Barnsley Hospital NHS
NHS Foundation Trust

POLICY CONTROL SHEET
(updated August 2011)

Policy Title and ID number:	**SE3.10 Workplace Stress Policy**			
Sponsoring Director:	**Director of Human Resources and Organisational Development**			
Implementation Lead:	Non Clinical Risk Adviser			
Impact:	*(a) To patients*	**No**		
	(b) To Staff	**Yes**		
	(c) Financial	**Yes**		
	(d) Equality Impact Assessment (EIA)	Completed: **Yes**		
	(e) Counter Fraud assessed	Completed: **Yes**		
	(e) Other			
Training implications:	*To be incorporated into induction:* **Yes**			

Date of consultation:	*Approval Process*	**Date**	**Local Consultation**	**Date**
	Executive Team	*12/03/09*	*Joint Partnership Forum*	
	Board Committee:		*Local Negotiating Committee*	
	• *Clinical Governance*		*Infection Control Committee:*	
	• *Non Clinical Governance & Risk*	*17/01/12*	*Health & Safety Committee*	*5/12/11*
	• *Audit Committee*		*Quality Safety Improvements & Effectiveness Board*	
	• *Finance Committee*			
	• *RATS*		*Investment Board*	
	Trust Board Approval / Ratification		*Patients Experience Board*	
	Other:		*Other:*	

Approval/Ratification at Trust Board:	*January 2012*	Version Number:	2
Date on Policy Warehouse:	*January 2012*	Team Brief Date:	
Circulation Date:		Date of next review:	January 2014

For completion by ET for *new* policies only:				
Additional Costs			Budget Code:	Revenue or Non Revenue
	(a) Training	£		
	(b) Implementation	£		
	(c) Capital	£		
	(d) Other	£		

MANAGING WORK-RELATED STRESS POLICY

Managing Work-Related Stress Policy
BHNFT.   ID SE3.10   Date: March 2009 (Updated: September 2011)
Sponsoring Director: Director of Human Resources and Organisational Development

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<u>Abbreviations, Acronyms and Terms Used</u>

BHNFT — Barnsley Hospital NHS Foundation Trust
HSE — Health and Safety Executive
CIPD — Chartered Institute of Personnel and Development
ESR — Electronic Staff Record
KSF — Knowledge Skills Framework
PPR — Personal Performance Review (appraisals)

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1. STATEMENT OF INTENT

Barnsley Hospital NHS Foundation Trust (BHNFT) is committed to protecting the health, safety and welfare of all employees. It is recognised that stress in the workplace is a serious issue, which can cause individuals to suffer clinical symptoms, both mental and physical. BHNFT wants to promote an approach based on prevention, rather than cure, recognising that tackling can prevent ill-health. Staff are also encouraged to take personal responsibility for themselves at work, and support others to do the same.

The Trust will pay particular attention to: -

• Identifying all workplace stressors using the Health and Safety Executive (HSE) management standards and conduct risk assessments to eliminate stress or control the risks from stress. These risk assessments must be regularly reviewed;

• Periodically reviewing the policy performance indicators by the Stress Action Group, and the Health and Safety Committee will be used to make recommendations to the Trust Non-Clinical Governance and Risk Committee, for further actions in support of this policy;

• Consulting with Trade Union Safety Representatives on all proposed actions relating to the prevention of workplace stress;

• Providing training for all directors, managers and supervisory staff in good management practices;

• Providing confidential counselling for staff affected by stress, caused by either work, or external factors;

• Providing adequate resources to enable managers to implement the Trust's agreed stress management strategy;

• Promoting and ensuring an appropriate level of provision of Occupational Health and counselling services to meet the needs identified by the policy performance indicators and/or accepted best practice.

2. INTRODUCTION

It is important that our Directors, Deputy Directors, Associate Directors, Assistant Directors, senior managers, line managers and staff are aware of their personal responsibilities for stress management.

The HSE defines work-related stress as "the adverse reaction people have to excessive pressures or other types of demand placed upon them".

3. IMPLEMENTATION

The anticipated benefits from implementing this policy include: -

• Improved working climate and culture;

• Greater openness about sources of pressure at work, at all levels and an increased awareness of support available;

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- Better awareness and early identification about stress and mental health issues in all staff;

- The continuing important of trying to ensure a good work-life balance for all staff;

- Greater consistency of approach from managers in dealing with stress, thus resulting in a reduction of key stress indicators through risk assessments.

4. MANAGEMENT ARRANGEMENTS: ROLES AND RESPONSIBILITIES OF INDIVIDUALS AND GROUPS

4.1 Trust Board
The Trust Board has overall responsibility for setting the strategic context of work-related stress in which Trust process documents are developed, and for establishing a scheme of governance for formal review and approval of such documents.

4.2 Chief Executive
The Chief Executive has overall responsibility for the strategic direction and operational management of work-related stress within the Trust, including ensuring that the Trust process documents comply with all legal, statutory and good practice guidance requirements.

4.3 Director of Human Resources and Organisational Development
As the nominated director responsible for health and safety, the Director of Human Resources and Organisational Development has delegated responsibility for ensuring that arrangements are in place to manage health and safety throughout the Trust, including the risks from stress.

In addition, the Director of Human Resources and Organisational Development is the sponsoring director for this policy.

- The necessary training or education needs and methods required to implement this policy are identified and resourced or built into the delivery planning process;

- Mechanisms are in place for the regular evaluation of the implementation and effectiveness of this policy.

4.4 Non-Clinical Risk Advisor
The Non-Clinical Risk Advisor shall lead in: -

- Generating and formulating this policy;
- Identifying the appropriate process for regular evaluation of the implementation and effectiveness of this policy;
- Identifying the competencies required to implement this policy;
- Provide specialist advice and awareness training on stress every three years for all employees;
- Arrange stress awareness and stress management training for managers/directors (3-Day Health and Safety Management Course and One Day Directors Course);
- Support individuals who have been off sick with stress and advise them and their management on a planned return to work in conjunction with human resources and occupational health services;

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- Monitor and review the effectiveness of measures to reduce stress in conjunction with management, human resources, occupational health services and staff side representatives;
- Inform the Non-Clinical Governance and Risk Committee and the Health and Safety Committee of any changes and developments in the field of stress at work;
- Monitor and review the effectiveness of the occupational health services counselling and mental health and wellbeing activity in the quarterly non-clinical incident report;
- Act as Stress Champion for the Trust;
- Represent the Trust at Health and Safety Executive Workshops;
- Arrange and collate internal stress surveys (Health and Safety Executive);
- Arrange and set agendas for Stress Focus Group meetings;
- Chair Stress Focus Group Meetings;
- Chair Stress Action Group meetings;
- Provide annual reports on work-related stress for the Trusts Health and Safety Committee;
- On completion of risk assessments, provide advice and support to the employee and/or directors/managers if required;
- Be supportive at work and offer additional support to employees who are experiencing stress.

4.5 Directors, Deputy Directors, Associate Directors, Assistant Directors and Managers
Directors, Deputy Directors, Associate Directors, Assistant Directors and Managers shall: -

- Ensure the completion of risk assessments for their area of responsibility, and review them accordingly. Where the need is highlighted, ensure the completion of individuals stress assessment and action plans and review them accordingly;
- Attend training and understand the prevention mechanisms of stress, management standards of stress and management competencies;
- Implement recommendations from the risk assessment action plans;
- Ensure good communication between management and staff, particularly where there are organisational and procedural changes;
- Collate, monitor and review in conjunction with absence records and statistics;
- Ensure staff are trained and competent to conduct their duties, as agreed in personal development plans;
- Ensure, where resources permit, staff are provided with meaningful development opportunities;
- Monitor workloads to ensure that staff do not become over loaded/under utilised or under valued;
- Where appropriate, refer staff to the Occupational Health Department;
- Monitor holidays to ensure that staff are taking their full entitlement;
- Ensure that any incidents or bullying and harassment are managed in accordance with Trust policies;
- Be supportive at work and offer additional support to a member of staff who is experiencing stress outside work e.g. bereavement or separation;
- Ensure staff are treated equitably and fairly;
- Offer support to those who have been absent from work due to stress and agree a return to work plan.

4.6 All Trust Staff
All staff are responsible for: -

- Complying with relevant process documents;
- Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities;
- Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager;
- Being aware of the difference between stress and pressure;
- Attending training/awareness sessions on how to identify and manage stressors within the workplace when provided;
- Raise issues of concern with their line manager and/or Non-Clinical Risk Advisor, Human Resources Team, Occupational Health Team or Staff Side Representatives;
- Accept opportunities for referral to occupational health or counselling when recommended.

4.7 Staff Side Representatives
Staff Side Representatives shall: -

- Attend stress management training;
- Be available to be contacted by staff who may have concerns;
- Be consulted on any changes to work practices or work design that could precipitate stress;
- Promote the Trust Managing Work-Related Stress Policy and encourage staff to co-operate with the policy;
- Consult with members on the issue of stress, including assisting with any workplace surveys;
- Bring to the Trusts attention any apparent breaches of the managing work-related stress policy;
- Be available to assist in undertaking stress risk assessments when necessary;
- Be involved in communicating the managing work-related stress policy, guidance and coping strategies;
- For staff that they represent, be allowed to access collective anonymous data from human resources and non-clinical risk advisor in relation to the monitoring of stress;
- Conduct joint inspections of the workplace to ensure that risk factors are properly controlled;
- Act as members of the Trust Stress Action Group;
- Act as members of the Stress Focus Groups for wards and departments, representing their members.

4.8 Human Resources Team
The Human Resources Team shall: -

- Ensure that all Human Resources Advisors attend the stress management training and carry out stress risk assessments when necessary;
- Give guidance to managers and staff on the managing work-related stress policy;
- Support individuals who have been off sick with stress and in conjunction with the individual, line manager, occupational health and non-clinical risk advisor, and agree the most appropriate return to work programme;

- Provide continuing support to managers and individuals and encourage referral to occupational health, counsellors, or seek additional advice where appropriate.

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4.9 Occupational Health Service
The Occupational Health Service shall: -

- Undertake pre-placement assessments for advising managers and employees regarding fitness for work, and any reasonable adjustments that may be required, including those under the Disability Discrimination Act 1995, taking into account the job description provided;
- On completion of a risk assessment, provide assistance, advice and support to the employee and/or line manager, if required;
- Where an employee is returning from a period of absence, be involved in the rehabilitation strategy, including planning and monitoring of the employees return to work programme;
- Provide counselling/support of referral for the employee if required;
- With the employees consent, obtain additional information or advice where appropriate from medical practitioners or other professionals involved in the care, support or treatment of the employee;
- Provide assistance where there is a need for temporary or permanent adjustments to an employees role, due to their ill-health;
- Provide anonymous quarterly reports to the Health and Safety Department on counselling and mental health and wellbeing activity;
- Provide stress control workshop training to all staff.

4.10 Health and Safety Committee
The Health and Safety Committee shall monitor the efficiency of the policy and other measures to reduce stress and promote workplace health and safety.

4.11 Stress Action Group
The Stress Action Group shall monitor the application of the policy across the Trust, offering support and guidance at stress focus group meetings, in the completion of risk assessments and setting action plans.

5. IDENTIFYING AND ASSESSING ORGANISATIONAL STRESSORS

The Trust established processes for hazard identification and risk assessment may be applied equally to the identification, assessment and control of organisational stressors.

5.1 Identifying Stressors
Examples of organisational stressors are given on the risk assessment proforma as supplied by the Health and Safety Department (See Appendix A).

The presence of these and other stressors may also be identified through the effects they have on an individual, for instance: -

Demands   Including issues like workload, work patterns and the working environment;

Control   How much influence workers have over the way that they do their work;

Support   Including issues like how much encouragement, sponsorship and resources are provided by the organisation, line manager and colleagu 8

Relationships   Including promoting positive working to avoid conflict and dealing with

unacceptable behaviour;

Role Whether people understand their own role within the organisation and whether the organisation ensures that the person does not have conflicting roles;

Change How organisational change is managed and communicated.

5.2 Risk Assessment

Line managers are required to undertake a departmental risk assessment and where appropriate an individual stress risk assessment (see Appendix C).

Where an individual reports a stress-related concern, managers should undertake an assessment of the risks arising from the identified stressor(s). In the event that the reason given for absence is work-related stress, the member of staff should be referred immediately to Occupational Health. The risks should be evaluated (i.e. who may be harmed/affected and how), recognising that an individuals response and capacity to cope will vary. Line managers can receive support and advice on the undertaking of risk assessments from Occupational Health and the Non Clinical Risk Advisor.

The assessment should consider those factors that are likely to cause intense or sustained levels of work-related stress, taking into account existing measures to control the risks.

Risk assessments should also be undertaken before any significant changes to: -

- An individual's work, including working relationships and workload
- The working environment
- An individuals responsibilities, including promotion
- The organisation/directorate/department, including relocation and new reporting structures
- Where this change is likely to expose an individual to unreasonable stress

Risk assessments should be undertaken or reviewed by the manager following:

- Any period of stress-related sickness/absence;
- A complaint or other reports of stress, including surveys;
- Any other change that may make the findings of the original assessments invalid;
- Every three years.
- The frequency at which an assessment is undertaken and reviewed can also be indentified through the individual performance review/appraisal process.

5.3 Departmental Assessment

The significant findings of any departmental assessment should be recorded and communicated to those affected. The manager would then report progress back to the stress focus group meetings.

5.4 Guide for Managers

Managers have a huge impact on the work-related stress of their employees.

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Managers can prevent (or conversely cause) stress by the way that they behave towards their staff, including their style of management. Managers need to act as role models, and be aware of the impact of their behaviour.

The managers must be mindful in the way that they communicate to staff to protect them from stressful working, for instance, negotiating an extension to a deadline in a team that is already working to full capacity.

If staff raise concerns about aspects of work, which they find stressful, it is the responsibility of the manager to either address those concerns directly, or to seek a resolution by discussion with a more senior manager.

By working closely with their team, and being available for support, managers are well positioned to identify signs of stress in others at an early stage. Early warning signs might include: -

- Uncharacteristic behaviour such as withdrawal from people or activities, arguments with colleagues, poor work performance, making mistakes, lateness or absenteeism;

- Physical symptoms such as tiredness, sleep disturbance and headaches;

- Emotional distress, such as anxiety, depression, irritability and tearfulness;

- Problems with memory, concentration and decision making.

If a member of staff experiences work-related stress, the manager should be involved in supporting them and identifying possible solutions.

Managers 'hold the key' to the successful implementation of organisational change initiatives.

Managers are responsible for ensuring that risk assessments for work-related stress take place within their team or department, and that the recommendations are implemented.

Research jointly funded by the HSE and the CIPD, aimed to clarify the specific behaviours required by managers to prevent, tackle and identify stress effectively. The behaviours were then compared with the six key HSE management standards, resulting in the 'managing competencies for preventing and reducing stress at work'. The framework therefore sets out the behaviours needed to manage stress effectively. Further information can be obtained from the Non Clinical Risk Advisor (Stress Champion) or can be found on the HSE or CIPD websites: -

HSE website = www.hse.gov.uk/research/rrhtm/rr633.htm
CIPD website = www.cipd.co.uk/subjects/health/stress/_strwklnmgr.htm

6.   TRUST ARRANGEMENTS FOR MANAGING STRESS

In addition to local arrangements for risk assessment, the development of policies and procedures and staff support, the Human Resources, Health and Safety and Occupational Health Departments will ensure training awareness sessions and advice is available to assist managers and staff.

6.1 Policies and procedures

The causes of stress and methods for managing it impacts on the individual, and the organisation are addressed in other Trust policies, which should be referred to.

These Include: -

- > Bullying and harassment;
- > Health and safety;
- > Grievance;
- > Disciplinary;
- > Organisational change;
- > Sickness and absence management;
- > Flexible working;
- > Recruitment and retention.

These and other policies can be found on the Trust intranet site or on request from your manager.

6.2 Internal Reporting

In addition to informal reporting at local level, all employees may report any concerns via the Trust's Sentinel incident reporting system. Trends will be used as an indicator of stressors within the Trust.

6.3 Stress Action Group

The Stress Action Group meets quarterly and the terms of reference can be found in Appendix D.

7. EQUALITY IMPACT ASSESSMENT STATEMENT

All public bodies have a statutory duty under the Equality Act 2010, Race Relation (Amendment) Act 2000 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation been increased to include equality and human rights with regard to disability, age and gender, religion or belief, sex, or sexual orientation, marriage or civil partnership, pregnancy and maternity.

The Trust aims to design and implement policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. This strategy was found to be compliant with this philosophy.

Equality impact assessments will also ensure discrimination does not occur on the grounds of religion/belief or sexual orientation (Equality Act 2010) in line with the protected characteristics covered by the existing public duties. Refer to appendix E.

8. REFERENCE

- Health and Safety at Work etc Act 1974;

- Management of Health and Safety at Work Regulations 1999;
- Health and Safety Offences Act 2008;
- Human Rights Act 1998;
- Freedom of Information Act 2001;
- Equality Act 2010;
- Corporate Manslaughter and Corporate Homicide Act 2007;
- Safety Representative and Safety Committee Regulations 1977;
- Workplace (Health, Safety and Welfare) Regulations 1992;
- Race Relations (Amendment) Act 2000;
- HSG 218 – Managing the Causes of Work-Related Stress;
- HSE Stress Management Competency Indicator Tool.

The following are policies and procedures that are in place to support staff. Managers must ensure all staff are aware and understand the policies and procedures.

- Age Discrimination Policy;
- Appeals Procedure;
- Disability Equality Scheme;
- Disputes Procedures;
- Employment and Retention of People with Disabilities;
- Equality Statement;
- Grievance Procedure;
- Maternity Guidance;
- Paternity Leave;
- Rehabilitation Leave;
- Special Leave – Dependant Emergency;
- Working Time Regulations Collective Agreement;
- Annual Leave and Public Holidays;
- Bullying & Harassment in the Workplace Policy;
- Disciplinary Procedures;
- Employee Metal Health Policy;
- Equality and Human Rights Policy;
- Flexi-Time Guidance Notes;
- Knowledge and Skills Framework;
- Performance Management Procedures;
- Sickness and Absence Policy;
- Urgent Domestic Emergencies;
- Managing Work-Related Stress Policy.

9.   MONITORING AND REVIEW

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/gaps recommendations and actions	Implementation of any required change
Number of staff indicating stress as being a cause of leaving (from exit interviews).	Quarterly meetings minutes, action plans, reports	Deputy Director of Human Resources	Stress Action Group	Stress Action Group	Health and Safety Committee
Sickness/absence (where there is an identified work-related stress cause).	Quarterly meeting minutes, action plans, reports	Manager of Occupational Health	Stress Action Group	Stress Action Group	Health and Safety Committee
Number of completed departmental stress assessments received by the Health and Safety Department	Quarterly meetings minutes, action plans, reports	Non-Clinical Risk Advisor	Stress Action Group	Stress Action Group	Health and Safety Committee
Number of staff seeking counselling/support for a work-related stress problem	Quarterly meetings minutes, action plans, reports	Manager of Occupational Health	Stress Action Group	Stress Action Group	Health and Safety Committee
Stress awareness training for staff	Delivered by Health and Safety Department every 3 years. Attendance recorded on ESR.	Non-Clinical Risk Advisor / Learning and Development Department	Stress Action Group	Stress Action Group	Health and Safety Committee
Terms of reference for the Stress Action Group	Annually	Non-Clinical Risk Advisor	Stress Action Group	Stress Action Group	Stress Action Group
Agenda and minutes of meetings from the Stress Action Group	Quarterly meetings	Non-Clinical Risk Advisor	Stress Action Group	Stress Action Group	Stress Action Group
Work-Related Stress Surveys	Quarterly Health National Survey, annually. Health and Wellbeing Survey, as required. Health and Safety Executive Surveys, as required. Results collated and de-brief meetings given to the Executive Team, divisions and departments.	Non-Clinical Risk Advisor	E.T / Stress Action Group / Health & Safety Committee	Stress Action Group	Health & Safety Committee

These performance indicators will be monitored annually by Human Resources, Occupational Health and the Health and Safety Department.
This policy itself shall be reviewed as part of the Trust's standard policy review process. This will be conducted every three years.

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WORK-RELATED STRESS RISK ASSESSMENT

Section 1   **Reference Number:**

Task/operation being assessed:	Management of Work-Related Stress
Assessors Name(s):	
Date:	
Location:	
Review Date of Assessment:	

Section 2

Specific Legislative and Guidance Requirements Applicable

Health & Safety at Work etc. Act 1974
Management of Health & Safety at Work Regulations 1999
Safety Representatives and Safety Committees Regulations 1977
Managing the Cause of Work-Related Stress HSG 218
Employment Rights Act 1996
The Public Order Act 1986
The Protection from Harassment Act 1997
The Working Time Regulations 1998
The Disability Discrimination Act 1995
Workplace (Health, Safety & Welfare) Regulations 1992
Equality Act 2010
Race Relations (Amendment) Act 2000

Section 3

3.1   Management Standards

The Health and Safety Executive (HSE) defines work-related stress as the adverse reaction people have to excessive pressures or other types of demand placed upon them.

According to the HSE, the major causes of work-related stress ate categorised into six risk factors.

The major risk factors are: -
- Demands
- Control
- Support
- Relationship
- Role

- Change

The rationale being that is these are not managed effectively in the Trust, then the staff are at risk of suffering from work-related stress.

Although the risk assessment process takes a collective proactive approach, individual differences and problems may exist. Therefore the manager may also need to complete the "Individual Stress Assessment and Action Plan" found in Appendix E.

Managers must ensure all employees are aware of this policy so they are aware of where to go for help. Reaction to excessive or prolonged pressures, challenges can cause mental and/or physical ill health.

3.2   Policies

The following are policies and procedures that are in place to support staff. Managers must ensure all staff are aware and understand the policies and procedures.

- Age Discrimination Policy;
- Appeals Procedure;
- Disability Equality Scheme;
- Disputes Procedures;
- Employment and Retention of People with Disabilities;
- Equality Statement;
- Grievance Procedure;
- Maternity Guidance;
- Paternity Leave;
- Rehabilitation Leave;
- Special Leave – Dependant Emergency;
- Working Time Regulations Collective Agreement;

- Annual Leave and Public Holidays;
- Bullying & Harassment in the Workplace Policy;
- Disciplinary Procedures;
- Employee Metal Health Policy;
- Equality and Human Rights Policy;
- Flexi-Time Guidance Notes;
- Knowledge and Skills Framework;
- Performance Management Procedures;
- Sickness and Absence Policy;
- Urgent Domestic Emergencies;
- Managing Work-Related Stress Policy.

3.3   Information, Instruction and Training

The following training will be undertaken in accordance with the Trust's corporate curriculum and training needs analysis.

- Stress Awareness Annual Mandatory - for al employees every 3 years through e-learning or face-to-face by the Health and Safety Department.

- Stress Master Classes – This is optional for all employees, face-to-face. As and when required by the Occupational Health Department.

- Health and Safety Management Course – Mandatory for all managers, face-to-face courses by the Health and Safety Department.

- Conflict Resolution Training – Mandatory for all employees, face-to-face by the Training Development Department.

Training is recorded on the ESR system.

Non-attendance is reported to Line Managers to ensure that delegates are booked onto the next available course.

3.4   Surveys

The Trust undertakes the following surveys: -

- The National Staff Survey – Undertaken annually and involves selected members of staff. A full management report is given to the Trust. The six management standards are included in the survey.

- The Health & Wellbeing Survey – Undertaken by the Trust as and when required. A full management report if given to the Trust.

- Health and Safety Executive Survey on work-related stress. Issued and collated by the Health and Safety Department. A full management report is given to the Trust.

3.5   Further Support

Further support for staff: -
> Bullying and Harassment Advisors;
> Occupational Health Department (open door policy);
> Stress Champion (open door policy) Non-Clinical Risk Advisor;
> Team Brief Meetings;
> One-to-one Meeting with Line Manager.

Record of Risk Assessment Findings

No.	Hazards Identified from the Activity (Something with the potential to cause harm)	Risks & Consequences Identified from the Hazard (The harm which may arise from the hazard)	Person(s) at Risk	Current Control Measures in Place Adequate and Inadequate	Residual Risk Score			
					Severity	Likelihood	Total Score	Risk Rating
1.	*Demands* • *This includes issues like workload, work patterns and the work environment.* • *The standard states: -* > *Employees indicate that they are able to cope with demands of their job.* > *Systems are in place locally to respond to employees' individual concerns.* • *Failures include: -* > *Overload of work activities;* > *Unsocial hours;* > *Dealing with difficult members of the public;* > *Exposed to traumatic incidents;* > *Working environment;* > *Inability to manage volume of work.*	*The consequences of staff suffering from work-related stress: -* > *Staff not being able to undertake their normal duties;* > *Staff having to take time off work. This can result in more demands on other staff;* > *Long term effects can cause mental and/or physical ill health;* > *This can force staff to leave the employment of the Trust;* > *Resulting in financial claims against the Trust.*	*Employees*	*Adequate Control Measures* • *The Trust Managing Stress Policy;* • *The Trust Working Times Regulations Agreement Policy;* • *The Trust Flexi-Time Policy to assist staff;* • *Management to ensure staff skills and abilities match their current job description;* • *Mandatory for management to undertake Personal Performance Reviews (PPR's) and all staff must match Knowledge Skills Framework (KSF);* • *Team brief, mandatory to be undertaken by management. Staff encouraged to raise concerns;* > *Record Attendance* > *Record Items Discussed* • *The Trust operates Estates Fault Desk to report environmental faults/issues;* • *Management operate open door policy to enable staff to raise concerns regarding their work environment. Actions must be recorded.* ***You can add to this list and also record all inadequate control measures.***				1.

2.	Control
	• How much say the employee has in the way they do their work.
	• The standard states: -
	  > Employees indicate that they are able to have a say about the way they do their work;
	  > Systems are in place locally.
	• Failures include: -
	  > Not allowing individuals to control the way they work when it is clear they could without any risk to others.
		The consequences of staff suffering from work-related stress: -
		> Staff not being able to undertake their normal duties;
		> Staff having to take time off work. This can result in more demands on other staff;
		> Long term effects can cause mental and/or physical ill health;
		> This can force staff to leave the employment of the Trust;
		> Resulting in financial claims against the Trust.
			Employees	Adequate Control Measures
				• Management should allow where possible employees to control the pace they work at;
				• Management must encourage employees to use their skills and initiative when working;
				• Management should encourage employees during PPR's to develop new skills to help them develop their own career. This is linked to their KSF;
				• Staff are encouraged by management to take their designated breaks;
				• Managers should consult with employees and trade union safety representatives in advance of changes to their work patterns;
				• It is mandatory for team briefs to take place;
				  > Attendance recorded;
				  > Items discussed recorded.
				• Management operate an open door policy to enable any employee to discuss their concerns. Actions must be recorded;
				
				You can add to this list and also record all inadequate control measures.				

3.	_Support_	The consequences of	_Employees_	_Adequate Control Measures_				3.
	• _This includes the_ _encouragement,_ _sponsorship and resources_ _provided by the Trust, line_ _management and_ _colleagues._ • _The standard states: -_ > _Employees indicate that_ _they receive adequate_ _information and support_ _from their colleagues and_ _supervisors._ > _Systems are in place_ _locally to respond to any_ _individual concerns._	staff suffering from work-related stress: - > _Staff not being able_ _to undertake their_ _normal duties;_ > _Staff having to take_ _time off work. This_ _can result in more_ _demands on other_ _staff;_ > _Long term effects_ _can cause mental_ _and/or physical ill_ _health;_ > _This can force staff_ _to leave the_ _employment of the_ _Trust;_ > _Resulting in financial_ _claims against the_ _Trust._		• _There are numerous Human Resources_ _policies in place to adequately support_ _staff(see section 3.2 policies);_ • _All managers should have attended_ _management training course to enable_ _them to manage staff correctly and support_ _their staff;_ • _All managers must attend the Trust Health_ _and Safety Management Training Course_ _and comply with HSG 65;_ • _At team briefs and one-to-one's staff must_ _be allowed to ask questions and they must_ _be given constructive feedback;_ • _During PPR's (appraisals) managers are to_ _identify training needs of staff;_ • _The Trust disseminates information on how_ _staff can gain support from counselling staff_ _and competent persons within the Trust;_ • _Managers operate an open door policy to_ _help employees raise concerns. Actions_ _must be recorded._ **_You can add to this list and also record all_** **_inadequate control measures._**				

4.	Relationships
	• To promote positive working, to avoid conflict and dealing with unacceptable behaviour;
	• The standards states: -
	  > Employees indicate that they are not subjected to unacceptable behaviour (bullying and harassment at work);
	  > Systems are in place locally to respond to any individual concerns.
	• Failures include: -
	  > Personality clashes;
	  > Bullying;
	  > Harassment;
	  > Conflict with members of the public.
		The consequences of staff suffering from work-related stress: -
		  > Staff not being able to undertake their normal duties;
		  > Staff having to take time off work. This can result in more demands on other staff;
		  > Long term effects can cause mental and/or physical ill health;
		  > This can force staff to leave the employment of the Trust;
		  > Resulting in financial claims against the Trust.
			Employees	Adequate Control Measures
				• The Trust has a bullying and harassment policy;
				• The Trust provides conflict resolution training for all staff;
				• There is an agreed standard for acceptable behaviour for staff at work;
				• The Trust employees local security management specialist for security advice;
				• There is an accident/incident near miss reporting system (Sentinel). All employees receive training on this system;
				• All managers are trained in accident investigation in accordance with HSG 245 and give feedback to staff;
				• All non-clinical incidents are collated by the Health and Safety Department and reports sent to the Health and Safety Committee and Non-Clinical Risk and Governance Committee;
				• The Trust has trained bullying and harassment advisors to give advice and support to employees;
				• The Trust bullying and harassment alleged incidents go direct to Human Resources for investigation;
				• Managers operate open door policy to enable staff to raise concerns and report unacceptable behaviour. Actions must be recorded.
				
				You can add to this list and also record all inadequate control measures.
								4.

5.	*Role*	*The consequences of*	*Employees*	*Adequate Control Measures*				5.
	• *Whether people understand their role within the Trust and whether the Trust ensures that the person does not have conflicting roles;* • *The standards state: -* > *Employees indicate that they understand their role and responsibilities;* > *Systems are in place locally to respond to any individual concerns.* • *Failures include: -* > *Employees do not understand their role within the Trust.*	*staff suffering from work-related stress: -* > *Staff not being able to undertake their normal duties;* > *Staff having to take time off work. This can result in more demands on other staff;* > *Long term effects can cause mental and/or physical ill health;* > *This can force staff to leave the employment of the Trust;* > *Resulting in financial claims against the Trust.*		• *All employees have clearly defined job descriptions which must include their role and responsibilities;* • *PPR's and one-to-one meetings enable staff to clarify their roles and responsibilities. Any conflict must be recorded and actioned;* • *Managers develop personal work plans that are aligned to the outputs of the ward/department;* • *Team briefs enable management to communicate key team objectives and targets. These meetings must have attendance and items discussed, recorded;* • *Management ensure new employees receive adequate induction training into their role and objectives and the department;* • *Management operate an open door policy to ensure staff are able to discuss concerns and report any ambiguity or confusion. Actions must be recorded.* ***You can add to this list and also record all inadequate control measures.***				

6.	Change
	• How organisational change, whether small or large is managed and communicated in the Trust;
	• The standards state: -
	  > Employees indicate that the Trust engages them frequently when undergoing an organisational change;
	  > Systems are in place locally to respond to any individual concerns.
	• Failures include: -
	  > Responding to government targets without consultation;
	  > New software. No consultation/training of staff.
		The consequences of staff suffering from work-related stress: -
		  > Staff not being able to undertake their normal duties;
		  > Staff having to take time off work. This can result in more demands on other staff;
		  > Long term effects can cause mental and/or physical ill health;
		  > This can force staff to leave the employment of the Trust;
		  > Resulting in financial claims against the Trust.
			Employees	Adequate Control Measures
				• The Chief Executive and Chairman fo brief staff on changes within an adequate time scale;
				• Management ensure individuals directly affected are involved in change process, via team briefs and one-to-one meetings and consultation with staff side health and safety representatives;
				• Staff who change their roles do receive relevant and adequate training;
				• Management review work plans and objectives after change to ensure that they are valid and clear to all staff;
				• Relevant support is provided to staff who are subjected to change;
				• Managers operate open door policy to enable staff to raise concerns regarding changes. Actions must be recorded.
				
				You can add to this list and also record all inadequate control measures.
								6.

<u>Section 5</u>

Are any other risk assessments required for this task?   Yes / No

If yes, state which assessment and the reference number:

_____

_____

_____

_____

Is there further advice required from competent persons regarding this assessment?

Manual handling – Moving and Handling Specialist – Extension 4935

Noise – Non Clinical Risk Advisor – Extension 2465 / Bleep 123

Hand-Arm Vibration – Non Clinical Risk Advisor – Extension 2465 / Bleep 123

Lone Working – Contracts Manager – Extension 2896 / Bleep 789
              Non Clinical Risk Advisor – Extension 2465 / Bleep 123

Slips, Trips and Falls – Non Clinical Risk Advisor – Extension 2465 / Bleep 123

Working at Heights – Non Clinical Risk Advisor – Extension 2465 / Bleep 123

Personal Protective Equipment – Non Clinical Risk Advisor – Extension 2465 / Bleep 123

Health Surveillance – Occupational Health – Extension 4939

COSHH – Risk Co-ordinator (Health and Safety) – Extension 2136/Bleep 386
            Non Clinical Risk Advisor – Extension 2465 / Bleep 123

Infection Control and Decontamination – Infection Control Team – Extension 2825

Medical Equipment – Medical Engineering Manager – Extension 2036

Disability Discrimination Information – Contracts Manager – Extension 2896 / Bleep 789

Security – Contracts Manager – Extension 2896 / Bleep 789

Waste – Contracts Manager – Extension 2896 / Bleep 789

Stress – Non Clinical Risk Advisor – Extension 2465 / Bleep 123

Section 6

<u>Summary of Risks with Recommendations</u>

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Print Name(s): _____ **Date:** _____

Signature(s): _____

Section 7

Action Plan Following Risk Assessment, Inspection, Audit or an Investigation

Task(s) Requiring Action: _____   **Date:**

1 – Details of Hazards Identified	2 – Person(s) Responsible and Timescales for Action	3 – Review	4 – Completion
Date of Assessment etc: Person carrying out Assessment etc: Designation: Forwarded to: (for completion of Section 2) Date Forwarded:	Name of Person: Designation: Date Received: Copies Forwarded to: Date Forwarded:	Status as at (date): **Extreme Risk:** **- Action Immediate** **High Risk:** **- Action within 6 months** **- Review within 3 months** **Moderate Risk:** **- Action within 12 months** **- Review at 3 month intervals**	To be completed by persons responsible for action in Section 2.

Item No.	Problem requiring attention (include risk rating) and the recommendations of how to eliminate or reduce risks to its lowest acceptable level	Date first reported	Person(s) responsible for action	Agreed time of action – specify date	Comments on actions	Has the Action been Completed?		If no, what is the status of the action	Date signed as completed	Signature
						Yes	No			

Item No.	Problem requiring attention (include risk rating) and the recommendations of how to eliminate or reduce risks to its lowest acceptable level	Date first reported	Person(s) responsible for action	Agreed time of action – specify date	Comments on actions	Has the Action been Completed?		If no, what is the status of the action	Date signed as completed	Signature
						Yes	No			

Section 8

Risk Register Application

If funding is not available to address the risk within your Department/Directorate, the Senior Manager/ Director must ensure that the risk and the control measures required are entered onto the Risk Register

This proforma must be completed and forwarded to the Risk Manager

Department/Ward:	Division:
Name(s) of Assessors:	Assessment Date:

Description of Risk	Consequence	Likelihood	Risk Rating

Description of Control Measures Required	Cost

Who is Monitoring the Risk/Control Measure?

Name: please print	Signature:	Date:

Date Forwarded to Risk Manager:

RISK MANAGEMENT USE ONLY	
Date Entered onto Risk Register:	
Date Copy Returned to Originator:	
By Whom:	

APPENDIX B

INDIVIDUAL STRESS REFERRAL PROCESS PATHWAY

```
┌──────────────────────────┐                              ┌──────────────────────────┐
│  Individual experiencing  │                              │    Concerns about an      │
│   high levels of stress   │                              │   employee / colleague    │
└──────────────────────────┘                              └──────────────────────────┘
                                                                        │
                                                                        ▼
                                                           ┌──────────────────────────┐
                                                           │  Speak to the individual  │
                                                           │ - inform them of your     │
                                                           │  concerns and that        │
                                                           │  support is available     │
                                                           └──────────────────────────┘
┌──────────────────────────┐        ┌──────────────────┐
│  Contact your Line Manager│        │    IN CRISIS      │
│ If alleged, he/she is the │        │  If out of hours –│
│  cause of stress, then    │        │  contact own GP   │
│  follow the action below  │        └──────────────────┘
└──────────────────────────┘

┌────────────────────┐   ┌──────────────────┐   ┌──────────────────┐
│ Contact the Non-   │◄─►│ Contact Human     │◄─►│ Contact           │
│ Clinical Risk      │   │ Resources for     │   │ Occupational      │
│ Advisor for advice │   │ advice / referral │   │ Health for advice │
│ / referral         │   │                   │   │ / referral        │
└────────────────────┘   └──────────────────┘   └──────────────────┘

┌──────────────────────────┐
│  Assessment by            │
│  Occupational Health &    │
│  Wellbeing Specialist /   │
│  Occupational Health Staff│
│  Counsellor               │
└──────────────────────────┘

┌──────────────────────────┐        ┌──────────────────────────┐
│ Refer to CMHT/ Crisis Team│        │  Support provided at      │
│ for specialist mental     │        │  Occupational Health or   │
│ health assessment/        │        │  referral to other        │
│ intervention              │        │  Specialist or Specialist │
│                           │        │  Agency                   │
└──────────────────────────┘        └──────────────────────────┘
```

APPENDIX C

DEPARTMENTAL STRESS PROCESS PATHWAY

Report of a department experiencing high levels of stress.

Reports can be made by: -
Departmental managers, employees of the department, Stress Action Group members, Trade Union Safety Representatives, Stress Champion

↓

HSE stress survey is carried out by the Health & Safety Team and the collated results are shared with management, staff from the department and Trade Union Safety Representatives

↓

Stress Focus Group meeting is arranged to discuss the results with management, employees and Trade Union Safety Representatives

↓

Risk assessment and action plan is written and agreed by all parties

↓

The risk assessment and action plan is monitored and reviewed regularly to ensure that progress is being made

Individual Stress Assessment and Action Plan

Copies available on BHNFT Intranet Site: http://bdghnet/Departments/Occ_Health/5529.html

Action planning to reduce the risk of work-related stress problems, based on Health and Safety Executive Management Standards for Stress

How to complete:
- **Discuss each section with individual staff member**
- **Assess the risk and decide if it is currently causing stress**
- **Record the findings and decide on any action required to eliminate or reduce stress**
- **Review the assessment over time**

A. DEMANDS	Possible Solutions	Action Taken & Review Date
• Work overload • Long hours • Proper rest and holidays • Inadequate staffing	• Prioritise tasks • Look at job design and working practices • Check leave is being properly taken • Is work being taken home? Is there constant communication during off-duty time by e-mail, text and phone? • Cut out unnecessary work and communications • Review workloads and staffing, and enable individuals to plan their work	
• Inappropriately qualified for the job • Too little training for the job • Over promotion • Skills not recognised – promotion prospects not fulfilled	• Make sure individuals are matched to jobs – people can be over and under qualified • Analyse skills alongside the tasks • Provide training for those who need more, e.g. when introducing new technology • Review and consider selection, skill criteria, job summaries, training and supervision • Career planning discussion, training needs evaluation • Monitor workplace policies in practice: discrimination	
• Boring or repetitive work	• Job enrichment/job rotation/role review • Assess workstation and work practice for possible solutions	

Managing Work-Related Stress Policy
BHNFT. ID SE3.10 Date: March 2009 (Updated: September 2011)
Sponsoring Director: Director of Human Resources and Organisational Development

	• Consider changing the way jobs are done by moving people between jobs, giving individuals more responsibility, increasing the scope of the job, increasing the variety of tasks, or giving a group of workers greater responsibility for effective performance of the group	
• Inadequate resources for task	Analyse requirements for any project/task • Equipment • Staffing • Priorities • Deadlines	
• Employees experiencing excessive workloads • Employees working under excessive pressure	• Review workload and demands regularly and as an integral part of the appraisal and performance management process • Support staff in planning their work. Try to establish what aspects of their job they find challenging. Redistribute work or set different work priorities if they are not coping • Check that holiday leave is being taken and staff needs are being accommodated • Check management skills and assess training needs	
The physical working environment • Poor temperature control • Noise • Lack of facilities for rest/breaks • Poor lighting • Poor ventilation • Badly placed or designed workstations	• Make sure workplace hazards are properly controlled • Undertake risk assessments of workspace and significant tasks	
The psychological working environment • Threat of aggression or violence • Verbal abuse • Poor management practices	• Assess risks, implement controls including investigation of complaints and appropriate training • Monitor absence levels and trends. Compare with other departments, other businesses • Look at the individual and any risk factors that apply to this particular person	

B. CONTROL	Possible Solutions	Action Taken & Review Date
• Not being able to balance the demands of work and life outside work	• Encourage a healthy work-life balance • Ensure staff take all their allocated holiday allowance and distribute it fairly across the year • Develop a communications protocol that ensures people have rest time completely free of all work-related messages.	
• Rigid work patterns • Fixed deadlines occurring in different parts of the year • Lack of control over work	• Try to provide some scope for varying working conditions and flexible work schedules (e.g. flexible working hours, working from home) • Consult with people to allow them to influence the way their jobs are done, what the real deadlines are and what the priorities are	
• Conflicting work demands	• Set realistic deadlines for tasks • Take into account that individuals are different, and try to allocate work so that everyone is working in the way that helps them work best, takes account of their home obligations and makes best use of their skills • Be clear about tasks required	

C. SUPPORT	Possible Solutions	Action Taken & Review Date
• Return to work system • Sickness and absence management	• Policies and systems in place, monitored and consistently applied • Measure trends and changes • Investigate variations • Check management skills and assess training needs	
• Inductions	• New staff properly inducted • Mentoring roles • OH/HR support • DDA adjustments in place, reviewed and checked	
• Post disciplinary, grievance or suspension	• Support staff as appropriate • Make sure staff aware of support available via Occupational Health – Health and Wellbeing Service (Ext 4939)	

D. RELATIONSHIPS	Possible Solutions	Action Taken & Review Date
• Poor relationships with others • Staff complaints or rising absence trends	• Investigate causal factors • Provide training in interpersonal skills, non-discriminatory rules and workplace conduct standards • Discuss the problem openly with individuals • Follow complaint procedures • Check management skills and assess training needs • Discuss Mediation as a form of conflict resolution prior to any formal procedures (For more information contact Mediation Co-ordinator on ext 4939 or see Occupational Health intranet site)	
• Bullying or confrontational communications styles	• Encourage constructive and positive communications between staff • Managers should discuss and address bullying and/or confrontational communication styles with member of staff who display these behaviours • Consider training and policy guidance • Encourage contact an harassment adviser for confidential advice (see Occupational Health intranet site for more information)	
• Bullying, racial or sexual harassment	• Set up effective systems to prevent bullying and harassment. • Ensure staff are aware of the Trusts Dignity and Bullying & Harassment Policy, Mediation and Harassment Adviser roles, and that they know how to get support or make a complaint • Practise by example and make it clear what behaviours are not acceptable	
• Lack of support or fear culture within from management and co-workers	• Support and encourage staff, protect them from reprisals • Consider introducing a mentoring and counselling scheme • Investigate and take action as appropriate as soon as possible	

E. ROLE	Possible Solutions	Action Taken & Review Date
• Clear lines of accountability and responsibility	• Ensure good communication systems exist and are in place • Set management standards to ensure best practice in: clarity of job function, responsibility for staff management and welfare • Make it clear to staff that management will try to ensure that their problems will be handled sensitively and at the appropriate level of management	
• Lack of communication and consultation	• Communicate clear business objectives • Aim for good communication and close employee involvement, particularly during periods of change or high pressure	
• A culture of blame when things go wrong, denial of potential problems • Failure to recognise success	• Be honest, set a good example, and listen to and respect others • Acknowledge and reward successes	
• A culture that considers stress a sign of weakness	• Approachable management which wants to know about problems and will try to help to resolve them	
• An expectation that people will regularly work excessively long hours or take work home with them	• Avoid working excessively long hours • Lead by example • Check management skills and assess training needs • Schedule work in a way that allows recovery time after unavoidable busy periods	

F. CHANGE	Possible Solutions	Action Taken & Review Date
- Fears about job security - Poor communication – uncertainty about what is happening - Not enough time allowed to implement change - Inexperience/fear of new technology - Lack of skills for new tasks - Not enough resource allocated for change process	- Provide effective support for staff throughout the process - Consult with staff likely to be involved in a change of management programme – fear and uncertainty can lead to increased anxiety, unfounded gossip, poor employment relationships and increased absence - Getting together as a team can help people to feel less isolated with their concerns - Ensure effective two-way communication throughout process – knowing exactly what is going to happen when can help people feel less anxious about a change - Consider training needs – do people have the tools and skills to effect change? - Consider changes in teams or work environment – a small change, e.g. a different positioning of desks, can have a major impact on communication and work relationships to help people not to feel isolated	

Completed by   (Staff Member)   ……………………………………….   Date…………………

(Manager)   ………………………………………..   Date ………………...

TERMS OF REFERENCE FOR THE TRUST STRESS ACTION GROUP

1.   CONSTITUTION AND ACCOUNTABILITY

The Stress Action Group is a group of the Trust Health and Safety Committee and has no executive powers.

The Group in its workings will be required to adhere to constitution of Barnsley Hospital NHS Foundation Trust, the terms of authorisation and code of governance issued by the Independent Regulator for NHS Foundation Trust monitor.

The Group is authorised to investigate any activity within its terms of reference and to seek any information it requires from any employee. All employees are directed to co-operate with any request made by the Group.

2.   OVERALL PURPOSE

The Group is to promote the co-operation and partnership between management, trade unions, safety representatives and employees in the development and implementation of control measures to ensure health, safety and wellbeing of employees who are affected by work-related stress issues and agree SMART action plans.

3.   MEMBERSHIP

- Non-Clinical Risk Advisor (Stress Champion) (Chair Person)
- Deputy Director of Human Resources (Vice Chair Person)
- Occupational Health Manager
- Trust Staff Counsellor
- Health and Wellbeing Specialist
- Consultant
- NHSLA/NICE LEAD
- Acting Assistant of Human Resources (Learning and Development)
- Clinical Audit Manager
- 3 Trade Union Health and Safety Representatives

Members will be required to attend at least 75% of Group meetings each year and are encouraged to send deputies on the exceptional occasions when they cannot attend in person.

Membership will be regularly reviewed to ensure it appropriately reflects work-related stress governance and risk requirements.

4.   ATTENDANCE AND FREQUENCY OF MEETINGS

Meetings to be held no less than every 3 months. Timings may be amended to meet internal or external deadlines for work-related stress issues.

The Non-Clinical Risk Advisor will ensure that an efficient secretarial service is provided to the Group.

5.   QUORUM

A Quorum shall be 4 members, one must be the chair person or vice chair person.

6.   DUTIES AND RESPONSIBILITIES

The Group is responsible for co-ordination and the provision of compliance for work-related stress to the Trust Health and Safety Committee.

Review departmental stress risk assessments and action plans undertaken by managers. Make recommendations on control measures to prevent work-related stress.

Review and monitor all stress management and stress awareness training.

Review and monitor employees exit interviews relating to work-related stress.

Review and monitor sickness/absence where there is an identified work-related stress cause.

Review the terms of reference of the Stress Action Group.

Provide a supporting role to Stress Focus Group meetings.

Analyse all stress surveys (Health-e-solutions, National NHS Foundation Trust Survey, Health and Safety Executive surveys)

Monitor the effectiveness of work-related stress, communication and publicity in the workplace.

Provide an annual report to the Health and Safety Committee and Non-Clinical Governance and Risk Committee.

7.   REPORTING

The Group will report its deliberations quarterly to the Trust Health and Safety Committee.

The chair of the group will present the ministers of the group to all Health and Safety Committee members, drawing attention to any issues which requires the Committee to take action or make recommendations to the Trust Non Clinical Governance and Risk Committee.

Date of approval by Health and Safety Committee

To be reviewed every two years: Date for next review: August 2013.

Barnsley Hospital **NHS**
NHS Foundation Trust

| | Equality Impact Assessment (EQIA) |
| | **Pro-Forma** |

The purpose of an Equality Impact Assessment (EQIA) is to ensure that we do not discriminate against any of the Equality Groups (Age, Disability, Gender, Sexual Orientation, Race, Religion or Belief) and ensure that we promote equality in the provision and take up of our services and employment practices at Barnsley NHS Foundation Trust.

Div/ Dept	*Human Resources*
Policy/ Service	*Managing Work-Related Stress Policy*
Is this policy service New/Existing	*Existing*
Assessor(s)	*Gareth Furmage – Non Clinical Risk Advisor*
Date of Assessment.	*1st August 2011*
Aims/Objectives/Purpose Of Policy/Service	*To enable staff to report work-related stress, to enable management to manage work-related stress.*
Associated Objectives for this Service e.g. NSF's National Targets, References	*To ensure compliance with the Health and Safety at Work etc Act 1974. Management of/Health and Safety at Work Regulations 1999.* *HSG 218 Work-Related Stress* *Equality Act 2010* *Regulatory Reform Fire Safety Order 2005*
Who Does this policy Affect?	*Barnsley Hospital NHS Foundation Trust Employees*
What outcomes do you want to achieve from this service delivery?	*Staff to report work-related stress. Management to effectively manage and have control measures in place to prevent stress in the workplace.*

What factors could contribute/detract from effective delivery of this service?	**Contribute** *Training of employees on stress awareness.* *Training of management to undertake risk assessments and manage work-related stress.* *Effective recording systems*	**Detract** *Managers understanding of policy and how to undertake risk assessments.* *Failure to report and record training details of work-related stress.*

Could this service/policy have a different impact on different groups protected characteristics (PC's)	If Yes please circle which groups	Y/N
	Race	No
	Age	No
	Disability	No
	Gender	No
	Religion	No
	Class	No
	Sexual Orientation	No
	Human Rights	No
	Pregnancy maternity	No
	Marriage Civil partnership	No

Explain any reasons/evidence to support the above question relevant to this impact (e.g. language barriers, consultation, complaints, surveys, mystery shopper, evaluations)	
If you have answered yes to the above, please describe any current/planned actions, (**SMART**), agreed workstreams relevant to your EIA which will: • **Eliminate discrimination** • **Promote equal opportunities** • **Promote good race relations**	
Following the above actions, will there be a need for a further impact assessment?	Yes/No • If yes please complete partial assessment. • If no this assessment needs to be completed, recorded and sent electronically to your **Equality & Diversity Advisor**
How will this EQIA be communicated/shared?	• Sent to Trust Equality and Diversity Advisor for sign off. • Uploaded on Trusts public webpage. • HR intranet . • Communicated to relevant Div/Dept at team meeting.
When is the next review (please note review should be immediate on any amendments to your policy etc.)	**1 year 2 year 3 year** Two Years August 2014