

MANAGING STRESS AT WORK POLICY AND PROCEDURES

Version 3.0

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Summary of Key Changes Since Last Approved Version:

- *Routine review of policy and updates*

Policy Summary

Summary & Aim

To advise and inform all Trust staff of the Policy and Procedures for Managing Stress at Work

Applicable to:

All Trust staff, bank registrants and students on work placements.

Training:

Training and education relating to compliance with this policy when individual needs arise.

CONTENTS

SECTION 1 – INTRODUCTION	4
1.1 Policy Statement and Rationale	4
1.2 Key Principles	4
1.3 Background Information	4
1.4 Definitions	5
SECTION 2 – DUTIES AND RESPONSIBILITIES	5
SECTION 3 – MANAGING STRESS	7
SECTION 4 – TRAINING AND EDUCATION	7
SECTION 5 – DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION ..	8
SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS	8
SECTION 7 – CONTROL OF DOCUMENT INCLUDING ARCHIVING ARRANGEMENTS...	9
SECTION 8 – SUPPORTING COMPLIANCE AND REFERENCES	9
APPENDIX 1: MANAGING WORKPLACE STRESS PROCEDURE	10
APPENDIX 2: SIGNS AND SYMPTOMS OF STRESS (EXAMPLES)	15
APPENDIX 3: THE ESNEFT STRESS INDICATOR TOOL	16
APPENDIX 4: MANAGING STRESS AT WORK ASSESSMENT ACTION PLAN	18
DOCUMENT CONTROL	19

SECTION 1 – INTRODUCTION

1.1 Policy Statement and Rationale

East Suffolk and North Essex NHS Foundation Trust, hereafter known as ‘the Trust’ recognises its legal responsibility under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 to ensure the health, safety and welfare at work of its employees. This includes minimising the risk of stress-related illness or injury to employees.

The Trust recognises that ‘stress’, especially chronic ‘stress’, is a considerable risk to both physical and mental health. This Policy and accompanying procedures explain the actions that the Trust will take to prevent stress-related problems from occurring where possible and also what will be done if a member of staff experiences stress-related problems.

This policy covers all employees, students on work placements and volunteers.

It also supports compliance with CQC Regulation 18 – Staffing.

1.2 Key Principles

This document is issued in accordance with section 2(3) of the Health and Safety at Work Act 1974 and The Management of Health and Safety at Work Regulations 1999.

Any member of staff reporting work related stress will be offered a stress risk assessment and will be provided with support. Any absence relating to stress will be managed as per the Trust Absence policy.

No staff member will be expected to work in places or situations where there is reason to believe that stress could arise directly from work, without an assessment being carried out of the risks and what reasonable practicable adjustments can be made to minimise these.

No staff member will experience prejudice or intimidation from any member of the Trust through raising concerns regarding stress at work.

All concerns and complaints about stress arising at work will be taken seriously and sympathetically by the Trust at whatever level of the organisation they occur.

Concerns about stress will be addressed by implementing a stress risk assessment, group or individual, to identify the source of stress and appropriate actions that can be taken to reduce and control the problem.

1.3 Background Information

Work-related stress is defined by the Health & Safety Executive as ‘the adverse reaction people have to excessive pressures or other types of demand placed on them at work.’

Stress is not an illness – it is a state. However, if stress becomes too excessive and prolonged, mental and physical illness may develop.

Work is generally good for people if it is well designed, but it can also be a great source of pressure. There is a difference between pressure and stress. Pressure can be positive and a motivating factor, and is often essential in a job. It can help us achieve our goals and perform better. Stress occurs when this pressure becomes excessive. Stress is a natural reaction to too much pressure.

The Trust is committed to promoting a good, supportive climate and healthy working culture and where employees experiencing stress or mental health problems can access appropriate support. It is also committed to supporting employees in achieving a healthy work-life balance.

Work-related stress is a significant cause of illness and disease and is known to be linked with high levels of sickness absence, staff turnover and other indicators of organisational underperformance - including human error.

The core of the HSE approach for dealing with work related stress is the Management Standards approach. The Management Standards cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence. In other words, the six Management Standards cover the primary sources of stress at work. These are:

- **Demands** - Issues like workload, work patterns and the work environment.
- **Control** - How much say the person has in the way they do their work.
- **Support** - The encouragement, sponsorship and resources provided by the Trust, line management and colleagues.
- **Relationships** - Promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- **Role** - Whether people understand their role within the Trust 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 Trust.

To support the Management Standards the HSE expects all employers to conduct risk assessments for work-related stress. The risk assessments should include:

- Engaging with employees and their representatives to identify problem areas
- A commitment to take action to address any problem areas in partnership with employees and their representatives
- A commitment to review action plans.

1.4 Definitions

Term	Definition
CQC	Care Quality Commission
HSE	Health and Safety Executive
MSWRS	Management Standards for Work Related Stress
OH	Occupational Health

SECTION 2 – DUTIES AND RESPONSIBILITIES

- 2.1** The Director of Human Resources has overall responsibility for this policy. The Deputy Director of Human Resources is the lead director and is responsible for monitoring compliance and effectiveness. The Head of Wellbeing is the Responsible Officer for this policy.
- 2.2** Directors, and managers at all levels are responsible for managing this policy for all staff under their direct line management

2.3 Managers are also responsible for ensuring that:

- All reasonable steps to identify and manage the factors in their departments that may cause excessive stress are taken. This includes carrying out departmental and individual stress risk assessments and developing action plans to reduce risks.
- Staff are made aware of the support services that are available. (ref 7.0)
- All new staff receive appropriate induction and training in their work (Refer to Mandatory, Statutory and Role Essential Training Policy)
- Information relating to the Trust's health, safety and security arrangements and health promotion initiatives is passed on to their staff and that their staff comply with the Trust's policies and procedures in these areas.
- Attendance is managed according to the Trust Absence policy. A fair and consistent approach to managing attendance is not only required of managers but is of benefit to the whole department.
- Communication within the department is effective, such as regular staff meetings, and members of staff are aware of the importance of effective communication with each other.
- Members of staff feel appreciated and valued when they do a good job or achieve a particular goal and staff reviews and wellbeing conversations take place regularly.
- Members of staff are aware of the support services available to them should they feel they need advice or support. These include the Wellbeing Team, Occupational Health, Employee Assistance Programme, and the Chaplaincy Team. Managers must ensure reasonable steps are taken to enable staff to attend medical or related support services in work time.
- Good communication between management and staff exists, particularly where there are organisational and procedural changes.
- Staff are provided with meaningful developmental opportunities.
- Bullying and harassment is not tolerated within the Trust and reasonable steps are taken to address this.
- Additional support is offered to members of staff who are experiencing stress outside work e.g. bereavement or separation via the Wellbeing Team or other appropriate services

2.5 Employees are responsible for ensuring that they:

- Comply with all Trust's policies.
- Identify any factors in their role that may be causing them stress and discuss these with their manager, health and safety representative or Occupational Health.
- Use the support from the Wellbeing team at an early stage if they are experiencing difficulties, which are affecting their ability to work.

2.6 Wellbeing Hub

2.6.1 Occupational Health

- Support managers in implement specific areas of stress risk assessments needing clarification.
- Support individuals who are experiencing stress and offer advice to their managers.
- Refer to staff psychology services and specialist agencies as required.

2.6.2 Staff Psychology Service

- Support staff to manage the impact of work related stress.
- Support staff to access relevant other services as required.

2.7 Health and Safety Advisor

- May be consulted on changes to work practices, design or environment that could precipitate stress.

SECTION 3 – MANAGING STRESS

- 3.1** When work related stress is identified a stress risk assessment shall be initiated by the manager.

This document should be read in conjunction with the following Trust Policies which can be found on the Intranet:

- Absence Policy – Supporting Health and Wellbeing (Attendance) and toolkits
- Bullying and Harassment Showing Civility and Respect at work Policy
- Disciplinary Policy, Procedure and General Rules of Conduct for Staff
- Equal Opportunities and Diversity Policy
- Grievance Policy
- Lone working Policy
- Mandatory, Statutory and Role Essential Training Policy
- Substance Misuse in the Workplace Policy
- Smoke Free Environment Policy
- Leave Policy and associated tool-kits
- Investigation and Monitoring of Incidents, Complaints and Claims Policy
- Policy for Preventing and Reducing Violence and Aggression in the Workplace

- 3.2** An Equality Impact Assessment has been undertaken and this document complies with current legislation.

- 3.3** The procedures for managing workplace stress are set out in Appendix 1

SECTION 4 – TRAINING AND EDUCATION

Education / Training Need	Staff Group	Method of Training / education	Responsibility for Training	Timescale to complete
Training and education relating to compliance with this policy	All		Human Resources and Senior Managers across the Trust	When individual needs arise

SECTION 5 – DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION

- 5.1 This policy has been written in accordance with the terms of the Development and Management of Trust wide Procedural Documents Policy and has involved the following who will lead on its implementation within the Trust:
- Director of Human Resources
 - Deputy Director of Human Resources
 - Head of Employee Relations
 - Head of Occupational Health
 - Head of Wellbeing and Wellbeing Coordinator
- 5.2 Advice was sought from the Head of Health and Safety
- 5.3 This document was submitted to the Trust's Staff Partnership Forum, Policy Sub Group and Joint Union Committee (*or Joint Local Negotiating Committee*)
- 5.4 The document was submitted to the Director of Human Resources and Staff Partnership Forum for approval prior to submission to the Operational Delivery Group for ratification.
- 5.5 Once ratified by the, this document will be placed on the Trust's Intranet and it will be added to the 'Recently Added' list on the Trust Policies page. Those managers mentioned in Sections 2.3 will champion its implementation and advise staff accordingly.

SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS

Compliance to be measured	Monitoring Tools	Responsibility for training (nominated by department)	Timescale
Monitoring compliance with and effectiveness of this	Case review and feedback from Trust staff involved in managing the policy and procedures.	Deputy Director of Human Resources	Annually
Review of policy		Director of Human Resources and the Policy Sub Group of the Staff Partnership Forum	Three years from the date of ratification unless a change is required due to changes in legislation or case law or any other reason.
Effectiveness of the management of stress	By collecting data on: • NHS annual staff survey • Employee turnover • Sickness absence • Measuring any progress against emerging trends or changes in this data	Deputy Director of Human Resources	Annually

	Feedback from unions		
Action plans developed following departmental stress risk assessments	Discussed at the Division Board meeting or other Departmental meetings	HR and Divisional Management	As and when required

SECTION 7 – CONTROL OF DOCUMENT INCLUDING ARCHIVING ARRANGEMENTS

- 7.1** Once ratified by Trust Board, the Responsible Officer will forward this document to the Information Governance Department for a document index registration number to be assigned and for the document to be recorded onto the central hospital master index and central document library of current documentation.
- 7.2** In order that this document adheres to the Hospital's Records Management Policy, the Information Governance Department will:
- Ensure that the most up-to-date version of this document is stored on the documentation library.
 - Archive previous versions of this document.
 - Retain previous versions of this guideline for a period of time in accordance with the NHS Records Retention and Disposal Schedule.

SECTION 8 – SUPPORTING COMPLIANCE AND REFERENCES

- 8.1** This document will support the Trust's compliance with its legal obligations as set out in:
- Equality Act 2010
 - The Health and Safety at Work Act 1974.
 - The Management of Health and Safety at Work Regulations 1999
 - Care Quality Commission – Regulation 18 – Staffing

APPENDIX 1: MANAGING WORKPLACE STRESS PROCEDURE

1.0 Introduction

The Trust aims to reduce work related stress by:

- Providing a safe environment in which to work.
- Providing a workplace free from harassment and victimisation.
- Sound management practice based on equality of treatment.
- Effective workload allocation and feedback on performance.
- Offering support to staff, including the Wellbeing Team and Occupational Health
- Ensuring good communication throughout the Trust.
- Providing information and training to enable staff to develop their skills and maximise their contribution to the success of the Trust.

2.0 Recognising and Managing Stress

It is important to recognise the causes of excessive stress so they can be avoided or minimised. There are however occasions when the source of a problem is unavoidable and in these circumstances careful management is necessary to avoid staff becoming unwell as a result. (See Appendix 2 for information on signs and symptoms of stress).

You need to identify the causes of your stress before a solution can be found. There are various causes of organisational stress:

- **Change** - which may involve changes to jobs or numbers; how these are managed and communicated
- **Culture and Management Style** – approach to work-related stress, empowerment of employees, control mechanisms
- **Relationships** including issues such as bullying & harassment
- **Demands** – workloads, exposure to hazards, expectation to work long hours
- **Support** – lack of appropriate support from peers or managers; inadequate or inappropriate training
- **Role** – lack of up to date job descriptions and understanding of their role in the organisation, lack of clear objectives and targets
- **Ineffective communications** - the management of stress is more effective with employees informed and involved in dialogue
- **Environmental conditions** e.g. heating, lighting, overcrowding, noise

3.0 Work Factors to consider

Consider the negative impact work may be making to any stress felt by an individual; it is worth asking the following questions:

- Is there any difficulty coping with any particular task at work? If so, does this highlight any particular training needs?
- How much control and autonomy can an individual exercise over their day to day work organisation? Can repetitive tasks be better shared?
- Are there aspects of the working environment that are contributing to stress? Such as access to facilities, water, desk space, ventilation etc
- Are the demands of work put above competing demands from home life, thus contributing to domestic disharmony?
- Have any difficulties been identified with interactions between colleagues or students?
- Does the staff member feel undervalued or are they receiving adequate and appropriate feedback and recognition for their effort?

4.0 Personal Factors to consider

There are also many causes of personal stress including:

- Bereavement
- Moving house
- Changes in personal circumstances
- Financial worries
- Health worries
- Work issues
- Conflicting demands between home and work

If personal stress is identified if needed refer to the Wellbeing Team or other appropriate services.

5.0 Managing Change

There is significant impact on staff when organisational changes take place. The uncertainty of prospective change and changes in role as a result of reorganisation can pose particular difficulties.

Managers in this situation should take detailed advice from the Human Resources Department. It is important to keep staff informed of impending changes and the effect that these may have on the workload or working environment.

Staff should feel able to approach managers with questions relating to changes that are being considered and feel able to voice concerns or offer suggestions to minimise these.

Risk assessment

The HSE Management Standards for Work Related Stress (MSWRS) identify 5 steps to risk assessment:

1. *Identify the hazard*
2. *Decide who may be harmed and how*
 - High levels of sickness absence may indicate a potential problem area. Checking the reasons given for absence, may help identify the cause
 - Being open and honest about stress helps to reduce the perceived stigma and improve the reliability of the reasons staff give for absence
 - Low productivity can be an indicator of problems. Talking to employees should help explore the reasons behind this
 - High employee turnover could be an indication of high stress levels. Investigate why staff are leaving – conducting exit interviews is one way of doing this. (refer to the Retention Policy)
 - Performance appraisal offers an opportunity to have a one-to-one discussion about work and to explore whether people in the team feel they are experiencing excessive pressure
 - Team meetings and focus groups can help assess current performance. They allow the opportunity to explore issues in considerable depth and are

particularly useful if you want to find out what specific groups of people think about their work and identify workplace stressors

3. Evaluate the risks and decide on an action plan

Managers should:

- Engage with employees to discuss problems
- Work in partnership with employees to take action
- Ensure issues affecting individuals are addressed
- Feedback results to employees

4. Record your findings and implement them

An action plan is a key part of the Trust's Managing Stress at Work risk assessment and should at least include the following:

- What the problem is
- How the problem was identified
- What the Trust is going to do in response
- Who is responsible for delivery of the plan/target
- Some key milestones and dates to be reached
- A commitment to provide feedback to employees on progress

5. Review your assessment and update if necessary

5.0 Individual Risk assessment

If a member of staff is showing signs of stress (a list of signs and symptoms of stress is included in Appendix 2), or a manager is concerned about a member of staff, a risk assessment should be carried out. The member of staff should complete the Stress Indicator Tool (Appendix 3) to determine whether there are recognised stressors affecting them.

The findings should be discussed with their manager and if necessary in conjunction with Human Resources and / or Occupational Health, and an action plan should then be developed with the individual so that changes in work patterns, work load etc. can be implemented to reduce the effects. An action plan template is attached at Appendix 5.

The assessment should be reviewed regularly by the manager and the person concerned. Any risk identified following assessment where action cannot eliminate it within one month should be scored using the Trust's Risk Matrix and added to the Risk Register where this has implications for the delivery of a service

6.0 Departmental Risk assessment

Managers are responsible for ensuring that risk assessments are completed for their department on a regular basis. The time scales for this will be determined by what areas of concern are raised in the first assessment but should be a minimum of once every three years even in departments where no problems are initially identified.

Assessments should be completely confidential and should be voluntary. (This can be conducted by the Wellbeing Team). To complete a departmental risk assessment please contact the wellbeing team at wellbeing@esneft.nhs.uk.

Once complete, the findings from all assessments can be collated to identify common factors. An action plan template is attached at Appendix 5.

Significant findings should be communicated to all members of staff including proposed changes to work patterns, workloads etc. An action plan should be developed to reduce any risk factors identified.

The action plan should be reviewed as part of the following year's assessment or sooner if necessary. Any risk identified following assessment where action cannot eliminate it within one month should be scored using the Trust's Risk Matrix and added to the Risk Register where this has implications for the delivery of a service.

7.0 Staff Support Services

7.1 Wellbeing Service - Staff Psychology Service

The Wellbeing Team and Staff Psychology service are available to provide support and signposting to all staff to manage the impact of work related stress. They will help staff to access relevant other services as required.

7.2 Counselling/Employee Assistance Programme

Provides a free, confidential and independent support service available to all Trust staff. Managers should encourage a climate whereby members of staff feel able to make use of the service.

Managers should allow reasonable time during normal working hours for individuals to attend appointments.

The Chaplaincy is also available for support with personal concerns.

7.3 Mediation

Mediation between individuals or groups where conflicts have arisen or communication has broken down is available via Human Resources.

7.4 Occupational Health

Occupational Health (OH) provides a wide range of supporting services. Members of staff can self-refer via their manager to Occupational Health. Managers can also refer employees for support.

Members of staff may be seen if there is any health problem affecting work or any possibility of work adversely affecting their health. OH does not duplicate the role of the General Practitioner (GP) but can liaise with GPs and specialists with the permission of the individual.

7.5 Union Representation

Union representatives have a key role to play in the welfare of staff. They could contribute to discussions and subsequent actions on matters concerning all aspects of staff welfare.

7.6 Human Resources

Human Resources staff are available to answer any queries regarding terms and conditions of employment and to advise on employment policies and procedures.

Human Resources will help and advise managers on appropriate courses of action to take if a member of staff is believed to be suffering from excessive stress. It is recommended that Human Resources staff are consulted / involved at an early stage.

APPENDIX 2: SIGNS AND SYMPTOMS OF STRESS (EXAMPLES)

PHYSICAL EFFECTS	BEHAVIOURAL EFFECTS
Over-eating or loss of appetite	Constant irritability
Frequent indigestion or heartburn	Apathy
Insomnia	Difficulty in making decisions
Constant tiredness	Loss of sense of humour
Raised heart rate / increased sweating	Increase in alcohol consumption
Headaches	Increase in smoking
Dizziness / blurred vision	Disturbed sleep
Aching neck, shoulders, back	Inability to deal calmly with routine tasks
High blood pressure	Poor concentration
Frequent crying or desire to cry	Excessive concern about physical health
Nervous twitches	Withdrawal and day dreams
Breathlessness or panic attacks	Excessive and rapid mood swings
Inability to sit still without fidgeting	Increased levels of anxiety
Tingling in arms and legs	Suppressed anger
Muscle tension	Inability to feel sympathy with others

These effects are usually short lived and cause no lasting harm. When pressures recede, there is a quick return to normal.

Long term effects can include: chronic ill health, loss of confidence, inability to work in full time employment, depression, cardiac problems.

APPENDIX 3: THE ESNEFT STRESS INDICATOR TOOL

Instructions: It is recognised that working conditions affect the workers well-being. Your responses to the questions below will help us determine our working conditions now, and enable us to monitor future improvements. In order for us to compare the current situation with past or future situations, it is important that your responses reflect your work in the last six months.

Demands						
1	Different groups at work demand things from me that are hard to combine	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐
2	I have unachievable deadlines	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐
3	I have to work very intensively	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐
4	I have to neglect some tasks because I have too much to do	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐
5	I am unable to take sufficient breaks	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐
6	I am pressured to work long hours	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐
7	I have to work very fast	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐
8	I have unrealistic time pressures	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐

Control						
9	I can decide when to take a break	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
10	I have a say in my own work speed	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
11	I have a choice in deciding how I do my work	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
12	I have a choice in deciding what I do at work	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
13	I have some say over the way I work	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
14	My working time can be flexible	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐

Support						
15	I am given supportive feedback on the work I do	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
16	I can rely on my line manager to help me out with a work problem	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
17	I can talk to my line manager about something that has upset or annoyed me about work	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐

18	I am supported through emotionally demanding work	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
19	My line manager encourages me at work	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
20	If work gets difficult, my colleagues will help me	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
21	I get help and support I need from colleagues	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
22	I receive the respect at work I deserve from my colleagues	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
23	My colleagues are willing to listen to my work-related problems	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐

Relationships

24	I am subject to personal harassment in the form of unkind words or behaviour	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐
25	There is friction or anger between colleagues	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐
26	I am subject to bullying at work	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐
27	Relationships at work are strained	Never 5 ☐	Seldom 4 ☐	Sometimes 3 ☐	Often 2 ☐	Always 1 ☐

Role

28	I am clear what is expected of me at work	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
29	I know how to go about getting my job done	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
30	I am clear what my duties and responsibilities are	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
31	I am clear about the goals and objectives for my department	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
32	I understand how my work fits into the overall aim of the organisation	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐

Change

33	I have sufficient opportunities to question managers about change at work	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
34	Staff are always consulted about change at work	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐
35	When changes are made at work, I am clear how they will work out in practice	Never 1 ☐	Seldom 2 ☐	Sometimes 3 ☐	Often 4 ☐	Always 5 ☐

Totals

Never Seldom Sometimes Often Always

☐ ☐ ☐ ☐ ☐

Once completed please complete the action plan (appendix 4)

*Ref: HSE Management Standards Indicator Tool at <http://www.hse.gov.uk/stress/standards/pdfs/indicatortool.pdf>

APPENDIX 4: MANAGING STRESS AT WORK ASSESSMENT ACTION PLAN

Standard	Current Issues	Agreed Assessment	Actions/Risk	By Whom / By What Date
Demands – workloads, patterns & work environment				
Control – how much say has the individual on how they work, when & where				
Support - encouragement, sponsorship and resources. Training & Development				
Relationships – promoting positive working to avoid conflicts & unacceptable behaviour				
Role – understanding role, not conflicting. Role clarity				
Change - how organizational change is introduced, implemented & managed				
Miscellaneous – other factors impacting stress at work (such as environment)				

Next Review Date:

Signed: (Manager – and employee for individual action plans)

DOCUMENT CONTROL

Archive date i.e. date guideline no longer in force	<i>To be inserted by Information Governance Department when this document is superseded. This will be the same date as the implementation date of the new document.</i>
Date document to be destroyed i.e. 25 years after archive date	<i>To be inserted Information Governance Department when this document superseded</i>

Previous published version history:

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2865	1.0	10/02/2020	10/02/2021
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3298	3.0	14/12/2024	

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Printed copies of this document may not be up to date. Please check the Trust intranet for the latest version and destroy all previous versions.

Trust documents may be disclosed as required by the Freedom of Information Act 2000.

Sharing this document with third parties

As part of the Trust's networking arrangements and sharing best practice, the Trust supports the practice of sharing documents with other organisations. However, where the Trust holds copyright to a document, the document or part thereof so shared must not be used by any third party for its own commercial gain unless this Trust has given its express permission and is entitled to charge a fee.

Release of any strategy, policy, procedure, guideline or other such material must be agreed with the Lead Director or Deputy/Associate Director (for Trust-wide issues) or Business Unit/Departmental Management Team (for Business Unit or Departmental specific issues). Any requests to share this document must be directed in the first instance to the Head of Wellbeing.

For further advice see the Development and Management of Trust wide Procedural Documents Policy

Full Equality Analysis (Impact Assessment) Template

Please complete Step 1 below;
If an Equality Analysis is found to be relevant in Step 1, please go on to complete Steps 2 - 9 below

Please ensure that the **MANDATORY FIELD in STEP 1 is completed**
If an Equality Analysis is found to be required,
Please also ensure that the **MANDATORY FIELD in STEP 7 is completed**
For support with undertaking this Equality Analysis please contact Head of Equality Diversity and Inclusion at: EDI.Team@esneft.nhs.uk

Step 1: Screening & Establishing Relevance

Public Sector Equality Duty (PSED)

Under the Equality Act 2010, all policies, decision, projects, proposals should be assessed for their relevance to equality. The public sector equality duty (PSED) requires that when exercising its functions a public body must have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristics and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

Protected Characteristics

If the work being undertaken is going to have an effect or impact on people, i.e. patients, staff and/or the public, you need to analyse the effect on equality for all protected characteristics – namely: Age, Disability, Sex, Race, Gender Reassignment, Sexual Orientation, Religion and Belief, Pregnancy and Maternity, Marriage and Civil Partnership and any other identified groups (for example Carers, homeless people, Gypsies and Travellers, sex-workers and migrant groups).

Brief summary of the work being undertaken

To advise and inform all Trust staff of the Policy and Procedures for Managing Stress at Work

Is there a potential for this work to have an effect or impact on patients, staff and/or members of the public?

Yes

Is the PSED relevant to this work?

Yes

MANDATORY FIELD

Please explain how you have reached your conclusion that the work being undertaken is or isn't relevant to the PSED/affects protected characteristics:

The Trust' recognises its legal responsibility under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 to ensure the health, safety and welfare at work of its employees. This includes minimising the risk of stress-

related illness or injury to employees.

The Trust recognises that 'stress', especially chronic 'stress', is a considerable risk to both physical and mental health, particularly those with a disability or long term condition.

If you have concluded that an Equality Analysis is necessary, please continue the equality analysis below by following Steps 2 to 9:

Step 2: Responsibility, Development, Aims and Purpose

Which organisation, including named individual lead, holds overall responsibility for the policy / strategy / service redesign, review?

Director of Human Resources / Head of Wellbeing, HR, ESNEFT

Who else has been involved in the development?

Occupational Health, Staffside Representatives, HR representatives

Purpose and aims:

Briefly describe the overall purpose and aims of the work. For a new service, describe the rationale and need for the proposal, referring to evidence sources. For a change in service or pathway, specify exactly what will change and the rationale / evidence, including which system priority this will contribute to.

Who is intended to benefit from the implementation of this piece of work?

All staff, bank registrants and students on work placements at ESNEFT

What are the key outcomes/ benefits for the groups identified above?

Support staff to recognise and manage stress thus reducing the impact on their wellbeing

Does it meet any statutory requirements, outcomes or targets?

Legal responsibility under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 to ensure the health, safety and welfare at work of its employees

Does it contribute to the NHS Equality Delivery System (EDS2) Goals?
(Tick all that apply)

☒ Goal 1 – Better health outcomes

- ☐ Goal 2 – Improved patient access and experience
- ☒ Goal 3 – Representative and supported workforce
- ☐ Goal 4 – Inclusive leadership

Step 3: Protected Characteristics and the PSED – Analysis of Impact

Provide analysis of both the positive and negative impacts of the proposal against each of the protected characteristics, providing details of the evidence used.

Use both qualitative and quantitative evidence as appropriate. If the work is targeted towards a particular group or groups – provide justification e.g. women only services. Any gaps in evidence should be accounted for and included in your Action Plan (Step 8).

The following links provide the most recent population, demographic and health inequalities information to support your analysis:

Background Documents: [Suffolk JSNA](#) [Essex JSNA](#)

Age

Consider and detail impact and evidence across all age groups.

Positive impact – available to all staff

Disability

Consider and detail impact and evidence on disability (this includes physical, sensory, learning, long-term conditions and mental health).

Positive impact – whilst available to all staff it is recognised that heightened stress levels can impact more negatively on those with mental health and neurodiverse conditions

Sex

Consider and detail impact and evidence on both males and females.

Positive impact – available to all staff

Race

Consider and detail impact and evidence on all ethnic groups.

Positive impact – available to all staff however it is recognised that culturally, some races may not be so willing to seek help

Religion and/or Belief

Consider and detail impact and evidence on people of different religions, beliefs and on people of no religion.

Positive impact – available to all staff

Sexual Orientation

Consider and detail impact and evidence on people of different sexual orientations.

Positive impact – available to all staff

Gender Reassignment

Consider and detail impact and evidence on transgender people.

Positive impact – available to all staff

Pregnancy and Maternity

Consider and detail impact and evidence on work arrangements, breastfeeding etc.

Positive impact – available to all staff

Marriage and Civil Partnership

Consider and detail impact and evidence on employees who are married or in a civil partnership.

Positive impact – available to all staff

Other Excluded Groups / Multiple and social deprivation

Consider and detail impact and evidence on groups that do not readily fall under the protected characteristics such as transient communities, ex-offenders, asylum seekers, sex-workers, people living in rural areas etc.

Positive impact – available to all staff irrespective of their societal status

Public Sector Equality Duty (PSED)

Provide detail on how the proposal impacts on:

- Eliminating unlawful discrimination, harassment and victimisation;
- Advancing equality of opportunity between people who share a protected characteristic and those who do not;
- Fostering good relations between people who share a protected characteristic and those who do not.

Positive impact as this policy relates to all staff with an aim to providing a workplace free from harassment and victimisation.

Duties as to Reducing Inequalities

Provide detail on how the proposal impacts on:

- Reducing inequalities between patients with respect to their ability to access health services;
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

Positive impact – enabling staff to recognise and manage their stress levels will hopefully reduce the negative impact on their wellbeing and sickness absence episodes, thus ensuring there remains a healthy workforce for patient care.

Step 4: Human Rights

The FREDA principles (fairness, respect, equality, dignity and autonomy) are a way in which to understand human rights and is a core element of the NHS Constitution.

You should consider and evidence how your proposal impacts on these principles and so respects human rights. For example, the principle of Autonomy informs the right to respect for private and family life and so could be about involving people in decisions made about their treatment and care. *Note:* as the Equality principle is evidenced in previous steps it is not included below.

FREDA principle:

Evidence of Impact:

Fairness

The policy ensures that all staff are given the appropriate tools to recognise and manage their stress levels and triggers

Respect

The Stress Indicator Tool seeks to establish whether the individual feels respected by colleagues in the workplace and whether this is a key factor in their stress levels

Dignity

The policy promotes a free, confidential and independent support service (Counselling/ Employee Assistance Programme)

Autonomy

The policy highlights the need for confidentiality when completing departmental risk assessments, however these can be undertaken by the Wellbeing team if the individual wishes. Autonomy is critical to ensure the individual is kept informed of the process to avoid further stress indicators and ensuring the individual has psychological safety

Step 5: Engagement and Involvement (Duty to involve)**How have you involved users, carers and community groups in developing this proposal?**

Please give details of any research / consultation drawn on (desk reviews – including complaints, PALS, incidents, patient and community feedback, surveys etc.)

Occupational Health, Staffside, HR colleagues

Also please give details of any specific discussions or consultations you have carried out to develop this proposal:

For example, discussions or consultations with users, carers, protected characteristic groups and / or their representatives, other communities of interest (e.g. user groups, forums, workshops, focus groups, open days etc.)

The usual review process seeking comments and updates from colleagues named above

How have you used this information to inform the proposal?

For example, has the proposal been altered in consideration of any the information outlined above?

Appropriate updates by all listed above

Have you involved any other partner agencies?

For example, Local Authorities, Health and Well-being boards, Public Health, NHS Trusts, GP Practices, CSU or CCGs - please give details of any involvement to date or planned.

N/A

Step 6: Monitoring Arrangements

Please outline how equality and diversity issues will be monitored to ensure that the proposal/service does not result in a disproportionate impact on any protected group:

For example, are there contractual requirements to provide equality monitoring data on those accessing the service or making complaints?

Complaints or feedback from staff will be monitored

Which committee or group will receive updates on the monitoring?

Please include details of how often reports will be presented.

PSG, SPF

Step 7: Decision Making

Next Step

Taking the equality analysis and the engagement into consideration, and the duties around the Public Sector Equality Duty, you should now identify what your next step will be for the proposal.

Four decision steps are available:

- A. Continue with the proposal as it is
- B. Adjust the proposal to consider the issues identified above
- C. Stop and remove the current proposal
- D. Carry out further analysis of data/information prior to any final recommendations

Please select

A

Please give a rationale for the decision that you have chosen:

No negative impact

Step 8: Action Plan

Action	What will it achieve or address?	Lead Person	Deadline

Review date: 14/11/2027

Step 9: Sign Off

Director / Senior Responsible Officer*	Claire Lamplugh
Date signed	06/12/2024
Presented to <INSERT NAME> Committee	PSG
Publication date	10/12/2024

***The Director / Senior Responsible Officer needs to be assured that there is sufficient information about the likely effects of the proposal in order to ensure proper consideration is given to the statutory duties.**

- 1) For review and support send the completed draft Equality Analysis with your document to the Head of Equality Diversity and Inclusion: EDI.Team@esneft.nhs.uk
- 2) Once reviewed make arrangements to have the EA put on the relevant Committee agenda
- 3) Use the Action Plan (Step 8) to record the changes you are intending to make to the document and specify a review date.