



## **Stress Management Policy & Action Plan**

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### **Report of Lesley Davies, Acting Director of Corporate Services**

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#### **1. Purpose of the Report**

- 1.1 To provide an update on work undertaken to date in relation to the development of the Stress Management Policy and its implementation through an Action Plan.

#### **2.0 Background**

- 2.1 Work Related Stress (WRS) is now widely accepted as a major factor leading to employee ill health and sickness absence. There are many definitions for WRS but all emphasise the possible adverse psychological and physical effects where perceived work related demands exceed the resources of the individual employee to manage them. Employees in all roles and levels of seniority are considered potentially vulnerable.
- 2.2 Sickness absence is the single most important systematically reported corporate health indicator in local government. Nationally stress is the single greatest cause of absence in Local Government. In DCC it is the single most frequently reported cause of sickness absence. An audit of such cases seen in the Occupational Health Service (OHS) in the first quarter of 2005/06 found at least a third of employees on long term sickness absence for stress attributed such problems to difficulties at work. This may represent an underestimation of the prevalence of WRS leading to sickness absence as WRS is also associated with chronic musculoskeletal pain (the second most common cause of days lost to long term sickness absence) and may be less likely to be declared as a cause of short term absence due to a perceived stigma by colleagues.
- 2.3 The business and social case for addressing WRS is overwhelming. The major reasons are set out below.
- The Management of Health & Safety at Work Regulations (1999) requires that employers carry out risk assessments to identify and manage risks of this nature. Both statutory and civil law place a duty of care on the employer to provide a safe system of work. The risks are clearly foreseeable yet there was no DCC-wide mechanism for managing self-declared stress.
  - Comprehensive Performance Assessment requires DCC to continuously improve services and ensure those who deliver services perform effectively

and efficiently. Employee WRS can adversely affect these aims by preventing employees performing at their best and associated absence from work can adversely affect quality and costs of services. Addressing working environment issues will potentially improve morale, commitment and performance both in employees experiencing such difficulties as well impacting to the benefit of their co-workers. Consequently an effective Comprehensive Stress Management Programme (CSMP) could prove an element in ensuring DCC achieves the aim of continuous improvement.

- A CSMP helps address the challenge posed to Councils to become exemplars of health and safety management practice as set out in national strategies such as *Revitalising Health and Safety* (target to reduce incidence rate of cases of work-related ill health by 20% by 2010), *Securing Health Together* (to reduce by 30% the number of working days lost due to work-related ill health and for employees off work due to ill health or disability to be made aware of opportunities for rehabilitation back into work as early as possible), and *Health, Work and Well-Being – Caring for our future (a strategy for health and well being of working age people)*
- An effective CSMP supports the DCC People Strategy aim to be an ‘employer of choice’.
- The White Paper *Choosing Health* gave Investors in People (IiP) the remit to develop a new ‘healthy business assessment’ in conjunction with the Department of Health. Future maintenance of the IiP Award by DCC is likely in part to be impacted on by on stress management related issues
- Monetary costs from WRS problems arise from a number of sources including poor employee retention, sickness absence (BVPI 12) and ill health retirement rates (BVPI 15). An increase in the citing of stress issues in employment tribunal actions and civil claims against DCC has been noted. A CSMP should help reduce some of these costs and equally importantly provide evidence of ‘good practice’ in defence of civil claims against DCC.
- WRS management has been identified as an area of interest in the ongoing HSE joint ‘Strategy for Safety’ project and is the subject of an on-going national audit of Local Authorities.
- WRS management has been identified as an area of action by DCC to enable the progression of the ‘Health at Work’ Award, requiring the comprehensive and systematic management of this major occupational health issue and the work to date was a significant factor in the achievement of the Bronze Award.
- The Health of the Workforce has been identified as a major strategic risk for DCC and includes WRS as a major contributory factor.

2.4 A best practice operational intervention has been developed and is recommended for use in local government by the Employers Organisation and closely mirrors the current HSE advice on managing WRS. This involves

- Top Management Commitment
- Multi level Interventions

- Participative Approach
- Risk Analysis
- Stress Prevention Strategy

This is reflected in the Policy and Action Plan.

### **3. Action Plan – Main Points**

3.1 The Action Plan is divided into three sections (full copy provided at Appendix 2):-

- Primary Prevention-to eliminate stress at source
- Secondary Prevention-to promote coping mechanisms in employees
- Tertiary Prevention-to detect stress related problems and ensure that individual members of staff who are suffering from the effects of stress receive appropriate support and assistance

This reflects the Health & Safety Executive (HSE) recommended approach to Stress Management.

3.2 The section on Primary Prevention identifies:-

- Where there is existing data that can be collected both in Services and Corporately that will identify what the stressors are and which groups of employees/individuals are affected
- Management interventions that are required e.g. ensuring staffing levels can meet demand levels, employees are properly trained, there is good communication throughout the organisation etc. This is supported through management training, working with external partners e.g. NHS, Advisory & Conciliation Service (ACAS)
- Ensuring a healthy and supportive culture e.g. open communications, management development interventions, support through Occupational Health, Lancaster Associates. This is also important to support the destigmatising of mental health issues i.e. by supporting a culture where stress is not interpreted as a sign of weakness or incompetence and it is accepted that stress related illness is indiscriminate and can affect anyone irrespective of age, social status or job function.
- Promotion of Health & Well Being through promotional events in relation to healthy eating, fitness, smoking & exercise activities

3.3 The section on secondary prevention identifies :-

- Education & Awareness through the distribution of an employee guidance leaflet that has been developed, promotion of the policy through Corporate Induction and discussion through Performance Appraisal
- Stress Management Training-identified through appraisal, Service issues to be managed through Service Training & Development groups with Corporate issues addressed through the Corporate OD Group,

plus work underway with the NHS Primary Care College to pump prime the development of an internal training stress programme.

- Skills Training-developmental opportunities in the Corporate Training programme e.g. time management, assertiveness training, dealing with difficult customers
- Training for Managers-built into modules of existing and new management development structure

3.4 The section on tertiary prevention identifies:-

- Management Support -a manager's toolkit has been developed to support the implementation of the policy, including a questionnaire which forms the basis for discussions re the problem leading to the development of an action plan to support the employee. This is both for employees identifying stressors whether they are attending or absent from work.
- Supportive returns to work e.g. phased returns, restricted duties, retraining , working with a mentor
- Role of Occupational Health –to support individuals including access to counselling, supporting managers who are organising phased returns to work, developing an expert patient programme
- Role of Lancaster Associates-immediate telephone access for all DCC staff and their immediate families to professional counsellors

3.5 As well as the usual consultation with Services and the Trade Unions the documentation has also been reviewed by the Advisory and Conciliation Service (ACAS).

3.6 The policy and action plan will be reviewed on a six monthly basis by the group that has developed it but ultimately the success or otherwise of this intervention will only be identified through improved positive responses in subsequent staff surveys and reduction in absence levels for stress related illnesses.

### **Recommendations and reasons**

4 You are recommended to support the role out and implementation of the Policy & Action Plan across the Council.

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## **Appendix 1: Implications**

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**Finance** – None at present- additional training to be from existing budgets however counselling costs to be the subject of a separate report

**Staffing** – From existing resources

**Equality and Diversity** – Report supports Equality & Diversity Agenda

**Accommodation** - none

**Crime and disorder** - none

**Sustainability** - none

**Human rights** – development of the policy & action plan allows us to demonstrate a 'positive obligation' in providing services/policies that protect and support the employees.

**Localities & Rurality** - none

**Young people** - none

**Consultation** – there has been wide ranging consultation with managers, OHS, OD and H & S employees as well as the trade unions and externally consulting with ACAS.

**Health** – the provision of a Stress Management Policy was a significant element in our achievement of the Bronze Health at Work Award.

## Durham County Council

### Stress Management Policy - Action Plan

The success of the action plan will be measured by improved levels of positive response to the stress related questions in the staff survey and reduced levels of stress related sickness absence.

#### 1. Primary Prevention- to eliminate stress at source

| Aim   | Action   | Responsibility of   | Time-scale  |
|---|--|---|---|
| <p><b>1.1 Identify what the stressors are and which groups of employees/individuals are affected.</b><br/>This will enable resources to be directed where most needed and enable effective monitoring and evaluation.</p>           | <p>Obtain information from employees from:</p> <ul style="list-style-type: none"> <li>• Staff Survey</li> <li>• Performance Appraisals</li> <li>• Sickness Absence Information</li> <li>• Grievance/Bullying &amp; Harassment/Hate Incident Complaints etc.</li> <li>• Feedback to Service &amp; Corporate HR teams</li> </ul>   | <p>All Services collect/Corp. HR to collate</p>                     | <p>Ongoing collection of data reported annually to CMT</p>                          |
| <p><b>1.2 Management Interventions-</b> All managers are required to commit to reducing stressors where possible. This can be done by ensuring that they implement organisational practices which will reduce levels of stress.</p> | <p>This can be done by:</p> <ul style="list-style-type: none"> <li>• The provision of adequate and appropriate staffing to meet demands.</li> <li>• Ensuring effective employee development to make sure people have the knowledge and skills to carry out their work.</li> <li>• Implementing management practices in relation to workload, supervision, roles and responsibilities</li> <li>• Ensuring good communication, both formal e.g. supervision, appraisal and team meetings, and informal.</li> <li>• Involving and empowering staff in problem solving and decision-making.</li> <li>• Supporting a safe working environment</li> </ul> <p>This will be supported by:</p> <ul style="list-style-type: none"> <li>• 360 degree feedback used to review leadership style and related management skills</li> <li>• Developing coaching &amp; mentoring skills in managers</li> <li>• Provision of training for managers to tackle stress through the DCC corporate training programme as well as stress specific and sickness absence management courses</li> <li>• Managing stress module training for newly appointed managers</li> <li>• Identifying and working with external partners –HSE,NHS,ACAS</li> </ul> | <p>All managers and supervisors-lead by CMT</p> <p>Corporate HR</p> | <p>Ongoing</p> <p>Ongoing-Leadership &amp; Management programme sets parameters</p> |

| Aim   | Action   | Responsibility of   | Time-scale   |
|---|--|---|--|
| <p><b>1.3 Ensure a healthy and supportive organisational culture</b> where stress is not interpreted as a sign of weakness or incompetence and it is accepted that stress related illness is indiscriminate and can affect anyone irrespective of age, social status or job function.</p> | <p>This can be achieved by:</p> <ul style="list-style-type: none"> <li>• Open communication</li> <li>• Dismantling of any cultural norms, which inherently promote stress</li> <li>• Proactive planning in anticipation of additional and new stressors e.g. change of service needs, new government directives, integrating teams.</li> </ul> <p>This will be supported by:</p> <ul style="list-style-type: none"> <li>• Health promotional activities, Lancaster Counselling, Occupational Health</li> <li>• The promotion and enabling of supportive attitudes and skills in managers, whilst focusing on prevention as a priority through the training &amp; developmental activities set out in section 1.2.</li> </ul> | <p>All managers and supervisors-lead by CMT</p> <p>Occ.Health/ Corp HR</p> <p>Corp HR</p> | <p>Ongoing-impact identified through staff survey</p> <p>Ongoing</p> <p>Ongoing Leadership &amp; Management Development programmes</p> |
| <p><b>1.4 Promotion of Health and Well-being</b></p>  | <p>The development and introduction of initiatives which promote positive health and well-being where the management of stress is an integral element of positive health.</p> <ul style="list-style-type: none"> <li>• Activities will include topic areas such as smoking, healthy eating, fitness and exercise, lifestyle management and health assessments, holistic therapies, money clinics/credit unions, relaxation sessions/techniques</li> </ul>  | <p>Occ.Health</p> <p>DCC Health @ Work Group</p>  | <p>Ongoing-annual programme to be developed</p>  |

**2. Secondary Prevention-to promote coping mechanisms in employees**

| <b>Aim</b>  | <b>Action</b>   | <b>Responsibility of</b>                         | <b>Time-scale</b>   |
|---|---|--|---|
| <p><b>2.1 Education and Awareness</b></p> <p>Information will be provided to help individuals to recognise symptoms of stress in themselves and others and to assist staff to develop and extend their coping skills.</p>                                 | <ul style="list-style-type: none"> <li>• Issue of employee guidance leaflet</li> <li>• Promotion of issue through Corporate Induction</li> <li>• Discussion through Performance Appraisal</li> <li>• Discussion/cascading information through team meetings</li> </ul>  | <p>Corp HR</p> <p>Corp HR<br/>All appraisers</p> | <p>April-June 07</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> |
| <p><b>2.2 Stress Management Training</b></p> <p>Programmes will be developed to assist staff to review effects of stress and develop personal stress control plans.</p>   | <ul style="list-style-type: none"> <li>• Identified through corporate appraisal and developed through individual development plans.</li> <li>• Service issues to be identified through service training &amp; development groups and corporate issues to be fed up through the Organisational Development Group</li> <li>• Work with NHS Primary Care College to pump prime the development of a Trainers Stress programme</li> </ul> | <p>All appraisers<br/>OD Group</p> <p>DA</p>     | <p>Annually</p> <p>April 2007</p>                                 |
| <p><b>2.3 Skills Training</b></p> <p>Training opportunities will include time management, communication, assertiveness and problem solving skills to enable staff to develop coping skills and stress resilience.</p>                                     | <p>Developmental opportunities through the corporate training programme identified during performance appraisal including:</p> <ul style="list-style-type: none"> <li>• Time management</li> <li>• Assertiveness training</li> <li>• Dealing with difficult customers</li> </ul>  | <p>Corp.HR</p>                                   | <p>Ongoing</p>  |
| <p><b>2.4 Training for Managers</b></p> <p>Manager training programmes will include information to assist managers in recognising stress in their staff and to be aware of their own management style and its impact on staff performance and morale.</p> | <p>See 1.2 above</p>  |  |   |



**3. Tertiary Prevention-**It is important that stress related problems are detected as soon as possible and that any individual member of staff suffering the effects of stress receives appropriate support and assistance.

| Aim  | Action   | Responsibility of                                      | Time-Scale  |
|--|--|--|---|
| <p><b>3.1 Management Support-</b> To ensure there are systems in place to maintain management contact and support for staff who are absent from work as a result of stress, to ensure an interest is taken in the welfare of the person.</p> | <p>Use of sickness absence monitoring procedures which place a responsibility on managers to keep in contact with the person, to have regular reviews with them, to make sure they are aware of support available and to keep them up to date with work issues.</p> <p>Development of managers toolkit to support managers to discuss issues with staff both attending and absent from work and to draw up actions plans for individual employees to address stress issues as far as possible.</p> | <p>Managers</p> <p>Project Planning Group</p>          | <p>Ongoing</p> <p>Documentation complete<br/>roll out April-June 07</p> |
| <p><b>3.2 Supportive Returns to Work-</b>For employees absent from work as a result of stress it is recognised that on return to work, they will need understanding and support.</p>   | <p>Use of sickness absence monitoring procedures, including manager's toolkit (see above)for dealing with stress related absences, to consider measures such as:</p> <ul style="list-style-type: none"> <li>• Phased returns</li> <li>• Restricted duties</li> <li>• Retraining</li> <li>• Working with a mentor</li> <li>• Redeployment/Alternative employment processes</li> </ul>   | <p>Planning Group to develop/managers to implement</p> | <p>April/07/Ongoing</p>   |
| <p><b>3.3 Occupational Health-</b>To support rehabilitation process.</p>   | <p>Support for individuals including access to counselling.</p> <p>Advice to managers about a planned return to work, including job content, support needs, phased return to work and/or redeployment to a different role.</p> <p>Development of Expert Patient Programme.</p>   | <p>Occupational Health</p>                             | <p>Ongoing</p>  |
| <p><b>3.4 Lancaster Telephone Counselling Service-</b>Free-phone telephone counselling service</p>   | <p>Immediate telephone access to a professional counsellor is unlimited and follow up calls can be made at a time convenient to the individual. Service is available to all DCC staff and their immediate families.</p>  | <p>Corp HR</p>   | <p>Contract reviewed every 2 years</p>                                  |

