

Policies, Procedures, Guidelines and Protocols

Document Details		
Title	Stress and Staff Support at Work Policy	
Trust Ref No	1555/44719	
Local Ref (optional)		
Main points the document covers	How managers and staff manage stress or provide support to staff in the workplace.	
Who is the document aimed at?	All staff.	
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Approval process		
Approved by (Committee/Director)	HR, JNP and Workforce Group	
Approval Date	June 2022	
Initial Equality Impact Screening	Yes	
Full Equality Impact Assessment	No	
Lead Director	Clair Hobbs, Director of Nursing, Allied Health Professionals and Infection Prevention.	
Category	Human Resource	
Sub Category		
Review date	31 <sup>st</sup> July 2024	
Distribution		
Who the policy will be distributed to	To senior staff as defined by Directors for cascading	
Method	Publication on the Trust Intranet	
Document Links		
Required by CQC	No	
Required by NHLSA	Yes	
Other	None	
Amendments History		
No	Date	Amendment
1	December 2012	Review of policy: Change of wording to paragraphs 1.2 and 1.3 Replacement of paragraph 2.2 to explain stress Review of paragraph 3.2 and insertion of paragraph 3.3 Insert bullet points at 5.8 Insert new paragraph 5.10 Review and update to OH responsibilities Review and update paragraphs 6.2 – 6.6
2	June 2015	Review of policy: No changes made other than review date.
3	June 2022	Review of policy – Help Agency contact details updated page 30

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## **1. Introduction**

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- 1.1. Shropshire Community Health NHS Trust (hereafter referred to as “SCHT”) is committed to protecting the health, safety and welfare of its staff at work, as far as is reasonably practicable.
- 1.2. Work on the whole is good for you – it promotes physical and mental health and well-being, it can be therapeutic and generally the beneficial effects of work contribute to improved health and well-being. A working environment that promotes and sustains positive psychological well-being is one that is challenging, stimulating and enriching; within this context feeling a certain level of pressure is a normal aspect of everyday life. The negative reaction to this is what happens when the pressure exceeds an individual's coping abilities which then leads to the pressure turning into stress. Pressure can be positive in that it spurs people to do things; however prolonged exposure to stressors can provoke a chronic condition and have a significant negative
- 1.3. This policy sets out the framework, roles and responsibilities for the provision of support to staff involved in potentially traumatic or stressful incidents, situations, complaints or claims and is aimed at minimising the emotional impact/effect on staff whilst also providing a positive opportunity to learn and reflect on practice.
- 1.4. The policy describes the support and advice available for staff who have been requested to prepare a formal witness statement for proceedings or hearings or who have been called to give evidence in court e.g. at a Coroner's inquest, civil, criminal or employment case.
- 1.5. SCHT recognises that staff may be involved in stressful or traumatic incidents, complaints or claims and is committed to supporting staff in these situations.
- 1.6. SCHT is committed to developing a working environment that promotes the health and wellbeing of its employees. The health of staff can be affected if they are involved in traumatic incidents, complaints or claims. Staff may be distressed, anxious and concerned about their own involvement in what happened, the consequences of this for the patient, family, themselves and their colleagues.
- 1.7. Some staff may recover their equilibrium more quickly than others, but for some staff the distress and loss of confidence involved can seriously affect the individual's ability to continue to work and maintain a normal home life

## **2. Rationale**

- 2.1. Work-related stress is a major cause of occupational ill health. A substantial proportion of referrals to the Occupational Health Service are as a result of psychological ill health.

- 2.2. Adverse stress reactions have been identified as a contributory factor in a wide range of diseases and conditions, it also leads to poor performance and disengagement from the workplace, with often profound negative effects on service delivery. The Trust recognises that stress in the workplace is a health and safety issue and acknowledges the importance of identifying and reducing workplace stressors. It also recognises that workplace stress can be a major factor in reduced staff performance, commitment and motivation, increased sickness absence, loss of productivity and general absenteeism. The Trust therefore accepts that recognition, management and reduction of stress and promotion of psychological health can have substantial benefits in improving an individual's general health and aims to achieve this through the Stress Management and Wellbeing Policy and related policies as stated above.

### **3. Purpose**

- 3.1. This policy through its effective implementation will provide a systematic approach to identify, support and positively manage workplace stress which can adversely affect the wellbeing of staff and the services delivered to patients.
- 3.2. This policy sets out the Trust's aims and objectives for the management of health and safety in relation to promoting and sustaining well-being and reducing potential for psychological ill-health in the workplace. The intention of the policy is, wherever possible, to ensure that staff members who experience feelings of stress are helped, whatever the causes of that stress. The Trust therefore makes a commitment to the following:
- To seek to identify all workplace stressors and where stress occurs
  - To conduct risk assessments and develop action plans to reduce levels of stress
  - To provide sufficient training and supervision for all employees to enable them to avoid stress levels
  - To provide relevant training to staff and managers on how to manage, identify and alleviate stress at work
  - To consult with Staff Side on all proposed action relating to the prevention of workplace stress
  - To provide access to relevant forms of support e.g. Occupational Health, and relevant external agencies for staff affected by stress
  - To provide adequate resources and support to enable managers to implement the Trusts Stress and Support at work Policy
- 3.3. To ensure that the Trust meets and maintains its statutory requirements under the relevant legislation and regulations.
- 3.4. Through effective implementation this policy will provide a systematic approach to support staff who have been involved in stressful or traumatic incidents, complaints or claims.

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## 4. Definitions

- 4.1. **Stress** is the reaction people have when they feel they cannot cope with the pressure or demands placed upon them. These demands may arise from inside or outside work and can result in behavioural changes, impaired performance, physical symptoms and illness.
- 4.2. Stress may be defined as “**the adverse reaction people have to excessive pressure or other types of demand placed on them**” (HSE 2004). The common term for excessive pressure or demand is a ‘stressor’. (See Section 6.5)
- 4.3. **Pressure** if managed correctly can be positive, challenging and helps to keep us motivated, but excessive pressure can lead to stress which undermines performance and affects health.
- 4.4. Work related stress is an identifiable hazard within our working environment, and SCHAT has a duty to make every effort to ensure good practice and safe systems of work.
- 4.5. It is important to recognise when stress may be developing in both self and others. Recognising individuals who are experiencing stress can ensure steps are taken to reduce stress at an early stage. This will help significantly to reduce the long-term impact stress can have on health
- 4.6. **Stressful incident** – any event which has a stressful impact sufficient enough to overwhelm the usually effective coping skills of either individual or group
- 4.7. Examples of **traumatic incidents, complaints** and **claims** may include the following (though not exhaustively):
  - Serious incidents
  - Unexpected patient death
  - Allegations of gross negligence/manslaughter
  - Dealing with a major incident (e.g. a serious road traffic accident)
  - Assaults
  - Suicide
  - Any other situation that the member of staff considers to be of a traumatic nature
- 4.8. Support can be defined as any action that is beneficial to the individual and supports that individual. This support can be offered directly by SCHAT or via a third party.
- 4.9. Debrief can be defined as a semi-structured conversation with an individual or team who has/have just experienced a stressful or traumatic event. The purpose of a debrief is to reduce the possibility of psychological harm by allowing individuals to talk about their experience.

## 5. Duties

### Director of Corporate Affairs

- 5.1. It is the responsibility of the Director to ensure that this policy is implemented.
- 5.2. It is the responsibility of the Director to ensure that support to individuals who have experienced a stressful or traumatic incident, complaint or claim, is in place or is accessible from a third party.

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## Directors and Heads of Service

- 5.3. Directors and Heads of Service are responsible for ensuring managers comply with SCHAT policies and procedures in relation to stress and support and that relevant training is undertaken.

## Managers

- 5.4. Managers are accountable for ensuring they attend relevant training and comply with SCHAT policies and procedures with regard to managing their staff on stress and support issues.
- 5.5. Ensure good Human Resource (HR) management practices are carried out and to ensure effective communication is in place.
- 5.6. Ensure that any necessary action is implemented where stress has been identified or following the completion of a stress risk assessment. (Appendix 3) Where effective action cannot be achieved at a local level, managers should gain support from senior management.
- 5.7. Refer any individual to Occupational Health (OH) for assessment and support where stress has been identified, either to the manager or via a fit note in line within SCHAT's Managing Attendance at Work Policy, whether workplace or home related.
- 5.8. It is the responsibility of the Manager of the department, team or ward to:-
- Implement the policy within the department and to ensure all staff are informed and aware of the policy and the process to be followed if workplace stress presents as a hazard
  - Undertake a departmental risk assessment that must include stress and to develop a participative team approach to agree the department action plan (Appendix 4)
  - Demonstrate and model behaviour conducive to positive working relationships
  - Ensure good communication between management and staff, particularly where there are organisational and procedural changes.
  - Monitor workloads to ensure staff are not overloaded.
  - Monitor working hours and overtime to ensure that staff are not overworking.
  - Monitor holidays to ensure that staff are taking their full entitlement.
  - Be vigilant and offer additional support to a member of staff who is experiencing stress outside work e.g. bereavement or separation
  - Undertake regular appraisals and one-to-one discussions about work and exploring whether staff are experiencing excessive pressure.
  - Take effective action to prevent and control stress at work or, where this cannot be achieved at departmental level, bring this to the attention of senior management to take forward
  - Undertake an individual stress risk assessment for any of the following reasons:
    1. When sickness absence is as a result of workplace stress either identified by self certification or by a General Practitioner (GP) fitness certificate.

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2. By being informed personally by the member of staff
  3. Following advice from HR, OH or the Risk Manager
- 5.9. It is the responsibility of the manager to ensure that following a stressful event, incident or claim that the appropriate support is offered. This may include debriefing the individual as an immediate action.

## **Employees**

- 5.10. It is important for individuals to look at how they are feeling and try to identify any potential issues as early as possible. The onus is on the employee to seek support in terms of managing their stress. You may wish to seek help from the following:
- Your line manager
  - Your local trade union representative
  - Trust's Occupational Health and the staff counselling service (to which staff are able to self-refer)
  - GP
- 5.11. It is the responsibility of all staff to:
- Highlight any work-related stress concerns with their line manager
  - To seek advice from HR, OH or the Risk Manager if concerned about workplace stress and any effects to their wellbeing or those of their colleagues where they are unable to discuss with their manager
  - To participate in a workplace stress risk assessment in order to tackle issues and to develop an action plan
  - To be supportive of colleagues reporting or being involved in any stressful events, incidents, complaints or claims

## **Human Resources**

- 5.12. It is the responsibility of Human Resources to:
- Develop and implement progressive HR policies directed at minimising stress in the workplace and outlining the provision of support to staff
  - Provide advice to managers and staff on the management of workplace stress as outlined in the trust policies and guidelines
  - Provide information for the HR and Workforce Group and the Quality & Safety Delivery group to enable the recognition of workplace stress in the organisation and to respond accordingly
  - Support staff who wish to discuss elements of work-related stress within their workplace
  - Provide continuing support to managers and individuals and encourage referral to occupational health
  - Ensure that the relevant support is available for individuals who have been involved in a stressful or traumatic incident, complaint or claim
  - Where employees have to attend employment tribunals as witnesses for the organisation, will ensure they are supported in preparation for any hearing, involving the organisation's solicitors as necessary

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## **Occupational Health**

- 5.13. Assist with identifying illnesses in staff caused by adverse stress reactions at work.

Alert managers to situations where staff appear to be suffering from the effects of harmful stress at work.

Refer to workplace counsellors as required.

Provide confidential consultation support to staff with stress-related problems.

Provide specialist advice to managers and staff on the effects of stress and the medical aspects of this.

Support staff who have been off sick with stress and advise them and their managers on rehabilitation, work adjustments and planned return to work.

Advise managers where there is a need for a staff member to be restricted from any aspect of work which has been causing harmful stress

## **Risk Manager**

- 5.14. It is the responsibility of the Risk Manager to:

Review departmental stress risk assessments required

Monitor the submission of incident forms in relation to traumatic incidents and to identify any areas within the trust which may require further action

Provide support and guidance for Managers in conducting a stress risk assessment

Provide information and training to managers on risk assessment processes

## **6. Risk Assessment Process**

### **Causes of workplace stress**

- 6.1. In order to manage workplace stress it is important to consider where and how work place stress could develop. There are 3 key areas which need to be considered as potential areas for workplace stress to develop:

The employee

The work environment

The job



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## Work Factors

- 6.2. The recognition and management of psychological well-being are integral to the Trust's responsibilities towards its staff and form an important part of the role of managers. This policy is, therefore, primarily concerned with the negative effects of stressors arising from the factors within the workplace and their impact on psychological health. However, it is recognised that stress may be influenced by a variety of factors and that no single cause may necessarily be identified.
- 6.3. For this reason, the Trust recommends that staff seeking help should normally approach their line manager in the first instance. They may also want to talk to their Trade Union representative.
- 6.4. The Human Resources Department and the Occupational Health Service are also able to provide guidance and assistance, which may include the provision of counselling or medical services where necessary.
- 6.5. Some staff may be reluctant at first to admit that they are experiencing adverse effects as a result of stress. This policy acknowledges that any staff member, at whatever level, can experience stress at work.
- 6.6. The Trust considers that seeking help and support should be seen as a positive approach, to be encouraged and handled without jeopardy, and not to be viewed in any sense as an admission of weakness. In the guidance notes at the end of this policy, managers and staff are given practical advice on how to nurture a climate wherein seeking help and support is encouraged and not penalised in any way.

## Signs & Symptoms of Workplace Stress

- 6.7. There are a number of signs and symptoms which can be identified and which could be related to staff developing workplace stress (Appendix 1 and 2). If any of these signs or symptoms have been identified it is important that they are discussed with the manager and the individual in order for support and any action to be put in place. Any such discussions should be recorded and a copy placed on the individual's personal file.
- 6.8. Where stress hazards have been identified in a department it is important for all staff to have the opportunity to work in partnership to develop an action plan to reduce the effects of workplace stress. A participative team approach is essential to tackle the causes of workplace stress which describes methods of involving staff to tackle workplace stress. The Action Plan will be kept by the manager and monitored and reviewed regularly by the manager and team.

## Health & Safety Executive (HSE) Categories

- 6.9. SCHAT uses the HSE Standards for Work Related Stress to assist in the identification and reduction of workplace stress and part of an ongoing process of risk assessment and continuous improvement.
- 6.10. The HSE has identified six broad categories of workplace stress. If these are addressed and managed properly they can help significantly reduce or even avoid work related stress. These are:

**Demand** - Includes high workload, work patterns and the work environment

**Control** - How much say the person has in the way they do their work

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**Support** - Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

**Relationships** - Includes promoting positive working to avoid conflict and ensuring people exchange information freely

**Role** - Whether people understand their role within the organisation and are free from role conflict

**Change** - How organisational change (large or small) is managed and communicated in the organisation

### **Appropriate risk assessments**

6.11. The 'risk assessment' process incorporates stress as a hazard alongside all other physical hazards found in the workplace.

6.12. Workplace stress will be assessed using the following process:

As part of the Departmental Risk Assessment - Assessing workplace stress as a hazard is routinely undertaken as part of a departmental risk assessment

Stress Risk Assessment for individuals – this may for example be following advice from HR, OH or following sickness absence, or where an individual has identified they are suffering from stress or where the manager has identified a potential problem. Appendix 3 should be completed by the individual and manager, however where appropriate this can be completed with OH or HR and will be shared with the manager.

Department (or Team) Stress Risk Assessment – this may for example be following organisational change, advice from HR/OH or within a department or team which can be identified under one of the HSE categories (demands, control, support, relationships, role) (Appendix 4)

6.13. Where workplace stress has been identified as a cause for sickness absence SCHAT Managing Attendance at Work Policy will be followed.

6.14. Managers should use the Health & Safety Executives five steps for identifying and managing workplace stress which are outlined below. (Appendix 3)

### **Step 1- Identify the hazard**

6.15. Use the information provided for you in this policy to identify the areas for action under the six management standards (demands, control, support, relationships, role and change). Refer to the HSE publication *Are you doing enough?* Involve individual or teams in identifying the work place stressors.

### **Step 2 – Decide who might be harmed and how**

6.16. Monitor individuals and teams for the presence of workplace stress hazards and any effects of stress. Consider workplace stress at return to work interviews, following sickness absence reviews, when there are changes in staff behaviour affecting work and during periods of change within SCHAT or department.

6.17. Where workplaces stress has been identified in an individual then support and work with the individual using the individual workplace stress assessment form.

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### **Step 3 –Evaluate the risk and take action**

- 6.18. Work with staff and teams concerned to identify potential solutions and to prioritise action plans. This could be achieved through informal department/team meetings or focus groups. Ensure all staff are informed and aware of any action plan.

### **Step 4 – Record your findings**

- 6.19. Record the results as an individual risk assessment or as part of a department/team risk assessment. All completed risk assessments must be forwarded to the Risk Manager and when a member of staff has been referred as part of a management referral. A copy should be placed on the individual's personal file.

### **Step 5 – Monitor and Review**

- 6.20. Periodically monitor the progress against your action plan to ensure all the agreed actions are taking place. Evaluate the effectiveness of the solutions and how well they have been implemented.
- 6.21. Risk assessments should be reviewed when circumstances are believed to have changed. This could be due to organisational change or in work being carried out. The Departmental Risk Assessment should consider such changes at least annually.

## **7. Support to staff**

- 7.1. SCHAT recognises that there may be situations where staff are involved in stressful events, traumatic incidents, complaints or claims and that this may adversely affect those individuals.
- 7.2. It is recognised that immediate and on-going support may be required. This could be provided by line managers, HR and OH. Other third party support may also be required.

### **Immediate and ongoing process of support offered to staff**

- 7.3. The manager should refer to the Staff Support Checklist (see Appendix 4) and provide the member of staff with the opportunity to access specialist support both internally and externally. The intention is to ensure that all staff are provided with timely, appropriate support. The checklist should be completed and retained by the manager until the matter is at an end with a copy being placed on the personal file. The checklist can be used either on an individual basis or for a group of staff involved in the same incident, complaint, claim or as a witness.

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## **Immediate debriefing**

- 7.4. In all cases, as soon as managers become aware that one of their staff has been involved in a potentially traumatic or stressful incident, complaint or claim, including being required to appear as a witness, they should offer immediate support and reassurance to them. Much of the reassurance required by the member of staff can be provided by the manager informing them of the process and referring them to appropriate internal or external resources.
- 7.5. It is very important that the manager provides close support in the immediate aftermath of an incident. This is a vital opportunity to help the individual involved in the situation keep the issues in perspective and not feel or become isolated.
- 7.6. If the event concerned is a complaint or claim that may have arisen sometime later than the actual event. The staff member will need to be informed of the content of the complaint or claim as they may be unaware of the issue. They will also need to be informed of the possible actions that need to follow.

### **Factors to consider when giving support are:**

- 7.7. In all cases the managers should ensure that the initial appraisal of the issues takes place in a confidential manner and in a suitable environment. The member of staff should be given time to talk and the manager should listen and reassure them that they are committed to ensuring they are supported.
- 7.8. The initial debrief should allow the manager to assess the level of support required and the types of intervention which may be useful to the member of staff.
- 7.9. Where appropriate the manager should provide the member of staff with a copy of Appendix 5, which provides details and contact numbers for the internal and external agencies which may provide additional support.
- 7.10. Ensuring any arrangements for the member of staff to receive medical assessment or attention (if they are distraught, in shock or suffer from a pre-existing medical condition which could be exacerbated by the situation) are made.
- 7.11. The fitness of staff to undertake or continue their full range of duties can be assessed by referral to the Occupational Health. The views of the individual member of staff should also be taken into account. Temporary adjustments to duties and/or responsibilities may be considered. The manager should have a discussion with the member of staff about their feelings and undertake a risk assessment (to include consideration of staff competence).
- 7.12. Where the member of staff would find it challenging to work in the same environment or with others who may have been involved in the incident, complaint or claim, consideration should be given to temporary redeployment or to restriction of duties.
- 7.13. Where staff believe that they would benefit from support through Occupational Health or SCHAT's counselling service, the manager should make the appropriate referral as required, or else the member of staff may self-refer. Where the manager makes the referral, this should be made on the form contained in SCHAT's Policy on Managing Attendance at Work.

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- 7.14. Where a member of staff is required to provide a written statement, assistance with statement writing will be offered to them. This may be by a senior manager or SCHAT's solicitors. Trade Union or staff side representatives may also be able to provide advice and support with this (please see HR for relevant contact details).

### **Debriefing within 24 – 48 hours**

- 7.15. This debriefing provides an opportunity to go over the events in a calm and rational fashion and also provides an opportunity for the member of staff to explore their worries and beliefs about their own performance.
- 7.16. This should also be used as an opportunity to plan further supportive meetings and possibly to identify any other people with whom the member of staff should discuss the events.

### **Group debriefings**

- 7.17. A group debriefing is sometimes useful when there are several members of staff who would value such a discussion. Such a session requires strong chairmanship to avoid an atmosphere of recrimination or blame. It can usefully be based around a presentation of the case and a reappraisal of the options, judgments and decisions that were made or could have been made. It must have primarily an educational focus. It is particularly helpful for it to take place as soon as possible following the event. Group debriefings do not substitute for individual care and support for the parties concerned.

### **Root cause analysis (RCA)**

- 7.18. When a RCA is being carried out, managers should ensure that staff have access to support throughout the process, if the process itself causes additional concerns.

### **Ongoing support**

- 7.19. Staff may need further time on a one-to-one basis and a further debrief once they have had time to reflect on matters. If this is the case, then the manager should make ongoing support available to them.
- 7.20. Staff may require some phasing back to their full duties after a significant event. Communication with the member of staff may be required to assess progress and discuss any further support they need. Referral to OH should be considered in such cases and an assessment regarding fitness to work can be made by the Department, who will then provide relevant advice in order to facilitate a safe and successful return to work for the member of staff.
- 7.21. Where members of staff continue to suffer from the effects or experience difficulties associated with the event, consideration should be given by both the manager and the individual to engaging further support from internal and external sources. Immediate and ongoing support is available from the services detailed in Appendix 5.
- 7.22. In circumstances where the incident, complaint or claim involves a member of medical staff in training, this policy will be followed. However additional support will be sought from the relevant external agency.

- 7.23. Individuals should also continue to access other support systems, such as Management Supervision, Clinical Supervision, mentoring and coaching.

### **Support available**

- 7.24. Where applicable the manager will consult with or refer to the following:
- Complaints Manager
  - Medical Director
  - Director of Operations and Nursing
  - Directorate of Corporate Affairs
  - Line Managers
  - Occupational Health
  - HR Team
  - Risk Manager
  - Lead Local Counter Fraud Specialist
  - OD & Learning Team
- 7.25. External sources of support may also be provided from the following where appropriate:
- Trust solicitors (via Directors, HR or Risk Manager)
  - Professional bodies e.g. MDU, RCN, NMC, HPC, BMA
  - Staff side organisations
  - NCAS – National Clinical Assessment Services
  - Postgraduate Deanery

### **Internal and external advice available to staff in the event of being called as a witness**

- 7.26. The prospect of having to give evidence in a court of law can be extremely daunting. The Risk Manager or relevant HR, using SCHAT solicitors where applicable, will advise and support members of staff who are summoned to give evidence in court for inquests, employment tribunals etc. Support for claims will be provided by NHSLA's Panel Solicitors.
- 7.27. Where a member of staff is required to attend court or a tribunal as a witness for SCHAT, then SCHAT will ensure they receive time off without loss of earnings and payment of reasonable expenses. See SCHAT's policy on Time off Arrangements.
- 7.28. Staff will also be offered the following support:

#### **Prior to the event**

This will include a full briefing of the process with further advice and support given by either the Risk Manager, a member of the HR Team and/or SCHAT's or NHS Resolution Solicitors as appropriate.

### **During the event**

This will include senior-level support on the actual day of the hearing where staff are appearing as formal witnesses

### **After the event**

Support will include a debrief meeting with an opportunity for staff to discuss the events and the outcome of the case

- 7.29. External organisations can also be used to provide support where necessary.

## **8. Training**

- 8.1. Training will be provided to enable staff and managers to recognise and manage stress related concerns in line with SCHAT's Training Needs Analysis.
- 8.2. Training will also be undertaken by managers on stress risk assessment.

## **9. The Process for Monitoring Compliance with the Document**

- 9.1. Compliance with this guideline will be monitored by the Quality & Safety (Q&S) Delivery Group.
- 9.2. Exception reports will be received via Local Directorate Q & S groups.

## 10. Associated Policies and Guidelines

- 10.1. The following SCHAT guidelines and policies should be referred to when handling cases of stress at work and providing support to staff and are available on the SCHAT intranet:-

- The Risk Management Policy
- Emergency Response Plan
- Lone Working Policy (including violence and aggression)
- Complaints Policy
- Managing Attendance at Work Policy
- Grievance and Concerns Policy
- Health & Wellbeing Policy

### References

- 10.2. References used in the development of this policy are:

- The Management of Health & Safety at Work Regulations 1999
- The Health and Safety at Work Act etc, 1974
- The Health & Safety Executive website: [www.hse.gov.uk](http://www.hse.gov.uk)

### Other sources of information

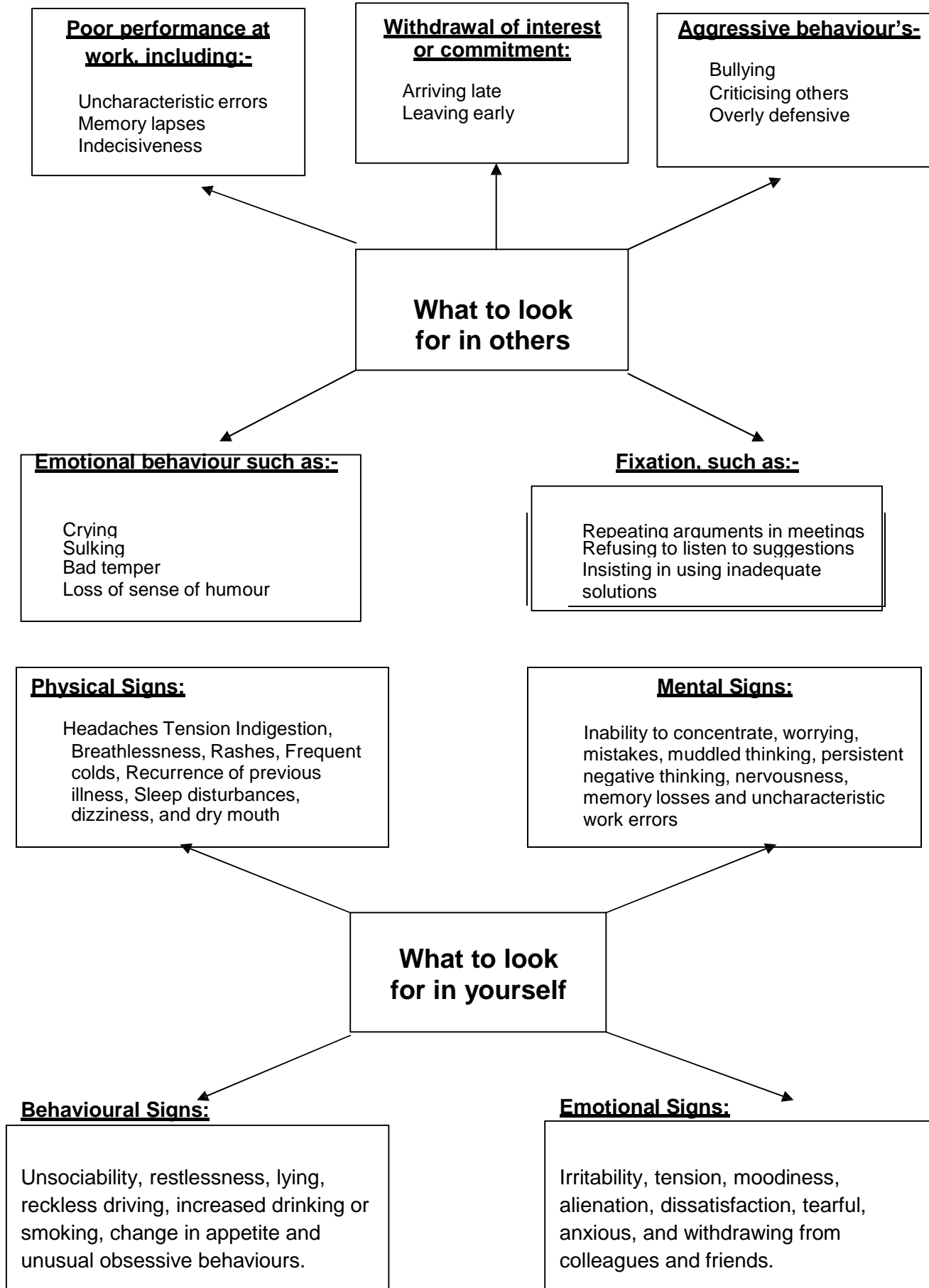
The Royal College of Nursing website: [www.rcn.org.uk](http://www.rcn.org.uk)

NHS Employers website: [www.nhsemployers.org](http://www.nhsemployers.org)

The Chartered Institute of Personnel and Development website:  
[www.cipd.co.uk](http://www.cipd.co.uk)



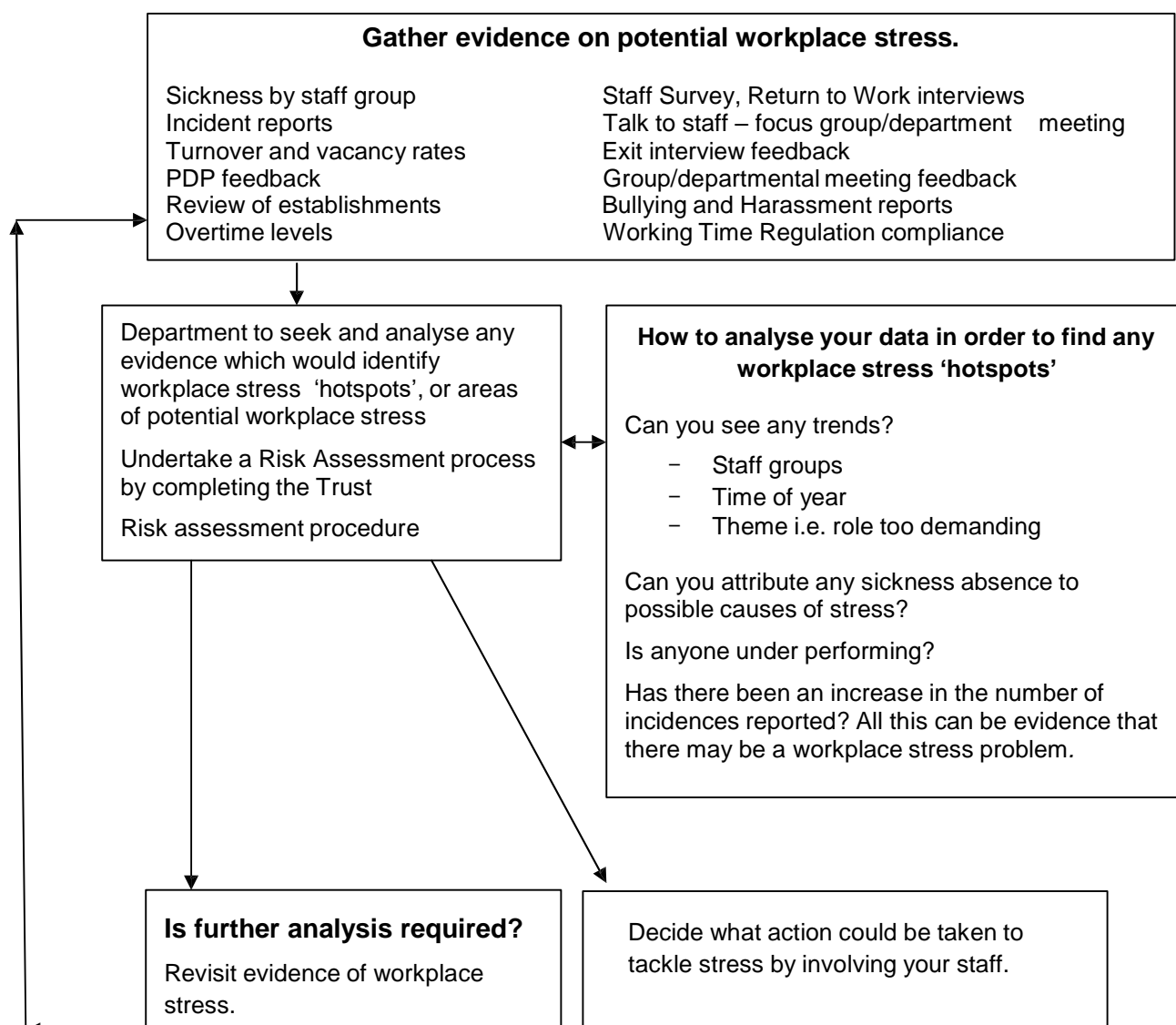
## Appendix 1 Identifying Stress in the Workplace



## Appendix 2 The 3 Key Areas for identifying workplace Stress

1. Employees	2. The Work Environment	3. The Job
Person fit with job role Work life balance Health (both physical and psychological) Appropriate Training and development Individual coping style	Team functioning Team communication style The nature of the team's task Management styles Availability of resources to complete task	HSE categories identifying what is stressful for individuals at work:  Demand Control Support Relationships Role Change

### Assessing the Risk of Workplace Stress



## Appendix 3 Stress Risk Assessment Questionnaire

Name: ..... Job Role: .....

Department: ..... Date: .....

Nature and duration of sickness: .....

This template is adapted from HSE documentation

Cause of stress	Question	Was it a problem for you? <i>Use this space to detail what the problem was. If it was not a problem leave it blank</i>	What can be done about it? <i>Can we make any adjustments?</i>
Demands	Did different people at work demand things from you that were hard to combine?		
	Did you have unachievable deadlines?		
	Did you have to work very intensively?		
	Did you have to neglect some tasks because you had too much to do?		
	Were you unable to take sufficient breaks		
	Did you feel pressured to work long hours?		
	Did you feel you had to work very fast		
	Did you have unrealistic time pressures		
Control	Could you decide when to take a break?		
	Did you feel you had a say in your work speed?		

	<b>Did you feel you had a choice in deciding how you did your work?</b>		
	<b>Did you feel you had a choice in deciding what you did at work</b>		
	<b>Did you feel you had some say over the way you did your work?</b>		
	<b>Did you feel your time could be flexible?</b>		
<b>Support* (Manager)</b>	<b>Did your manager give you enough supportive feedback on the work you did?</b>		
	<b>Did you feel you could rely on your manager to help you with a work problem?</b>		
	<b>Did you feel you could talk to your manager about something that upset or annoyed you at work?</b>		
	<b>Did you feel your manager supported you through any emotionally demanding work?</b>		
	<b>Did you feel your manager encouraged you enough at work?</b>		
<b>(Peers)</b>	<b>Did you feel your colleagues would help you if work became difficult?</b>		
	<b>Did you get the help and support you needed from your colleagues</b>		
	<b>Did you get the respect at work you deserved from your colleagues</b>		
	<b>Were your colleagues willing to listen to our work-related problems?</b>		
<b>Relationships*</b>	<b>Were you personally harassed, in the form of unkind words or behaviour?</b>		
	<b>Did you feel there was friction or anger between colleagues</b>		
	<b>Were you bullied at work?</b>		

	<b>Were relationships strained at work?</b>		
<b>Role</b>	<b>Were you clear about what was expected of you at work?</b>		
	<b>Did you know how to go about getting your job done?</b>		
	<b>Were you clear about what your duties and responsibilities were?</b>		
	<b>Were you clear about the goals and objectives for this department?</b>		
	<b>Did you understand how your work fits into the overall aim of the organisation?</b>		
<b>Change</b>	<b>Did you have enough opportunities to question managers about change at work?</b>		
	<b>Did you feel consulted about change at work?</b>		
	<b>When changes were made at work, were you clear about how they would work out in practice?</b>		
<b>Other issues</b>	<b>Is there anything else that was a source of stress for you, at work or at home, that may have contributed to you going off work with work-related stress?</b>		

**A completed stress risk assessment should be placed on the personal file and, where a management referral is made, forwarded to the Occupational Health Service**

## Appendix 4 Departmental Support Risk Assessment

Department Assessor:

Date of Assessment:

Work location:

1. General Management & Culture	Yes/No	How is this demonstrated?	Further action required	Initials
Are Departmental objectives clear and communicated?				
Do you have Team meetings? Are the Team involved in changes, developments, problems etc?				
Do all employees have regular EDRs and have personal, development planning?				

Have staff had sufficient training in relevant areas to carry out their role?				
<b>2. Relationships at work</b>	<b>Yes/No</b>	<b>How is this demonstrated?</b>	<b>Further action required</b>	<b>Initials</b>
Are there effective systems for dealing with: Interpersonal conflict Bullying Racial harassment Sexual harassment Grievance procedures Complaints Violence & aggression Whistle blowing Lone working				
Do any staff work in social/physical isolation – if yes how are they supported?				

<b>3. Work Schedule</b>	<b>Yes/No</b>	<b>How is this demonstrated?</b>	<b>Further action required</b>	<b>Initials</b>
Is a variation in hours available to staff?				
Do staff work evening shifts, nights, if so how are these staff supported?				
<b>4. Employee's role in the Trust</b>	<b>Yes/No</b>	<b>How is this demonstrated?</b>	<b>Further action required</b>	<b>Initials</b>
Is clinical supervision in place?				
Is clinical audit undertaken?				
Do all the staff know the reporting mechanisms within the department?				



<b>5. Job design</b>	<b>Yes/No</b>	<b>How is this demonstrated?</b>	<b>Further action required</b>	<b>Initials</b>
Do all staff have job descriptions?				
Are the staffing arrangements compatible with the department needs?				
Is there adequate training for dealing with particular client groups or the public: Learning disabilities Mental Health Children Physical disabilities				
Do all staff have access to appropriate technology and training in its use for their role?				

<b>6. General</b>	<b>Yes/No</b>	<b>How is this demonstrated?</b>	<b>Further action required</b>	<b>Initials</b>
Are all staff familiar with the support available from Occupational Health and Counselling Services and how to access it?				
Are there unrealistic time pressure/meeting deadlines?				
Do you think that the department you represent presents an unacceptable risk to employee health? If yes then explain.				

## Appendix 5 Staff Support Checklist

To be retained by manager, copy on personal file

<b>Employee Name</b>		<b>Directorate</b>	
<b>Employee Job title</b>			
<b>Date of incident</b>		<b>Department/Ward</b>	
<b>Reason for support</b>			

### Section 1 – to be completed by line manager

1	Was immediate support/debriefing offered?	Yes/No/NA
2	Was a copy of internal and external support agencies (Appendix 5) highlighted to the employee(s)?	Yes/No/NA
3	Was referral to the Occupational Health Service discussed with the employee(s)?	Yes/No/NA
4	Was counselling support discussed and offered to the employee(s)?	Yes/No/NA
5	Have temporary role adjustments, redeployment or reassignment of duties been considered?	Yes/No/NA
6	Has a second debriefing (24 – 48 hours) been offered and held with the employee(s)?	Yes/No/NA
7	Has further support been offered to the employee(s) (e.g. supervisor of midwives, chaplaincy, Trade Union)?	Yes/No/NA
8	Has the need for ongoing or long term support been discussed?	Yes/No/NA
9	Has (have) a referral(s) to Occupational Health been made for assessment about fitness to return to work?	Yes/No/NA

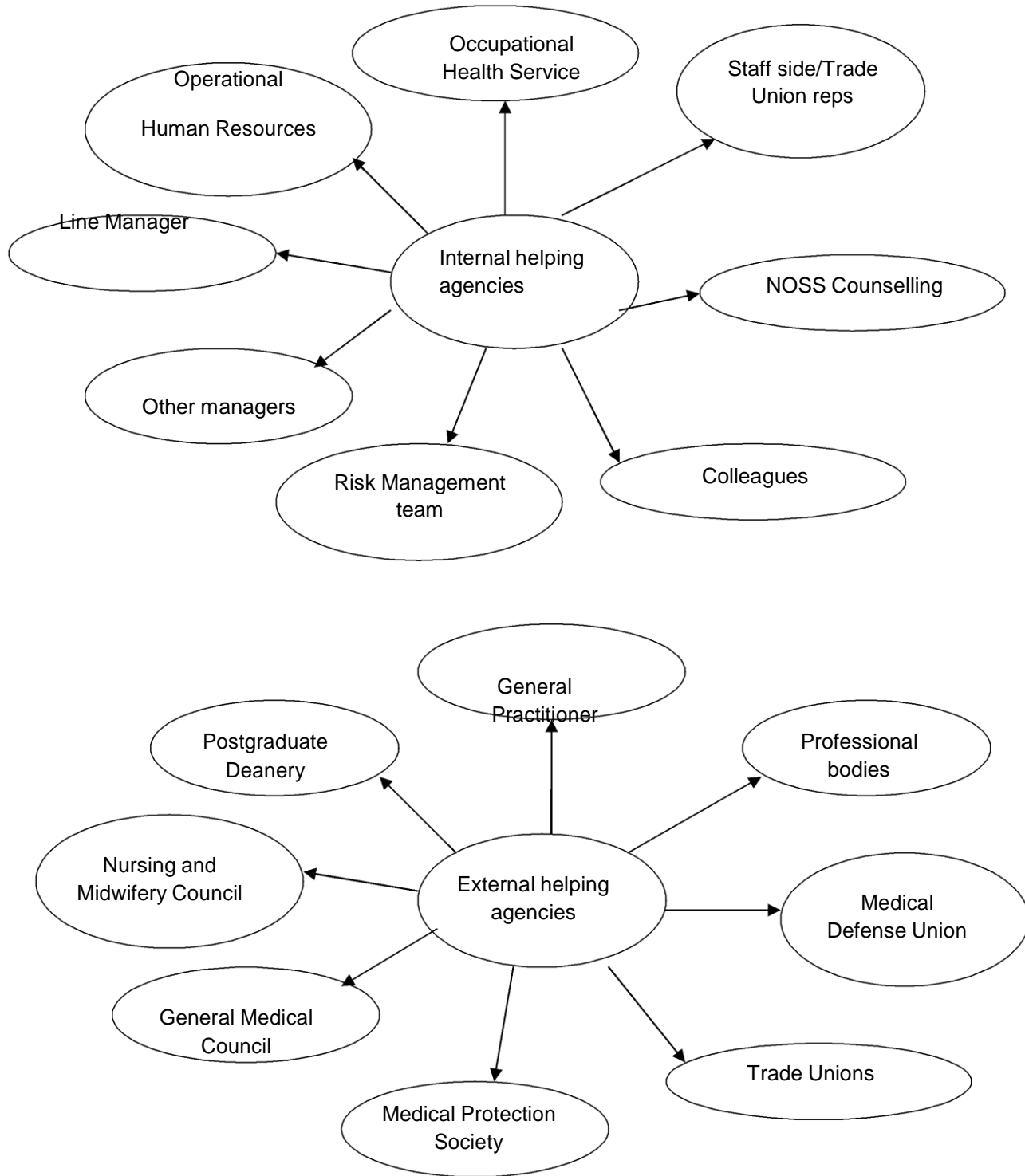
**Section 2 – Witness appearances only. to be completed by line manager***Has (have) the employee(s):*

10	Been briefed about the process?	Yes/No/NA
11	Been offered support in statement writing?	Yes/No/NA
12	Been offered support in preparation for appearing as a witness?	Yes/No/NA
13	Have arrangements been made to ensure that the employee will be supported on the day of the hearing?	Yes/No/NA
14	On conclusion of the case, was the employee debriefed (if the information was in the public domain)?	Yes/No/NA

Any other comments:

## Appendix 6 Helping Agencies

Support is available from the following:



## Helping Agencies – Contact Information

### **RCN**

Julie Preece – Staff Side Chair [julie.preece1@nhs.net](mailto:julie.preece1@nhs.net)

Tel: 07973 971906

### **Unite**

Sharon Rogers [sharon.rogers2@nhs.net](mailto:sharon.rogers2@nhs.net)

Tel: 01743 452301 / 07826 901941

### **Unison**

**Stephen Byers** [s.byers@nhs.net](mailto:s.byers@nhs.net)

Accredited Rep and Joint Branch Secretary

Tel: 01948 666292

**Mark Crisp** [m.crisp@nhs.net](mailto:m.crisp@nhs.net)

Accredited Rep and Joint Branch Secretary

Tel: 01743 277500 Ext 2252

Mob: 07591 205909

### **CSP**

Chris Hodnett (Secretary) [chris.hodnett@nhs.net](mailto:chris.hodnett@nhs.net)

Tel : 01743 450800

Richard Lyle [r.lyle@nhs.net](mailto:r.lyle@nhs.net)

Tel : 01743 453600

CSP members email : [Shropcom.cspstewards@nhs.net](mailto:Shropcom.cspstewards@nhs.net)

### **SCP**

Currently no Reps !

### **BDA**

Christina Bellamy [christina.bellamy1@nhs.net](mailto:christina.bellamy1@nhs.net)

Tel: 01743 341898

### **BMA**

Dr Sam Postings [samj.postings1@nhs.net](mailto:samj.postings1@nhs.net)

Tel: 01952 567300

### **Full Time Officers**

Opinder Tiwana – Unison/BAOT [o.tiwana@unison.co.uk](mailto:o.tiwana@unison.co.uk) (British Association of OTs)

Alison Clare – RCN [Alison.clare@rcn.org.uk](mailto:Alison.clare@rcn.org.uk) (Royal College of Nursing)

Su Lowe – Unite/CPHVA/RCSLT [su.lowe@unitetheunion.org](mailto:su.lowe@unitetheunion.org) (Community Practitioners & Health Visitors Association/Royal College of Speech and Language Therapists)

Melanie Sutton – BMA [melaniesutton@bma.org.uk](mailto:melaniesutton@bma.org.uk) (British Medical Association)

Alun McLean – BDA [alun.mclean@bda.org](mailto:alun.mclean@bda.org) (British Dental Association)

Ruth Jones – CSP [jonesr@csp.org.uk](mailto:jonesr@csp.org.uk) (Chartered Society of Physiotherapy)

Martin Furlong – SCP [mcf@scpod.org](mailto:mcf@scpod.org) (Society of Chiropodists & Podiatrists)