

| TRUST CORPORATE POLICY MANAGING MENTAL HEALTH AND WELLBEING POLICY | | | |
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| EFFECTIVE FROM | Date of approval | | |
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| STANDARDS | HSE NHSLA, NICE | | |
| OWNER | Director of HR | | |
| AUTHOR/FURTHER INFORMATION | Tracey Rawlins/Andrew Attfield Further Information can be found at these websites <ul style="list-style-type: none"> • Health and Safety Executive http://www.hse.gov.uk/stress • Chartered Institute of Personnel and Development http://www.cipd.co.uk/subjects/health/stress • http://www.hse.gov.uk/stress/individuals.htm • http://www.nationalstressawarenessday.co.uk/ • http://www.direct.gov.uk/en/Employment/Employees/HealthAndSafetyAtWork/DG_10026604 | | |
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| CONSULTATION | <i>Barts Health</i> | <i>HR Policy Working Group Trust Policy Committee Changing Working Lives Group Policy Working Group JLMC Staff Partnership Forum</i> |
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| SCOPE OF APPLICATION AND EXEMPTIONS | <p>Included in policy: <i>For the groups listed below, failure to follow the policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement.</i></p> <p>This policy applies to all Trust staff, including those who have been seconded to work for its private sector partners under Retention of Employment (RoE) arrangements. This policy does not apply to workers provided by independent contractors providing a contract for service to the Trust or any other workers. This policy applies to all individuals working in the Trust, in whatever capacity, including those employed by the Trust's private sector partners providing Facilities Management services. CHL and its Service Providers are therefore expected to comply with this policy, as are staff members of other organisations whose employees work within the Trust.</p> |
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VISION, VALUES AND BEHAVIOURS

- 1.1 In order to establish a sense of organisational community during the development of Barts Health, the 'Creating our Future together Campaign' was established. The Campaign engaged patients, carers, staff and partners to identify a set of values and behaviours we can all share to make Barts Health a great organisation. Our vision is to change lives.
- 1.2 Our values define what is important in the way we deliver this vision. Our core behaviours set out how all of us will work regardless of the role we hold in the organisation. These behaviours consistently carried out will help embed the values in our everyday working lives and ultimately consistently 'doing the right thing' will affect our organisation's culture. Every time individually we do the right thing it makes it easier for others to follow our example.
- 1.3 At Barts Health we champion dignity, compassion and respect, putting the individual at the heart of all decisions, striving to get it right for every person, every time.
- 1.4 As Managers and staff we must ensure we implement the principals held by the values & behaviours so we can support the achievement of our vision to 'Change Lives'.

Our Values:

- Caring and compassionate with patients, each other and our partners
 - Actively listening, understanding and responding to patients, staff and our partners
 - Relentlessly improving and innovating for patient safety
 - Achieving ambitious results by working together
 - Valuing every member of staff and their contribution to the care of our patients.
- 1.5 All of us, managers and staff are responsible for ensuring the values and behaviours are integral to how we implement this policy. Through this implementation together we can affect the organisational culture and change lives.

POLICY STATEMENT

- 1.6 Barts Health NHS Trust recognises that stress and mental health related illness may account for a significant proportion of sickness absence in the NHS and that issues relating to an individual's role or responsibilities within the organisation are likely contributory factors. The Trust also recognises that other organisational factors, which include the need for performance management and organisational change, may be additional factors to consider in the management of occupational ill health.

POLICY AIMS

- 1.7 The purpose of this document is to promote positive attitudes toward health at work by outlining the responsibilities of managers and individual staff members and by

providing a framework for the successful prevention and management of situations involving work-related stress. The Trust's primary aim is to reduce, and where possible, minimise factors that are generally accepted as causing mental health issues in the workplace. This policy is to assist the Trust and its staff to recognise symptoms of different forms of stress in people; review this and support managing stress at work by:

- Promoting a culture of encouragement, participation and open communication.
- Raising awareness for staff of actions that can be undertaken by the Trust to prevent mental health issues arising at work.
- Increasing awareness of stress in the workplace and the different available methods available to reduce and support staff to manage this
- Supporting staff to recognise and manage stress in others and themselves.
- Creating an environment where when problems do occur staff is able to use confidential support available and managers are confident to provide appropriate support to staff and seek support for themselves dealing with stress.
- Managing the return to work of staff who have been absent as a result of poor mental health and/or stress.

SCOPE OF POLICY

- 2.1 This policy applies to all staff irrespective of category or grade within the Trust and must be implemented alongside the Trust's Human Resources and Management Policies. Where managers fail to implement and support staff in line with this policy this can lead to formal action being instigated.

DEFINITIONS

Mental health has been described as ‘the emotional and spiritual resilience which allows us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others’ dignity and worth’¹

Stress has many definitions. Outlined below are two concise examples:

“ [Stress] arises when the pressures placed upon an individual exceed the perceived

capacity of that individual to cope”²

“The adverse reaction people have to excessive pressure or other types of demand placed on them *and which arises when they feel they cannot cope*”³

The **Health and Safety Executive** have identified work work-related stress as a major cause of occupational ill health. That can mean sickness absence, high staff turnover and poor performance in the organisation. See the Guidance Notes for more information on the HSE standards or click on <http://www.hse.gov.uk/stress/standards/>.

PREVENTION OF POOR MENTAL HEALTH

- 3.1 The Trust recognises that action taken to prevent poor mental health and stress is far more effective and less costly to deal with than to deal with issues after they arise. It also recognises that personal stress may manifest itself in the work environment.
- 3.2 It is also the responsibility of each employee to seek assistance as early as possible if they are manifesting symptoms of stress.

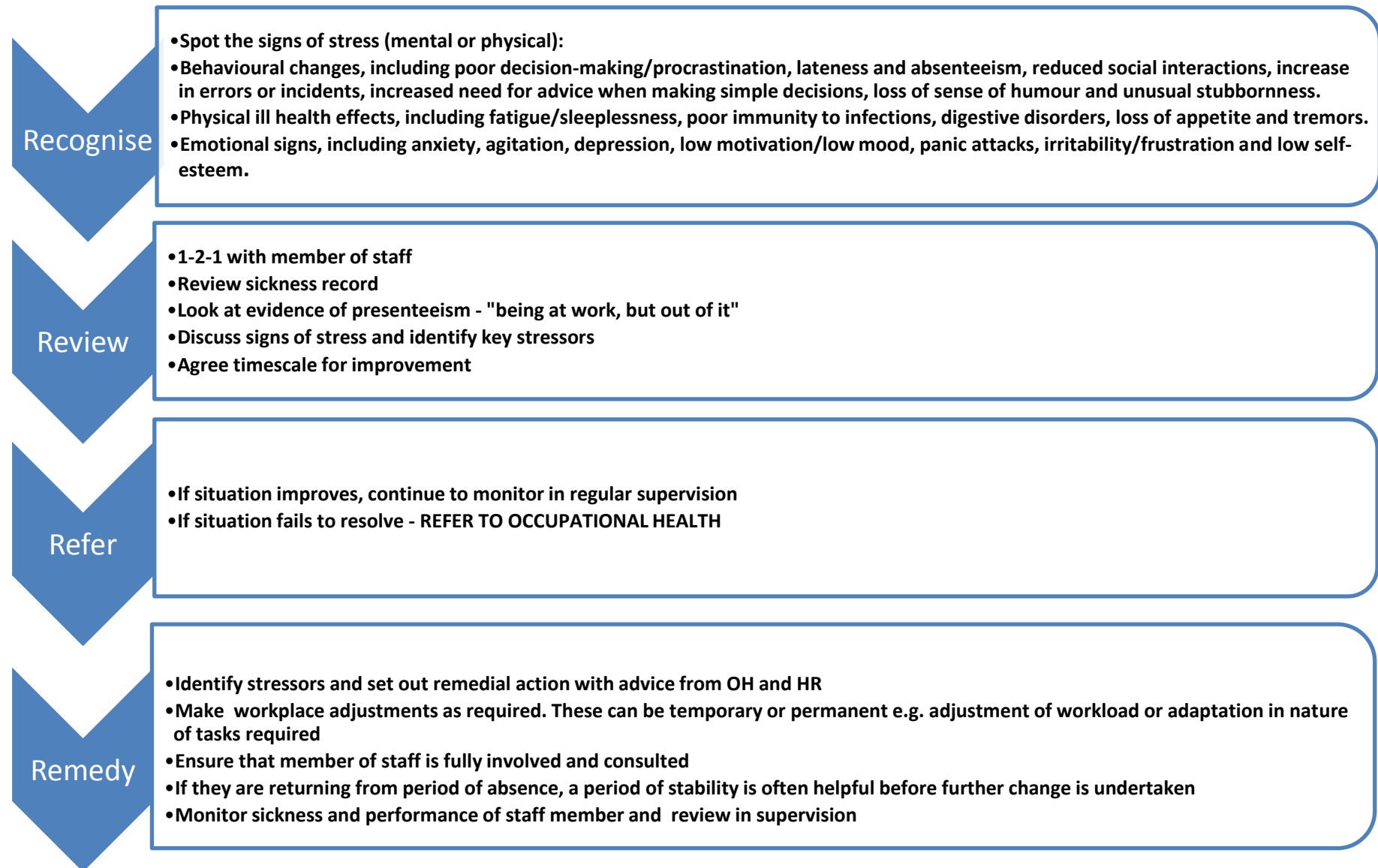
PROCESS TO FOLLOW

- 3.3 These relate to the four “Rs” in managing mental health and wellbeing – Recognise, Review, Refer and Remedy set out in Chart 1 below:

¹ Health Education Authority 1997.

² Confederation of British Industry, Raymond 2000, ‘Stress the Real millennium Bug’ cited in “Stress at Work” Work Foundation 2007 p 15

³ HSE formal definition of stress - see information at <http://www.hse.gov.uk/stress/furtheradvice/whatisstress.htm> (downloaded 24/2/15)



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- 3.4 The aim is to implement the HSE Stress Management Standards to ensure appropriate management processes are provided for managers and staff, using these four stages:

Recognise the issue by spotting the signs of poor mental health

Review with individual members of staff

Refer to occupational health where necessary

Remedy through identifying stressors using the risk assessment **tool** and putting in place controls and adjustments as required

ROLES AND RESPONSIBILITIES

- 4.1 In order to achieve the aims and objectives of this Policy, all Trust staff shall have individual responsibilities relating to positive mental health:

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| <i>Chief Executive</i> | <ul style="list-style-type: none"> • Has overall responsibility for health, safety and welfare of Trust staff. • Shall endeavour to preserve and promote positive mental health and reduce negative work-related stress throughout the Trust. |
| <i>Clinical / Executive Directors</i> | <ul style="list-style-type: none"> • Are responsible for supporting the allocation of resources to meet the requirements of this policy • Each member of the Trust Executive Group takes responsibility for the functions over which they have authority. |
| <i>Service Managers</i> | <ul style="list-style-type: none"> • Have overall responsibility for monitoring mental health and possible causes of work related stress within their areas and actively manage stress relating to incidents at work i.e. set up debriefing sessions, check if individuals have had adequate support and inform staff about the Employee Assistance Programme. |
| <i>All Line Managers (including the above)</i> | <ul style="list-style-type: none"> • Shall endeavour to create an environment that facilitates an open conversation on mental health and wellbeing. • Shall endeavour to preserve and promote positive mental health and to identify ways to reduce work-related stress within their areas. • Should understand how to recognise the potential impact on mental health when decisions are made • Shall monitor and respond effectively to the mental health needs of staff members identified through the appraisal process. • Shall make themselves accessible to their staff and treat their problems in confidence and with respect |

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| | <ul style="list-style-type: none"> • Shall make a suitable and sufficient assessment of the risks related to work related stress • Shall refer staff members for assistance through the appropriate organisational support mechanisms • Carry out regular one to ones/supervision and include enquiries about health and well-being • Maintain regular contact with staff on sick leave to keeping them advised of changes that could affect their role. • Assist staff disclosure of mental health problems and the possible need for reasonable adjustments. • Be aware of employee's training and development needs, especially when an employee is taking on a new or changed role. • Maintain good communication at all times, and this should be 'face-to-face' communication whenever possible • Seek to consult and involve staff at the earliest appropriate stage in decisions that affect them • Monitor and review the workload and working time of staff, to ensure that neither becomes excessive. • Manage poor performance and attendance effectively in order to prevent unnecessary pressure on colleagues in teams. • Avoid regarding mental health as a weakness or problem and should encourage open discussion of work pressures at team meetings and supervision/one-to-ones. • Be clear about the role, responsibilities and expectations of staff. • Implement recommendations from risk assessments within their area of responsibility. |
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| <p><i>All Staff members</i></p> | <ul style="list-style-type: none"> • Shall ensure that they regularly communicate with their manager on important aspects of their work • Shall inform their manager of any personal or workplace issues that could affect their work performance • <i>Should always respect confidentiality in relation to mental health and wellbeing issues</i> • Shall make every effort to achieve their targets and objectives seeking help when they identify this is necessary in order to achieve those objectives |
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| | <ul style="list-style-type: none"> • Shall be aware of their own and colleagues reactions to stressful situations in the workplace and respond to these appropriately • Shall seek professional advice and support to cope with undue work-related stress and to take appropriate steps to alleviate the problem where possible, including consultation with their GP where required • Shall take all reasonable steps to ensure that they do not cause unnecessary work related stress to others • Where appropriate, shall avail themselves of any training offered in the recognition of work-related stress and coping mechanisms • Shall ensure that they plan their annual leave and working day breaks so as to relieve work pressures where possible |
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| <i>Human Resources</i> | <ul style="list-style-type: none"> • Shall provide advice and support to staff in relation to preventing negative mental health at work and promoting positive mental health • Shall provide guidance to staff and managers on interpretation and implementation of this Policy • Shall provide information on the availability of professional help to managers and staff via the e-HR service. • Shall ensure that information is available to managers and staff about the Staff Counselling helpline. • Shall encourage the use of mediation and other preventative support |
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| <i>Occupational Health</i> | <ul style="list-style-type: none"> • Shall assist with identifying illnesses in staff caused by potentially harmful stress at work • Shall operate a self-referral service in regard to work related stress and other health matters • Shall provide advice and support to Trust staff in relation to preventing negative mental health at work and promoting positive mental health • Shall alert managers to situations where staff appear to be suffering from the effects of harmful stress at work and advise them accordingly • Shall identify support to staff with stress-related work problems including work related stress • Shall inform staff about the Employee Assistance Programme and prompt a referral if necessary. |
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| | <ul style="list-style-type: none"> • Shall advise managers and staff on how to help staff with problems caused by stress • Shall support staff who have been off sick with stress and advise them and their managers on a planned return to work and rehabilitation plan where appropriate • Shall assist managers in identifying trends in stress-related illness and identifying and recommending appropriate action plans for managers to implement as identified by Occupational Health statistics • Shall advise managers where there is a need for a staff member to be restricted from any aspect of work which has been caused by harmful stress |
| <p><i>Trade Unions / Professional Organisations</i></p> | <ul style="list-style-type: none"> • Shall endeavour to preserve and promote positive mental health and to identify ways to reduce work-related stress within their areas • Should understand how to recognise the potential impact on mental health and wellbeing Shall make themselves accessible to their staff members and treat their problems in confidence and with respect • Shall refer staff members for assistance through the appropriate organisational support mechanisms • Are available for legal advice and support |
| <p><i>Employee Assistance Programme (CIC)</i></p> | <ul style="list-style-type: none"> • Shall offer a support and counselling service for both work related and personal problems • Shall provide appropriate advice and support to all Trust staff members in relation to promoting positive mental health and preventing negative mental health at work • Shall offer telephone support to managers dealing with distressed staff members where appropriate • Shall offer 24 hour helpline and follow up emotional and practical support including counselling as appropriate • Can help staff identify stress related symptoms and offer help in reducing them |

MANAGING WORK RELATED STRESS AND MENTAL HEALTH AT WORK**STAFF TRAINING**

- 5.1 The provision of appropriate training has a specific contribution to the reduction of stress. The required training should be provided on recruitment and as required for the skills development of the individual. This will be achieved using the appraisal process. Where the annual appraisal has identified weaknesses, every effort will be made through training to assist the individual staff member to improve using a personal development plan (PDP)
- 5.2 Everyone newly appointed to a management position, will receive appropriate training and support at an early stage in their appointment, especially in relation to developing good team working.
- 5.3 Staff who manage other staff shall ensure that all staff receive adequate training and development, information and instruction to enable them to carry out their jobs effectively and without any unnecessary work-related stress.
- 5.4 All staff shall receive training for matters or circumstances that are associated with their work and may lead to work-related stress, for example, violence, manual handling, and lone working procedures.

MANAGEMENT SKILLS

- 5.5 The Trust shall make available education and training through e-learning programmes to all managers in how to recognise and manage individuals suffering from work-related stress.
- 5.6 Managers shall receive training on and provide all staff with an annual appraisal performance review. During which, the previous year's performance shall be discussed and where personal targets or objectives are identified along with any training requirements for the forthcoming year in order to achieve those objectives.

LEADERSHIP & DEVELOPMENT / PEOPLE MANAGEMENT COACHING

- 6.1 The Trust has a team of specialist people management coaches to help managers build their line management skills and confidence for dealing with sensitive staffing issues that often get left on the back burner. The service includes a rolling programme of workshops and group sessions as well as one-to-one support. HR run Managing

People & Performance Training - see link <http://bartshealthintranet/Education-and-Training/Documents/Managing-people-and-performance.pdf> as well as E-HR (e-learning).

STAFF APPRAISAL

- 6.2 The annual appraisal scheme provides feedback on performance; gives an opportunity for individuals to express their own areas of concern and identify weakness and consequent training requirements. It is therefore again, a significant means of reducing stress amongst staff through in improvement of the job-person fit.

MANAGING SICKNESS ABSENCE

- 7.1 The Trust's Attendance Management Policy does not differentiate between physical and mental illness. Sick pay, rehabilitation and retirement procedures are identical. Managers must conduct return to work interviews for all absences as this may identify the work related stressors which can be rectified.

STAFF SUPPORT

- 7.2 Staff members shall, in the first instance, report in confidence to their immediate manager any personal or work related problems that may affect their work performance. However, the Trust recognises that this is not always feasible therefore provides the following services for confidential advice and support on any personal or workplace issues that may be affecting their work performance:
- Occupational Health
 - Staff Counselling Helpline
 - Risk Management
 - Accredited staff representatives and Unions
- 7.3 Staff can self-refer to the Trust Occupational Health Service for an appointment with an Occupational Health Advisor if they are experiencing stress in the workplace. Staff should contact the Service on 0203 594 6609 to make a self-referral appointment or call the Staff Counselling Helpline on 0800 085 1376. This provides access to face to face counselling sessions if required.
- 7.4 There is also a Mediation and Resolving Differences in the Workplace Policy that is published on the Trust's intranet site which provides further advice.
- 7.5 Further advice can also be sought from the Trades Unions Representatives or Professional Bodies. Every CAG, corporate department and clinical group and management unit should have a well-established system for the identification of problems and their resolution. If unsuccessful, the issues should be discussed with the appropriate human resource manager.

HEALTH AND WELLBEING

- 8.1 Mental Health and Wellbeing forms a priority area for health promotion initiatives. Staff have access through the intranet to the Health and Wellbeing page which has links to exercise classes and discounted sports and fitness provision, swimming and social events. These are factors known to help to alleviate the symptoms of stress by improving health and wellbeing.
- 8.2 The Trust, through the Occupational Health Service and other relevant initiatives e.g. health and wellbeing will provide information on stress and stress management techniques as well as related areas such as alcohol and substance misuse.

HOME/WORK INTERFACE

- 8.3 Staff members are encouraged to make their Managers aware of the existence of personal or workplace issues that could affect their work performance. Wherever a problem has been identified Managers shall, wherever possible within the bounds of service provision, assess the possibility for flexible work schedules and refer the staff member through the appropriate organisational support mechanisms.

WORKING CONDITIONS

- 8.4 Line managers shall ensure that all staff have the right to a safe place of work which as a minimum meets the Health and Safety Regulations and Directives.

REST AND HOLIDAY BREAKS

- 8.5 All jobs should be organised to allow reasonable rest breaks and holidays. Staff are encouraged to take these breaks. It is the responsibility of managers and staff to ensure that breaks are taken.

SHIFTWORK AND CHANGES TO WORKING HOURS

- 8.6 Where shift work is necessary as, for example, in many clinical areas, it should be organised to cause the least possible detriment to staff. If a significant and long standing change of shift hours is proposed, staff must have the opportunity for consultation and participation in the design of these rotas at an early stage. Staff will also be given an opportunity to consult with their representatives before introduction of the proposed shift rota change.

SERVICE TRANSFORMATION AND RAPID REDESIGN

- 9.1 Service Transformation is about improving Trust services in terms of outcomes and experience for both patients and staff. In order for an improvement programme or project to be effective and sustainable, it requires a number of enablers to be in place. These include strong leadership, robust project management, an understanding of the human factors influencing change and workforce redesign, clear communication with stakeholders and a knowledge of different tools and techniques for analysis and problem solving. These factors can become stressors which if not adequately controlled during any change process can put staff at risk of developing work related stress.
- 9.2 The capacity and capability of staff to engage in service improvement should be enhanced by staff as clear consultation and involvement can assist staff who will be affected by changes. The Service Transformation team works with many teams across the Trust, for further information please refer to Managing Change Policy for further information.

TRUST MENTAL HEALTH AND WELLBEING MANAGEMENT STRATEGY AND RISK ASSESSMENT

- 9.3 The Health & Safety Executive (HSE) expects every employer to conduct risk assessments for health and safety hazards, including work related stress.

To undertake a risk assessment, managers are expected to follow the risk assessment procedure as laid out in the Trust Risk Management Strategy and Policy.

- 9.4 This policy identifies a useful approach to both assessing and managing workplace stressors.

- 9.5 Department/ward approach – Each Department/Ward area must complete a stress risk assessment in relation to the area as a whole, taking into account the findings of the staff survey, data on stress related absence, and any departmental and clinical academic Group (CAG) stress risk assessments that have been completed. This risk assessment must be reviewed and updated at least annually, and where problems are identified, an appropriate action plan must be developed. In addition to the annual assessment, a trigger of for commencing the risk assessment would be a high incidence of staff reporting work place stress, e.g. more than two staff reporting or off with work related stress.

- 9.6 Stress risk assessments must be conducted at CAG level when either a departmental or a ward stress risk assessment indicates that there is a significant stress problem within the CAG.

- 9.7 Departmental approach – Managers should undertake to proactively control workplace stressors. A risk assessment tool has been devised to allow managers to assess workplace stressors and implement necessary changes to ensure these are adequately controlled. All departmental managers are encouraged to complete this tool, and must in any case do so in the event that any member of staff within the department reports or is identified as suffering from work related stress illness of absence. This risk assessment tool, once completed should be used by the manager as an action plan for improvement.

- 9.8 A copy of the risk assessment tool can be found in Appendix Two of this document. The risk assessment tool works through each standard in turn, recognising where a factor is identified as a potential stressor, appropriate action should be taken. A flow Chart on managing work related stress issues can be found in Appendix Three

- 9.9 The significant findings of this risk assessment shall be reported by managers to their Head of Human Resources. The risk assessment should be reviewed annually once completed by the departmental manager.

- 9.10 The Trust shall undertake to tackle stress related issues by:
- Consulting with staff and their representatives to identify problem areas.
 - Ensuring that actions arising from stress risk assessments are completed.

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- A commitment to take action to address stress related problems in partnership with staff and their representatives.
- Using the NHS staff survey results to assist in identifying areas where local focus groups may be beneficial.

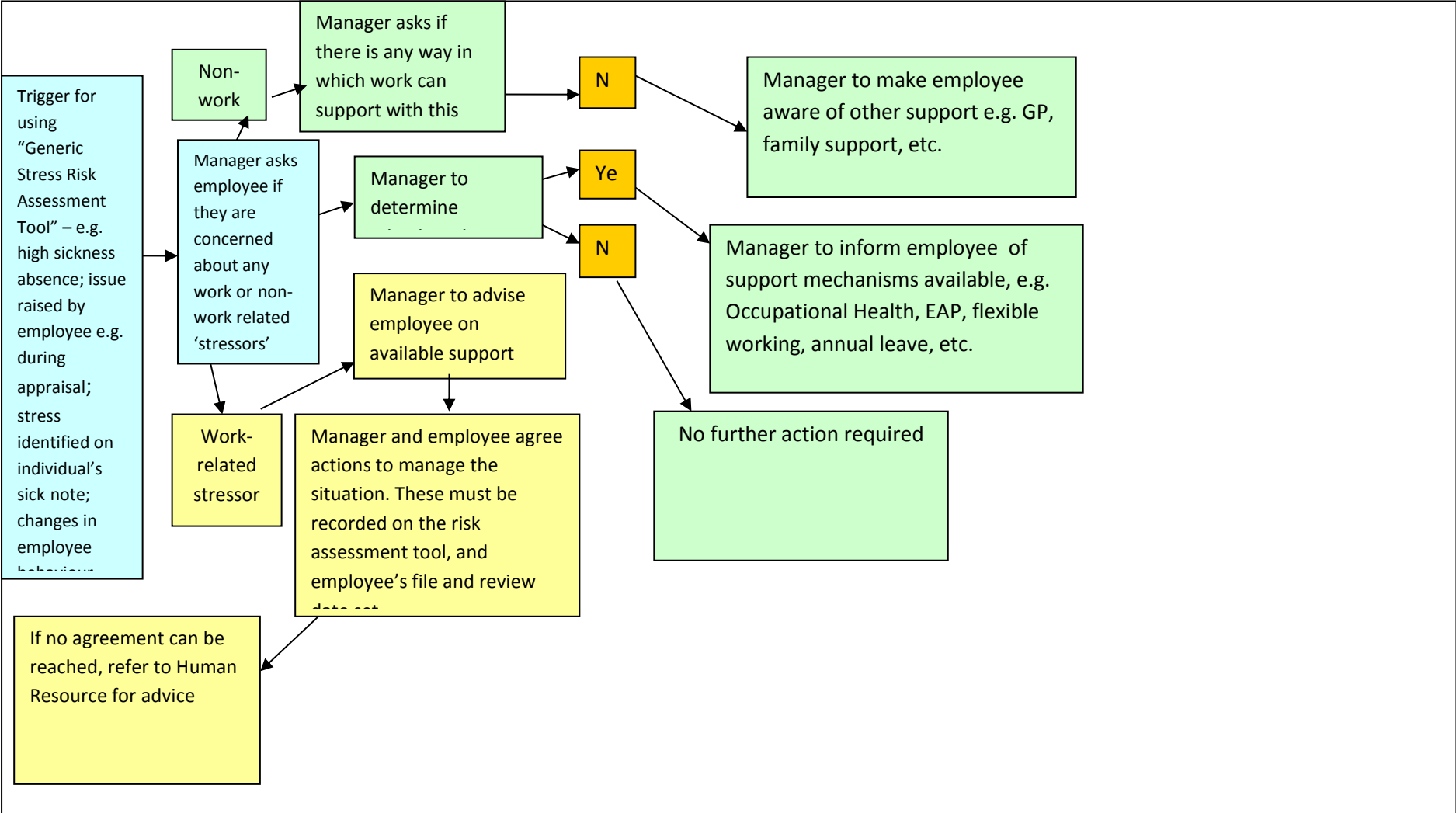
MONITORING AND EVALUATION

10.1 Monitoring and evaluation are essential to any effective policy of stress management. Monitoring the policy will provide feedback, which is critical to the maintenance and development of strategies and procedures to control stressors in the workplace.

10.2 Local completion of stress risk assessments is monitored annually through the Risk Management Policy

| Issue being monitored | Monitoring method | Responsibility | Frequency | Reviewed by and actions arising followed up by |
|---|---|----------------|-----------|--|
| Stress Assessments | Sample | OHS | Quarterly | DHROD Head of Health and Safety |
| Employee Assistance Programme (Confidential Helpline) | Quarterly reports from CIC (Service provider) | Head of OHS | Quarterly | DHROD |
| Overall referrals because of poor mental health | Annual report broken down by CAG and corporate services | Head of OHS | Annually | DHROD CAG Ops Directors |
| Overall stress and presenteeism levels | NHS staff survey | Head of OD | Annually | DHROD DPH |

APPENDIX 1 - MENTAL HEALTH AND WELLBEING REFERRAL FLOWCHART



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APPENDIX 2

STRESS RISK ASSESSMENT TOOL

Instructions for use

This risk assessment is divided into **6** clear areas. Attempt to answer the questions in **all** sections to provide an overview of the complete working environment. Any areas where stress is **not** an issue please write **No Action Required or NAR** in the “Risk controls in place or planned” section.

Identified stressors on this risk assessment can be given a risk rating using the matrix that is attached on pages 18-20. This provides guidance on the level of management action involvement that is necessary and is consistent with the Trust Risk Management Policy. When taking into account the effects of psychological ill health caused by stress, managers should consider the impact of stress on the individual’s ability to carry out their role safely and record this accordingly.

Space is provided for detailing any actions needed as a result of the findings of this assessment.

Any staff member can complete this stress risk assessment although **Managers** should complete this risk assessment where work related stress is identified or reported, as a way of identifying potential stressors within their areas. Having identified potential causes of stress, managers will be required to take appropriate action to reduce stress as much as is reasonable and practical.

Any significant findings of the assessment should be reported to the Divisional Governance Board as required. Following an initial departmental assessment, the document should be reviewed at least annually or following any significant changes.

The assessment tool can also be used to assess individual reports of work related stress.

Division & Department.....
 Risk rating.....
 Assessors Name
 Signature.....
 Managers Signature (if person completing this form is not the departmental manager).....
 Date

Stress Risk Assessment

| | | | | |
|---|-------------------|------------------|-----------------------|--|
| <p>1. DEMANDS: Are staff able to cope with the demands of their jobs.</p> | | | | |
| <p>Guidance: The demands of a job might lead to a staff member suffering from stress where:</p> <ul style="list-style-type: none"> the person feels that he or she has too much work to do – and perhaps feels compelled to work long hours to get it done; the person perceives that he or she is not capable of doing the work in question – perhaps owing to a lack of ability or experience; the person’s job or workload is poorly designed and managed; the person is given insufficient work and perhaps feels that he or she is not trusted to perform adequately; the person works in an undesirable environment. | | | | |
| <p>Does the Trust and/or Department Managers</p> | <p>YES</p> | <p>NO</p> | <p>PARTIAL</p> | <p>Risk Controls in place/Actions to be taken</p> |
| <p>1.1 Provide staff (including managers) with an adequate and achievable workload?</p> <p>1.2 Assess whether the demands of the job in terms of quantity, complexity and intensity are matched to a person’s skills and abilities?</p> <p>1.3 Determine whether staff have the necessary competencies to be able to carry out the core functions of their job?</p> <p>1.4 Provide staff who are given high demands a say over the way the work is undertaken? (see standard on Control)</p> <p>1.5 Provide members of staff with adequate support from their managers and colleagues? (see standard on Support)</p> <p>1.6 Limit repetitive or boring jobs, so far as is reasonably practicable?</p> | | | | |

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| <p>1.7 Ensure staff are not exposed to a poor or unsafe physical working environment?</p> <p>1.8 Ensure staff are not exposed to physical violence or verbal abuse?</p> <p>1.9 Provide staff with mechanisms which enable them to raise concerns about health and safety issues, working conditions or working patterns?</p> | | | | |
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| <p>2. CONTROL: Staff have a say about the way they do their work.</p> | | | | |
| <p>Guidance: Staff who have the opportunity to participate in decision-making enjoy greater job satisfaction and self-esteem. Conversely, non-participation appears to be linked to work-related stress and overall poor physical health.</p> | | | | |
| <p>Does the Trust and / or Department Managers</p> | <p>YES</p> | <p>NO</p> | <p>PARTIAL</p> | <p>Risk Controls in place/Actions to be taken</p> |
| <p>2.1 Provide staff with the opportunity to have a say about the way their work is undertaken?</p> | | | | |
| <p>2.2 Where possible, design work activity so that the pace of the work is rarely driven by an external source? (e.g. a machine)</p> | | | | |
| <p>2.3 Encourage staff where possible, to use their skills and initiative to complete tasks?</p> | | | | |
| <p>2.4 Support staff, especially after a reportable incident?</p> | | | | |

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| 2.5 | Permit staff a degree of control over when breaks can be taken? | | | | |
| 2.6 | Provide facilities for staff to make suggestions to improve their work environment and are these suggestions given due consideration? | | | | |

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| 3. SUPPORT: Staff receive adequate information and support from their colleagues and superiors. | | | | |
| Guidance: Lack of training or management support can lead to a member of staff feeling isolated and possibly stressed. Failure to praise staff performing well or failing to recognise individual concerns may also lead to stress. | | | | |
| Does the Trust and / or Department Managers | YES | NO | PARTIAL | Risk Controls in place/Actions to be taken |
| 3.1 | Provides staff (including managers) with adequate support at work? | | | |
| 3.2 | Have systems in place to help staff (including managers) provide adequate support to their staff or colleagues? | | | |
| 3.3 | Encourage staff to seek support at an early stage if they feel as though they are unable to cope? | | | |
| 3.4 | Have systems or procedures in place to help staff with work-related or home-related issues and are staff aware of these? | | | |

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| 4. RELATIONSHIPS: Staff are not subject to unacceptable behaviour e.g. Bullying at work. | | | | |
|--|-----|----|---------|--|
| Guidance: Lack of communication and support can lead to a member of staff feeling isolated and, in turn, suffering from workplace stress. Further, it is common for a staff member to develop a stress-related condition where he or she is subjected to bullying or harassment at work. | | | | |
| Does the Trust and / or Department Managers | YES | NO | PARTIAL | Risk Controls in place/Actions to be taken |
| 4.1 Have in place agreed procedures to effectively prevent, or quickly resolve, conflict at work? | | | | |
| 4.2 Are these procedures agreed with members of staff and their representatives and enable staff to confidentially report any concerns they might have? | | | | |
| 4.3 Have a policy for dealing with unacceptable behaviour at work that has been agreed with staff and their representatives? | | | | |
| 4.4 Is a policy for dealing with unacceptable behaviour at work widely communicated and available throughout the Trust? | | | | |
| 4.5 Is consideration given to the way teams/departments are organised to ensure that they are cohesive, have a sound structure, clear leadership and objectives? | | | | |
| 4.6 Are staff encouraged to talk to line managers or staff member representatives about any behaviour that is causing them concern at work? | | | | |
| 4.7 Are individuals in teams encouraged to be open and honest with each other and aware of the penalties associated with unacceptable behaviour? | | | | |

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| | | | | |
|---|------------|-----------|----------------|---|
| 5. ROLE: Staff understand their role and responsibilities. | | | | |
| Guidance: Role conflict exists when an individual is confronted by conflicting job demands or by doing things he or she does not really want to, or by tasks which the individual does not believe are part of their job. Workers may often feel themselves torn between two groups of people who demand different types of behaviour, or who believe the job entails different functions. Role ambiguity arises when individuals do not have a clear picture about their work objectives, their co-workers' expectations of them, and the scope and responsibilities of their job. Sometimes this ambiguity results simply because a manager or supervisor has never adequately explained what is required in the job description | | | | |
| Does the Trust and / or Department Managers | YES | NO | PARTIAL | Risk Controls in place/Actions to be taken |
| 5.1 Ensure that, so far as possible, the demands it places upon staff (including managers) do not conflict? | | | | |
| 5.2 Provide inductions for all members of staff to ensure they understand their role within their Department and the Trust as a whole? | | | | |
| 5.3 Do staff (including managers) have a clear understanding of their roles and responsibilities in their specific job? | | | | |
| 5.4 Do staff understand how their job fits into the overall aims and objectives of the department/unit and the Trust? | | | | |
| 5.5 Are systems/procedures in place to enable staff to raise concerns about any uncertainties or conflicts they have in their role? | | | | |
| 5.6 Are systems/procedures in place to enable staff to raise concerns about any uncertainties or conflicts they have about their responsibilities? | | | | |
| 6. CHANGE: Staff are engaged frequently by the Trust when undergoing an organisational change. | | | | |
| Guidance: Where a member of staff's role is altered and he or she is expected to perform unfamiliar tasks. | | | | |

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| Does the Trust and / or Departmental Managers | YES | NO | PARTIAL | Risk Controls in place/Actions to be taken |
|---|-----|----|---------|--|
| 6.1 Ensure that all staff (including managers) understand the reason for proposed changes? | | | | |
| 6.2 Provide staff with adequate communication during the change process? | | | | |
| 6.3 Build adequate staff consultation into its change programme and provides opportunities for staff to comment on the proposals? | | | | |
| 6.4 Make staff aware of the impact of change on their working environment or job? | | | | |
| 6.5 Inform staff of the timetable for action, and the proposed first steps of the changing process? | | | | |
| 6.6 Provide support for staff during the change process? | | | | |

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| Risk Rating <i>The risk rating is calculated from the 5 x 5 matrix – consequence and likelihood below:</i> | | | | | |
|---|---|--|---|--|--|
| Consequence Score: <i>Choose the most appropriate domain descriptor from the left hand column of the table e.g. B: Injury. Then work across the row to identify the most appropriate IMPACT descriptor e.g. 3 moderate injury. You can use more than 1 domain; enter your selections in the box at the bottom of the table.</i> | | | | | |
| DOMAINS | 1 | 2 | 3 | 4 | 5 |
| A Objectives / Projects | Insignificant cost increase schedule slippage | < 5% over budget schedule slippage | 5-10% over budget schedule slippage | Non-compliance with national 10—25% over project budget Key objectives not met | > 25% over budget schedule slippage. Key objectives not met |
| B Injury | Minimal injury requiring no/minimal intervention/treatment No time off work | Minor injury/illness requiring minor intervention Time off work < 3 days Increase in LOS by 1-3 days | Moderate injury requiring professional intervention Requiring time of work 4-14 days RIDDOR/Agency Reportable An event which impacts on small numbers (3-5) | Major injury leading to long term incapacity/disability Requiring time off work > 14 days Mismanagement of patient care with long term effects An event which impacts on moderate numbers (18-50) | Death Multiple permanent or irreversible health effects An event which impacts on large numbers (50+) |
| C Quality/ Complaints / Audit | Peripheral element of treatment or service suboptimal Locally resolved complaint | Overall treatment or service suboptimal Formal complaint Single failure to meet internal standards Minor implications for patient safety if left unresolved Reduced performance rating if unresolved | Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) 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 Low performance rating Critical report | Totally unacceptable level or quality of service Gross failing of patient safety if findings not acted upon Gross failure to meet national standards |
| D Service / Business Interruption/ Environment | Loss / interruption of > 1 hour No or minimal impact on environment | Loss / interruption of > 8 hours Minor impact on environment | Loss / interruption > 1 day Moderate impact on environment | Loss / interruption > 1 week Major impact on environment | Permanent loss of service or facility Catastrophic impact on environment |

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| | | | | | |
|--|---|---|---|---|---|
| <p>E Human Resources/ Organisational Development/ Staffing/ Competence</p> | <p>Short term low staffing level temporarily reduces service quality (< 1 day)</p> | <p>Low staffing level that reduces the service quality</p> | <p>Late delivery of key objective / service due to lack of staff. Poor attendance at mandatory training. Unsafe staffing level > 1 day</p> | <p>Uncertain delivery of key objective / service due to lack of staff. Loss of key staff. No staff attending mandatory training</p> | <p>Non delivery of key objective / service due to lack of staff. Loss of several key staff. No staff attending mandatory training on an ongoing basis</p> |
| <p>F Finance & Claims</p> | <p>Small loss < £1000 Risk of claim remote</p> | <p>Loss more than 0.1% of budget £1000 - < £10K Claim < £10,000</p> | <p>Loss more than 0.25% of budget £10K - < £100K Claims between £10-100,000</p> | <p>Loss more than 0.5% of budget £100K - <£500K Claims between £100,000-£1million</p> | <p>Loss of > 1% of budget Loss of contract/PbR Claim(s) >£1million</p> |
| <p>G Inspection / Audit</p> | <p>No or minimal impact or breach of guidance/statutory duty</p> | <p>Breach of statutory duty Reduced performance rating if unresolved</p> | <p>Single breach in statutory duty Challenging external recommendations/ improvement notice</p> | <p>Enforcement Action. Low performance rating Critical report. Multiple breaches in statutory duty Improvement Notice</p> | <p>Multiple breaches Prosecution Zero performance rating Severely critical report</p> |
| <p>H Adverse Publicity / Reputation</p> | <p>Rumours Potential for public concern</p> | <p>Local media coverage Short term reduction in public concern Elements of public expectation not being met</p> | <p>Local media coverage Long term reduction in public confidence</p> | <p>National Media coverage < than 3 days Service well below reasonable public expectation</p> | <p>National media coverage > 3 days. MP Concern (Questions in House) Total loss of public confidence</p> |
| <p>Record Domains and Consequences as appropriate e.g. A1, B4, H3</p> | | | | | |

| Likelihood Score: | | | | | |
|--|--|--|------------------------------------|---|--|
| <i>The 'frequency-based' score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency. Probability based scores are more appropriate to use for time limited or one-off projects or business objectives</i> | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Descriptor | Rare | Unlikely | Possible | Likely | Almost Certain |
| FREQUENCY Broad descriptors | 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 |
| FREQUENCY Time Related | Not expected to occur for years | Expected to occur at least annually | Expected to occur monthly | Expected to occur at least weekly | Expected to occur at least daily |
| PROBABILITY Time limited or one off projects | Will only occur in exceptional circumstances | Unlikely | Possible | Likely | Almost certain |
| | <0.1 per cent | 0.1 – 1 per cent | 1 – 10 per cent | 10 – 50 per cent | >50 per cent |
| Record the frequency / probability score: | | | | | |
| Risk Score: <i>Calculate the risk score by multiplying the highest consequence score by the likelihood score</i> | | | | | |
| Risk Grading: <i>Use the table below to calculate the risk grading, low, medium or high, and take note of the appropriate organisational level for managing the risk and timescale for action</i> | | | | | |

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| | | Impact | | | | |
|------------|---|--------|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 |
| Likelihood | 1 | 1 | 2 | 3 | 4 | 5 |
| | 2 | 2 | 4 | 6 | 8 | 10 |
| | 3 | 3 | 6 | 9 | 12 | 15 |
| | 4 | 4 | 8 | 12 | 16 | 20 |
| | 5 | 5 | 10 | 15 | 20 | 25 |