



# Policy:

## HR 006 Stress Management At Work

|                                |   |
|--------------------------------|---|
| <b>Executive Director Lead</b> | Executive Director of People            |
| <b>Policy Owner</b>            | Human Resources Directorate Partner     |
| <b>Policy Author</b>           | Human Resource Advisor/Business Partner |

|                                |  |
|--------------------------------|--|
| <b>Document Type</b>           | Policy                                 |
| <b>Document Version Number</b> | Version 6                              |
| <b>Date of Approval By PGG</b> | 20/12/2021                             |
| <b>Date of Ratification</b>    | 11/01/2022                             |
| <b>Ratified By</b>             | People Committee                       |
| <b>Date of Issue</b>           | January 2022                           |
| <b>Date for Review</b>         | May 2025 extended at PGG December 2024 |

### Summary of policy

*The Trust is committed to protecting the health, safety and welfare of its employees. It recognises that workplace stress is a health and safety issue and acknowledges the importance of identifying and reducing the causes of stress in the workplace.*

**Leadership** - *The Trust recognises the impact that effective leadership has on the working environment and is committed to ensuring that leaders have the necessary development opportunities to be able to recognise a positive leadership style and the skills to be able to adopt this in the workplace.*

|                        |   |
|------------------------|---|
| <b>Target audience</b> | All Trust employees and the Trust Board |
|------------------------|---|

|                 |   |
|-----------------|---|
| <b>Keywords</b> | Stress, health, safety, absence, well being |
|-----------------|---|

### Storage & Version Control

Version 6 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V5 March 2021). Any copies of the previous policy held separately should be destroyed and replaced with this version.

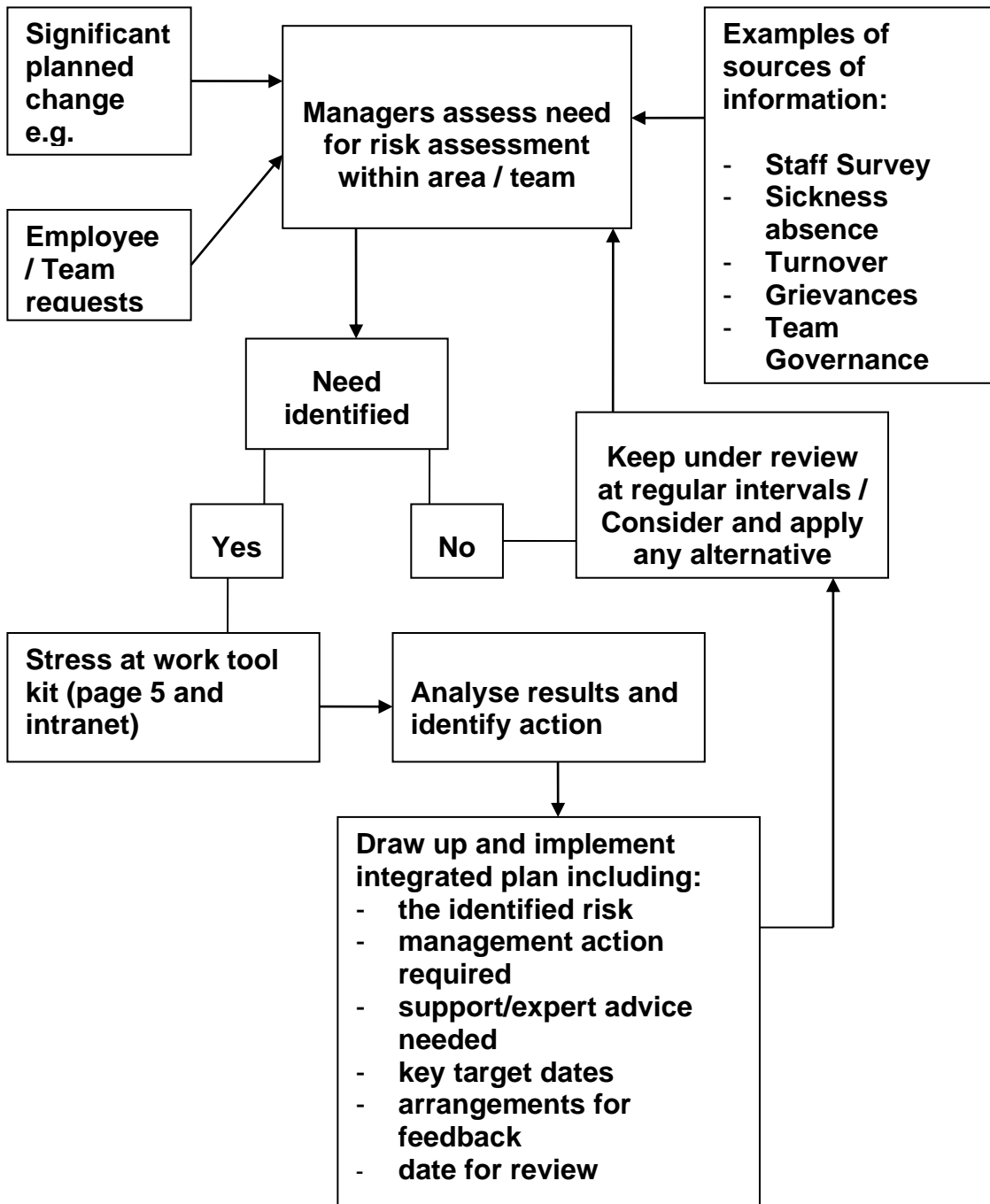
## Version Control and Amendment Log

| Version No. | Type of Change               | Date           | Description of change(s)  |
|-------------|------------------------------|----------------|---|
| V6          | Review of policy             | December 2021  | Full review completed as per schedule   |
| V5          | Review of policy             | March 2021     | <p>Minor changes – titles of managers, new template</p> <p>Approved by PGG on 8/03/2021 but <b>with a short review date of 30/09/2021.</b></p> <p>Short review date to take into account the learning from the COVID-19 pandemic and revised Policy should be taken to the H&amp;S Group.</p> |
| V4 0.1      | Revised draft policy created | June 2016      | JPG verification  |
| V3 0.2      | Verification                 | September 2017 | Full review completed as per schedule   |

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# Flowchart



## **1. Introduction**

Workplace stress can be a major factor in reducing staff performance, commitment, motivation, productivity, and increasing sickness absence plus absenteeism. The Health and Safety Executive (HSE) considers stress to be consistently one of the most commonly reported work-related illnesses. Current legislation also encompasses requirements to manage stress at work.

This policy sets out the Trust's aims in relation to the management of workplace stress, and in ensuring that, where reasonably practicable, employees who experience stress are helped, whatever the cause of that stress.

The initial implementation of the policy will be monitored through the Trust's Workforce Plan and associated governance processes. On an on-going basis, regular audits will take place to monitor compliance with the policy.

## **2. Scope**

This policy applies to all employees of the Trust.

## **3 Purpose**

This policy sets out the Trust's aims in relation to the management of workplace stress, and in accordance with its duties under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. It aims to ensure that, where reasonably practicable, employees who experience stress are helped, whatever the cause of that stress.

The Trust places high value on maintaining a healthy and safe environment for all of its employees and seeks to minimise the causes of stress in the workplace through the risk assessment process.

The Trust aims:

To increase levels of understanding and awareness in the Trust about the causes and effects of stress, and the actions that can help to reduce workplace stress.

To support managers to identify the possible sources of workplace stress at the earliest opportunity through timely, effective risk assessment, in addition to other sources of information.

To support managers to effectively manage the causes and effects of workplace stress.

To provide information and training that will assist employees in identifying and managing stress in others and themselves

To encourage employees to seek help and support, and to see this as a positive step.

To provide a confidential employee counselling service.

To improve attendance rates and reduce sickness absence relating to workplace stress through early identification and avoidance of absence and supporting the return to work of employees who have experienced absence due to stress.

## 4 Definitions

'Stress' – 'the adverse reaction people have to excessive pressures or other types of demand placed upon them' (Health and Safety Executive). This makes an important distinction between pressure which can be a positive state if managed correctly enhancing job satisfaction, motivation and performance, and excessive or negative stress which can be detrimental to health.

The effect of pressure on any individual is moderated by a variety of factors including support systems at home and work, personality and coping mechanisms. What may be too much pressure for one person at a specific time may not be for another or even for the same person at a different time.

The symptoms of stress include those that are emotional (depression, anxiety, tension, irritability, fatigue and low self-esteem), physical (headaches, high blood pressure, disturbed sleep patterns) and behavioural (absence from work, avoidance of tasks, withdrawal / isolation, and poor job performance).

'Workplace stress' – the adverse reaction people have to excessive pressures or other types of demand placed upon them in the workplace.

## 5 Detail of the policy (title needs to be changed as appropriate)

The broad overview of this policy is described in the introduction of this policy.

## 6 Duties

To ensure the effective implementation of this policy the following roles and responsibilities are identified:

The Director of Human Resources will take overall executive responsibility for and lead on the implementation of the policy.

The Human Resources and Workforce Group will monitor the initial implementation of the policy through the Workforce Plan.

The Director of Human Resources will ensure regular analysis takes place to monitor stress at work by means of the annual Staff Survey or otherwise and will ensure that the policy is reviewed on a regular basis.

Director of Human Resources will ensure that the service provided by Occupational Health and Workplace Wellbeing through contract negotiations and service specifications supports the implementation of the policy.

Following implementation, managers are responsible for carrying out stress risk assessments as appropriate, and that as far as reasonably practicable, appropriate and timely actions and strategies are put in place to reduce or remove the causes of workplace stress. Where identified risks cannot be managed at a local level, this should be reported to the relevant Director for further consideration.

Following implementation, Service, Clinical and Support Directors and where appropriate, Executive and Associate Directors are responsible for ensuring that stress risk assessments are carried out within their areas of responsibility as appropriate, and that as far as reasonably practicable, appropriate and timely actions and strategies are put in place to reduce or remove the causes of workplace stress.

Directors and managers must be aware of the employee support services available, particularly the employee support service provided by Workplace Wellbeing, and be in a position to direct employees to such services.

Employees have a responsibility to recognise pressure and where possible to take early action before it develops into stress. Employees should notify their manager if they feel that stress is affecting their health and/or work performance, and whether this relates to workplace stress.

Employees should also be proactive in seeking support and utilising the available sources of support as appropriate.

Human Resources Department staff will:

Give advice to Directors and Managers on the Stress Management at Work policy as appropriate, assist Managers in liaison with Occupational Health colleagues and staff side representatives as appropriate.

Assist in Identifying potential 'stress hotspots' in the Trust from sickness absence statistics, feeding back to line managers and advise on actions and strategies.

In collaboration with or addition to other qualified sources of expertise, advise managers on interventions to support the management of workplace and other stress.

Support Managers as appropriate to facilitate the return to work of employees following periods of stress related illness.

Provide advice and guidance to Managers in organisational change processes on how to minimise the occurrence of workplace stress.

## 7 Procedure

A risk assessment tool that identifies the sources of stress experienced by **individual staff members** is available by the Stress at Work Tool kit. This policy should be read in conjunction with the Stress at work tool kit. It is a standalone tool for ease of use and can be found on the intranet under the Trust policies.

The questions used in the Stress at work tool kit are designed to gather information on the six stress factors included in the HSE risk assessment model as set out below:

- a. **Demands** This factor relates to the demands of the job as a whole. Jobs have many features or characteristics such as how much work they involve, the amount of control over tasks, the variety of tasks involved, the support and help available and feedback provided.
- b. **Control** This factor refers to the amount of say staff have over how their work is carried out.
- c. **Relationships** This factor refers to the way we interact with other people at work. Relationships with managers, peers and others at work can have a major influence on how an individual feels at the end of the working day.
- d. **Role** This factor refers to the individual's understanding of their role in the organisation, the group or the team which should be clearly defined and understood.

- e. **Support** This factor refers to the range of formal and informal activities undertaken by management that support the work of staff.
- f. **Change** This factor refers to organisational change, whether large or small, and how this is managed and communicated in the organisation.

Where management action is required to address the risks identified this will be included in an integrated plan which should include the following information:

- The identified risks
- Management action required
- Support/expert advice needed – Medical advice (referrals to OH, any reasonable adjustments), Health and Wellbeing
- Key target dates for actions to be taken
- Arrangements for feedback to employees, team/department
- Date for reviewing action plan

Where stress risk assessments are carried out, the outcomes will be reported by Managers to the relevant Director to enable the Director to carry out their duties as detailed above.

## **8 Injury Allowance**

The injury Allowance recompense employees who have temporarily lost income due to an injury or illness as a result of work. Information on the injury allowance can be found in the Promoting attendance and managing sickness absence policy appendix M.

## **9 Development, Consultation and Approval**

This policy review has been consulted with all union representatives and HR colleagues for comments and approval.

The key changes to the policy are job titles due to organisational change.

This policy was consulted at JPG on October 2021 and PGG 20 December 2021



## 10 Audit, Monitoring and Review

The policy will be subject to regular review and monitoring (see “Duties”,5 above).

| <b>NHSLA Risk Management Standard – Monitoring Compliance Template</b> |   |                                |  |   |   |
|--|---|--------------------------------|--|---|---|
| <b>Process for Monitoring</b>  | <b>Responsible Individual / group / committee</b> | <b>Frequency of Monitoring</b> | <b>Review of Results process (e.g. who does this?)</b> | <b>Responsible Individual / group / committee for action plan development</b> | <b>Responsible Individual / group / committee for action plan monitoring and implementation</b> |
| Appraisal / Supervision  | Line managers                                     | Annual / Monthly               | Line managers / Appraisers                             | Line managers / Appraisers  | Line managers   |
| Review of staff survey results   | HR Department / Directorate Management Teams      | Annual                         | HR & Workforce Group / Directorate Management Teams    | Ward / Team managers  | HR & Workforce Group / Quality Assurance Committee  |
| Undertake stress risk assessment tool                                  | Ward / Team managers                              | Ongoing                        | Directorate Governance Groups                          | Ward / Team managers  | Directorate Governance Groups   |

*Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date is 30 September 2021.*

## 11 Implementation Plan

| <b>Action / Task</b>  | <b>Responsible Person</b>        | <b>Deadline</b>                       | <b><i>Progress update</i></b> |
|---|----------------------------------|---------------------------------------|-------------------------------|
| Review existing policy ensuring that it is legally compliant.   | Maria Jessop                     | 19/02/2021                            | Completed 19/02/2021          |
| Agreed update to policy with staff side   | Maria Jessop                     | 19/02/2021                            | Completed 19/02/2021          |
| Upload revised policy on to intranet and remove and archive the old version   | Director of Corporate Governance | Within 5 working days of ratification |                               |
| A communication will be issued to all staff via the Communication Digest immediately following publication.                 | Director of Corporate Governance | Within 5 working days of issue        |                               |
| Brief HR team on revised policy and ensure training needs analysis for staff in response to any changes in current practice | Maria Jessop                     |                                       |                               |

## 12 Dissemination, Storage and Archiving (Control)

This policy will be posted on the Trust intranet and available to all employees within 7 days of its ratification.

All employees will be informed of the new policy. In addition, Clinical, Service and Directors will be instructed to ensure that all teams and areas are made aware of this policy and how to apply it as part of the implementation.

| <b>Version</b> | <b>Date added to intranet</b> | <b>Date added to internet</b> | <b>Date of inclusion in Connect</b> | <b>Any other promotion/ dissemination (include dates)</b> |
|----------------|-------------------------------|-------------------------------|-------------------------------------|---|
| 6              | January 2022                  | January 2022                  | January 2022                        |   |
| 5.0            | March 2021                    | March 2021                    | March 2021                          |   |
| 4.01           | June 2016                     |                               |                                     |   |
| 3.02           | September 2017                |                               |                                     |   |

### 13 Training and Other Resource Implications

All stress risk assessments will be carried out by the appropriate Managers. Implementation of the policy will include training on carrying out stress risk assessments.

### 14 Links to Other Policies, Standards (Associated Documents)

Aggression and Violence Policy

<https://jarvis.shsc.nhs.uk/documents/aggression-and-violence-policy-np-030-v4-dec-2020-no-sop-pods-extension-review-date>

Equal Opportunities and Dignity at Work Policy

<https://jarvis.shsc.nhs.uk/documents/equal-opportunities-and-dignity-work-policy-hr-031-v51-september-2019>

Flexible Working Policy and Procedure

<https://jarvis.shsc.nhs.uk/documents/grievance-policy-hr-027-v3-2019>

Grievance Policy

<https://jarvis.shsc.nhs.uk/documents/grievance-policy-hr-027-v3-2019>

Health and Safety Policy

<https://jarvis.shsc.nhs.uk/documents/health-and-safety-policy-dceo-001-v6-june-2020>

Leave Policy

<https://jarvis.shsc.nhs.uk/documents/leave-policy-hr-028-v3-2019>

Lone Working Policy

<https://jarvis.shsc.nhs.uk/documents/lone-worker-policy-hr-052-v5-october-2021>

Managing and supporting employees experiencing domestic abuse

<https://jarvis.shsc.nhs.uk/documents/managing-and-supporting-employees-experiencing-domestic-abuse-hr-033-v41-september-2019>

Occupational Health Referral Guidelines

<https://jarvis.shsc.nhs.uk/all-about-me/occupational-health>

Promoting Attendance and managing sickness absence Policy

<https://jarvis.shsc.nhs.uk/documents/promoting-attendance-policy-hr-042-v7-june-2021-interim-review>

Unacceptable Behaviours policy

[https://jarvis.shsc.nhs.uk/documents?keys=unacceptable+behaviours&category=All&document\\_type=205&audience=All&az=U&sort\\_by=title\\_1](https://jarvis.shsc.nhs.uk/documents?keys=unacceptable+behaviours&category=All&document_type=205&audience=All&az=U&sort_by=title_1)

Whistleblowing Policy

<https://jarvis.shsc.nhs.uk/documents/speaking-freedom-speak-raising-concerns-whistleblowing-policy-hr-015-v51-october-2018>

Working Time Regulations Policy

<https://jarvis.shsc.nhs.uk/documents/working-time-regulations-policy-hr-023-v4-2019>

**Key roles** <http://www.hse.gov.uk/stress/roles/index.htm>

Support for staff

<https://jarvis.shsc.nhs.uk/all-about-me/health-and-wellbeing>

<http://www.hse.gov.uk/stress/>

<https://jarvis.shsc.nhs.uk/things-support-me-do-my-job/everyone/equality-diversity-and-inclusion>

[https://people.nhs.uk/projectm\\_old\\_v1/wellbeing-conversations/](https://people.nhs.uk/projectm_old_v1/wellbeing-conversations/)

## **15 Contact Details**

Human Resources Department is available for support and advice. The contact details are available through the HR portal on the Trust's intranet.

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## **16 References**

Health and Safety Executive

<http://www.hse.gov.uk/stress/index.htm>

## Stage One Equality Impact Assessment Form

### Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** – Complete draft policy

**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

|                              |
|------------------------------|
| Maria Jessop – February 2021 |
|------------------------------|

**Stage 3 – Policy Screening** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link [https://nww.xct.nhs.uk/widget.php?wdg=wdg\\_general\\_info&page=464](https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464)

|                                | Does any aspect of this policy actually or potentially discriminate against this group? | Can equality of opportunity for this group be improved through this policy or changes to this policy? | Can this policy be amended so that it works to enhance relations between people in this group and people not in this group? |
|--------------------------------|---|---|---|
| <b>AGE</b>                     | No  | N/A   | N/A   |
| <b>DISABILITY</b>              | No  | N/A   | N/A   |
| <b>GENDER REASSIGNMENT</b>     | No  | N/A   | N/A   |
| <b>PREGNANCY AND MATERNITY</b> | No  | N/A   | N/A   |
| <b>RACE</b>                    | No  | N/A   | N/A   |

|                           |           |            |            |
|---------------------------|-----------|------------|------------|
| <b>RELIGION OR BELIEF</b> | <b>No</b> | <b>N/A</b> | <b>N/A</b> |
| <b>SEX</b>                | <b>No</b> | <b>N/A</b> | <b>N/A</b> |
| <b>SEXUAL ORIENTATION</b> | <b>No</b> | <b>N/A</b> | <b>N/A</b> |

**Stage 4 – Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section) Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

|                              |
|------------------------------|
| Maria Jessop – February 2021 |
|------------------------------|

## Appendix B

### Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

|   |   | Tick to confirm |
|---|---|-----------------|
| <b>Engagement</b>   |   |                 |
| 1.  | Is the Executive Lead sighted on the development/review of the policy?  | ✓               |
| 2.  | Is the local Policy Champion member sighted on the development/review of the policy?  | ✓               |
| <b>Development and Consultation</b>                               |   |                 |
| 3.  | If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?      | N/A             |
| 4.  | Is there evidence of consultation with all relevant services, partners and other relevant bodies?                               | ✓               |
| 5.  | Has the policy been discussed and agreed by the local governance groups?  | ✓               |
| 6.  | Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy? | ✓               |
| <b>Template Compliance</b>  |   |                 |
| 7.  | Has the version control/storage section been updated?   | ✓               |
| 8.  | Is the policy title clear and unambiguous?  | ✓               |
| 9.  | Is the policy in Arial font 12?   | ✓               |
| 10.   | Have page numbers been inserted?  | ✓               |
| 11.   | Has the policy been quality checked for spelling errors, links, accuracy?   | ✓               |
| <b>Policy Content</b>   |   |                 |
| 12.   | Is the purpose of the policy clear?   | ✓               |
| 13.   | Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)                               | ✓               |
| 14.   | Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?                | No              |
| 15.   | Where appropriate, does the policy contain a list of definitions of terms used?   | ✓               |
| 16.   | Does the policy include any references to other associated policies and key documents?  | ✓               |
| 17.   | Has the EIA Form been completed (Appendix 1)?   | ✓               |
| <b>Dissemination, Implementation, Review and Audit Compliance</b> |   |                 |
| 18.   | Does the dissemination plan identify how the policy will be implemented?  | ✓               |
| 19.   | Does the dissemination plan include the necessary training/support to ensure compliance?  | ✓               |
| 20.   | Is there a plan to<br>i. review<br>ii. audit compliance with the document?  | ✓               |
| 21.   | Is the review date identified, and is it appropriate and justifiable?   | ✓               |