

Management of Stress in the Workplace - HRP013

Table of Contents

HR PROCEDURE:-	1
Why we need this Procedure.....	3
What the Procedure is trying to do.....	3
LEGAL OBLIGATION.....	4
Which stakeholders have been involved in the creation of this Procedure.....	5
Any required definitions/explanations.....	5
Key duties.....	6
Procedure detail.....	6
TRUST BOARD	7
SAFER SERVICES GROUP	7
ROLE OF MANAGERS	7
EMPLOYEES' RESPONSIBILITIES	8
ROLE OF OCCUPATIONAL HEALTH AND WELLBEING.....	9
ROLE OF STAFF COUNSELLING.....	9
ROLE OF HUMAN RESOURCES.....	9
HEALTH & SAFETY RISK MANAGER.....	10
SAFETY REPRESENTATIVES.....	10
MANAGEMENT OF STRESS-RELATED ABSENCES	11
IDENTIFICATION OF WORKPLACE STRESSORS.....	11
RISK ASSESSMENT.....	11
HOW INFORMATION IS RECORDED	12
HOW STAFF CAN ACCESS INFORMATION ON THE MANAGEMENT OF WORK RELATED STRESS ..	12
Training requirements associated with this Procedure.....	12
• Mandatory Training.....	12
• Specific Training not covered by Mandatory Training.....	12
How this Procedure will be monitored for compliance and effectiveness.....	12
For further information.....	13
Equality considerations.....	13
Document control details.....	17
APPENDIX 1.....	18
APPENDIX 2.....	20

Why we need this Procedure

Northamptonshire Healthcare NHS Foundation Trust is committed to ensuring the health, safety, wellbeing and resilience of **all** its staff.

This Procedure sets out the Trust's intentions for the management of mental wellbeing and resilience at work to ensure a healthy, motivated and committed workforce which in turn will deliver high quality services.

The Health and Safety Executive's (HSE) definition of work related stress, depression or anxiety is "a harmful reaction people have to undue pressures and demands on them at work".

The HSE emphasises that well designed, organised and managed work helps to maintain and promote individual health and well-being but, where there has been insufficient attention to job design, work organisation and management, the benefits and assets associated with 'good work' could be lost. One possible result is work-related stress. The term 'work-related stress' is the process that arises where work demands of various types and combinations exceed a person's capacity and capability to cope. It is a significant cause of illness and disease and is known to be linked with high levels of sickness absence.

The HSE leaflet 'Working together to reduce stress at work – a guide for employees INDG406' is available to view and download from the HSE website <http://www.hse.gov.uk/stress/index.htm>. It provides general guidance on stress for all staff. For those staff who do not have access to the Internet as part of their role, copies of the leaflet can be printed by their manager.

Staff are also encouraged to take personal responsibility for themselves both in and out of work, and support others to do the same. By implementing this procedure, it is expected that awareness of the causes of stress will increase, as will awareness of the support available. This will lead to a reduction in the overall levels of stress within the Trust, which is a significant reason for sickness absence in the Trust.

The Trust seeks to have an organisational culture that is supportive and provides a range of services to support staff experiencing work and/or personal stress. Information is available under the 'Well-being' section on the Trust's Intranet site: <http://thestaffroom.nhft.nhs.uk/occupational-health>. Information includes Occupational Health Services, and Staff Counselling.

What the Procedure is trying to do

NHFT is committed to protecting the health, safety and welfare of our employees. We recognise that workplace stress is a health and safety issue and acknowledge the importance of identifying and reducing workplace stressors. The purpose of this procedure is to provide direction and guidance to Trust staff and Managers on the management of work related stress, promotion of mental well-being and resilience, and the process for risk assessment based on the HSE's Stress Management Standards.

- Improved working climate and culture
- Greater openness about sources of pressure at work at all levels
- Better awareness about stress and mental wellbeing in all employees
- The continuing importance of trying to ensure a good work-life balance for all employees
- Greater consistency of approach from Managers in dealing with mental wellbeing
- Early identification of stress supporting prompt resolution
- Greater awareness of support available to staff

- Overall reduction in key stress indicators including reduction in sickness absence

This procedure applies to all employees of the Trust including bank staff.

Legal Obligation

NHFT utilises the Health & Safety Executive Management Standards for Work Related Stress to help identify the six key potential stressors at work (see below). Managing these stressors proactively can help to reduce work-related stress. Managers have a duty to conduct, record and review risk assessments within their area. Risks requiring further control will go onto the risk register. (See 'Procedure and Guidance for the Use of Risk Registers' for how to complete risk assessments and use risk registers).

The Legal Case: The Law requires employers to tackle stress

- Under the Management of Health and Safety at Work Regulations 1999, the Trust has a duty to assess the risk of stress-related ill health arising from work activities, and under the Health and Safety at Work Etc Act 1974 to take measures to control that risk. Stress is not just a health and safety issue and there are other pieces of law that can be considered. For example:-
 - The Employment Rights Act 1996
 - The Public Order Act 1986
 - The Protection from Harassment Act 1997
 - The Working Time (Amended) Regulations 2002
 - The Equality Act 2010

The Business Case: Tackling stress brings business benefits

- The true cost of work-related stress is not known but, according to the Labour Force Survey (LFS), it is estimated that the total number of working days lost due to stress, depression or anxiety was 11.7 million in 2015/2016; an average of 23.9 days per case of stress, depression or anxiety. The total number of cases of work related stress, depression or anxiety in 2015/2016 was 488, 000, (37%) of all work related ill health cases and 45% of all working days lost due to ill health. The number of new cases of work related stress, depression and anxiety in 2015/2016 was 224,000.
- Having a positive, satisfied, and psychologically healthy workforce will produce economic benefits through improved attendances, motivation and commitment.

The Moral/Ethical Case: Tackling stress prevents ill health

- There is now convincing evidence that prolonged periods of stress, including work-related stress, have an adverse effect on health.

- Research provides strong links between stress and:-

Physical effects such as heart disease, back pain, headaches and gastrointestinal disturbances or various minor illnesses.

Psychological effects such as anxiety and depression.

Stress will be treated in the same way as any other health hazard and risks to mental health and well-being will be assessed when necessary. It is acknowledged that the Trust should act reasonably to prevent risks that are reasonably foreseeable.

Which stakeholders have been involved in the creation of this Procedure

- Trust Staff Partnership Forum and Line Managers
- Trust Policy Board attendees

Any required definitions/explanations

NHFT	Northamptonshire Healthcare NHS Foundation Trust as an employer and controller of premises.
HASWA	Health and Safety at Work Etc Act 1974
HSE	Health & Safety Executive
LFS	Labour Force Survey
MHSWR	Management of Health and Safety at Work Regulations 1999
Employees/ Member(s) of Staff	An individual who has entered into or works under a contract of employment covered by the Section 40 of the Employment Act 2002.
Line Manager	Any individual who has Line Management responsibilities irrespective of their job title.
Safer Services Group	Safer Service Group has been established between the Trust and accredited representatives of the recognised Trade Unions as set out in the Safety Representatives and Safety Committees (SRSC) Regulations 1978.
Employee Reps	Individuals who are accredited by a recognised Trade Union to act as an employee representative in line with the Trade Union and Labour Relations (Consolidation) Act 1992.

Health and Safety Reps Individuals who are accredited by a recognised Trade Union to act as a Health and Safety representative as set out in the Safety Representatives and Safety Committees (SRSC) Regulations 1978.

Stress The HSE defines stress as a harmful reaction that people have due to undue pressures and demands on them at work. This makes an important distinction between pressure, which can be a positive state if managed correctly, and stress which can be detrimental to health.

The six Management Standards covering the primary sources of stress at work are:-

- Demands – this includes issues such as workload, work patterns and the work environment
- Control – how much say the person has in the way they do their work
- Support - this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- Role – whether people understand their role within the organisation and whether the organisation ensures they do not have conflicting roles.
- Change – how organisational change (large or small) is managed and communicated in the organisation.

Key duties

Director of Human Resources – Lead Director for this procedure.

HR Department – provides support and guidance on the application of this procedure

All Managers – to be fully conversant with the terms of this procedure and to apply it fairly and equally.

Procedure detail

General Principles

Everyone (regardless of position, grade or role) in the Trust has a role to play in ensuring that their working environment is safe and healthy. All staff should be able to feel valued and make a contribution.

Trust Board

Will provide sufficient resources for the successful implementation of the procedure

Safer Services Group

Will oversee implementation and effectiveness of the procedure through review of risk registers, health & safety audits and reports with a view to identifying stress 'hot spots' and working with HR and line managers to produce action plans to tackle the issues identified.

Role of Managers

Managers have a critical role in the prevention of work related stress but also to minimise and manage stress risks. Using regular supervision and appraisal meetings is an opportunity for managers to discuss an individual's wellbeing and to identify any stress.

Managers have a key role in identifying stress and should be alert to signs of stress such as:-

- Confusion, indecision
- Difficulty in concentration
- Poor memory
- Changes in eating habits
- Mood swings affecting behaviour
- Twitchy, nervous behaviour
- Changes in attendance such as arriving later or taking more time off

Managers should offer support to employees or facilitate support from elsewhere as necessary. Managers are not expected to take on the role of counsellors however. Managers will be expected to use effective communication and core skills of warmth and empathy in their management of stress-related issues.

Managers are expected to be consistent in their approach to stress-related absence and to utilise the HSE indicator tool (The risk assessment for work related stress):- <http://www.hse.gov.uk/stress/index.htm>

Where stress is potentially work-related, managers should complete a Stress Assessment (Appendix 2).

Reasonable adjustment would depend on the circumstances and service needs, but may include:-

- A temporary reduction to start and finishing times
- Temporary adjustments in working duties e.g. reduced workload if appropriate
- Additional training/coaching support
- More flexible working arrangements
- More regular supervision if appropriate
- Be aware of the employee's learning and development needs, especially when an employee is taking on a new / changed role.

The Trust has a range of flexible working arrangements and advice can be sought from HR Trade union members can seek advice from their respective Staff Side representative.

If, having undertaken the above, problems continue then managers should:-

- Undertake individual stress assessment where required and review on a regular basis.
- Maintain good communication at all times, and this should be 'face to face' communication whenever possible. Good communication reduces unnecessary uncertainty and reduces stress, especially during organisational change.
- Use positive feedback and any negative should be constructive.
- They should seek to consult and involve staff at the earliest appropriate stage.
- Monitor and review workload and working time of staff, to ensure that neither becomes excessive.
- Manage poor performance and attendance effectively in order to prevent unnecessary pressure on colleagues in accordance with Trust's Performance and Capability Procedure.
- Not regard stress as a weakness or illness, and encourage open discussion of work pressure at team meetings.
- Be clear about the role, responsibilities and expectations of staff.
- Refer employees with stress to Occupational Health as soon as it is identified.
- Ensure that bullying and harassment are not tolerated within their jurisdiction.

Managers should not hesitate to seek advice and/or support if they feel they need guidance on addressing stress-related issues. Advice can be provided by your Human Resources Business Partner, Occupational Health and Wellbeing Service and Health and Safety/Risk Manager.

Managers should be aware of all other relevant policies (e.g. Harassment and Bullying - HR016, Managing Absence - HR017, and Flexible Working - HRP001). Such awareness will enable better planning and decision making.

Where a Manager has concerns that a member of their staff appears to be showing signs of stress, they must meet with the individual to discuss their concerns. Where stress is potentially work related they should complete a Stress Assessment (Appendix 2). This will enable stressors to be identified, agree action and address them and appropriate timescales for reviewing progress on the area(s) of concerns. This will be recorded and stored on the employee's personal file. It is advised that the assessment be repeated at appropriate intervals to ensure action plans are appropriate and reducing identified work related stressors.

If an individual does not wish to complete the tool with their Manager, an appropriate alternative should be offered.

Managers should not hesitate to seek support from HR and/or Occupational Health and Wellbeing if in any doubt about what to do about stress-related issues. Managers should not ignore such issues if they have a concern related to stress or mental well-being of staff.

Employees' Responsibilities

- Stress is not a sign of weakness nor is it an illness. Anybody at any time may experience stress for a variety of reasons. Sometimes people have previously coped effectively with challenges, however, excessive pressure, where a number of issues arise at both home and work, may result in stress. It is essential that staff play an active role in contributing to their own well-being and development in order to minimise the risk of work related stress. Employees should:
- Approach their Line Manager for support in the first instance, but can approach Human Resources, Confidential Helpline, their Staff Side union representative or Occupational Health directly if, for whatever reasons, they feel they cannot approach their manager.
- Employees are strongly encouraged not to suffer in silence and to seek support when needed. This includes acceptance of opportunities for support if offered e.g. Staff Counselling.

- Discuss learning and development needs with their Manager.

Evidence suggests that it can be therapeutic and beneficial for long term well-being to avoid absence due to work-related stress and remain in work with appropriate organisational support. Avoidance of addressing stressors in the workplace by being absent from work may not aid resolution and may cause further stress, <http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf>

Where employees are experiencing stress which is having a significant effect on their health and well-being, the Trust will support and work with the employee to look at reasonable adjustments in order to minimise risk and facilitate a successful and supported return to work.

Role of Occupational Health and Wellbeing

Occupational Health and Wellbeing is an independent, impartial, confidential service. It appreciates that individuals suffering stress may in the short term be distressed but that remaining at work and working towards resolution of identified stressors is strongly advised. This may include temporarily working in another area.

The role of the Occupational Health and Wellbeing department in relation to work-related stress will be:-

- Ensure employees who are referred with stress are offered a timely appointment
- Advise managers on any fitness to work issues
- Help individuals return to work successfully, by advising on return to work strategies
- Recommend any reasonable adjustment(s)
- Support the organisation in preventing work-related stress by providing anonymous reports with information about trends and causes of stress they can use to identify solutions
- Refer to workplace counsellors as required
- Counselling services for staff are accessed through the Occupational Health department

Role of Staff Counselling

All employees have access to the Trust's confidential Counselling Service for support and staff are encouraged to use this service whatever the nature of the stress-related problem(s).

Counselling is provided in a supportive and therapeutic environment and can offer:-

- Someone to listen
- Help to clarify a problem
- Help in handling stress at work and home
- An opportunity to look at difficulties past and present.

Role of Human Resources

The Human Resources department will provide guidance, support and coaching to Managers on the implementation of the procedure:-

- Show commitment to, assist and support the implementation of the Management of Health & Safety at Work Regulations 1999 (MHSWR) throughout the organisation.
- Assist in monitoring the effectiveness of measures to address stress by collating sickness absence statistics, staff turnover statistics and relevant information from the annual Staff Survey.

- Use available workforce information to identify stress hotspot areas, to discuss with managers and ensure that the Stress Assessments are being completed.
- Advise managers on training requirements.
- Provide continuing support to managers and individuals in a changing environment and encourage referral to occupational workplace counsellors and conduct individual stress assessments where appropriate.

Trade Union Representatives

Communication should be shared with Trade Union Representatives on any changes to work practices or work design that could precipitate stress. As part of this procedure, they:-

- Must be able to consult with Trade Union members on the issue of workplace stress, including conducting any workplace surveys
- Should be allowed to request collective and anonymous data concerning workplace stress from Human Resources.
- Should be provided with time away from normal duties to attend training provided by their Trade Unions relating to workplace stress

Health & Safety Risk Manager

- Provides specialist advice and awareness training on stress.
- Trains and supports Managers in implementing stress assessments.
- Monitors and reviews the effectiveness of measures to reduce stress.
- Gives guidance to Managers on the stress procedure.
- Shows commitment to, assist and supports the implementation of the MHSWR throughout the organisation.
- Advises Managers on training requirements.
- Provides accountability, feedback and information to senior management and the Trust Board regarding implementation of the Trust's stress Procedure.
- Inform the Trust of any changes and development in the field of stress at work

Safety Representatives

- Safety representatives should be consulted on any changes to work practices or work design that could precipitate stress.
- Safety representatives must be able to consult with members on the issue of stress including conducting workplace surveys.
- Safety representatives should be involved in the stress assessment process.
- Safety representatives should be allowed access to collective and anonymous data from HR.
- Safety representatives should be provided with paid time away from normal duties to attend any Trade Union training relating to workplace stress.
- Safety representatives should conduct inspections if possible with Health and Safety Risk Manager(of the workplace at least every 3 months to ensure that environmental stressors are properly controlled.
- Safety representatives can be contacted through the Unions.

MANAGEMENT OF STRESS-RELATED ABSENCES

Managers should be consistent and follow the agreed absence management procedure as clearly laid out in the Trust's 'Managing Absence' Policy - HR 017 (available on the Trust Intranet). In particular, Managers should be aware that increased or more frequent absence may indicate an underlying stress problem. Return to work interviews cover all aspects of absence and enable managers to discuss stress related problems where appropriate. Where an absence is identified as stress-related, an early referral to Occupational Health is essential. Managers should complete a Stress Assessment (appendix 2) and provide any relevant information to Occupational Health. Managers should seek advice from Human Resources.

Identification of Workplace Stressors

Gathering relevant information is key to giving a broad indication of whether or not work-related stress is likely to be a problem within the Trust. Workplace stressors are identified in the following ways:-

- High levels of sickness absence may indicate a potential problem area. HR and Line Managers will monitor sickness absence levels on a monthly basis.
- Exit interviews routinely take place – this can help to identify whether or not stress is a reason for staff leaving the Trust.
- Return to work interviews after every episode of sickness – enables the Trust to identify reasons for time off.
- Occupational Health referrals – these are monitored for stress.
- Team meetings – allow staff to raise issues and concerns and for managers to feedback action taken.
- Performance management – one to ones allow individuals and managers to discuss issues, set reasonable objectives and make adjustments accordingly.
- Staff survey – this includes questions covering the six management standards and allows the Trust to benchmark itself against other Community and Mental Health trusts.

Risk Assessment

Risk assessment has been described as “a process of looking forward, to anticipate and prevent harm before it occurs”. The risk assessment process identifies hazards, assesses the risks to Health and Safety, prevents the hazards/risks from occurring, or if they cannot be avoided, controlling the risk so they are reduced to a minimum.

When assessing the risk of work-related stress, it is important to consider the following:-

- The assessor needs to be aware of the basic facts about work-related stress and how to undertake a risk assessment.
- The hazards to be assessed are the 'stressors' and work-related stress is the harm that can occur as a result of occupational stress.
- The assessor should examine any hazards/indicators of stress such as high levels of sickness and high staff turnover.
- The risks that are associated with violence and lone working can also be contributory factors when considering work-related stress and, therefore, must be included in the assessment when appropriate.
- Health and Safety representatives can support with this.

By monitoring information gathered, managers can assess risk levels in their areas and complete a stress risk assessment using the risk assessment form provided in 'Appendix 1' and guidance notes provided on the Health and Safety intranet page. Risks requiring further controls should be entered onto the risk register along with recommendations to reduce risk level as part of the action plan.

Where individuals are identified as being at risk from work-related stress individual stress assessments will be conducted by HR in conjunction with the Manager to determine an action plan. For further guidance on how to manage staff experiencing work related stress, please contact the HR Department.

How Information is recorded

- Risk registers/action plans contain details of risks and causes of stress, requiring further controls
- Staff survey results are available on the intranet
- Risk assessments and risk registers for each area are held locally
- Performance appraisals are recorded in personnel files
- Occupational Health holds records of referrals
- Exit and return to work interviews are held on personnel files
- Exit interviews are held within the Human Resources Directorate
- Records of individual stress assessments are held on personnel files

How Staff Can Access Information on the Management of Work Related Stress

- HRp013 - HR Procedure: The Management of Stress in the Workplace is available on the intranet.
- Line Manager, Occupational Health, HR Staff, Staff Safety Representatives and the Health and Safety Risk Manager can all be contacted.

Training requirements associated with this Procedure

- **Mandatory Training**
There is no mandatory training associated with this procedure.
- **Specific Training not covered by Mandatory Training**
Ad hoc training sessions based on an individual’s training needs as defined within their annual appraisal or job description.

How this Procedure will be monitored for compliance and effectiveness

The table below outlines the Trust’s monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				

<p>Trends or inconsistencies in application of the procedure will be identified and addressed and any learning/best practice applied as appropriate. All changes will be reported in accordance with the process outlined above.</p> <p>Key Indicators such as numbers of cases where the procedure has been applied will also be kept under review through Human Resources and remedial action/reporting/ recommendations applied as required</p>	<p>To review cases (using the HR database) where this procedure has been applied. This includes the details of cases to be sent from the HR database to Pathways monthly and remedial action/reporting /recommendations applied as required</p>	<p>HR Business Partner who is assigned to the management of the procedure</p>	<p>Annually</p>	<p>HR Team</p>	<p>Pathway Groups to ensure remedial action/ reporting/ recommendations are applied as required</p>
<p>There can be more than one aspect to be monitored so list each separately</p>					
<p>If there is mandatory training associated with this document state the mandatory training here</p>	<p>Training will be monitored in line with the Statutory and Mandatory Training Policy.</p>				
<p>Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.</p>					

For further information

Please contact the Assistant Director HR.

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Procedure changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of ‘protected characteristics’ including:-

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Race
- Religion or belief
- Sexual orientation
- Pregnancy and maternity and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people)

The author has considered the impact on these groups of the adoption of this Procedure as follows:-

Equality Analysis Report

Equality Analysis Report									
Name of function:		HR Procedure The Management of Stress In The Workplace							
Date:									
Assessing officers:									
Description of Procedure including the aims and objectives of proposed: (service review/redesign, strategy, procedure, project, programme, budget, or work being undertaken):									
<p>The purpose of this procedure is to provide direction and guidance to Trust staff and managers on the management of work related stress, promotion of mental wellbeing and resilience and the process for risk assessment based on the HSE’s Stress Management Standards</p>									
Evidence and Impact – provide details data community, service data, workforce information and data relating specific protected groups. Include details consultation and engagement with protected groups.									
<p>Evidence base:</p> <ul style="list-style-type: none"> ▪ NHFT Equality Information Report August 2012 ▪ Northampton County Council :Northamptonshire Results: 2011 Census Data Summary 									
	Corby	Daventry	East Northants	Kettering	Northampton	South Northants	Wellingborough	Northants	England
2001	53,400	72,100	76,600	82,200	194,200	79,400	72,500	630,400	49,449,700
2011	61,100	77,700	86,800	93,500	212,100	85,200	75,400	691,900	53,012,500
% rise	14.4%	7.8%	13.3%	13.7%	9.2%	7.3%	4.0%	9.8%	7.2%
<ul style="list-style-type: none"> ▪ Ethnicity: 85.7% (White) and 14.3% (BME)- 1.75% (dual heritage); 4.01% (Asian); 2.5%(Black including British, African and Caribbean) ; 0.85 % (Chinese) ; 6.05 % (white other EEA, polish, Gypsy & Traveller) ▪ Gender: 49.6% males; 50.4% females (including 1% transgender) ▪ Disabled people: 19% (including 3.5 % < aged under 18) ▪ Faith communities: 71% Christian; 29% minority faith: (includes Hindu, Muslim, Sikh, atheists, non-belief) ▪ Sexual orientation (gay, lesbian or bisexual): 5 - 7% (Stonewall estimate) 									
Service Information: provide any relevant service data or information to inform the Equality Analysis including service user feedback, external consultation and engagements or research.									

Equality Analysis Report			
Name of function:		HR Procedure The Management of Stress In The Workplace	
Date:			
Protected Groups (Equality Act 2010)		<p>STAGE 3: Consider the effect of our actions on people in terms of their protected status?</p> <p>The law requires us to take active steps to consider the need to:</p> <ul style="list-style-type: none"> ▪ Eliminate unlawful discrimination, harassment and victimisation. ▪ Advance equality of opportunity ▪ Foster good relations with people with and with protected characteristic <p>Identify the specific adverse impacts that may occur due to this procedure, project or strategy on different groups of people. Provide an explanation for your given response.</p>	
Age		Age related stereotyping or negative attitudes: In compliance with the Equality Act 2010 this procedure will be applied equally to all members of staff and will not allow a person's age to impact on the fair and equal application of the policy.	
Disability		No specific adverse impacts have been identified for people with a disability in the implementation of a Management of Stress In The Workplace procedure	
Gender (male, female and transsexual, including pregnancy and maternity)		No specific adverse impacts have been identified for people with a disability in the implementation of a Management of Stress In The Workplace procedure	
Gender reassignment		No specific adverse impacts have been identified for people with a disability in the implementation of a Management of Stress In The Workplace procedure	
Sexual orientation (including marriage & civil partnerships)		No specific adverse impacts have been identified for people with a disability in the implementation of a Management of Stress In The Workplace procedure	
Race		No specific adverse impacts have been identified for people with a disability in the implementation of a Management of Stress In The Workplace procedure	
Religion or Belief (including non belief)		No specific adverse impacts have been identified for people with a disability in the implementation of a Management of Stress In The Workplace procedure	
Equality Analysis outcome: Having considered the potential or actual effect of your project, policy etc, what changes will take place?			
New Time Owing Procedure will be communicated within the Trust and made available on the HUB.			
Action Plan			
Issue to be addressed	Action	Who	Date to be completed
N/A			
N/A			

Equality Analysis Report	
Name of function:	HR Procedure The Management of Stress In The Workplace
Date:	
Ratification – a completed copy of the Equality Analysis form must be sent to Equality and Inclusion Officer to be approved.	
Approving Officers	
Date of completion:	

Reference Guide

The Equality Act 2010

The Disability Discrimination Act 2005. London: HMSO 2005

The Employment Rights Act 1996. London: HMSO

Health and Safety Executive. (2007) *Managing the causes of work-related stress. A step-by-step approach using the Management Standards 2nd Edition*. [s.l.]: HSE Books

Health and Safety Executive. (2006) *Five steps to risk assessment Leaflet INDG163*. [s.l.]: HSE Books

Health and Safety Executive. (2000) *Management of Health and Safety at Work. Management of Health and Safety at Work Regulations 1999. Approved Code of Practice and Guidance 2nd Edition*. [s.l.] HSE Books

The Working (Amended) Time Regulations 2002. London: HMSO

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

<http://www.health4work.nhs.uk/>

<http://www.dwp.gov.uk/docs/hwwb-working-for-a-healiter-tomorrow.pdf>

Document control details

Author:	Jim Fitzpatrick
Approved by and date:	TSPF – 24 May 2017
Responsible committee:	TSPF
Any other linked Policies:	HR016/HR017/HRP001
Procedure number:	HRP013
Version control:	V2

Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
2	24.05.2017	25.05.2017	24.05.2020	Review.

GUIDE TO COMPLETING THE RISK ASSESSMENT FORM

Northamptonshire Healthcare NHS Foundation Trust Incident Form (New Incident)

Please remember to enter the name/s of patients or staff affected or potentially affected. (but not in description!). Please contact the Patient Safety Team on 01536 452029 if you have a query relating to an incident. Contact the Corporate Systems Manager on 01536 480368 for access to Datix and Technical Support.

Incident details
The details below must ALWAYS relate to NHFT services (even when the incident is attributable to another organisation)

★ Which organisation is responsible for this incident Incident attributable to another organisation
 Incident attributable to NHFT services

★ Incident date (dd/MM/yyyy)

★ Time that incident occurred (hh:mm)
(hh:mm) 24 hr clock

★ Time Band

★ Unit

★ Ward / Team

★ Service Line

★ Which Care Pathway is responsible for providing this service?

★ Directorate / Service

★ Where did the incident occur

★ Description of Incident
DO NOT use any names of patients or staff to describe an incident (YOU WILL BE BREACHING CONFIDENTIALITY) Enter facts only and not opinions.

★ Immediate action taken
DO NOT use any names of staff or patients in this field

Except for additional staff, is there anything that could be changed or done differently, to have either prevented this incident or reduce the likelihood of a future recurrence?

Incident Coding

★ Type

★ Category

★ Sub category

Incident Severity and Result

★ Actual level of harm
This is the *actual* harm to the person affected.

★ Result

Contact Details
PLEASE ENSURE THAT ALL FULL NAMES ARE INCLUDED AT THIS POINT

★ Was any person involved in the incident?
If anyone (patient or staff) was involved or affected by an incident, or if this was a near miss that could have affected someone. Remember to identify all persons involved in Violent Incidents

★ Was any other contact involved in the incident?
Please enter any witnesses to the incident and all staff or patients involved in the incident. Please ensure that the responsible clinician for the patient is always named.

Details of person reporting the incident

Reporter Clear Section

★ Job Title

★ First names

★ Surname

★ Gender

★ Ethnicity

★ Telephone no. 1

★ E-mail

Role Reporter

Do you require progress updates on this incident? Yes

Your Manager

★ Your Manager

Submit Cancel

Directorate/Unit/Speciality/Ward/Team – Enter the service, location and the directorate under which the risk occurs.

Risk Title – Choose appropriate risk title from the drop down menu

People at Risk – Identify who is at risk from the risk. This may be employees, patients, visitors. Particular attention needs to be considered to anyone with disabilities, young people and/or expectant mothers.

Description of the Risk - Give a brief description of the actual risk that is being assessed.

Source of risk – Choose source/s of risk from the drop down menu

Identification of Hazards and Risks – Identify the hazards that are present as part of the risk. These are anything that has the potential to cause harm and can be split into biological, chemical, physical or ergonomic categories. Use additional rows for each hazard identified.

Existing Controls and Sources of Assurance– Identify the controls that are in place and are known to be working and provide details of which sources of assurance are available to demonstrate this. There should be controls against each of the identified hazards and be proportionate to the risk. If there is no control of the hazard it should be noted here.

Risk Score – The risk to health needs to be evaluated using the risk-scoring matrix shown on the following page. This is the most common occurrence of injury not the worst-case scenario.

Is this risk adequately controlled – Indicate whether all controls are in place at this time, if further controls are required the risk will escalate onto the risk register.

Conclusion/Justification – Summarise the outcome. If further controls are required to adequately control the risk then the risk and those recommendations must be added onto the risk register/action plan.

Review Date – The risk assessment should be reviewed on a regular basis, when recommendations have been put in place and/or when there is a change in circumstances

Date:

Name of Employee:

Name of Manager conducting Audit:

	Of concern, action needed
	Acceptable with clear need for further action
	Good, monitoring and further action required as appropriate

Stress Audit

Standard	Issues identified	Action Agreed	Timescale for Review	RAG
1. Demands – Can the Individual cope eg:				
Workload				
Work patterns				
Working environment				
Systems in place for appropriate support				
Hours of work				
Is the work environment appropriate				

Standard	Issues identified	Action Agreed	Timescale for Review	RAG
2. Control – How much say does the individual have in what they do eg:				
Systems in place to respond to individual's concerns				
Encouraged to use their skills and initiative				
Where possible develop new skills				
Do they have a say in what they do				
Discuss breaks and work patterns				
3. Support – What support, resources and feedback is given to the individual eg:				

Standard	Issues identified	Action Agreed	Timescale for Review	RAG
Encouragement by line management and Colleagues				
Receives adequate information				
Systems in place locally to support staff				
Aware of relevant policies/ procedures				
Aware of how to access policies/procedures				
Receives regular feedback				
4. Relationship - Issues eg:				
How to deal with conflict and promote fairness				

Standard	Issues identified	Action Agreed	Timescale for Review	RAG
Clear what is unacceptable/acceptable behaviour				
Awareness of the Trust's Harassment /Bullying policy				
5. Role – Whether they understand their role within the organisation eg:				
Conflict of roles				
Understand their role and responsibilities;				
Systems in place so can raise concerns about role				
6. Change – How change is managed eg:				
Engages frequently when				

Standard	Issues identified	Action Agreed	Timescale for Review	RAG
undergoing organisational change				
Systems in place to respond to individual concerns about changes				
Timely information to understand the reasons for proposed changes				
Consultation on changes opportunity to influence proposal				
Probable impact of any changes on jobs training available				
Timetables for changes				

Standard	Issues identified	Action Agreed	Timescale for Review	RAG
Support during changes				
Manage concerns re job security				

Comments:

Employee Signature:

Manager Signature: