



HR POLICIES & PROCEDURES (HR/C09)

STRESS POLICY

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Author: Melanie Saunders, Assistant HR Director (Operations) Reviewed by: Amelia Spurin HR Graduate	Consultation & Approval: 23/06/11 Passed to Sue Putman for comment 13/07/11 21 days' consultation (ended 050811) 20/09/11 to JCC for sign-off 02/01/15 Updated by Amelia Spurin 27/04/15 JCC for sign off
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EQUALITY IMPACT ASSESSMENT

1. INTRODUCTION

- 1.1 South Central Ambulance Service NHS Foundation Trust ('the Trust') is committed to minimising the risk from work-related stress through raising awareness, carrying out individual stress risk assessments, adopting good management practice and the provision of support to all staff; and, where necessary, carrying out stress audits in accordance with the Health and Safety Executive's Stress Management Standards.
- 1.2 Under the Health and Safety at Work Act 1974, the Trust has a duty, so far as is reasonably practicable, to protect all of its employees from work-related risks, including work-related stress. Likewise, the Trust has a duty under the Management of Health & Safety at Work Regulations 1999 to assess the risk of stress-related ill health arising from work activities and take measures to eliminate or control these risks.
- 1.3 Work-related stress is a major cause of occupational ill health. If it is not managed then work-related stress can result in increased sickness absence, high staff turnover and poor performance in an organisation. Therefore it is imperative that work-related stress is managed by the Trust so as to ensure the health, safety and welfare of employees; and, consequently the provision of an effective and efficient service.
- 1.4 The nature of the work carried out by the Trust can result in staff experiencing distressing situations and working in environments which would not normally be expected of other health care workers.
- 1.5 Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the physical and mental wellbeing of its employees. As such, the Trust will make arrangements to carry out individual stress risk assessments and implement the Health & Safety Executive's Stress Management Standards and will introduce controls to manage work-related stress.
- 1.6 It will also make arrangements to provide support for those staff who are identified at being at risk from work-related stress. This includes those staff who may experience stress or trauma as a result of a serious incident.

2. SCOPE

- 2.1 The policy will apply equally to all employees of the Trust.
- 2.2 It is acknowledged that excessive stress often arises outside of the work environment but that this may impact on an employee's wellbeing at work.

3. PURPOSE

- 3.1 This policy sets out the Trust's intentions for the management of stress at work as part of its overall management of health and safety.
- 3.2 The Trust aims to foster an organisational culture and management style which supports openness and participation where every member of staff is valued and is recognised as having something to offer and knows that they will be fairly treated. All staff are also encouraged to take personal responsibility for themselves at work and to support others to do the same.

4. EQUALITY STATEMENT

- 4.1 The Trust is committed to promoting positive measures that eliminate all forms of

unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post.

- 4.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 4.3 The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.
- 4.4 Where there are barriers to understanding; eg, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

5. DEFINITIONS

- 5.1 Stress is defined by the HSE as “the adverse reaction people have to excessive pressure or other types of demand placed upon them” and is taken to mean the negative response to *too much pressure* or *too many demands*, which the person has difficulty coping with. This definition makes an important distinction between pressure, which can be a positive state if managed correctly, and stress which can have a negative effect and can be detrimental to health.
- 5.2 Stress, particularly if it is prolonged, represents a risk to both mental and physical health and wellbeing. It can be caused by pressures at home or work, or a combination of both. The HSE advises that anyone can experience stress at some point in their life, no-one is immune.
- 5.3 Work-related stress can arise due to poor job design, poor work organisation, poor management, poor working relationships and the demands placed on an individual to the point where he/she is unable to cope. The Health and Safety Executive (HSE) have identified six key factors or stressors that can lead to work-related stress and these can be found in section 9, see also Appendix 1.
- 5.4 Pressure is defined as the characteristics or factors of the job that requires action from the jobholder. Being under pressure can be a good thing and often improves performance and motivates staff. However, when demands and pressures become excessive or prolonged, they can lead to stress and it is clear from the recognised symptoms of stress that this could become detrimental to health.
- 5.5 Post-Traumatic Stress Disorder (PTSD) is an extreme stress reaction and “may develop following a single, one-off or prolonged stressful event or situation of an exceptionally threatening or catastrophic nature [ie, a traumatic event], which is likely to cause pervasive distress in almost anyone”. PTSD would not therefore be diagnosed after other upsetting situations described as ‘traumatic’ in everyday language, for example, divorce, loss of job, or failing an exam. PTSD is a disorder

that can affect people of all ages. Up to 30% of people experiencing a traumatic event may go on to develop PTSD.

- 5.6 The most characteristic indicator of PTSD is re-experiencing: PTSD sufferers can involuntarily re-experience aspects of the traumatic event in a very vivid and distressing way. This includes flashbacks where the person acts or feels as if the event was recurring; nightmares; and repetitive and distressing intrusive images or other sensory impressions from the event. Reminders of the traumatic event arouse intense distress and/or physiological reactions. Conversely, it can also result in emotional numbing and detachment.
- 5.7 Symptoms of PTSD often develop immediately after the traumatic event but, in a very few, the onset of symptoms may be delayed. PTSD sufferers may not present for treatment for months or years after the onset of symptoms despite the considerable distress experienced, but PTSD is a treatable disorder even when problems present many years after the traumatic event.
- 5.8 Further information on PTSD can be found at
 - <http://www.nice.org.uk>
 - <http://www.rcpsych.ac.uk/mentalhealthinfo/problems/ptsd/posttraumaticstressdisorder.aspx>

6. LEGAL OBLIGATIONS

- 6.1 The Trust acknowledges that it has a duty under the Health and Safety at Work Act 1974 to protect its staff, so far as is reasonably practicable, from all work-related risks including work-related stress.
- 6.2 The Trust also acknowledges its duties under the Management of Health and Safety at Work Regulations 1999 which places a duty upon the Trust to assess the risk of stress related ill health arising from work activities and to take measures to eliminate or control these risks. Therefore, stress will be treated in the same way as any other health hazards and risks to mental health and wellbeing and will be assessed when necessary.
- 6.3 The Trust has a legal duty to take reasonable care to ensure that the health of its staff is not put at risk through excessive and/or prolonged levels of stress. This applies whether it arises from the way work is organised, or from the day-to-day demands placed on the workforce.
- 6.4 Where an individual stress risk assessment identifies that a member of staff is experiencing work-related stress and an associated illness, reasonable adjustments will be made where practicable (refer Management of Sickness Absence Policy). It is acknowledged that the Trust should act reasonably to prevent risks that are reasonably foreseeable.
- 6.5 The Trust cannot be held responsible for non-work related external pressures leading to an individual's stress, however it aims to assist employees with the identification of these harmful pressures and provide advice and support where practicable.

7. RESPONSIBILITIES

7.1 Role of Managers

- 7.1.1 Managers have a critical role in minimising and managing stress risks, and to participate in relevant education programmes to enable them to develop the skills to

be able to implement the policy.

- 7.1.2 Managers must make every effort to recognise work-related stress in their staff, for further guidance see appendix 3.
- 7.1.3 Managers must, if one of their staff is experiencing work-related stress or states that they are experiencing stress, carry out an individual stress risk assessment using the individual stress risk assessment form, see appendix 4b.
- 7.1.4 Good, supportive working relationships also have a buffering effect against stress. Managers should be supportive and all employees are encouraged to be supportive of each other. Poor working relationships have the opposite effect and can be a cause of stress. Harassment and bullying, in particular, can cause significant stress.
- 7.1.5 Managers have a critical role in offering support to employees, and in facilitating support from elsewhere as necessary. Managers are not expected to take on the role of Counsellors. However, managers will be expected to use good communication skills in their tackling of stress-related issues.
- 7.1.6 Managers are expected to be consistent in their approach to stress-related absence and to refer employees to relevant support services when necessary. Managers should be flexible where appropriate, especially where reasonable adjustments are required for staff with stress-related health problems or where phased returns to work are necessary following stress-related absence.
- 7.1.7 Reasonable adjustments would depend on the circumstances but may include:
- temporary reduction in working hours;
 - temporary adjustment in working duties; eg, reduced workload if appropriate;
 - additional training or support;
 - more flexible working arrangements;
 - more regular supervision if appropriate;
 - access support from another manager if necessary.
- 7.1.8 Managers should be aware of employees' training and development needs, especially when an employee is taking on a new or changed role.
- 7.1.9 Managers are encouraged to maintain good communication at all times and, whenever possible, this should be face-to-face. Good communication reduces unnecessary uncertainty and prevents stress, especially during organisational change.
- 7.1.10 Positive feedback is encouraged and any criticism should be constructive. Managers should seek to consult and involve staff at the earliest appropriate stage in decisions that affect them.
- 7.1.11 Managers should monitor and review the workload and working time of staff to ensure that neither becomes excessive (also refer to the Working Time Regulations policy).
- 7.1.12 Managers should manage poor performance and attendance effectively in order to prevent unnecessary pressures on colleagues in teams.
- 7.1.13 Managers should not regard stress as a weakness, and should encourage open discussion of work pressures at team meetings.

- 7.1.14 Managers are required to undertake a suitable process for staff that have dealt with a difficult call or job. This should identify support mechanisms available after a traumatic call/incident or any incident that has caused distress. It is important to identify the needs of the individual and to undertake a review at the end of the process to ensure that the process has adequately supported the individual's recovery.
- 7.1.15 Managers are encouraged to adopt an 'open-door' policy. This enables them to be more approachable and will assist them in identifying stress-related problems at an early stage, allowing early intervention.
- 7.1.16 Managers should be clear about the role, responsibilities and expectations of staff.
- 7.1.17 Managers should not hesitate to seek support from HR, Employee Assistance, Occupational Health and/or the Risk Team if in any doubt about what to do about a stress-related issue. Managers should not ignore such issues if they have a concern related to stress or the mental wellbeing of staff.
- 7.1.18 Managers should also be aware of all other relevant policies (eg, Dignity at Work, Flexible Working, Sickness Absence, etc). Such awareness enables better planning and decision making. For instance, knowledge of the Flexible Working Policy will enable the manager to discuss appropriate options when discussing and developing plans to tackle work-related stress and/or external stress related problems that are impacting upon work.

7.2 Role of Employees

- 7.2.1 Stress is not a sign of weakness. Anybody at any time may experience stress for a variety of reasons. Employees should inform their manager if they are experiencing stress or feel they are at risk of stress. Likewise, employees should not hesitate to seek support if they are experiencing stress, or feel they are at risk of stress. Employees should approach their manager for support in the first instance and are strongly encouraged to do so. If, for whatever reason, they feel they cannot approach their manager, they can contact Human Resources, the Employee Assistance Programme and/or Occupational Health directly. Employees are strongly encouraged not to suffer in silence and to accept opportunities for support if offered (counselling, for instance; particularly cognitive behaviour therapy CBT).
- 7.2.2 Managers have a responsibility for managing excessive workplace pressures. However, individual employees also have a clear responsibility to themselves and others to minimise excessive pressures and demands by behaving responsibly, acting reasonably and reporting any concerns regarding stress to managers.
- 7.2.3 Employees should immediately inform their line managers and/or supervisors of any unsafe systems of work or practices which they believe may lead to stress-related illness. Employees should also report the matter using the Trust's Incident reporting system, Datix. Managers cannot act on stress-related problems they do not know about.
- 7.2.4 Employees experiencing stress should also consider possible causes and making possible lifestyle changes to help reduce their stress, see appendix 2.

7.3 Role of Human Resources

- 7.3.1 Human Resources teams will provide information, advice and guidance to managers about the procedures within this policy.
- 7.3.2 Monitor and record absence levels within the directorates and individual departments.

- 7.3.3 Provide managers with information and data on absence levels within their departments and directorates to monitor trends and identify where and when action is required.
- 7.3.4 Provide regular information to the Executive Team and Trust Board about stress management across the Trust.
- 7.3.5 Facilitate education, coaching and training for managers in minimising and managing stress within their departments.
- 7.3.6 Work with managers and occupational health advisers and, where necessary, the Risk Team to progress individual case management.

8. RISK ASSESSMENT

- 8.1 If a member of staff is identified as experiencing stress then a stress risk assessment should be carried out by his/her manager. The stress risk assessment process identifies hazards (in this case, the identified stressors) and the associated controls (if any) to manage the hazards and from this assesses and evaluates the risks to health and safety. Wherever possible hazards (identified stressors) should be prevented from occurring or, if they cannot be avoided, managed and controlled so that the risks are reduced so far as is reasonably practicable.
- 8.2 The Health and Safety Executive (HSE) have identified six potential stressors at work, which if not managed properly can lead to work-related stress, these are: **Demands; Control; Support; Relationships; Role and Change**; for further information see section 9 below and appendix 1. Therefore, when carrying out a stress risk assessment, the Manager should explore each of these issues with the member of staff experiencing stress to identify which, if any, are the possible causes of work-related stress. The manager should also consider and explore any **other** relevant factors which could potentially cause stress such as lone working, risk of violence and aggression, shift work and also personal factors such as chronic illness or injury, taking care of an elderly/sick family member and changes in marital status.
- 8.3 The manager carrying out the stress risk assessment should have received sufficient, information, instruction and training to be able to carry out the stress risk assessment.
- 8.4 The manager should carry out the stress risk assessment in consultation with the member of staff experiencing the stress, as they will have valuable information to contribute and this process will reassure them that action is being taken. It will also ensure that any control measures to be implemented are discussed, accepted and integrated into existing working practices.
- 8.5 When carrying out the stress risk assessment, Managers should use the stress toolkit in appendix 4 and stress risk assessment form in appendix 4b.

9. HEALTH AND SAFETY EXECUTIVE'S STRESS MANAGEMENT STANDARDS

- 9.1 The Health & Safety Executive's Stress Management Standards identify six key potential stressors at work that, if properly managed proactively, can help to reduce work-related stress. These are:
 - **Demands:** 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:** Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- **Relationships:** 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 that they do not have conflicting roles.
- **Change:** How organisational change (large or small) is managed and communicated in the organisation.

9.2 Each of the above should be considered together with any other relevant factors when carrying out the stress risk assessment.

10. STRESS AUDITS

- 10.1 In addition to carrying out Staff Surveys, and in accordance with the Health and Safety Executive's Stress Management Standards, the Trust can also carry out stress audits on groups of staff or staff in particular workplaces to identify whether the staff involved are experiencing work-related stress.
- 10.2 This will involve identifying the groups/workplaces to take part and issuing the Health and Safety Executive's 'Indicator Tool' (stress questionnaire) to the staff for them to complete confidentially. It consists of 35 questions about the six key potential stressors identified by the HSE as causing work-related stress. Once completed, the questionnaire is returned and the responses are analysed using the HSE's (Stress) 'Analysis Tool'. The results of this will indicate whether the staff taking part are at risk of work related stress and which of the potential stressors are the possible causes and which therefore require further work to reduce their impact.
- 10.3 The results of the stress audit are shared with the staff involved via Stress Focus Groups and it is these Groups, working in partnership with managers and staff that identify possible measures that could be introduced to improve the situation and thereby reduce the impact of the potential stressors.
- 10.4 The completion of all of the agreed identified further actions is monitored and the staff involved are kept informed at each stage.

11. SUPPORT

- 11.1 Employees should also not hesitate to seek support at any time.
- 11.2 **EAP** All employees can have access to the Trust's confidential Employee Assistance Programme, details of which are posted on notice boards and on all the usual communication channels; eg, SCAS Staff Matters and the Intranet. Appointments can be made at any time, the service is free and confidential, and employees are encouraged to use this service, whatever the nature of the stress-related problem.
- 11.3 **Occupational Health** Employees can approach their local Occupational Health Department (Team Prevent) for advice on stress-related problems or any health matter.
- 11.4 **Line Manager** Lack of skills, in a new role for example, can cause stress, and employees should approach their manager to discuss training and development needs at any time. Likewise, staff should inform their manager if they feel they are experiencing stress.
- 11.5 **Human Resources** If they feel they cannot approach their manager about a stress-

related issue, employees can approach an HR Advisor directly for support.

- 11.6 Where employees are experiencing stress that is having a significant effect on their health and wellbeing, the Trust will support and work with the employee to look at reasonable adjustments in order to minimise risk and facilitate a successful return to work. Employees may also get support from their Trade Union/Staff Representative.

12. MONITORING

- 12.1 The Assistant Director of Human Resources (Operations) will audit this policy annually with the support of the Health, Safety and Risk Group. Any action plans required from the audit to ensure policy compliance will be presented to the Health, Safety and Risk Group for monitoring and implementation.
- 12.2 The audit will review the following:
- Number and percentage of staff reporting or suffering from stress and their respective causes within departments and divisions and their outcomes.
 - The number of stress risk assessments carried out.
 - Whether any stress audits have been carried out and their outcomes.
 - Review the procedure for stress absences for its effectiveness.
 - Complete an audit of 10% of records with stress-related conditions, including the risk assessments to ensure the staff involved received the appropriate support provided by the Trust.
 - Monitor the attendance of key HR managers and staff at the relevant groups or committees. Manager and staff responsibilities will also be reviewed through the appraisal process.
- 12.3 A report on sickness absence which will include stress will be presented to the Health, Safety and Risk Group every three months.
- 12.4 Monitoring of this policy will occur at both local levels by line managers/supervisors and also at a Trust-wide level via the Employee Assistance Programme, Occupational Health Providers and Staff Consultation/Survey's and the Health, Safety and Risk Group.
- 12.5 The organisation uses the following to identify and reduce risks from workplace stressors:
- Individual stress risk assessment
 - Stress audits using the HSE Management Standards approach.
 - The appraisal system
 - Management 1:1 feedback
 - Staff Survey feedback reports
 - TRiM trained practitioners
 - Occupational Health provider – reports, feedback and case review meetings
 - Providing employee assistance scheme via Optum (online and one the phone)

- Human Resources input
- Statutory and Mandatory training
- Exit questionnaires and reports

12.6 Some of the tools for identifying and monitoring stress are:

- One-to-one meetings: Managers should discuss and explore potential hazards (stressors) if they feel that the member of staff is experiencing stress at work, and/or if the member of staff states that they are experiencing stress.
- PDPs & Appraisals: Managers should monitor the stress levels of their staff during the normal periodic meetings. The potential key causes of work-related stress causes are listed in section 9 and Appendix 1.
- Audits: The Trust should carry out stress audits in accordance with the Health and Safety Executive's Stress Management Standards.
- Consultation: The Trust may periodically monitor stress levels through consultation with Trust staff via surveys & questionnaires, for example the annual staff survey. The results of these consultations may be able to provide the Trust with information on the employees' perception of stress within the organisation.
- Absence Monitoring: The monitoring of absence levels across the Trust is the responsibility of the Human Resources Directorate, locally the responsibility lies with individual line managers.
- Occupational Health: The Trust's Occupational Health providers through their normal duties may identify symptoms of stress in staff.
- Employee Assistance: The Trust's Employee Assistance providers through their normal duties may identify symptoms of stress in staff.
- Employees: Individuals who recognise their own symptoms of stress are encouraged to speak to their line manager and/or HR Advisor or seek direct support via the Trust's Employee Assistance Programme and/or Occupational Health provider.

13. EDUCATION

- 13.1 All managers who are expected to carry out individual stress risk assessments will receive training in how to carry out these assessments.
- 13.2 Appropriate education programmes will be provided by the Trust to equip managers and staff with the skills to recognise the symptoms of stress and identify and manage pressure (for more details on this please contact the Education Department).
- 13.3 Delivery of such programmes will be appropriate to the level of risk staff are exposed to and dependant on the potential risks and priorities in each directorate/department.

14. POLICY REVIEW

- 14.1 The effectiveness of this policy will be reviewed annually by the Trust's Joint Negotiation and Consultation Committee, following which a report on the effectiveness of the policy will be submitted to the Health, Safety and Risk Group by

the Human Resources Director.

15. RELATED POLICIES

15.1 Please read this policy in conjunction with the following:

- Dignity at Work Policy
- Sickness Absence Policy
- Zero Tolerance Policy
- Flexible Working Policy
- Employee Health and Wellbeing Strategy

16. USEFUL CONTACTS; SOURCES OF INFORMATION

16.1 Employee Assistance Programme

16.1.1 Optum (Employee Assistance)

Website: <https://www.ppconlineinfo.com/public/welcome.asp>

Tel: 0800 282 193 (24-hour freephone)

Email: askus@optum.co.uk

16.2 Occupational Health

16.2.1 Although you can self-refer to Occupational Health, you are advised to discuss any issues with your manager and they will, if necessary, then make a referral.

16.2.2 Team Prevent

Email: scas@teamprevent.co.uk

Website: www.teamprevent.co.uk

16.3 ACAS (Advisory Conciliation and Arbitration Service)

Website: www.acas.org.uk

16.4 NHS Employers

Websites: www.nhsemployers.org/practice/practice-233.cfm

www.nhsemployers.org/Aboutus/Publications/Documents/Stress%20management.pdf

16.5 Royal College of Psychiatrists

Website: www.rcpsych.ac.uk

16.6 **Latest (2011) Guidance for Managers** – a collaboration of public, private and voluntary sector leaders in the field

Website: <http://www.mindfulemployer.net/MINDFUL%20EMPLOYER%20Line%20Managers%20Resource.pdf>

South Central Ambulance Service NHS Foundation Trust

Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR

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16.7 Health & Safety Executive

Website: www.hse.gov.uk/hwwb/index.htm

16.8 Trade Unions

16.8.1 Unison

Website: www.unison.org.uk

Tel: 0870 770 1112

Email: unison-southern@unison.co.uk

16.8.2 APAP (Association of Professional Ambulance Personnel)

Website: www.apap.org.uk

Tel: 0870 1670999

Email: admin@apap.org.uk

16.8.3 Unite

Website: www.unitetheunion.org

The Health & Safety Executive's six key factors that cause work-related stress

The Health & Safety Executive has identified the following issues as being responsible for causing work-related stress and therefore, these must be considered when undertaking an individual stress risk assessment:

Demands (of the Job)

- Too much to do, too little time
- Too little/too much training for the job
- Boring and/or repetitive work, or too little to do
- The working environment
- Shift work

Control

- Lack of control over work activities

Support (and the Individual)

- Lack of support from managers and co-workers
- Not being able to balance the demands of work and life outside work.

Relationships

- Poor relationships with others
- Bullying and/or harassment

Role

- Staff feeling that the job requires them to behave in conflicting ways at the same time
- Confusion about how everyone fits in

Change

- Uncertainty about what is happening
- Fears about job security

Other factors such as:

Culture

- Lack of communication and consultation
- A culture of blame when things go wrong, denial of potential problems
- An expectation that people will regularly work excessively long hours or take work home with them.

NB This list is not exhaustive

What can I do if I think I am suffering from stress?

Pressure at work can be good for you, but if the experience of pressure gets too much, you may begin to feel stressed.

Irrespective of the source of your stress, you should speak to your manager or someone else you feel comfortable talking to in your organisation. If it is work-related, you should inform your manager so that arrangements can be made to carry out an individual stress risk assessment. As your employer has a duty to carry out a stress risk assessment to identify if the causes of the stress are work-related and if they are, they should take reasonable steps to try to resolve the problem. If it is not work-related they may be able to support you in some way or help to take some pressure off you at work while you resolve the stress in your personal life.

It is important to take action at a personal level and to review your lifestyle to see if you can identify any contributing factors. A simple checklist might include:

- eating on the run, or in a disorganised manner
- smoking, or drinking excessively
- rushing, hurrying, being available to everyone
- doing several jobs at once
- missing breaks, taking work home with you
- having no time for exercise and relaxation

In some cases, prolonged stress can lead to physical and/or mental ill health. If you think you are currently experiencing stress-related ill health you may benefit from a discussion with your GP.

For further information, refer to Health & Safety Executive at:

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

As a Manager, how can I spot potential stress?

General indicators of a problem in your department could include: high turnover, increased absence from work, increased complaints or grievances, bullying & harassment in the workplace.

Individual members of staff may display any of the following signs:

Emotional: Moodiness, high state of anxiety, anger, frustration, depression; recurrent or persistent change in demeanour or behaviour (often out of character)

Physical: Tenseness, tiredness, headaches, disturbed sleep patterns

Mental: Impairment of perception, concentration, memory, judgement, decisiveness, accuracy, motivation and creativity

Relationships: Increased difficulty between colleagues, tense atmospheres between people.

Any of these could result in excessive absence from work or a pattern of absence, such as frequent odd days off, long periods of absence through anxiety or depression, poor timekeeping, impaired performance and/or frequent mistakes, accidents or dangerous occurrences.

Early recognition of a cause for concern together with an appropriate intervention, such as counselling and talking through the issues with a manager is likely to assist the individual in making a recovery.

Tool-kit for Individual Stress Risk Assessment

GUIDANCE NOTES

FOR ASSESSING STRESS AT INDIVIDUAL LEVEL

- Managers must make every effort to recognise work-related stress in their staff and if they do identify any of their staff experiencing stress or if a member of staff states that they are experiencing work-related stress then they must carry out an individual stress risk assessment on that member of staff. This assessment is intended to help identify the causes of stress and ways of reducing them.
- Staff should manage their own health and wellbeing, including using the Occupational Health Service and Staff Counselling Service. Managers have a responsibility for managing excessive workplace pressures. However, individual employees also have a clear responsibility to themselves and others to minimise excessive pressures and demands by behaving responsibly, acting reasonably and reporting any concerns regarding stress to managers.

Before the meeting

- If the member of staff feels it is the manager who is causing the stress, they can request that the Human Resources Department identifies someone else to carry out the stress risk assessment.

Carrying out the risk assessment

- Managers must feel able to carry out the assessment as it needs to be handled with great sensitivity.
- The manager should talk to the member of staff about concerns raised i.e. experiencing stress and/or stress-related sickness.
- The manager should explore with the member of staff each of the HSE's six key stressors together with any other relevant issues that have a bearing on the members of staff's job role and circumstances.
- Try to establish whether there are work-related causes for the stress and what they may be.
- Record on the stress risk assessment form the key aspects of the discussion about the hazards (potential stressors) and any controls that are currently in place to reduce the impact of these hazards (stressors). From this, the manager should then evaluate the risk score.
- The manager should also explore and discuss with the member of staff ways in which the stress could be reduced. These could consist of the ways that the Trust could make reasonable adjustments and also what the member of staff could do to help reduce their stress, such as making possible changes in lifestyle such as changing their diet, taking exercise, etc. Solutions, however, must be practical, reasonable and achievable.
- Discuss and agree what actions will be taken, how changes will be monitored and arrange a mutually convenient review meeting date with the member of staff; and record all of this on the stress risk assessment form, see appendix 4b.
- A copy of the risk assessment form should be given to the member of staff and the Human Resources Department.

- At each of the review meetings, identify what actions have been completed and amend the stress risk assessment form accordingly. Copies of each of the amended risk assessment forms should be shared with the member of staff and the Human Resources Department.
- Prior to the final review meeting, all of the identified actions should be completed. The documentation from the final review meeting should be shared with the member of staff and the Human Resources Department.

Individual stress risk assessment form

South Central Ambulance Service NHS Foundation Trust Individual Stress Risk Assessment Form							
Risk assessment on (name of member of staff):							
Person (s) carrying out the assessment:				Department/Area/Directorate:			
Risk assessment number:			Date of assessment:		Date of review of assessment:		
Ref	Hazards (List all of the identified hazards)	Existing Controls (List all of the measures currently in place to control exposure to the hazards)	Initial risk score (SxL =)	Further controls required- Action Plan (List all of the additional measures to be introduced to reduce the risk to the lowest level reasonably practicable)	To be Completed by: (Insert name of person)	When (insert date when further controls will be completed)	Final risk score (SxL=)
1.	Demands						
2.	Controls						
3.	Role						
4.	Relationships						
5.	Support						
6.	Change						
7.	Other (any other factors which could be stressors for this member of staff)						

Signature (employee): **Date:**

Signature (manager): **Date:**

Individual Stress Risk Assessment: Progress on Review Actions

Please record the content of review discussion and list any resulting follow-up actions and responsibilities below.

Review 1:

Date:

Review 2:

Date:

Review 3:

Date:

Review 4:

Date:

If any further reviews are required, record action on a separate sheet.

Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: **Stress Policy**.....

Officer completing assessment: **Amelia Spurin**.....

Telephone: **07787 669 166**.....

1. What is the main purpose of the strategy, function or policy?
Minimising the risk from work-related stress through raising awareness, adopting good management practice and the provision of support to all staff.
2. List the main activities of the function or policy (for strategies list the main policy areas)
Defining the different responsibilities for all members of staff to reduce the impact of stress. How to educate staff and holding meetings to communicate thoughts/feelings.
3. Who will be the main beneficiaries of the strategy/function/policy?
All staff at SCAS, and indirectly the patients we provide care for.
1. Use the table overleaf to indicate the following:-
<ul style="list-style-type: none"> a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact	Negative Impact	Reasons
GENDER	Women	Yes	N/A	Work-life balance – especially with reference to the care of children and elderly relatives.
	Men	Yes	N/A	Work-life balance – especially with reference to the care of children and elderly relatives.
RACE	Asian or Asian British People		Yes	Possible language difficulties if English not first language
	Black or Black British People		Yes	Possible language difficulties if English not first language
	Chinese people and other people		Yes	Possible language difficulties if English not first language
	People of Mixed Race		Yes	Possible language difficulties if English not first language
	White (inc Irish) people		Yes	Possible language difficulties if English not first language
	Disabled People		Yes	Possible learning difficulties
	Lesbians, gay men and bisexuals		N/A	
	Transgender		N/A	
AGE	Older People (60+)		N/A	
	Younger People (17 to 25) and children		N/A	
	Faith Groups		N/A	
	Equal Opportunities and/or improved relations	Yes		Yes – ensuring that a fair and consistent process is followed for all Trust staff.

Notes: Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

South Central Ambulance Service NHS Foundation Trust

Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR

Stress Policy – Version 6 – February 2015– EIA - II

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	X
Intended	<input type="checkbox"/>	X
Level of Impact	High	Low
	<input type="checkbox"/>	X
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
Clear, simple language used. Line managers support and guide their staff to understand what has been written in the policy and the impact/effect it would have on them.		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
By using clear and simple language.		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?		
N/A		

Please sign and date this form; keep a copy and send one to the Trust's Equality Lead.
Signed: Amelia Spurin
Name: Amelia Spurin
Date: 11/2/2015

Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: **Stress Policy**

Officer completing assessment: **Amelia Spurin**

Telephone: **01869 365055**

Part A

- Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

- Summarise the likely negative impacts:-

..... **Difficulties with understanding relating to language problems and/or**

..... **learning disabilities.**

..... **No perceived issues relating to other groups; actively addresses some.**

.....

- Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	

Equality Target Groups	Summary of consultation planned or taken place
Disability	
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexuality/Transsexuality	

Equality Target Groups	Title/type of/details of research/report
Older People	
Younger People	
Faith	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

.....

No

Part B

Complete this section when consultation and research has been carried out

- 7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.
- 7b. As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carries out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

.....

.....

8. Will the changes planned ensure that negative impact is:

Legal?
(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....

.....

.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:

Name:

Date:



Joint
Consultative
Committee

POLICY SIGN OFF AGREEMENT

Policy Name: HR/C09 – STRESS POLICY

The undersigned agree to HR Policy above on behalf of the staff:

Staff Representative: GAVIN BASHFORD
(Name in Print)

Signed: [Signature]

Union: UNISON Date: 27/7/15

Staff Representative: AMANDA CUNBY
(Name in Print)

Signed: [Signature]

Union: A.P.A.P. Date: 7.9.15

Staff Representative: KERRY DAVIDSON
(Name in Print)

Signed: [Signature]

Union: UNITE Date: 9/11/15

Director of Human Resources and Organisational Development

Name: [Signature]
(Name in Print)

Signed: M.S. SANDOZS Dated: 24/7/15