of stress within individuals, teams and organisations allowing early intervention where necessary. All of these methods of cultivating wellbeing will reduce potential stress and ill health and associated presenteeism and absenteeism.

Benefits of supporting health and wellbeing to the employee:

- Safeguarded against adverse impacts of the work they do
- Work environment nurtures a strong sense of autonomy, belonging and competence
- Feeling valued, supported, and fairly treated
- Clarity of role and expectations
- Confidence to perform under pressure, supported by clear policies, procedures, guidance as well as adequate supervision and training to support work and any issues arising
- Understand how to access support to keep themselves healthy and safe
- Are mindful of the wellbeing of others and their contribution to workplace cultures that nurture or impair wellbeing
- Know how to support colleagues' wellbeing and the wellbeing of the wider team and organisation
- Reduction in illness and improved wellbeing and resilience
- Feeling supported to continue to learn, developing personal strengths and skills; understanding and adapting to change
- Improved work/life balance

Benefits of supporting health and wellbeing to the team:

- Improved team morale
- Good psychological safety within the culture
- Improved communication and working relationships
- Better overall functioning and performance, including patient care and individual wellbeing

Benefits of supporting health and wellbeing to the Trust:

- Safeguarding workforce from potential adverse effects of the working environment
- Healthy and productive workforce
- Satisfied, engaged and productive workforce, enabling improved retention. This enables the Trust to retain and realise the full potential of their skilled and experienced staff and reduce turnover related losses to the organisation in terms of finances, time, skills, and experience
- Capitalising on the insights of the staff team, allowing difficulties and challenges to be identified and addressed to support learning, innovation and effective services
- Excellent patient experience with employees and patients recommending the Trust as the provider of choice
- Enhanced reputation in the local community as a compassionate, moral and ethical employer

Benefits of supporting health and wellbeing to patients:

- Receive a service provided by engaged, satisfied, skilled and experienced staff
- Receive consistent and safe care from a stable and well supported workforce
- Improved access to services due to increased productivity
- Reduced number of accidents and complaints
- Reduced infection rates
- Receive care in a compassionate, innovative, and supportive environment in which health and wellbeing are prioritised, improving the patient's experience

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 STAR (Service, Teamwork, Ambition, Respect) 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 taking practical steps to support the health and wellbeing of the workforce and prevent potential harm to the health and wellbeing of all employees. One of the ways it will do this is to minimise work-related stress and its detrimental impact on performance, morale, health and sickness absence.

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

The aim of the document is to outline clear strategic objectives and practical interventions for the support and protection of employee health and wellbeing, both physical and mental.

2.1 Individual objectives:

- Enabling employees to perform at their best mentally and physically, whilst maintaining an appropriate work-life balance. This includes:
 - Nurturing staffs' talents, skills, and insights to enable them to reach their full potential
 - Supporting staff to contribute fully within their team and the wider organisation
 - Supporting staff to feel fully engaged
 - Working together to provide services that are:
 - safe
 - effective and
 - innovative
 - Encouraging staff to proactively engage in self-care and healthy lifestyles as a central task of efficient working
 - To encourage employees to take responsibility for their own health and wellbeing through effective health promotion programmes and initiatives, policy and supervision
 - To assess the impact of work, working environments and cultures on health and wellbeing at individual 1:1s and annual appraisal
 - Any employee should be able to raise fair concerns about their work environment, workplace culture, excessive work pressure or demands, without being criticised, belittled, or victimised
 - Any employee seeking support can do with the assurance of confidentiality

2.2 Team objectives:

- All departments and teams can access team-based wellbeing support, including reflective practice and psychological skills teaching

2.3 Organisational objectives:

- To promote a culture where health and wellbeing is embraced by everyone
- Raising awareness of facilitators, inhibitors and barriers to individual, team and organisational wellbeing and stress, as well as workplace factors that can contribute to

this though:

- Training
- Supervision and
- Consultancy
- That the Trust will support all employees with training and access to online resources to increase awareness of wellbeing and stress, contributory factors and ways to support colleagues' health and wellbeing, both mental and physical
- To implement employment and management policies, procedures and practices that protect and promote the health and wellbeing of the workforce
- The Trust's STAR values are a cornerstone of this policy - (Service; Teamwork; Ambition; Respect)
- Recognition that anyone can experience mental ill-health through stress, and that prevention, early identification of needs, seeking help and support should all be seen as positive approaches to be supported
- 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
- Supporting the development of working cultures that cultivate wellbeing through the implementation of initiatives that support staff health and wellbeing at individual, team and organisational levels

2.4 Stress Risk Assessment and Management Objectives:

- The aim of stress assessment and management plans is to safeguard employees from the potential adverse effects of work-based stressors on physical and mental health and wellbeing
- To support employees to feel in control of their life, that they can contribute with a sense of meaning and purpose, and that they have realistic and reasonable goals to work on
- These aims are achieved through:
 - the early identification of workplace stressors and signs of stress within individuals, teams and organisations where an individual is experiencing workplace stress, either individual or departmental

3 SCOPE

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.

4 DEFINITIONS

The following terms and acronyms are used within the document:

CQUIN	Commissioning for Quality and Innovation
HR	Human Resources
HSE	Health and Safety Executive
KPI	Key Performance Indicator
NHS	National Health Service
STAR	Service, Teamwork, Ambition, Respect
WHO	World Health Organisation
The Trust	Great Western Hospitals NHS Foundation Trust
Employees	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract) and all others working for the Trust, including volunteers, private-sector, voluntary-sector, bank, agency, locum, and secondees
Health and Wellbeing	includes the physical and mental health of the whole person as defined by the WHO, "health is a state of complete physical, mental and social wellbeing and

	not merely the absence of disease or infirmity” (Ref 3). The WHO’s definition of wellbeing is “...a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Wellbeing encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. Focusing on well-being supports the tracking of the equitable distribution of resources, overall thriving and sustainability. A society’s well-being can be determined by the extent to which they are resilient, build capacity for action, and are prepared to transcend challenges.” (Ref 3)
Stress	The 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.

5 DUTIES

5.1 Chief Executive

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

5.2 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, supporting both the physical and psychological wellbeing.

5.3 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; are able to implement the document; and ensure that any superseded documents are destroyed.

5.4 Line Managers

- Conduct regular 1:1 meetings (to include a discussion about the health and wellbeing of the person they manage) 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
- 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 within their area of responsibility and the Trust more widely
- To support employees identified as experiencing stress by: conducting an individual stress risk assessment (see appendices C & D for guidance), agreeing and monitoring action plans, with support from OH and HR where appropriate
- If any concerns regarding an individual’s health and wellbeing are acknowledged within the team:
 - Encourage the individual to self-refer to Occupational Health and Wellbeing Service for advice and support
 - Consider with the individual self or management referral to Occupational Health for specific occupational support and guidance
 - Complete an ‘Incident Notification’ and review departmental sickness absence data to evaluate trends and inform action planning

- In all cases, the manager to signpost the range of health and wellbeing resources and support services available to them and how to access them
- To support the team to develop a working culture that nurtures health and wellbeing, providing psychological safety and a just, learning environment, that is civil and respectful
- To support individuals' workplace wellbeing needs, developing their sense of autonomy, belonging and competence within the workplace
- To encourage individuals to have regular health and wellbeing conversations either with the manager themselves or other members of the team or the Trust
- To promote health and wellbeing within the team, supporting health and wellbeing champions, allowing team members time to develop their understanding of what supports health and wellbeing, as well as providing opportunities for team-based learning regarding health and wellbeing where appropriate
- Where necessary, implementing Trust policies to support health and wellbeing, such as the bullying and harassment, performance management, flexible working, etc.
- To conduct a Stress Risk Assessment, either individual or departmental, to manage the risks from stress
- To review stress risk assessments on a regular basis to monitor and manage the identified concerns

5.5 Human Resources

- Support managers and individuals with policy application, and encourage/make a referral, as appropriate, to the Occupational Health and Wellbeing Service
- 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
- Regularly review Trust policies to ensure they are in line with current evidence, best-practice and guidelines to ensure Trust-based practices and cultures that safeguard and cultivate health and wellbeing, and alleviate stress
- To promote health and wellbeing within recruitment processes
- To promote the uptake of working practices found to support health and wellbeing such as just, learning cultures; cultures of civility and respect; and cultures that are compassionate

5.6 Occupational Health and Wellbeing Service

- To support employees in remaining healthy and fit for work
- Occupational health specialists, including doctors, nurses, mental health practitioners and physiotherapists, who can conduct individual assessments and provide advice and guidance to managers to best support individual's health and wellbeing
- To undertake Management Referrals, providing support and guidance to managers with occupational health-related matters, including sharps, immunisations, contamination injuries, mental health, musculoskeletal, and other physiotherapy concerns
- To provide support and advice (including preventative advice) on:
 - sharps/contamination injuries
 - flu/covid vaccinations
 - immunisations
 - health assessments
 - physical wellbeing
 - psychological difficulties, such as stress and low mood
 - managing absence
 - return to work
- Signpost to support from General Practitioner, counselling/psychological support, Employee Assistance Programme, and other appropriate services
- To provide a free, confidential and impartial counselling / psychological therapy service for all employees
- To ensure all Practitioners are appropriately qualified and members of their relevant

- regulatory body and adhere to their professional code of conduct and ethics
- Individuals can self-refer for mental health and physiotherapy support. For all other disciplines, a management referral is required
- To provide systemic services to support health and wellbeing across the Trust, including consultancy, clinical supervision, team-based support, Trauma Risk Management, training, and Schwartz Rounds
- To provide health and wellbeing training, supervision and consultation, where appropriate in collaboration with other relevant individual's or teams

5.7 Health and Safety Team

- To provide 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
- To monitor risk assessments and assist in the management thereof
- To display the stress risk assessments on the health and safety intranet page
- To support managers and staff, if required, when completing a risk assessment
- To liaise with HR regarding Health and Safety statistics
- For assurance purposes that stress is being managed, ensure that Health and Safety statistics are provided at the Health and Safety Group

5.8 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, 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 and Wellbeing, Freedom to Speak up Guardian or any other appropriate person/agency
- Seek help at an early stage through their manager, HR team or Occupational Health and Wellbeing, when they experience the effects of work-related stress
- Proactively self-refer to Occupational Health and Wellbeing if they are starting to experience any difficulties with their health or wellbeing
- 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 or ill-being for colleagues and modify their actions and behaviour, if appropriate, and to embody the trust's STAR values
- Attend training courses as required
- Engage in health and wellbeing support recommendations
- Make themselves familiar with all the information available on health, wellbeing and stress

5.9 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.

5.10 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

5.11 The Health and Wellbeing Group

Health and Wellbeing Group comprises representatives from HR, Occupational Health, Staff Support Services, Health and Safety, and others as invited in accordance with Terms of Reference. The duties are:

- 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 HR, incidents, departmental investigation close out rates, Occupational Health and Wellbeing 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 Commissioning for Quality and Innovation (CQUIN) targets

6 PROCESS

6.1 Stop Smoking and Smoke Free Environment

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 outlined on the intranet (<http://intranet/staff-area/staff-health-and-wellbeing/physical-wellbeing/smoking/>).

6.2 Health and Safety Executive Management Standards

The HSE is Britain's national regulator for workplace health and safety, dedicated to protecting people and places, and helping everyone lead safer and healthier lives and feel safe where they work.

The HSE has identified management standards for six key areas of work design that, if not met or properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates. The 6 HSE management standards are summarised in Table1, along with relevant policies, initiatives, teams and processes available to support individuals, teams and the organisation to meet them.

6.3 Stress Assessment and Management

- 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
- Where an individual is experiencing workplace stress, 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 that should be followed when assessing stress risks. 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 is the Stress Risk Assessment template that should be used to document the assessment and management plan. It should be completed 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 from the Health & Safety Team should assist with the completion of such risk assessment wherever possible
- Any control measures to be implemented should be accepted and integrated into existing working practices
- Evaluation of stress risk assessment outcomes is monitored and reviewed by the Health and Wellbeing department, Human Resources and the Health and Safety team

7 CONSULTATION

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
Clinical Lead for Occupational Health and Wellbeing	March 2023
Occupational Health Manager	March 2023
Clinical Psychologist in Health and Wellbeing	March 2023
Deputy Head of Health, Safety, Fire & Security Manager	March 2023
HR Business Partner	March 2023
Matron, Emergency Department	March 2023

8 MONITORING, Compliance and Effectiveness of Implementation

Reviewing stress risk assessments

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

Managers will instigate a Stress Risk Assessment, individual and/or 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.

Staff Survey

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

Trust Based Review Meetings

The Trust monitors the following data:

- Monthly workforce report - produced by HR, capturing 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 Wellbeing, achievement of performance KPI's and results of annual staff surveys

- Complaints data - via the Patient Advice and Liaison Service
- CQUIN

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

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Staff Health and Wellbeing	Health and Wellbeing Oversight Committee	Health and Wellbeing Group Action Plan	Monthly	Health and Safety Group
Stress	Health and Wellbeing Oversight Committee	Regular meetings	Monthly	Health and Safety Group

10 SUPPORTING DOCUMENTS

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

Ref. No.	Document Title	Document Location
1	Mindful Employer	www.mindfulemployer.net
2	Health and Safety at Work Etc. Act 1974	www.legislation.gov.uk
3	WHO's Glossary of Terms	https://www.who.int/publications/i/item/9789240038349
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	HSE 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	HSE: Stress at Work	https://www.hse.gov.uk/stress/
17	How Are You Feeling Toolkit	Intranet

Ref. No.	Document Title	Document Location
18	Management Standards for Tackling Work Related Stress	https://www.hse.gov.uk/pubns/wbk01.htm
19	Five Steps to Wellbeing	http://intranet/staff-area/staff-health-and-wellbeing/wellbeing-resources/recordings-of-bitesize-wellbeing-talks/
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	National Institute for Clinical Excellence Guidance on Managing Mental Health	www.nice.org.uk
25	Appraisal Policy	T:\Trust-wide Documents
26	Mind Charity	www.mind.org.uk
27	Rethink Mental Illness Charity	www.rethink.org.uk

APPENDIX A – 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 & Wellbeing Policy (including stress)		
2.	Briefly describe the aim of the policy, strategy, project. What needs or duty is it designed to meet? Support the health and wellbeing of Trust staff and volunteers with a clear and supportive 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	Dr Jon Freeman
Date completed	3rd March 2023
Job Title	Clinical Lead for Staff Health and Wellbeing

On completion of Stage 1: A full impact assessment will normally be required if you have answered YES to one or more of questions 3, 4 and 5 above

[..\\Trust-wide Documents\\Templates and Policy Governance\\STAGE 2 - Full Equality Impact Assessment Template.docx](#)

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

Below are signs of stress. Some may be caused by things outside of the workplace but contribute to workplace stress and can reduce our capacity of managing stress:

Emotional and Psychological Symptoms

- Feeling out of control or stuck
- Sense of failure, guilt, blame, self-criticism or self-doubt
- Growing feeling of being overwhelmed
- Apathy (feeling switched off, unengaged, numb or zoned out)
- Irritability and frustration
- Tearfulness
- Anxiety, feeling on edge, that something might go wrong
- Depression/low mood
- Loss of confidence
- Low self-esteem
- Loss of interest

Physical Symptoms

- Tiredness/fatigue
- Digestive issues, e.g. nausea, indigestion, heartburn
- Constipation, diarrhoea or frequent urination
- Headache and migraine
- Muscle tension, aches and pains, back ache
- Loss or change in appetite
- Rashes, irritated skin
- Hot and cold spells (blushing/sweating)
- lowered immunity resulting in greater susceptibility to minor illnesses
- High levels of sickness and sick leave
- Existing health conditions becoming worse
- Feeling on edge, restless, alert
- Difficulties concentrating/focusing
- Frequent forgetfulness, loss of memory
- Elevated blood pressure

Behavioural Symptoms

- Nervous habits e.g. nail biting, clumsiness, fiddling, comfort eating, smoking, seeking reassurance, etc
- Restlessness, impulsivity
- Unusual changes in behaviour
- Poor time keeping
- Poor performance
- Absenteeism or presenteeism (coming into work despite being ill or unable to work effectively or working more hours than required),
- 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
- Loss of sense of humour
- Low productivity or creativity
- Social withdrawal
- Hostility

- Venting
- Changes in levels of activity (doing more or less than usual)

Team and Organisational Symptoms

- Increased absenteeism and presenteeism
- Poor relationships and communication in work
- Reduced productivity and 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 HSE'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 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
- 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 difficulties
- 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

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 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 							

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. 							
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.

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
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	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

	Consequence score and examples of descriptors				
Description	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
			Major patient safety implications if findings are not acted on		
HR/ 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
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

	Consequence score and examples of descriptors				
Description	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
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 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