Policy:

HR 006 Stress Management at Work
(*Extension to review date ratified by People Committee*)

Executive Director lead	Director of Human Resources
Policy author/ lead	Human Resources Directorate Partner
Feedback on implementation to	Assistant Director of Human Resources
Document type	Policy
Document status	V4
Date of initial draft	June 2017
Date of consultation	July 2017
Date of verification	October 2017
Date of ratification	19 October 2017
Ratified by	Executive Directors Group
Date of issue	20 October 2017
Date for review	31/03/2021 *(Extended from October 2020 by People Committee)*

Target audience	All Trust employees and the Trust Board

Keywords	Stress, health, safety, absence, well being

Version 4
 Additions:
6.0 To include the Stress at work tool kit. An easy to use individual stress questionnaire to identify stressors based on the six stress factors. Stress at work tool kit separate from the policy so that it can be easily referred to on its own.
7.0 Injury Allowance inserted
8.0 updated to include 'Support for staff' intranet page

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.
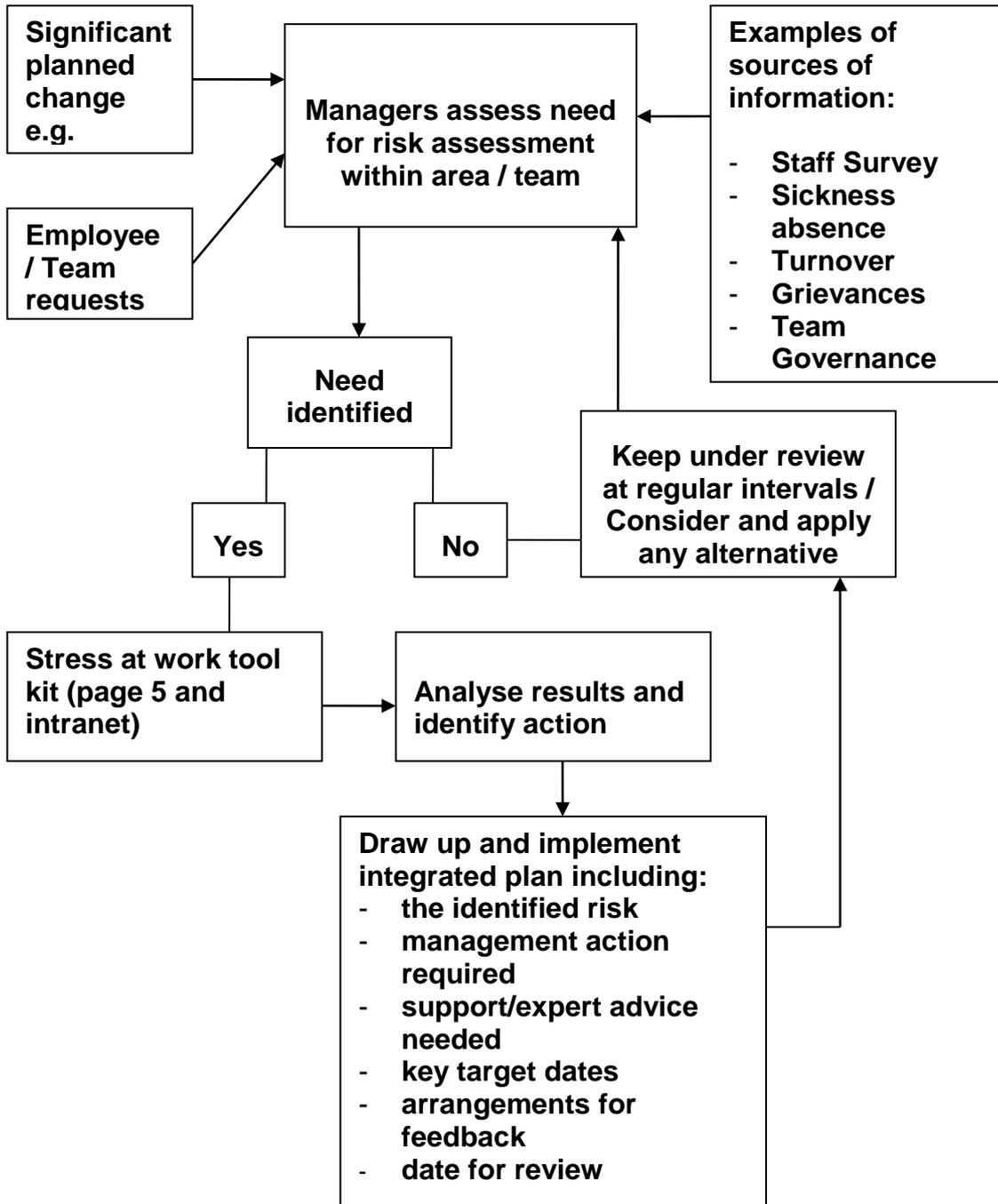Any printed copies of the previous version (V3) should be destroyed and if a hard copy is required, it should be replaced with this version.

This policy updates the third version of this policy which was ratified on the 24th November 2016.

Contents

Flowchart

Significant planned change e.g.	**Managers assess need for risk assessment within area / team**	**Examples of sources of information:** - **Staff Survey** - **Sickness absence** - **Turnover** - **Grievances** - **Team Governance**
Employee / Team requests		

Need identified

Yes **No**

Keep under review at regular intervals / Consider and apply any alternative

Stress at work tool kit (page 5 and intranet) → **Analyse results and identify action**

Draw up and implement integrated plan including:
- **the identified risk**
- **management action required**
- **support/expert advice needed**
- **key target dates**
- **arrangements for feedback**
- **date for review**

1. Introduction

Workplace stress can be a major factor in reducing staff performance, commitment and motivation, and productivity, and increasing sickness absence and 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.

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 work place.

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. 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.

4. 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.
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5.   **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.

6.   **Process**

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

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
- 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.

7. 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.

8. Dissemination, storage and archiving

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 Support Directors will be instructed to ensure that all teams and areas are made aware of this new policy and how to apply it as part of the implementation.

9. 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.

10. Audit, monitoring and review

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

NHSLA Risk Management Standard – Monitoring Compliance Template					
Process for Monitoring	**Responsible Individual / group / committee**	**Frequency of Monitoring**	**Review of Results process (e.g. who does this?)**	**Responsible Individual / group / committee for action plan development**	**Responsible Individual / group / committee for action plan monitoring and implementation**
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

11. Implementation plan

Action / Task	Responsible Person	Deadline	*Progress update*
Review existing policy ensuring that it is legally compliant.	Bo Ogunleye	02/08/2017	Completed 02/08/17
Agreed update to policy with staff side	Bo Ogunleye	28/06/2016	Completed 28/06/17
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	Bo Ogunleye	09/2017	

12. Links to other policies, standards and legislation (associated documents)

Aggression and Violence Policy

Bullying and Harassment Policy and Managers' Guide

Domestic Abuse Policy

Equal Opportunities and Dignity at Work Policy

Flexible Working Policy and Procedure

Grievance Policy

Health and Safety Policy

Leave Policy

Lone Working Policy

Incident Reporting and Investigation Policy

Promoting Attendance and managing sickness absence Policy

Occupational Health Referral Guidelines

Whistleblowing Policy

Working Time Regulations Policy

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

Support for staff
https://nww.xct.nhs.uk/index/widget.php?wdg=wdg_health_and_wellbeing&page=11376

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

13. 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.

14. References

Health and Safety Executive
http://www.hse.gov.uk/stress/index.htm

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
V4 0.1	Revised draft policy created	June 2016	JPG verification
V4 0.2	Extension to Review Date	October 2020	Review date was extended to 31/03/2020 which was ratified by People Committee in October 2020.
V3 0.2	Verification	September 2017	Full review completed as per schedule

Version 4	**Date on website (intranet and internet)**	**Date of "all SHSC staff" email**	**Any other promotion/ dissemination (include dates)**
1.0	September 2017	September 2017 via Communications Digest	Training – on-going

Appendix C – Employee Counselling and Consultation Service – Workplace Wellbeing (WWB)

The Trust offers a confidential counselling and support service in person or by phone to staff who may be experiencing personal or work difficulties. Further information on this service is available on the Intranet / Internet together with the Trust's Health and Wellbeing web page.

For mild to moderate difficulties up to six individual sessions are usually offered; such difficulties might include:
- Anxiety and worry
- Stress
- Low mood/depression
- Bereavement or loss
- Relationship problems
- Alcohol or drug related problems
- Distressing events
- Return to work after illness or other absence from work
- Formal/informal proceedings at work
- Issues of bullying, harassment and conflict at work
- Issues relating to organisational change

Service users are signposted to more specialist services, as appropriate.

In addition to providing a counselling and support service to individual members of staff, WWB aims to actively address the wellbeing of its staff by offering the following:

- Formal workshops addressing "Understanding Stress" and "Coping with Organisational Change"
- Bespoke group work for staff groups with a shared concern around their wellbeing, intra-group dynamics or the effects of an organisational issue
- Early support after a traumatic or serious incident
- Advice and consultation to managers about general sources of stress in staff and specific issues
- Work role consultation

Address   30 Wilkinson Street
                   Sheffield
                   S10 2GB

Contact No.   (0114) 22 61810 **(24 hour voicemail)**
E-mail: **workplace.wellbeing@shsc.nhs.uk**

Opening hours   **Monday and Friday, 9.00am – 5.00pm**
                    Early appointments   8.00 am   Wednesday and
Thursday
                    Evening appointments   up to 7pm   Tuesday

Appendix D – 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 <u>potentially</u> 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)

Bo Ogunleye 24-07-17

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

	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?
AGE	No	N/A	N/A
DISABILITY	No	N/A	N/A
GENDER REASSIGNMENT	No	N/A	N/A
PREGNANCY AND MATERNITY	No	N/A	N/A
RACE	No	N/A	N/A
RELIGION OR BELIEF	No	N/A	N/A
	No	N/A	N/A

SEX			
SEXUAL ORIENTATION	**No**	**N/A**	**N/A**

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)

Bo Ogunleye 24-07-17

Appendix E - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached.   To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site
http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf
(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. **Is your policy based on and in line with the current law (including case law) or policy?**

☐☐   **Yes. No further action needed.**
☐   **No. Work through the flow diagram over the page and then answer questions 2**

       and 3 below.

2. **On completion of flow diagram – is further action needed?**

☐   **No, no further action needed.**
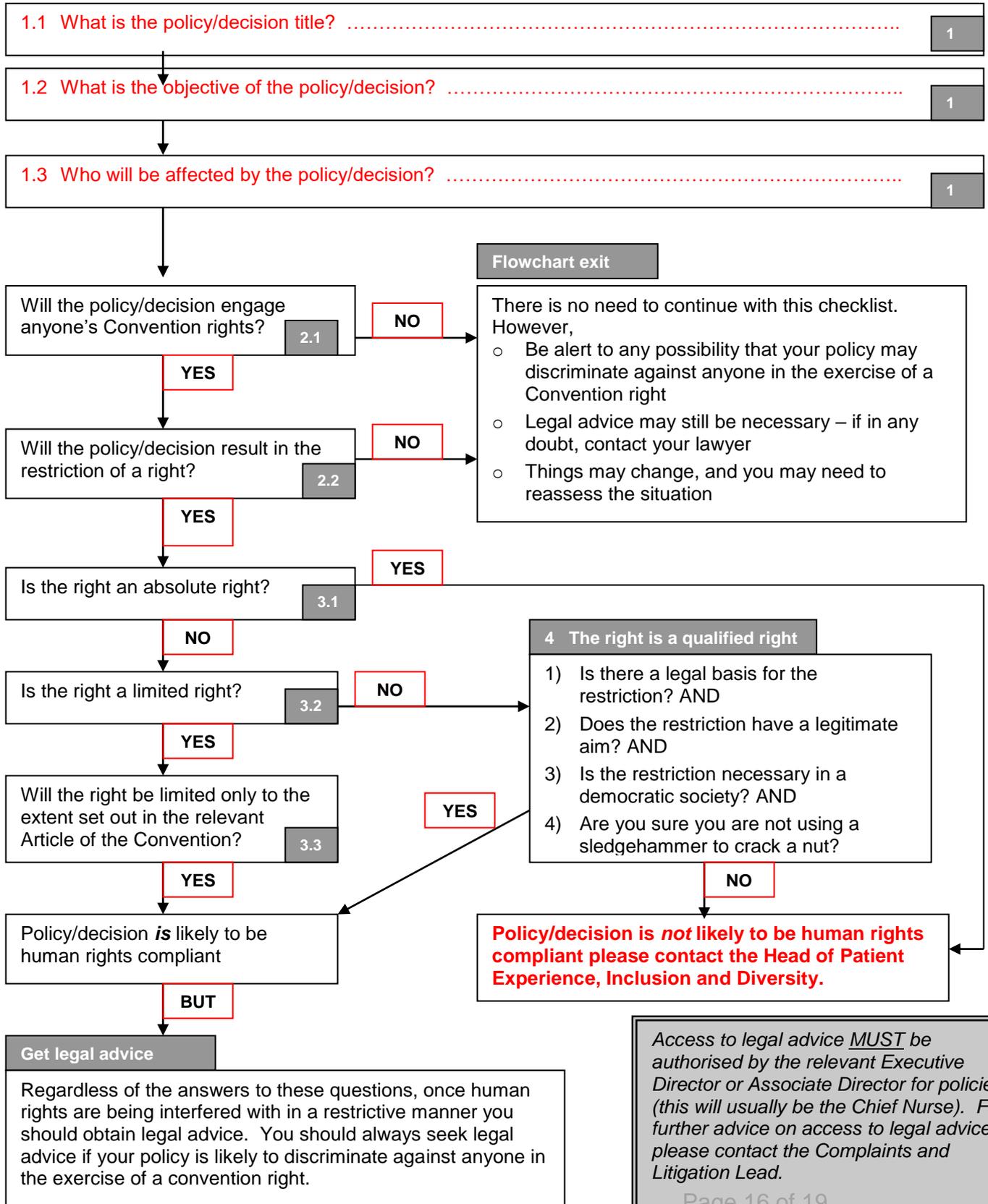☐ **Yes, go to question 3**

3. **Complete the table below to provide details of the actions required**

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

| 1.1 What is the policy/decision title? .... | 1 |

| 1.2 What is the objective of the policy/decision? .... | 1 |

| 1.3 Who will be affected by the policy/decision? .... | 1 |

Flowchart exit

Will the policy/decision engage anyone's Convention rights? **2.1** — **NO** →

There is no need to continue with this checklist. However,
- Be alert to any possibility that your policy may discriminate against anyone in the exercise of a Convention right
- Legal advice may still be necessary – if in any doubt, contact your lawyer
- Things may change, and you may need to reassess the situation

YES

Will the policy/decision result in the restriction of a right? **2.2** — **NO** →

YES

Is the right an absolute right? **3.1** — **YES** →

NO

4   The right is a qualified right

1) Is there a legal basis for the restriction? AND
2) Does the restriction have a legitimate aim? AND
3) Is the restriction necessary in a democratic society? AND
4) Are you sure you are not using a sledgehammer to crack a nut?

Is the right a limited right? **3.2** — **NO** →

YES

Will the right be limited only to the extent set out in the relevant Article of the Convention? **3.3**

YES →

NO

YES

Policy/decision *is* likely to be human rights compliant

Policy/decision is *not* likely to be human rights compliant please contact the Head of Patient Experience, Inclusion and Diversity.

BUT

Get legal advice

Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. You should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right.

Access to legal advice MUST be authorised by the relevant Executive Director or Associate Director for policies (this will usually be the Chief Nurse). For further advice on access to legal advice, please contact the Complaints and Litigation Lead.

Version No 3	Type of Change	Date	Description of Change (s)
0.1	Revised draft created by Bo Ogunleye	June 2017	Policy revised and put into new policy format.
0.2	Verification meeting with Joint Policy Group	28th June 2017	Consulted and agreed draft policy. Agreed changes made.
0.3	Final draft prepared to incorporate all feedback	2nd August 2017	

Appendix G –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).

1. Cover sheet ☐

All policies must have a cover sheet which includes:
- The Trust name and logo ☐
- The title of the policy (in large font size as detailed in the template) ☐
- Executive or Associate Director lead for the policy ☐
- The policy author and lead ☐
- The implementation lead (to receive feedback on the implementation) ☐
- Date of initial draft policy ☐
- Date of consultation ☐
- Date of verification ☐
- Date of ratification ☐
- Date of issue ☐
- Ratifying body ☐
- Date for review ☐
- Target audience ☐
- Document type ☐
- Document status ☐
- Keywords ☐
- Policy version and advice on availability and storage ☐

2. Contents page ☐

3. Flowchart ☐

4. Introduction ☐

5. Scope ☐

6. Definitions ☐

7. Purpose ☐

8. Duties ☐

9. Process ☐

10. Dissemination, storage and archiving (control) ☐

11. Training and other resource implications ☐

12. Audit, monitoring and review ☐☐
This section should describe how the implementation and impact of the policy ☐☐
will be monitored and audited and when it will be reviewed. It should include
timescales and frequency of audits. It must include the monitoring template
as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Require-ment	Process for Monitoring	Responsible Individual/ group/ committee	Frequency of Monitoring	Review of Resu ts process (e.g. who does this?)	Responsible Individual/group / committee for action plan development	Responsible Individual/group/ up/ committee for action plan monitoring and implementati on
A) Describe which aspect this is monitoring?	Review, audit	Education & Training Steering Group	Annually	e.g. Quality Assurance Committee	Human Resources	Quality Assurance Committee

☐

13. Implementation plan

14. Links to other policies (associated documents) ☐

15. Contact details ☐