Trust Procedure

Plymouth Hospitals **NHS**
NHS Trust

Management of Stress Standard Operating Procedure

Date	Version
July 2015	**6**

Purpose

Plymouth Hospitals NHS Trust is committed to protecting the health, safety and wellbeing of all employees.

This SOP sets out the Trust's expectation that stress and psychological health and wellbeing are managed effectively for all staff. It recognises that workplace stress has a negative impact on an individual's ability to carry out their work.

The SOP identifies the Trust's pro-active approach to managing stress through:

➢ Minimising work related stressors

➢ Enhancing Managers competency in dealing with stress

➢ Encouraging employees to care for their own wellbeing

➢ Educating staff in common stressors and appropriate responses

It sets out the Trust's reactive response:

➢ Providing support to individual staff affected by stress issues

➢ Providing advice to managers dealing with stress issues

➢ Providing facilitated team interventions when stressors are identified

➢ Utilising HSE Stress Audits in identified areas of need and ensuring subsequent actions plans are supported and delivered appropriately.

Who should read this document?

All Staff

Key messages

- An employee's psychological fitness for work is affected both by job demands and external events and issues. Research has shown that prolonged periods of stress can have an adverse effect on health in terms of both physical illness and psychological effects.

- Reduced stress levels and enhanced employee wellbeing can have a number of positive effects, including improved patient safety, a reduction in absence and staff turnover, enhanced motivation, engagement and productivity, greater commitment to work, greater job satisfaction, and enhanced image and reputation for the organisation

Accountabilities

Production	Occupational Health and Wellbeing Lead
Review and approval	Health & safety Committee
Ratification	Director of Corporate Business
Dissemination	Occupational Health and Wellbeing Lead
Compliance	Human Resources and Organisational Development Committee

Links to other policies and procedures

Supporting Staff Policy

Domestic Abuse policy for Managers and Practitioners

Appraisal Guidance

Flexible Working Policy

Leave Policy

Organisational Change Policy

Mediation SOP

Bullying and Harassment SOP

Sickness Absence Policy

Maintaining High Professional Standards Policy

Version History

1	July 2004	
2	October 2008	Updated contact details and inclusion of monitoring arrangements to meet NHSLA requirements.
3	June 2009	
4	March 2010	Reviewed and amended. Policy put into current Trust template.
5	July 2012	First draft SOP in support of new Supporting Staff Policy
6	July 2015	Reviewed and amended

Last Approval	Due for Review
July 2015	July 2018

PHNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender

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reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures and Administrative Procedure Notes are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Standard Operating Procedure (SOP)

Management of Stress

1	Purpose and scope

The NHS Health and Wellbeing Review concluded that: "Healthier staff, teams that are not disrupted by sickness, or where staff are not under undue stress, and lower turnover rates all contribute both to the quality of care given to patients and to patient satisfaction." (NHS Health and Well-being Review – interim report Dr Steven Boorman 2009).

The whole Trust will work to foster a collaborative approach of identifying the risk, assessment and management of stress. There will be provision of both pro-active and re-active interventions to manage the issues of stress in general and minimise the impact of work related stressors within Plymouth Hospitals NHS Trust.

1.1   Definitions

- **Stress** - the Health and Safety Executive (HSE) defines stress as "the adverse reaction people have to excessive pressure or other types of demand placed on them", which can be detrimental to health.

- **Pressure** - can be positive if managed correctly.

- **(Stress) Management Standards** – the HSE states that "the Management Standards approach requires managers, employees and their representatives to work together to improve certain areas of work…which will have a positive effect on employee well-being. Under each area there are 'states to be achieved', which organisations should work towards. The approach is aimed at the organisation rather than individuals, so that a larger number of employees can benefit from any actions taken." The six management standards address the primary causes of stress at work:

  - **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 they do not have conflicting roles.

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

- **Stressor** - event or activity that can be experienced as stressful

1.2　Regulatory background

The **Health & Safety at Work Act (1974)**, section 2, obliges every employer to ensure, so far as is reasonably practicable, the health, safety and welfare of all employees. This legislation makes no distinction between physical and mental well-being and covers stress-related injuries as well as physical injury.

Under the **Management of Health & Safety at Work Regulations (1999)**, all employers must make suitable and sufficient assessment of the risks to health and safety of their employees and implement avoidance and control measures. Stress is a widespread hazard that should be included in the risk assessment process.

The **common law** duty of care identifies that the employer has an implied duty under the contract of employment to take all reasonable steps to protect the employee from foreseeable risks that may seriously or consistently harm a person physically or mentally e.g. by volume or character of work, by bullying, by the working environment etc.

NICE has issued **Mental Wellbeing at Work guideline** which has 3 key themes:

- Promoting a culture of participation, equality and fairness that is based on open communication and inclusion.

- Using frameworks such as Health and Safety Executive management standards for work-related stress to promote and protect employee mental wellbeing.

- Consideration of particular models of flexible working that recognise the distinct characteristics of micro, small and medium-sized businesses and organisations.

1.3　Key duties

1.3.1　Trust Directors are responsible for:

- Promoting a positive culture within the organisation, being approachable and visible, and listening and acting on feedback, where appropriate.

- encouraging and promoting the Trust's commitment to reducing work related stress;

- taking account of this commitment in all planning and overview of trust operations;

- ensuring support systems are in place for all employees, through a comprehensive Occupational Health and Wellbeing Service, including access to Staff Counselling (Appendix 1).

- Monitoring the impact of stress on the organisation and the individuals within it.

1.3.2 The Health & Safety Committee has overall responsibility for monitoring and co-ordinating workplace health & safety including stress.

- Using staff survey results and other workforce data such as sickness absence, staff turnover, work-related stress data and use of formal HR processes to identify areas where employee health may be at risk from stress.

- Initiating and guiding remedial actions in these areas to ensure that appropriate risk assessment is carried out and that the risk to employees is reduced as low as reasonably practicable.

1.3.2 The **Directorate of HR and Organisational Development** has responsibility for:

- ensuring that staff survey results related to stress; statistics regarding sickness absence; staff turnover; work-related stress data and use of formal HR processes are available to the H & S Committee and individual managers to assist them is carrying out risk assessments and managing the risk from stress.;

- Advising the H & S Committee and individuals on the training available to support the management of stress.

- Providing and promoting training as directed by the Board and the H & S Committee.

1.3.3 The Occupational Health and Wellbeing Department has responsibility for:

- promoting organisational awareness of stress and its management;

- assisting / guiding the organisational assessment of existing stress, stressors, hotspots and trends;

- assisting / guiding managers at all levels in identifying and managing stress in their areas;

- providing proactive interventions to help mitigate stress and build employee resilience;

- advising and supporting managers and individuals where stress has been identified as an actual or potential problem for an individual in order to help a safe return to work or to remain safely in work.;

- providing specialist psychological interventions (Appendix 2).

- providing data on service use to the H& S Committee

1.3.4 Line Managers are responsible for

- Being aware of best practice in managing work related stress by making use of the training and resources available and seeking to promote a positive working environment and culture within their teams.

- Managing stress as a workplace hazard in accordance with Health & safety legislation and, in particular, ensuring that risk assessments of workplace stressors are conducted and that the risks identified are managed as appropriate. This is summarised at Appendix 3 but the HSE website stress pages provide detailed guidance.

- Taking action if staff members report feeling they are suffering from work related stress;

- Providing support to staff experiencing distress, from whatever cause. Where it is reasonably practicable, this should include the offer of temporary reasonable working adjustments to reduce the level of stress felt and referral to the Occupational Health and Wellbeing Service as appropriate;

- Addressing relationship issues that may develop within a team to reduce the risk and impact of relationship breakdowns, bullying, harassment or abuse. In accordance with the Trusts harassment and bullying and, where applicable, Mediation SOP;

- Following a critical incident/ traumatic event in the workplace being alert to signs of post-trauma reaction and offering referral to the Counselling and Mental Health Team;

- Ensuring that employee health risks and wellbeing are discussed during the annual appraisal and any identified actions are agreed;

1.3.5 All Employees have responsibility for

- being aware of their own wellbeing and of how stress impacts on their ability to function and being willing to seek, receive or offer support as appropriate.

- raising issues of concern with their managers if they believe stress presents a risk to themselves, others in their team or patients.

1.3.6 Trade Unions, Health and Safety Representatives

- Supporting the Trust in the management and reduction of work-related stress via policies, procedures and actions.

- Supporting individual staff as appropriate.

1.4 Monitoring and assurance

The Trust's objective is to reduce the impact of work related stress on its employees by reducing workplace stress and enhancing employees' resilience. As well as the responsibility on managers to monitor the effects of stress on their teams the Health & Safety Committee has a responsibility to monitor the effects of stress across the Trust by collating and measuring a number of different markers and to then support any areas identified as having above average stress levels.

1.4.1 Monitoring levels of workplace stressors

Monitoring work-related stress levels, stress interventions and compliance requires a range of indicators, provided from various sources, to include the following data sources:

- Sickness absence rates, both from stress related illness and overall levels - HR.

- The Annual NHS Staff survey and PHNT surveys - HR

- Exit interviews - HR

- Complaints and grievances – number and specific factors identified – HR

- Attendance management and Sickness absence data- HR

- Staff turnover figures – HR

- Datix incident reporting – H&S

- HSE Stress audits - and individual stress risk assessments.

2   Managing Stress - Procedure to Follow

2.1   Management of an Individual with Stress

Manager identifies an Individual with a stress related problem (See Appendix 1)

Individual identifies themselves to their manager as having a stress related problem

Manager identifies someone at high risk of stress related problem (See Appendix 1)

Are any of the following true?
- There is evidence of impaired performance;
- The individual is off-work;
- The individual has disclosed distress related to a specific work event or events;

Yes

Consider referral to OH&WB for assessment & advice.

No

Review

Actions by Line Manager

- Take reasonable steps to mitigate the effects of the stressor

    Take reasonable steps to reduce overall level of stress on individual to help ensure wellbeing & performance.

- Refer to CMHT for counselling and/or advise individual to access via advice line or drop-in clinic
- Consider referring to OH&WB course.

An individual Stress Risk Assessment may help with this process

- Adjustments to consider:
    - Temporary change to hours, shift length
    - Adjustments to workload & help with setting priorities
    - Increased support & supervision
    - Informal or formal mediation

Note. Where adjustments are being made you are advised to use the "reasonable adjustments grid" and set clear time-scales for review.

- Consider whether there is a problem affecting the wider work-group and investigate with individual stress risk assessments or HSE Stress Management tool (Appendix 3).
- Contact OH&WB for advice

2.2 Management of a work-group identified as possibly having a stress problem

2.2.1 A manager may feel that there is a problem with a ward, department or other work group either because of direct feedback from members of that group; their own observation of markers of stress or because the Trust surveillance has identified a problem. To some extent the response will be dictated by the size of the group and the complexity of the problem but in general the problem should be managed as follows:

Stage 1. Gather together the key stakeholders including the senior managers of the areas together with support from OH&WB & HR, as appropriate to confirm that there is a real problem and to identify if there are any obvious or urgent factors that need to be addressed.

Stage 2. Identify the principal factors underlying the problem. The key tools for this will be the HSE Stress Audit tool; the Individual Stress Risk Assessment and Plymouth Way. It may also be appropriate to look at other sources of information such as workload, staffing levels and staff vacancies.

Stage 3. Use this information to develop a plan to address the issues identified. Where appropriate the analysis carried out can be used to support escalation of the issues to a higher level or identify the need for support from other agencies with the Trust such as Organisational Development, Service Improvement, Pastoral Support or OH&WB. It is recognised that it is not always possible to reduce stressors to an acceptable level; in such cases actions to protect staff from the effects must be considered.

Stage 4. Implement the plan & review.

2.4 Tools for use in identifying workplace stress

Individual Stress Risk Assessment

- This tool is used to identify areas of stress for individual staff members; it is designed to provide both a quantitative assessment of the level of stress an individual is experiencing and to identify possible workplace stressors for that individual.

- Ideally the completed tool should be used as the basis for discussion with their line manager or, if that is not appropriate, a more senior manager. It may also be useful to support discussions with OH&WB

- The individual stress risk assessment would also be useful for use in small groups where it would be less appropriate to use the HSE audit.

HSE Management Standards Indicator Tool.

The HSE provides a large amount of useful information online. Managers are strongly advised to access this resource but as it is complex a summary of the process is at Appendix 3. The HSE pages include a stress audit based on the HSE Management Standards. This is designed for use with larger groups (ideally 10 or more) and they also provide an analysis tool.

[Plymouth Way](#)

Plymouth Way is a powerful tool aimed at improving engagement. By doing so it can assist both in identifying sources of stress within the team and identifying way in which these may be addressed. Furthermore the process of engagement directly addresses some of the HSE Management Standards and so may offer part of the solution.

3	Consultation and Approval

The design and process of review and revision of this procedural document will comply with the Trust's formal policy on policy and procedural documents.

The review period for this policy document is set as three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health & Safety Committee and ratified by the Director of Governance.

Non-significant amendments to this policy document may be made, under delegated authority from the Director of Governance, by the nominated author. These must be ratified by the Director of Governance and should be reported, retrospectively, to the Health & Safety Committee.

Significant reviews and revisions to this document will include a consultation with the JSNC Policy Sub Group.

4	Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with the Trust's formal policy on policy and procedural documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of HR & OD and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

5	Reference material

5.1   Dr Steven Boorman, NHS Health and Well-being Review – Interim Report 2009.

5.2   Management of Health and Safety at Work Regulations 1992.London, UK: HMSO, (SI 1992 No 205

5.3   Health and Safety at Work etc. Act 1974. London, UK: HMSO.

5.4   HSE Stress Management Standards; www.hse.gov.uk/stress

5.5   Healthy Staff, Better care for Patients; www.dh.gov.uk/publications

| **Identifying Stress** | **Appendix 1** |

Identifying Stress in an individual – things to look for:

- **Change** of behaviour, such as moodiness, irritability, arguments with colleagues

- Arriving late / leaving early

- Arriving early / leaving late

- Pattern of frequent absence (for any reason)

- Refusing to listen to suggestions

- Standard of work falls

- Mistakes at work, especially if uncharacteristic

- Lack of motivation, appearance or complaints of fatigue

- Withdrawal, avoidance of social interaction

- Evidence of substance abuse, excessive or increased use of nicotine or alcohol

Risk Factors for Stress related problems:

These are described in detail below and in the HSE internet pages but these are some high risk areas to look out for.

- Increased pressures or major events in personal life

- Changes at home or work creating increased home/work conflict or demands such as childcare or travel.

- Disciplinary procedures

- Relationship problems with one or more colleagues

- Increase in workload or decreased resources

- Major change at work

- New or developing health problems.

| **Sources of Support** | **Appendix 2** |

Internal Sources of Support

Occupational Health and Wellbeing Counselling and Mental Health Team

Individual employees have access to a range of interventions (appendix 8), including:

- 1 to 1 counselling including the drop-in service – Wednesday 09:00 - 11:30 open access, no appointment necessary, where employees can speak directly to a counsellor.

- Guided Self Help

- Mediation

- Mental Health Advice

- Self Care Course

- Understanding Stress, Building Resilience Course

- Relaxation Course

Managers have access to all the support as above, and also:

- The 'Preventing Stress: Promoting Positive Manager Behaviour' course specifically for managers, provided through the Leading Teams the Plymouth course.

Occupational Health and Wellbeing

The Confidential Telephone Advice Line is also available for Managers and Staff on 01752 (4)37222 (option 1), Monday to Friday between 9.00am and 4.00pm.

- Access expert advice promptly from the OHWB team of doctors, nurses and counsellors, who can informally discuss concerns or difficulties

- Have an informal conversation about the best approach and support that is available for you or your team member

- Discuss any health related matter, which is affecting work, or influenced by work

OH&WB also accepts referrals and self-referral for confidential consultations offering advice and support.

Plymouth Way

- The Learning & Development team will facilitate a whole team meeting to enable open discussion and exchange of ideas. This can be a powerful tool for finding better ways of working.

Internal:

Department of Pastoral & Spiritual Care: are available via switchboard (dialling 0) & asking them to bleep the on-call chaplain (regardless of the time of day/night).

Health & Safety Team   Tel: 01752 439076   Internal: 39076

Union Office   Internal: 39276

Leadership and Development Programme   Via StaffNet

External Sources of Support

Profession specific;

RCN members; Support/advice and telephone counselling; **www.rcn.org.uk** Tel: 0345 408 4391 or e-mail: mss@rcn.org.uk.

Sick Doctors Trust; (drug or alcohol issues) website; **www.sick-doctors-trust.co.uk**   Tel: Helpline 0370 444 5163 (24hrs) or email help@sick-doctors-trust.co.uk

BMA; Telephone Counselling and Doctors for Doctors Advice Service; www.bma.org.uk Telephone: 08459 200 169 (24hr)

There are a wide range of additional resources on the OH&WB intranet pages.

The HSE Stress Risk Assessment Process is explained in detail on the HSE Stress pages. The process is summarised here but you are strongly advised to read the HSE advice.

1. Identify the risk factors

The Management Standards highlight the six main risk factors for work related stress:

Demands	Relationships
Control	Role and
Support	Change

For each of these the HSE defines 'states to be achieved' for each standard highlighting good management practice.

Consider how the Management Standards translate to your part of the organisation. When assessing the risks to which your staff may be exposed it is important to focus on organisational level issues that have the potential to impact on group and possibly large numbers of employees, rather than individual employees.

The HSE does not expect every employer to meet all the Standards at their first attempt. They represent the target for the organisation, goals that employers should be working towards through an ongoing process of risk assessment and continuous improvement.

2. Who can be harmed and how

Consider all the data available to decide on any potential problem areas;

3. Evaluate the risks – Explore problems and develop solutions

The primary aim of this step is to take the output from the previous step, data collection and analysis, and discuss the conclusions with a representative sample of employees and work with them to develop solutions. Data analysis can only provide a broad indication of the underlying issues affecting the health of employees. If you want to know what is affecting employees you have to ask them!

The HSE also strongly advocate using "focus" groups to both identify problems and identify solutions. Strong staff engagement will increase the chances of success. The output of the process should be an action Plan that is clearly communicated to the staff.

Finally it is important that systems are in place to deal with individual concerns.

4. Record your findings – develop and implement action plans

This speaks for itself but the HSE pages contain specific advice on developing and implementing action plans.

5. Monitor and review – Monitor and review action plans and assess effectiveness

This will require repeating some of the earlier evaluation steps. As with all risk assessment processes this step then leads back into the process to produce a cycle

of improvement. The HSE do not expect perfection but they do expect effective risk assessment and evidence of improvement.