Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 12 November 2025

TB2025.104

Title:	**Trust Management Executive Report**

Status:	**For Decision**
History:	**Regular Reporting**

Board Lead:	**Interim Chief Executive Officer**
Author:	**Joan Adegoke, Corporate Governance Officer**
Confidential:	**No**
Key Purpose:	**Assurance**

Trust Management Executive Report

1. Purpose

1.1. The Trust Management Executive (TME) has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on some of the main issues raised and discussed at its meetings.

1.2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee. This regular report aims to contribute to this purpose.

2. Background

2.1. Since the preparation of its last report to the Trust Board, the Trust Management Executive has met on the following dates:

- 11 September 2025
- 25 September 2025
- 9 October 2025
- 30 October 2025

3. Key Decisions

Trust Strategy Refresh

3.1. TME received an approach to the Trust Strategy refresh, with further Board discussion planned. It was recognised that this needed to ensure that the strategy continued to align with national, system and local priorities, including the NHS 10-Year Plan and those of the BOB ICP (Thames Valley).

3.2. The refresh was to draw on multiple data sources, including patient feedback and strategic plans, with a focus on visible integration of staff input and a clear delivery plan. The Digital Strategy would also be refreshed, with joint engagement events.

3.3. A staff engagement approach involving drop-in sessions, toolkits, team meetings, and digital solutions was outlined. TME supported the engagement plan.

3.4. TME endorsed developing a single overarching Trust Strategy with aligned objectives.

Learning from Fire Incident in Women's Centre Level 7

3.5. TME received a consolidated report combining the operational debrief, IT investigation, and estates investigation, to recognise any learning from this recent incident.

3.6. Initial funding had been allocated to support investigatory works, including the clearance of Level 7 and an asbestos survey. Dependent on the assessment of works required further funding requests were to be considered by TME in line with appropriate governance. The Trust planned treat the initial works as emergency under the Higher-Risk Building Regulation and submit a retrospective application to the Building Safety Regulator.

3.7. The report would be presented to the Integrated Assurance Committee.

Fire Authorised Engineer Audit

3.8. The Fire Authorised Engineer Audit was presented in response to a recent fire incident, specific to the Women's Centre. The Trust had received an overall rating of C, primarily due to maintenance and testing issues.

3.9. Further reporting would be reviewed by TME in advance of appropriate recommendations to the Board.

Reconfiguring Paediatric Audiology Services

3.10. TME received a proposal to reconfigure our two existing paediatric audiology services, one specialist surgery-led and one community-based following external review feedback.

3.11. The reconfiguration aims to improve service quality and deliver a more integrated paediatric audiology pathway.

3.12. TME approved the proposal to reconfigure the specialist and community paediatric audiology services, alongside the associated revenue and capital investment. The new workforce model was endorsed.

Green Plan Update

3.13. The refreshed Green Plan (2025–2028) was presented to TME, building on the 2022 version and aligning with NHS England's 10-year strategy. It incorporated updated guidance, case studies, and input from system partners, staff networks, and Trust teams, outlining realistic actions over the next three years.

3.14. A sustainability working group and steering group would be established, integrating with digital and clinical strategies.

3.15. TME supported provisional publication pending Board ratification. Required roles for the sustainability groups were to be confirmed, with staff nominations coordinated and communications managed accordingly.

Ophthalmology Improvement Group Terms of Reference

3.16. A proposal was presented to establish an Ophthalmology Quality Group in response to rising demand, increased activity, and four never events in the past year. The group was to focus on improving systems, safety, patient experience, workforce, and governance.

3.17. TME recommended that the group maintain a core focus on procedural safety and made proposals regarding additional members and attendees for the group to support specific areas of discussion.

3.18. The Terms of Reference were approved with minor amendments. Final sign-off was to be completed outside the meeting, with updates tracked and shared with TME members.

Agreement for Use of Clinic Rooms and Associated Services Provided by OH for OUH Outpatient Satellite Clinics

3.19. TME approved these tenancy agreements and it was confirmed that they aimed to regularise tenancy arrangements for areas occupied by Oxford University Hospitals (OUH) and third-party organisations, in line with existing practice.

3.20. Future changes to space allocation would be escalated and reviewed annually by the property team. The agreement was confirmed to be within budget and received formal approval from TME.

4. Other Activity Undertaken by TME

Perinatal Improvement Programme – Terms of Reference

4.1. TME approved the Terms of Reference for the Perinatal Improvement Programme.

4.2. The Programme was to provide oversight and delivery of the next phase of the Maternity and Neonatal Development Programmes (MDP and NCDP) and would include a review and assessment of previously deployed solutions.

4.3. It was intended to provide assurance that both services had continued their pathways to develop a more dynamic shared care culture that nurtures and secures agency for childbearing people and their families, students and their multi professional caregivers and to optimise opportunities to further promote safety and wellbeing of staff and service users.

OCTB 2024 CAPA Plan Update

4.4. TME received confirmation that all actions from the OCTB (Oxford Cell and Tissue Biobank) CAPA (Corrective and Preventive Action) plan, following the Human Tissue Authority inspection inspection, have been completed and formally closed.

4.5. The HTA had verified that no outstanding actions remained. Governance processes had been successfully embedded, with improvements now integrated into routine operations.

TME Annual Report and ToR Review

4.6. The TME Annual Report was received and provided assurance that TME continued to operate in line with its Terms of Reference.

4.7. The report included proposed revisions to TME's terms of reference. Key updates include a proposed revision of quoracy requirements which would ensure that statutory roles were covered by chief officers or deputies whilst reducing occasions on which meetings were not quorate.

4.8. The Annual Report and revised Terms of Reference were recommended to the Board with minor amendments.

Safeguarding Annual Report

4.9. TME reviewed this report and approved it for submission to the Board.

End of Life Annual Report

4.10. TME received this report on the OUH End of Life (EOL) team's 2025/26 workplan, noting ongoing efforts to address identified improvement areas.

4.11. It was noted that, unlike the previous year, provisional results from the national end of life survey would not be available until February. As a result, TME recommended that the timing of the report be adjusted for 2026/27 to incorporate these findings.

Freedom to Speak Up Annual Report

4.12. TME reviewed the FTSU Annual Report which highlighted a record 197 cases with increased complexity and anonymous reporting.

4.13. TME noted capacity issues for the relatively small team in relation to this workload and the impact on response times.

4.14. Despite this context improvements had been made in staff support, transparency, and divisional learning. Key developments included a new anonymous reporting channel.

4.15. TME discussed the need to consider how to efficiently employ the multiple reporting routes available.

4.16. TME approved the Report for Board submission.

5. Policy

Work Related Stress Management Policy

5.1. TME recommended an updated Work-Related Stress Policy to the Board**.**

5.2. Key updates included renaming the policy, refining referral pathways to Occupational Health, clarifying available support services, and introducing mandatory manager training via the Learning Hub.

5.3. TME noted that the training would be integrated into the Learning Management System (LMS).

6. Regular Reporting

6.1. In addition, TME reviewed the following regular reports:

- Integrated Quality Improvement Update (this is a six-monthly report reviewed by TME before presenting to IAC)
- Integrated Performance Report (this is now received by TME prior to presentation to the Trust Board and Integrated Assurance Committee);
- Capital Schemes: TME continues to receive updates on a range of capital schemes across the Trust;
- Finance Report: TME continues to receive financial performance updates;
- People Performance Report: TME receives and discusses monthly updates of the key KPIs regarding HR metrics;
- Clinical Governance Committee Report;
- Divisional Performance Reviews;
- Corporate Performance Reviews;
- Business Planning Pipeline Report;
- Procurement Pipeline Report; and
- Summary Impact of TME Business (which allows TME members to more easily track the combined financial impact of decisions taken.)

7. Key Risks

7.1. **Risks associated with the financial performance:** TME recognised the risks in relation to the delivery of the financial plan for 2025/26. **(BAF Strategic Risk 3.1 & 3.2)**

7.2. **Risks associated with workforce:** TME maintained continued oversight on ensuring the provision of staff to ensure that services were provided safely and efficiently across the Trust and to maintain staff wellbeing in the light of operational pressures. **(BAF Strategic Risk 1)**

7.3. **Risks to operational performance:** TME noted the risks to operational performance and the delivery of key performance indicators that were included in its plan for 2025/26. **(BAF Strategic Risk 2)**

8. Recommendations

8.1. The Trust Board is asked to

- **note** the regular report to the Board from TME's meetings held on 11 September, 25 September, 9 October and 30 October 2025;
- **note** the TME Annual Report (Appendix 1);
- **approve** the Work Related Stress Management Policy (Appendix 2); and
- **approve** changes to TME's terms of reference as outlined in its Annual Report.

Oxford University Hospitals
NHS Foundation Trust

Annual Report and Review of Committee Effectiveness for 2024/25

1. Purpose

1.1. The purpose of this Annual Report is to demonstrate to the Board the extent to which the Trust Management Executive (TME) has met its Terms of Reference during the financial year 2024/25.

1.2. It also proposes updates and amendments to the Trust Management Executive's terms of reference.

2. Background

2.1. Good practice states that the Trust Board should review the performance of the Trust Management Executive annually to determine if it has been effective, and whether further development work is required.

2.2. This Annual Report summarises activities of the Trust Management Executive for the financial year 2024/25 setting out how it has met its Terms of Reference and key priorities.

2.3. The Report had been informed by a review of the papers presented to TME against the responsibilities set out in the Terms of Reference.

2.4. TME has transitioned to alternate virtual and in person meetings as it has been recognised that a proportion of face-to-face meetings fosters more effective communication, encourages collaborative working, and strengthen team relationships.

2.5. TME members have continued to work to improve transparency through the continued publication of a fortnightly blog, outlining key decisions and topics to all staff.

2.6. The TME Delivery Committee is now well-established The and provides a forum for ongoing monitoring of programmes agreed at TME. This promotes accountability, enables early intervention when risks arise, and promotes strategic alignment across activities.

3. Membership and Attendance

3.1. Under its terms of reference, the core members of the Trust Management Executive are all Chief Officers and Divisional Directors. The Chief Executive is empowered to co-opt members whose skills and experience support the Committee to effectively discharge its duties.

3.2. The co-opted membership of TME is to be reviewed on an annual basis as a minimum.

3.3. The current co-opted members of the Trust Management Executive are:

- The Commercial Director
- The Director of Communications and Engagement
- The Director of Regulatory Compliance and Assurance
- The Director of Strategy and Partnerships

3.4. TME met 23 times during 2024/25 and was quorate on all occasions.

3.5. During the early part of 2025/26, however, there have been a number of occasions on which meeting have not been quorate due to a lack of either Chief Officers or Divisional Directors.

3.6. TME has a process for ratifying decisions taken at such meetings. A summary of decisions recommended at the meeting and key discussion points is shared with individuals in the relevant membership category who did not attend so their support could be confirmed.

3.7. However, the additional workload and lack of clarity created by these arrangements has prompted a review of the quoracy requirements in the terms of reference and changes to these are proposed below.

3.8. Whenever the Chair was absent, a nominated deputy chaired the meeting. All members of the Committee in role for the whole year attended or were represented by their nominated deputy for the meetings scheduled. As per the Terms of Reference, the nominated deputy could only attend due to unforeseen absence or special arrangements agreed in advance.

4. Responsibilities

4.1. During 2024/25 TME has delivered the key responsibilities as set out in the Terms of Reference which are demonstrated by the following sections of the report.

4.2. Note that this summary outlines key ways in which the Trust Management Executive's activities have contributed to the fulfilment of its responsibilities under its Terms of Reference and does not comprise a comprehensive summary of its activities.

The Committee has monitored and ensured the delivery of specific responsibilities and actions agreed by the Trust Board as outlined below.

4.3. Development of the Annual Plan and associated Delivery Plan.

4.4. Business cases, including proposals to improve efficiency, effectiveness, and quality of the Trust's services whilst ensuring alignment to the Trust's

strategic priorities and values were reviewed at each meeting. In assessing cases TME gave consideration to the prioritisation of resources, an assessment of benefits and risks and consistency with the Trust's wider strategy. The process was supported by the work of the Business Planning Group before cases were referred to the Trust Management Executive, as well as by Quality Impact Assessments of proposals.

4.5. A summary impact report enabled TME to more easily track the combined financial impact of decisions taken.

4.6. Partnerships and system working opportunities including the Acute Provider Collaborative were developed.

4.7. TME undertook iterative oversight of the production of the Annual Report and Accounts including the Quality Account and Annual Governance Statement to ensure the accuracy and quality of the final documents.

4.8. Proactive capital planning and prioritisation was undertaken to ensure proactive management of all identified risks and opportunities and the effective use of resources.

4.9. TME provided oversight of the implementation of internal audit recommendations and reviewed internal audit reports to drive improvements throughout the Trust's services.

Key risks discussed by the Committee and reporting to the Trust Board for information, including:

4.10. Risks associated with financial performance: TME continued to recognise the risks and opportunities to deliver at pace the changes required to maintain a strong financial position and agreed, implemented and monitored financial controls where appropriate.

4.11. Risks associated with workforce: TME maintained continued oversight on ensuring provision of staff to ensure that services were provided safely and efficiently across the Trust and to maintain staff wellbeing.

4.12. Risks associated with industrial action: TME noted planning to manage and mitigate the risks associated with planned industrial action and received reporting on the impact of instances of industrial action.

4.13. Risks to operational performance: TME continued to monitor the risks to operational performance and the delivery of key performance indicators and the mitigations that were being put in place.

4.14. Risks related to winter pressures: TME noted winter plans for emergency and elective services and would continue to monitor their development and implementation.

Reviews of annual reports and reviews including:

- Internal Audit Annual Plan
- Annual Staff Survey Results
- National Inpatient Survey Results
- Patient-Led Assessment of the Care Environment (PLACE) Results
- Combined Equality Standards
- Estates & Facilities Premises Assurance Model (PAM) Reporting
- Freedom to Speak Up Annual Report
- Health and Safety Annual Report
- R&D Governance and Performance Annual Report
- Emergency Preparedness, Resilience and Response (EPRR) Annual Report
- Infection Prevention and Control Annual Report
- Responsible Officer's Annual Medical Appraisal and Revalidation Report
- Learning from Deaths Annual Report
- Safeguarding Annual Report
- End of Life Care Annual Report
- Falls Prevention and Management Report
- Patient Safety Incident Response Framework Annual Report
- Mental Health in the OUH FT Annual Report
- Medical Education Annual Report

Reviewing and approving policy updates and amendments before circulation across the Trust and providing recommendations to the Trust Board, including:

- Immunisation and Screening Policy
- Management of Contractors Policy
- Water Safety Policy
- Ventilation Systems Policy
- Gas safety Policy
- Sickness Absence Management Procedure

- Medical Consultant Recruitment Procedure
- Reasonable Adjustments Policy

5. Regular Reporting

5.1. TME reported to the Trust Board, providing a summary of each meeting during the year. Reports included a description of the business conducted, highlighting significant issues of interest to the Trust Board, risks identified, actions agreed, and decisions taken.

5.2. TME considered areas to be highlighted to the Trust Board or recommended via the Board's committees.

5.3. TME has received regular consolidated summaries of the integrated themes and issues from Divisional Performance Reviews.

5.4. TME reviews a range of regular reporting, including reports from subcommittees, and this includes:

- Integrated Performance Report (in advance of presentation to the Trust Board or Integrated Assurance Committee)
- Clinical Governance Committee Reports
- People and Communications Committee Reports
- Bullying and Harassment Eradication Programme Updates
- Health and Safety Reports
- Divisional Performance Review Reports
- Corporate Performance Review Reports
- Financial Performance Reports
- People Performance Reports
- Integrated Improvement Programme Update Reports
- Capital Schemes Update Reports
- Business Planning Pipeline Reports
- Procurement Pipeline Reports

6. Terms of Reference

6.1. The Trust Management Executive Committee exists to provide the Board with assurance regarding the Trust's strategic direction and clinical strategies. It ensures effective integration and liaison across clinical services, corporate functions, and operational matters, both within the

Trust and with academic partners. The Committee acts as a forum for directors to collaborate, resolve issues, and make management decisions. Additionally, it assures the Board that appropriate systems and processes are in place and that any risks or issues affecting the Trust's objectives are being managed effectively.

6.2. This paper proposes some revisions to the terms of reference with an updated version included as an appendix. Key changes are as follows:

- Quoracy requirements are slightly revised such that a meeting can be quorate with two Chief Officers in addition to the Chair and at least one Divisional Director. This is subject to the additional requirements that either the Chief Officer or a deputy for each of the three statutory positions of Chief Medical Officer, Chief Nursing Officer and Chief Finance Officer are present and also that there are representatives from at least three divisions (who may be the Divisional Director, Divisional Director of Operations or Divisional Director of Nursing).
- Expression of the core membership is simplified to all Chief Officers and all Divisional Directors. The Chief Executive remains entitled to nominate additional co-opted members as they choose.
- The list of TME committees has been revised and updated. This provisionally includes a new Patient Experience and Engagement Committee, the terms of reference for which are expected to be brought to a future meeting of the TME.

7. Conclusion

7.1. The Trust Management Executive Committee continues to operate in line with its terms of reference. The revisions outlined above are intended to further strengthen governance, clarity, and the ability to respond effectively to emerging challenges and organisational priorities.

7.2. The updated quoracy requirements are intended to support more agile and representative decision-making.

7.3. The revised list of subcommittees, including the proposed Patient Experience and Engagement Committee, reflects the Trust's evolving priorities and commitment to patient-centred care.

7.4. TME is testing longer meetings with clearer timings to ensure that items receive sufficient time for discussion to support effective decision-making as agendas grow busier. However, efforts are also being made to streamline agendas and ensure that they concentrate on discussions intended to contribute effectively.

7.5. A key priority is to strengthen TME's links with its committees by establishing consistent reporting, ensuring key decisions are communicated and relevant risks escalated. While many committees already do this, not all have implemented it; regular reporting is now in place for the People and Communications Committee and Business Planning Group.

7.6. The Trust Management Executive Committee will monitor the impact of these changes and revise arrangements as appropriate.

8. Recommendations

8.1. The Trust Management Executive is asked to:

- review and approve the Trust Management Executive Annual Report 2024/25 for presentation to the Board; and
- review and recommend the revised terms of reference for the Trust Management Executive to the Board.

Appendix

Trust Management Executive Terms of Reference

1. Authority

1.1 The Trust Management Executive (TME) has been constituted by the Trust Board and is the executive decision-making committee of the Trust, chaired by the Chief Executive.

1.2 The Committee is authorised by the Board to investigate any activities within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

1.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.

2. Purpose

2.1 The purposes of the Committee are:

2.1.1 To provide the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, and its associated clinical strategies;

2.1.2 To ensure that there is appropriate integration, connection and liaison between individual clinical services, between clinical and corporate functions and between strategic and operational matters: within the Trust and between the Trust's academic partners;

2.1.3 To support individual directors to deliver their delegated responsibilities by providing a forum for briefing, exchange of information, mutual support, resolution of issues and achievement of agreement;

2.1.4 To make management decisions on issues within the remit of the Trust Management Executive.

2.1.5 To assure the Board through consultation with appropriate other subcommittees as necessary that the structures, systems and processes are in place and functioning to support the Committee's work as set out above.

2.1.6 To assure the Board that, where there are risks and issues related to the role of the Committee that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee.

3. Membership

3.1 The Committee will be appointed by the Board and its membership shall consist of all Chief Officers and all Divisional Directors.

- ~~Chief Executive Officer (Chair)~~

- ~~Chief Nursing Officer~~
- ~~Chief Medical Officer~~
- ~~Chief Finance Officer~~
- ~~Chief Operating Officer~~
- ~~Chief Assurance Officer~~
- ~~Chief People Officer~~
- ~~Chief Digital and Partnership Officer~~
- ~~Divisional Directors (x 4)~~

3.2 The Committee Chair is authorised to co-opt members whose skills and experience support the Committee to effectively discharge its duties. The co-opted membership of the Committee will be reviewed on an annual basis as a minimum.

3.3 The Chair of the Committee has the overall responsibility for the performance of the Committee and also has the final decision on actions required in order to comply with the Terms of Reference.

4. Attendance and Quorum

4.1 The quorum for any meeting of the Committee shall be attendance by the Chair (or nominated deputy) and

- At least two Executive Directors with either the Chief Officer or a deputy present for each of the three statutory positions of Chief Medical Officer, Chief Nursing Officer and Chief Finance Officer
- At least one Divisional Director and representatives from at least three divisions (who may be the Divisional Director, Divisional Director of Operations or Divisional Director of Nursing).

4.2 Members are expected to attend at least three quarters of all meetings each financial year. An annual register of attendance of members will be published by the committee.

4.3 If members are unable to attend, a deputy may attend with the agreement of the Chair. The nominated deputies for each Executive Director or Divisional Director should be specifically identified and should not be different for each meeting of the Committee that they attend. TME members shall not routinely allocate attendance at the Committee to their nominated deputy. This should only happen as a result of unforeseen absence or by special arrangement agreed in advance with the Chief Executive. Deputies will be counted for the purpose of the attendance record.

4.4 The Committee Chair may request attendance by relevant staff at any meeting.

5. Frequency of meetings

5.1 Meetings of the Trust Management Executive shall be held twice each month. The Chief Executive, as Chair of TME, is authorised to alter the timing and frequency of the meeting if required to ensure effective operation of the Trust activities, and will notify the Trust Board if any changes are required on a

permanent basis.

6. Specific Duties

6.1 Specific duties of the Trust Management Executive are as follows:

6.1.1 Develop and agree objectives for submission to the Trust Board, in the form of the annual business plan, to deliver the agreed strategy and agree detailed capital and revenue business plans to deliver the objectives.

6.1.2 Ensure, where appropriate, the alignment of the Trust's strategy with the strategy of the University of Oxford and other key partners.

6.1.3 Develop the Trust's clinical service strategies, ensuring co-ordinating and alignment across the clinical divisions,

6.1.4 Closely monitor standards of care, quality and safety by ensuring appropriate actions are taken.

6.1.5 Identify and mitigate risk by monitoring the corporate risk register and board assurance framework, agreeing resourced action plans and ensuring their delivery and ensure compliance and appropriate escalation in accordance with the Trust's risk management systems and processes.

6.1.6 Develop, agree and monitor implementation of plans to improve the efficiency, effectiveness and quality of the Trust's services.

6.1.7 Monitor the delivery of the Trust's service activity and financial objectives and agree actions, allocate responsibilities, and ensure delivery where necessary to deliver the Trust's objectives or other obligations.

6.1.8 Monitor and ensure the delivery of all specific actions agreed by the Trust Board, by the Trust Management Executive and by committees of both.

6.1.9 Monitor the delivery of the Trust's enabling strategies as advised by the Trust Management Executive's subcommittees.

6.1.10 Devise the Trust's annual and longer-term capital programme and monitor its delivery.

6.1.11 Agree all relevant policies – other than those retained by the Trust Board - to ensure the delivery of external and internal governance and best practice requirements and compliance.

6.1.12 Approve the Terms of Reference for all the sub-committees and groups of the Committee, delegate work as appropriate and hold the respective Chairs to account for compliance with their responsibilities.

7. Sub-Committees

7.1 The Trust Management Executive is supported by a number of subcommittees/groups, including:

- Delivery Committee
- Productivity Committee
- Risk Committee
- Business Planning Group

- Clinical Governance Committee
- People and Communications Committee
- Patient Experience and Engagement Committee [TBC]
- Digital Oversight Committee
- Capital Delivery Group
- Research and Development Committee
- Education and Training Committee
- Health and Safety Committee
- ~~Operational Forum~~
- ~~Performance Review~~

7.2 The Committee Chair is authorised to establish such additional subcommittees as they determine necessary to support TME in discharging its duties.

7.3 The Committee Chair will determine the reporting frequency and format from these subcommittees and groups in conjunction with TME.

8. Administrative Support

8.1 The Head of Corporate Governance is responsible for ensuring appropriate administrative support is in place to support the work of the Committee, including:

- Agreement of the agenda with the Committee Chair, collation and distribution of papers at least two working days before each meeting.
- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Providing support to the Chair and members as required.

9. Accountability and Reporting arrangements

9.1 The Committee shall be directly accountable to the Trust Board.

9.2 The Chair of the Committee shall prepare a summary report to the Trust Board detailing items discussed, actions agreed and issues to be referred to the Trust Board.

9.3 The minutes of the Committee meetings shall be formally recorded and will be available to the Board on request.

9.4 The Committee shall refer to the Trust Board any issues of concern it has with regard to any lack of assurance in respect of any aspect of the running of the Committee.

9.5 Where the Chair of the Committee considers appropriate, they will escalate immediately any significant issue to the Trust Board.

10. Monitoring Effectiveness and Compliance with Terms of Reference

10.1 The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically

commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.

11. Review

11.1 The Terms of Reference of the committee shall be reviewed at least annually by the Committee and approved by the Board.

Date approved: TBC

Approved by: Trust Board

Next review date: TBC

Oxford University Hospitals
NHS Foundation Trust

Work Related Stress Management Policy

Category:	Policy
Summary:	This policy outlines the responsibilities of all Trust employees to recognise, prevent, reduce the risk, and manage stress at work. It gives guidance on recognising symptoms, accessing help and support, performing an annual team stress risk assessment, a work related stress risk assessment when required and promotion of a mentally healthy workplace.
Equality Impact Assessment undertaken:	May 2025
Valid From:	
Date of Next Review:	Three years Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.
Approval Via/Date:	
Distribution:	Trust-wide
Related Documents:	Conduct and Expected Behaviours Procedure (including Sexual Misconduct) Domestic Abuse Procedure (Staff) Flexible Working Procedure Trust Health and Safety Management Policy Health and Wellbeing and Public Health Strategy Respect and Dignity at Work Procedure (including Sexual Safety at Work) Sickness Absence Management Procedure Trade Union Recognition Agreement
Author(s):	Head of Occupational Health
Further Information:	Health and Safety at Work etc. Act 1974 The Management of Health and Safety at Work Regulations 1999
This Document replaces:	Stress Management in the Workplace Policy v1.1

Lead Director: Chief People Officer

Issue Date:

Table of Contents

Introduction

1. Oxford University Hospitals NHS Foundation Trust ("the Trust") recognises the importance of identifying and reducing workplace stressors as part of our commitment to protecting the health, safety, and welfare of our employees.
2. Stress can place immense demands on an employee's physical and mental health and affect their behaviour, performance, and relationships with colleagues. It's a major cause of long-term absence from work and knowing how to manage the factors that can cause work-related stress is key to managing people effectively.
3. 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."*
4. This makes an important distinction between pressure, which can be motivating, challenging and improve performance, and when that pressure becomes excessive and/or continues for a sustained period of time, which can be detrimental to health. Everybody is different and their experience of pressure, and when that turns into stress, will vary (Appendix 1).
5. Stress itself is not a disease but if it is excessive and sustained it can lead to mental and physical ill health. It should also be noted that stress also differs from mental or psychiatric illnesses such as severe depression, anxiety, post-traumatic stress disorder, bipolar disorder, drug, or alcohol dependency but can be experienced alongside these conditions.
6. The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk.

Policy Statement

7. The Trust is committed to promoting a culture in which stress is not seen as a sign of weakness or a reflection of capability, and in which staff are able to speak freely about stress and seek appropriate help and support.
8. To achieve this:
    - 8.1. managers will be trained to:
        - 8.1.1. assess and manage workplace stressors using regular proactive departmental work related stress risk assessment processes; and
        - 8.1.2. assess and manage the causes of work related stress in individual staff using a work related stress risk assessment.
9. Staff affected by stress in the workplace will be offered solution-focused counselling via the Trust's Employee Assistant Programme (EAP) if appropriate and an individual assessment to help to assess and control workplace stressors as far as it is practicable to do so.
10. This is a Trust-wide document and forms part of the Trust's arrangements for Health and Safety Management.

Scope

11. This policy applies to all employees of Oxford University Hospitals NHS Foundation Trust on substantive or fixed term contracts, including medical and dental employees, Retention of Employment (RoE) employees, locums, researchers and secondees.

Aim

12. The purpose of this policy is to:
    - 12.1. outline the Trust's approach to the management of workplace stress;

12.2. outline the key roles and responsibilities in the Trust's management of workplace stress, in particular, the stress risk assessment process (Appendix 2);

12.3. ensure staff understand what actions to take to prevent or address workplace stress; and to

12.4. comply with Health and Safety legislation.

13. This policy should be read by all staff across the Trust with particular reference to all managers at induction and yearly thereafter in conjunction with their annual stress risk assessments.

Definitions

14. The terms in use in this document are defined as follows:

14.1. The **Employee Assistance Programme (EAP)** is able to provide advice on areas such as wellbeing, family matters, relationship issues, debt management and consumer rights. They are also able to provide access to independent, fully trained, and accredited counsellors for solution-focused sessions. Details of the Trust's current EAP, including contact details are available from the Trust intranet.

14.2. **Key stress indicators** include metrics such as sickness absence due to mental ill health or work-related stress; staff turnover rates; accident rates; complaints and grievances; number of employees accessing the Centre for Occupational Health and Wellbeing ("COHWB") for stress related illness; number of employees accessing counselling via the EAP for work related stress; and staff survey results**.**

14.3. **Mental health -** The Health Education Authority defines mental health as "*the emotional and spiritual resilience which allows us to enjoy life and survive pain, disappointment, and sadness. It is a positive sense of wellbeing and an underlying belief in our own, and others dignity and worth*."

14.4. **Mental Health First Aiders (MHFAs)** have attended an Adult MHFA course to feel confident in how to offer and provide initial help to a person experiencing a mental health issue and guide someone towards appropriate treatment and other sources of help.

14.5. **Risk assessment** is the process used to evaluate the hazard/risk and to determine whether existing precautions are adequate or if more must be done.

14.6. **Stress** - The Health and Safety Executive defines stress as "*an adverse reaction people have to excessive pressure or other types of demand placed on them*." This makes an important distinction between pressure, which can be a positive state if managed correctly and stress that is generally detrimental to health.

14.7. **Traumatic event -** a traumatic or stressful event can be defined as one that invokes unusually strong emotions, overcoming normal coping abilities. Involvement in a traumatic incident can have profound consequences on those staff members involved, who may experience a range of reactions from stress and depression to shame and guilt. It should also be recognised that different individuals will have differing responses to the same incident and will therefore require different levels and/or types of support. Examples of such incidents may include the following, although the list is not intended to be exhaustive:

14.7.1. allegations against the staff member for example, negligence, poor practice or poor behaviour;

14.7.2. dealing with a major incident;

14.7.3. involvement in cases of safeguarding children or adults; or

14.7.4. involvement in an incident of violence or aggression, whether as a victim or witness.

14.8. **Workplace / Rork Related Stressors** refers to different working conditions that have the potential to cause stress.

15. The abbreviations used in this policy are defined as follows:

15.1. Centre for Occupational Health and Wellbeing – COHWB

15.2. Employee Assistance Programme – EAP

15.3. Health and Safety Executive - HSE

Responsibilities

16. In addition to the responsibilities detailed within the Trust Health and Safety Policy, the following apply specifically in relation to the management of stress in the workplace.

17. The **Chief Executive Officer** has overall responsibility for staff health and wellbeing.

18. The **Chief People Officer** has delegated authority for staff health and wellbeing and is responsible for ensuring appropriate human resources and occupational health services, including an Employee Assistance Programme, are available to managers and employees.

19. The **Human Resources department** is responsible for:

19.1. providing advice to managers on the implementation of this policy as required;

19.2. monitoring the effectiveness of measures to address work related stress by collating, reporting, and distributing sickness absence and other relevant data;

19.3. providing ongoing support to managers and employees in a changing environment;

19.4. encouraging referral to the Employee Assistance Programme counselling services, Centre of Occupational Health and Wellbeing and appropriate external services; and

19.5. ensuring that relevant procedures and information relating to the Trust's Human Resource policies are readily available to all employees.

20. The **People and Communications Committee** is responsible for:

20.1. monitoring patterns of work related stress data in the workforce;

20.2. advising on the processes which support the Trust in reducing the incidence of work-related stress including management training; and

20.3. supporting and enabling managers to assess and address stress in their workforce.

21. The **Health and Safety Committee** is responsible for monitoring of the efficacy of the policy and other measures to reduce work related stress and promote workplace health and safety.

22. The **Centre for Occupational Health and Wellbeing (COHWB)** is responsible for:

22.1. providing confidential advice to staff experiencing stress at work about available psychological support and appropriate self-care.

22.2. advising the member of staff on work related stress and how this can impact their health; how the work related stress risk assessment process works and how this enables their line manager to understand the causes of their stress;

22.3. providing advice and support on work related stress risk assessments, both team/department and individual;

22.4. advising managers on the effect of work related stress on health and outlining workplace adjustments that may help address the employee's stress (with consent from the employee);

22.5. informing managers where musculoskeletal symptoms may be associated with work related stress and whether a work related stress risk assessment is necessary;

22.6. providing the Health and Safety Committee with anonymised data regarding cases of stress seen at the COHWB in particular patterns which may indicate hotspot areas; and

22.7. providing Trust-wide advice regarding best practice in supporting employee work related wellbeing, increasing resilience and minimising work related stress in the workplace.

23. **Line managers** are responsible for:

23.1. following the Trust's values and leadership behaviours in their managerial role to include; good two-way communication between themselves and staff, ensuring staff have adequate opportunities for breaks and being clear about the role, responsibilities, and expectations of staff;

23.2. undertaking relevant learning on work related stress available for managers via the Trust's Learning Management System;

23.3. ensuring they are aware of workplace stressors that may be impacting on their staff, generally or individually;

23.4. monitoring workloads, working hours and annual leave within their area of responsibility to ensure that staff are not overloaded or overworking and that they are making use of annual leave for regular breaks throughout the year;

23.5. leading with care and undertaking Trust manager's training regarding "good management practices" and health and safety including managing change;

23.6. undertaking relevant learning to lead with care and accessing the leading with care resource library for advice, guidance, and further development as appropriate;

23.7. ensuring that bullying and harassment is not tolerated within their area(s) of responsibility;

23.8. undertaking a base-line written work related departmental stress risk assessment to include the staff they manage, to identify and implement appropriate actions to reduce the risks of work-related stress;

23.9. reviewing work related departmental stress risk assessments at least annually and after any significant changes to work or a case of work-related stress in a staff member;

23.10. monitoring and reporting to divisional health and safety leads on key metrics to identify potential areas of work related stress in their department/team/work area;

23.11. encouraging all staff to undertake any available Trust training on managing stress and building resilience;

23.12. supporting staff in the completion of an individual work related stress risk assessment if they report stress and clarify with them or their representative what actions may be practicable to support the employee; and

23.13. signposting staff experiencing work related stress to appropriate support services such as the EAP and Staff Support Service (where stress is affecting an employee's ability to work, the Staff Support Service accept referrals for group interventions e.g. support for burnout). Consider a referral to COHWB, if after completion of the work related stress risk assessment the individual does not see an improvement in their stress levels and/ or more detailed information regarding workplace adjustments is required. This is particularly important when an individual experiencing stress is known to have any chronic health issue likely to be regarded as a disability under the provisions of the Equality Act 2010.

24. **Individual Staff** are responsible for:

    24.1. taking reasonable care of their own health and safety i.e. maintaining the level of health they need to carry out their professional role;

    24.2. following Trust values and taking reasonable care not to put others at risk by what they do or don't do in the course of their work;

    24.3. undertaking training and ensuring they understand and follow the Trust policies regarding Health and Safety;

    24.4. recognising and managing external issues that may cause them stress and taking steps to minimise their impact;

    24.5. informing their manager if they believe they are experiencing stress at work;

    24.6. collaborating with their line manager in completion of a work related individual assessment when recommended, to enable their manager to understand and manage the causes of work related stress; and

    24.7. recognising the early signs of emotional distress and work-related stress in colleagues, offering support, and encouraging the colleague to discuss the situation with their manager.

25. **Staff Side Representatives, including Health and Safety Representatives** should be:

    25.1. involved and consulted on any changes to work practices or work design that could precipitate stress at work, and subsequent stress risk assessment processes;

    25.2. provided with the facilities to be able to consult with their members on the issue of work related stress, including conducting workplace surveys;

    25.3. allowed access to collective and anonymised data from Human Resources;

    25.4. provided with paid time away from normal duties to attend trade union training related to work related stress; and

    25.5. allowed time to conduct joint inspections of the workplace to ensure that environmental stressors are properly controlled.

Managing Stress in the Workplace

26. The Trust aims to approach work related stress management proactively, focusing on prevention and early intervention, and not just responding when a problem becomes significant or when someone goes on sick leave.

27. To support employers to proactively manage work related stress the Health and Safety Executive identify 6 areas of work design that can affect stress levels – demands, control, support, relationships, role and change. Further information about these six management standards are available in Appendix 3.

28. Appendix 1 provides further information about the symptoms and signs of stress; Appendix 4 provides examples of actions that may be considered to reduce work related stress and the Trust's Wellbeing intranet site provides further information about supporting staff and managers to manage mental health and emotional wellbeing.

29. Stress Risk assessment templates (work related department/team and individual) are available from the Centre for Occupational Health and Wellbeing intranet site.

30. Other health and wellbeing resources for both managers and staff can be accessed via the Occupational Health and Wellbeing intranet site.

Work Related Stress Risk Assessments

Work Related Departmental/Team Stress Risk Assessment

31. The Trust has a legal obligation to protect staff from stress at work through the completion of written work-related stress risk assessments to identify sources of work-related stress and taking appropriate action based on the outcome of the assessment.

32. The work-related stress risk assessment process should be led by the department manager and to ensure the work -related stress risk assessment is suitable and sufficient, managers should consult with staff in the work area, for example by discussion at a team meeting or focus group representing the main staff groups. Stress Risk assessment templates

33. After completion of the work-related assessment, an action plan should be developed and implemented. All actions should be given an owner and target date and progress monitored. Where a risk cannot be mitigated it should be escalated via the usual process.

34. Action plans should be shared with staff and reviewed at least annually, or sooner if there are any significant changes.

35. A record of the work-related assessment and associated action plan(s) should also be retained in the department/ ward health and safety folder.

Work Related Stress Risk Assessment

36. Where it has been identified that a member of staff is suffering with symptoms of stress related to work, a work- related stress risk assessment should be completed. This is a tool to identify possible causes of work related stress and suitable measures that may be implemented if they are practicable.

    36.1. Where the stress risk assessment identifies the causes of stress are personal and not work related, consideration should be given to completing a Local Initial Adjustment Plan (LIAP).

37. The work related stress risk assessment should be completed jointly by the manager and employee and an action plan developed, with progress on the actions arising from the assessment monitored on a regular basis. However, if either party do not feel that is appropriate or the member of staff feels that their line manager is the source of the stress, advice should be sought from the relevant HR team.

38. Those completing a work-related stress risk assessment along with the staff member should consider whether there has been a breach of respect or dignity at work. If deemed appropriate, signpost for support and direct to the relevant policy.

39. Where personal stress is having an adverse effect on the employee's work, the member of staff should be encouraged to access support through the Employee Assistance Programme, Staff Support Service (where stress is affecting an employee's ability to work the Staff Support Service accept referrals for group interventions e.g. support for burnout) and their GP.

Management of work related stress absence

40. All episodes of work related stress- absence should be managed in accordance with the Trust's Sickness Absence Management Procedure and this policy.

Sources of Information and Support for Managers

41. The health and wellbeing of our staff is a priority for the Trust and 'Leading with care' is a core leadership behaviour expected of our leaders at all levels.

42. Each team area has been asked to identify one or more 'Wellbeing Champions' to be a point of contact for both disseminating good practice and requesting help for their team. Further information and advice is available from the Wellbeing intranet site.

43. There are several resources available to support managers and supervisors to effectively support the health and wellbeing of their teams, including:

    43.1. the Trust's Online Guide to Health and Wellbeing and our Wellbeing intranet site;

    43.2. the Employee Assistance Programme has a manager support programme where guidance and help can be given to managers who are supporting team members with their health and wellbeing;

    43.3. "good management practices" are outlined in the HSE guidance: Stress: Health and Safety Executive guidance which includes a talking tool kit to help line managers to have simple, practical conversations with employees which can help prevent stress; and

    43.4. Wellbeing Check-in Briefing sessions (available to book via the Trust's Learning Management System) to equip line managers, supervisors or team leaders with the tools and confidence to hold Wellbeing Check-ins.

44. Upon request the Centre for Occupational Health and Wellbeing will offer advice and support to managers on conducting work related stress risk assessments.

Sources of Information and Support for Staff

45. In addition to the Trust's Centre for Occupational Health and Wellbeing intranet site and the Trust's online Guide to Health and Wellbeing the following sources information and support are available to staff:

    45.1. confidential assessment, advice on support measures at work and signposting for those affected by work related stress can be provided by the team in the Centre for Occupational Health and Wellbeing (COHWB). The individual's general practitioner, unions and staff side representatives, and the chaplaincy team also offer support. The Freedom to Speak Up Guardian and ambassadors also provide a safe environment to speak up;

    45.2. the Employee Assistance Programme can provide advice, information and a solution-focussed counselling service 24 hours a day, including, where appropriate, access to a short course of face-to-face counselling sessions;

    45.3. the Staff Support Service, where stress is affecting an employee's ability to work, the staff support service accept referrals for group interventions e.g. support for burnout and offer team support after traumatic work-related events;

    45.4. Mental Health First Aiders (MHFAs) are available to help individuals who feel they may be approaching a crisis point. Each division has a list of MHFAs available on the intranet or via the Practice Development Leads and/or the relevant Divisional Heads of Workforce;

    45.5. Wellbeing Champions are available across the Trust – they provide guidance at local/team level of the wellbeing support that's available such as the information in this section. Each team/department will have details of their Wellbeing Champion;

    45.6. having a Wellbeing Check-in is a useful way for a team member to talk to their manager/team leader/supervisor. There are a set of questions that can be used for a structured conversation – these can be found in the My Wellbeing Module in the Trust's Learning Management System;

    45.7. a six-week mindfulness course is run once a year. This course can be beneficial for those experiencing stress and anxiety and is advertised through the Trust's usual communication channels;

    45.8. there is also a wide range of support available specifically for doctors (please refer to the Mental Health and Wellbeing Section on the Centre for Occupational Health and

Wellbeing intranet site for further information) including support for doctors in training posts via Medic Support (medic.support@oxfordhealth.nhs.uk)

46. All staff can access how to deal with stress through EAP or by accessing a self-help assessment tool with further information on the management of stress through: The Centre for Occupational Health and Wellbeing (COHWB)

Training

47. There is no mandatory training associated with this policy. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan.

48. Manager training on work related stress risk assessments is available from the Trust's Learning Management System.

Monitoring Compliance

49. Compliance with the document will be monitored in the following ways:

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
How the organisation carries out work related risk assessments for the prevention and management of work-related stress	Audit of work-related Stress Risk Assessments	Divisional Directors	Reported annually	Health and Safety Committee
Monitor the numbers of work-related stress absences across the organisation	Provided bi-monthly by Divisional Heads of Workforce	Divisional Directors	Bimonthly	Health and Safety Committee, People and Communications Committee

50. In addition to the monitoring arrangements described above, the Trust may undertake additional monitoring of this procedure as a response to the identification of any gaps or as a result of the identification of risks arising from the procedure prompted by incident review, external reviews, or other sources of information and advice. This monitoring could include:

    50.1. Commissioned audits and reviews

    50.2. Detailed data analysis

    50.3. Other focused studies

    50.4. Results of this monitoring will be reported to the nominated Committee.

Review

51. This policy will be reviewed in three years, as set out in the Developing and Managing Policies and Procedural Documents Policy.

52. Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.

References

53. The Health and Safety at Work etc. Act 1974.
54. Health Education Authority, 1997. Mental Health Promotion: A Quality Framework.
55. The Management of Health and Safety at Work Regulations 1999
56. Tackling Work-Related Stress using the Management Standards approach – Health and Safety Executive.
57. Thriving at Work: a review of mental health and employers: Stevenson and Farmer 2017
58. NHS Health and Wellbeing Framework: NHS Employers 2018
59. Workforce Stress and the Supportive Organisation: A framework for improvement through reflection, curiosity, and change. National Workforce Skills Development Unit, 2019.
60. The Five Year Forward View. NHS England, 2014.

Equality Analysis

61. As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marriage and civil partnership and pregnancy and maternity. The completed Equality Impact Assessment can be found in Appendix 5.

Document History

Date of revision	Version number	Reason for review or update
March 21 – March 22	0.1 – 0.5	New policy developed
August 2024	1.1	Minor amendments to clarify the policy applies in cases of work-related stress (previous terminology used was occupational stress); update to where key metrics regarding work related stress are reported to, to ensure these are monitored and action taken as necessary; and, reference to the Staff Support Service added to the Flowchart: Managing Individual Employee Stress.
April 2025	1.8	Minor amendments with updated references to support available through COHWB; promotion of the availability of manager training courses for work related stress risk assessment both team and individual; updates to the service delivered by Staff Support Service; updates to some wellbeing links

Appendix 1: Symptoms and warning signs of stress

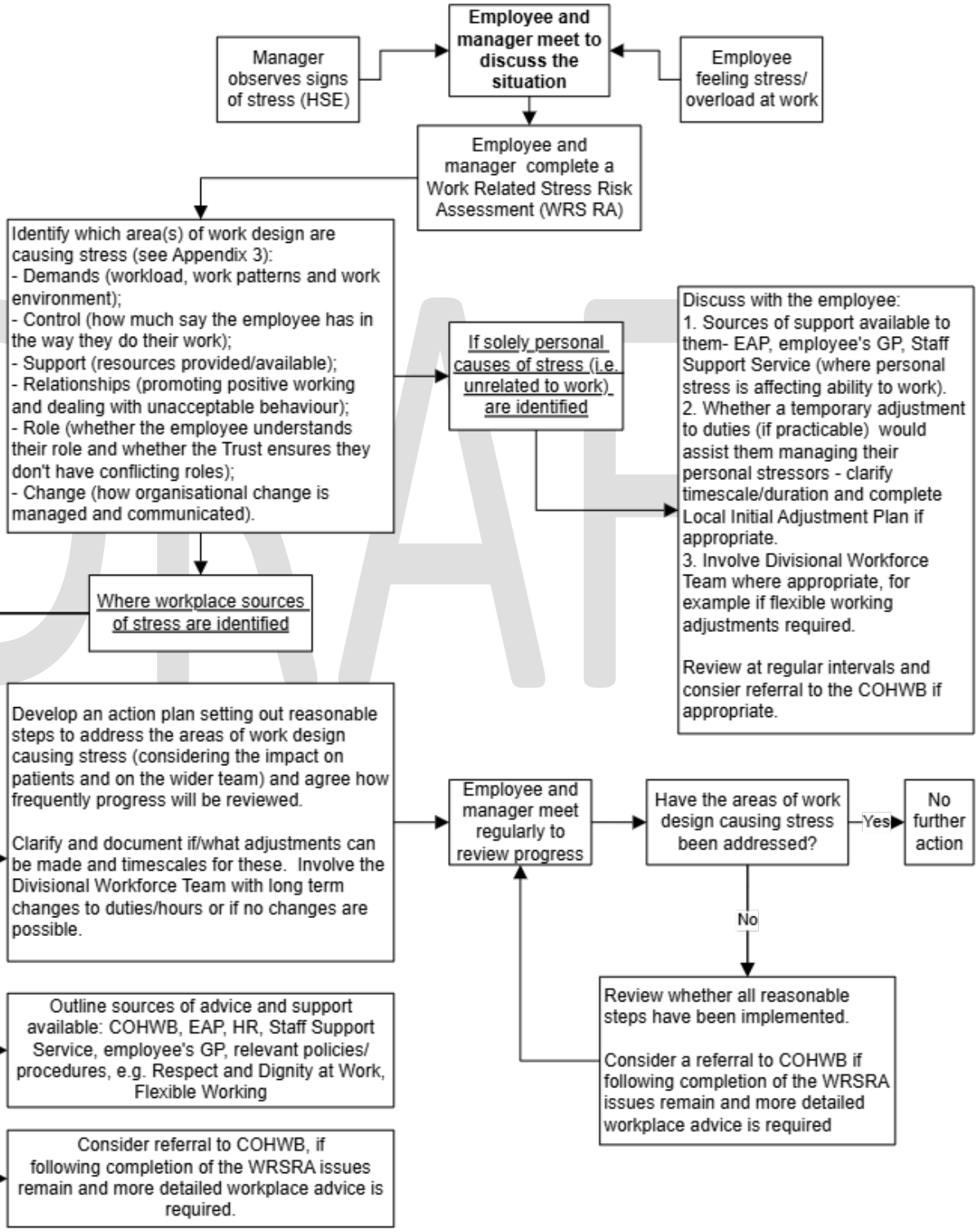
1. There is a clear link between insufficient attention to job design, work organisation and management and subsequent ill health. The adverse reaction people have to excessive pressure or other types of demand placed on them should be identified early and its cause investigated to try and control the issues before they cause stress-related ill health and absence.
2. People vary in how much stress they can experience before it has an effect on their health. Stress can have a negative effect both physically and emotionally. Some general signs to look out for in the workplace, which may mean someone is stressed, include:
    - Fatigue;
    - mood swings;
    - skin problems;
    - altered work performance;
    - low self-esteem;
    - anxiety;
    - poor concentration;
    - poor memory/ forgetfulness;
    - being withdrawn;
    - loss of motivation, commitment, and confidence; and
    - increased emotional reactions – being more tearful, sensitive, or aggressive.
3. Signs of stress in a group include:
    - disputes and disaffection within the group;
    - increase in staff turnover;
    - increase in complaints and grievances;
    - increased sickness absence;
    - increased reports of stress;
    - difficulty in attracting new staff; and
    - poor performance.
4. Possible causes of work-related stress include:
    - feeling there is too much or too little to do;
    - work that feels too difficult or easy;
    - little freedom or flexibility of work;
    - lack of clarity about where you fit into the workplace;
    - conflicting work demands;
    - feeling that there is little scope for your role to develop;
    - lack of communication or involvement in decision making within the organisation;
    - trying to balance working and home life demands; and
    - relationships at work which do not feel supportive.

Appendix 2: Flowchart: Managing Individual Employee Stress

All Trust staff should:

- Take reasonable steps to support their own health and wellbeing and that of their team;
- Consider if they are experiencing stress at work and inform their manager;
- Participate in the work-related stress risk assessment process to identify and address causes of workplace stress.

mm



Sources of Support

Employee Assistance Programme
OUH Staff Support Service

Alternative text description of Flowchart: Managing Individual Employee Stress.

Where the manager observes signs of stress and/or the employee feels stressed or overloaded at work the employee and manager should meet to discuss the situation.

The employee and manager should complete a work related Work Related Stress Risk Assessment to identify which area(s) of work design are causing stress (see Appendix 3):

- Demands (workload, work patterns and work environment);
- Control (how much say the employee has in the way they do their work);
- Support (resources provided/available);
- Relationships (promoting positive working and dealing with unacceptable behaviour);
- Role (whether the employee understands their role and whether the Trust ensures they don't have conflicting roles); and
- Change (how organisational change is managed and communicated).

Where workplace sources of stress are identified the following should be undertaken:

- Develop an action plan setting out reasonable steps to address the areas of work design causing stress (considering the impact on patients and on the wider team) and agree how frequently progress will be reviewed.
- Clarify and document if/what adjustments can be made and the timescales for these. Involve the Divisional HR Team with long term changes to duties/hours or if no changes are possible.
- Outline sources of advice and support, including the Centre for Occupational Health and Wellbeing, EAP, HR, Staff Support service, and relevant policies/procedures such as Respect and Dignity at Work and Flexible Working;
- Consider referral to the Centre for Occupational Health and Wellbeing if following completion of the Work Related Stress Risk Assessment issues remain and more detailed workplace advice is required.

Employee and manager meet regularly to review progress.

Have the areas of work design causing work related stress been addressed? If no, review whether all reasonable steps have been implemented. Consider referral to the Centre for Occupational Health and Wellbeing if following completion of the Work Related Stress Risk Assessment issues remain and more detailed workplace advice is required. Employee and manager continue to meet regularly to review progress. If yes, no further action is necessary.

Where solely personal causes of stress (i.e. unrelated to work) are identified the following should be discussed with the employee:

- Sources of support available to them, including the EAP, their GP the Staff Support Service (where personal stress is affecting their ability to work the Staff Support Service accept referrals for group interventions e.g. support for burnout);
- Whether a temporary adjustment to duties (if practicable) would assist them managing their personal stressors – clarify timescales/duration and complete a Local Initial Adjustment Plan (LIAP) if appropriate;
- Involve Divisional Workforce Team where appropriate, for example if flexible working adjustments are required;
- Review at regular intervals and consider referral to the Centre for Occupational Health and Wellbeing if appropriate.

Appendix 3: Health and Safety Executive (HSE) Stress Management Standards

1. The HSE has identified 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. These are called the stress management standards. These are set out below detailing the standards that should be achieved in each key area.
2. The departmental and work related stress risk assessment templates are set out to reflect these key areas.
3. **Demands** – this includes issues such as workload, work patterns and the work environment.

   3.1. Good practice:

   - employees indicate that they are able to cope with the demands of their jobs;
   - systems are in place locally to respond to any individual concerns;
   - the organisation provides employees with adequate and achievable demands in relation to the agreed hours of work;
   - people's skills and abilities are matched to the job demands;
   - jobs are designed to be within the capabilities of employees; and
   - employees' concerns about their work environment are addressed.

4. **Control** – how much say the person has in the way they do their work.

   4.1. Good practice:

   - employees indicate that they are able to have a say about the way they do their work;
   - systems are in place locally to respond to any individual concerns;
   - where possible, employees have control over their pace of work;
   - employees are encouraged to use their skills and initiative to do their work;
   - where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work;
   - the organisation encourages employees to develop their skills;
   - employees have a say over when breaks can be taken; and
   - employees are consulted over their work patterns.

5. **Support** – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.

   5.1 Good practice:

   - employees indicate that they receive adequate information and support from their colleagues and superiors;
   - systems are in place locally to respond to any individual concerns;
   - the organisation has policies and procedures to adequately support employees;
   - systems are in place to enable and encourage managers to support their staff;
   - systems are in place to enable and encourage employees to

support their colleagues;

- employees know what support is available and how and when to access it;
- employees have or know how to access the required resources to do their job; and
- employees receive regular and constructive feedback.

6. **Relationships** – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.

6.1 Good practice:

- employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work;
- systems are in place locally to respond to any individual concerns;
- the organisation promotes positive behaviours at work to avoid conflict and ensure fairness;
- employees share information relevant to their work;
- the organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour;
- systems are in place to enable and encourage managers to deal with unacceptable behaviour; and
- systems are in place to enable and encourage employees to report unacceptable behaviour.

7. **Role** – whether people understand their role within the organisation and whether the organisation ensures they do not have conflicting roles.

7.1 Good practice:

- employees indicate that they understand their role and responsibilities;
- systems are in place locally to respond to any individual concerns;
- the organisation ensures that, as far as possible, the different requirements it places upon employees are compatible;
- the organisation provides information to enable employees to understand their role and responsibilities;
- the organisation ensures that, as far as possible, the requirements it places upon employees are clear; and
- systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.

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

8.1 Good practice:

- employees indicate that the organisation engages them frequently when undergoing and organisational change;
- systems are in place locally to respond to any individual concerns;
- the organisation provides employees with timely information to enable them to understand the reasons for proposed changes;
- the organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;

- employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs; and
- employees are aware of timetables for changes employees have access to relevant support during changes.

Appendix 4: Actions that may be taken to reduce work related stress in the workplace.

This list is not exhaustive, and other actions may also be appropriate to manage the risks.

Demand

Type of work related stressors and possible hazards	Possible control measures to reduce the risks
Work overload, long hours, inadequate staffing, rest, and holidays	• Prioritise tasks for the team member. • Regularly review job design and working practices. • Ensure leave is being properly taken. • Provide frequent communication. • Regularly review workloads and staffing. • Support staff to plan and manage their workloads.
Inappropriate qualified for job, skills not recognised	• Ensure individuals are matched to the jobs with appropriate skills and qualifications. • Evaluate staff training and skills and provide training and support where appropriate. • Comply with workplace policies e.g. flexible working, dignity at work.
Work repetitive, too little to do	• Job enrichment/role rotation/role review. • Provide individuals with more responsibility, increase scope of job, increase variety of tasks.
Inadequate resources for the task	• Regularly review requirements for tasks/activities and prioritise resources such as equipment, staffing etc.
Staff experiencing excessive workloads, staff experience, excessive pressure	• Regularly review workload and demands as an integral part of performance management process. • Support staff in planning their work – establish if any parts of the role are particularly challenging and require extra support. • Support staff with work related stress risk assessment if required. • Ensure leave and breaks are being taken. • Review training needs.
Poor physical work environment	• Ensure workplace hazards are identified and controlled and risk assessment completed for all significant risks. • Liaise with health and safety where issues require further advice. • Escalate issues to senior managers where they cannot be resolved. • Refer staff with symptoms to Occupational Health.
Psychological working environment e.g. threat of aggression / violence, verbal abuse	• All significant violence and aggression risks assessed and appropriate controls in place. • Staff provided training and information to deal with

Type of work related stressors and possible hazards	Possible control measures to reduce the risks
	violent and aggressive patients/public etc. • All incidents of verbal and physical assault/ violence and aggression are reported on QSiS. • All incidents followed up to ensure lessons learned and improvements made where required. • Support services available to staff including CareFirst (EAP) and Psychological Wellbeing service.

Control

Type of work related stressors and possible hazards	Possible control measures to reduce the risks
Unable to balance the demands of work and life outside work	• Encourage a healthy work-life balance. • Ensure staff take annual leave and it is fairly distributed across the year. • Comply with workplace policy on flexible working.
Lack of control over work, conflicting work demands	• Regularly consult with staff and allow team discussion of challenges and priorities. • Realistic deadlines set. • Staff clear on expectations and tasks required. • Individual abilities and skills considered when allocating tasks.

Support

Type of work related stressors and possible hazards	Possible control measures to reduce the risks
Lack of support during return to work, sickness, post incident, challenges at work	• Policies and systems in place, monitored and consistently applied. • Support provided to managers by Workforce leads in managing absence, return to work etc. • Ensure managers have skills and training required to support and manage staff. • Staff aware of specialist support available via Occupational Health, EAP etc.
Lack of training and information	• New staff properly inducted to CUH and local induction provided. • Training needs of staff reviewed on regularly basis. • Special attention for young persons as required and identified through young person's risk assessment. • Mentoring roles in place. • DDA adjustments in place and reviewed regularly.

Type of work related stressors and possible hazards	Possible control measures to reduce the risks
Post disciplinary, grievance etc.	• Appropriate support provided to staff. • Clear policies and systems in place. • Confidential advice available to staff via EAP.

Relationships

Type of work related stressors and possible hazards	Possible control measures to reduce the risks
Bullying, confrontational communication styles	• Encourage constructive and positive communication between staff. • Compliance with the Dignity at Work policy. • Bullying/confrontation immediately investigated and addressed with support of Workforce Leads.
Poor relationships with others, staff complaints	• Investigation of causal factors undertaken. • Resilience training undertaken by managers, staff, and team. • Regular team meetings to consult staff and discuss challenges. • One to one meetings with staff, problems openly discussed with individuals. • Mediation available if required.

Role

Type of stressors and possible hazards	Possible control measures to reduce the risks
Unclear lines of responsibility and accountability	• Good communication systems are in place from top to bottom of department. • Employees have annual appraisal and regular one to ones. • Staff have clear job descriptions and clearly understand job function and responsibilities. • Policies and procedures clearly set out management and staff responsibilities.
Lack of communication and consultation	• Regular team meetings – feedback provided to all levels of staff from Board Briefings and other opportunities. • Staff clear on Trust and departmental objectives/challenges.

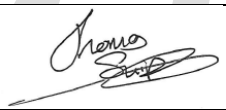
Change

Type of work related stressors and possible hazards	Possible control measures to reduce the risks
Fears about job security, poor communication of changes, fear	• Support provided to staff throughout process.

Type of work related stressors and possible hazards	Possible control measures to reduce the risks
about new roles/technology, impact of change on staff relationships	• Clear communication throughout planning and implementation of changes. Staff fully briefed so no uncertainty/speculation. • Consultation with staff involved with change, supported by Workforce. • Training needs reviewed and training provided. Training may be required for a new role or using new equipment etc..

Appendix 5: Equality Analysis Impact Assessment

1. Information about the policy, service, or function

What is being assessed	Existing Policy / Procedure
Job title of staff member completing assessment	Head of Occupational Health
Name of policy / service / function:	Work Related Stress Management Policy
Details about the policy / service / function	This document outlines the responsibilities of all Trust employees to recognise, prevent, reduce the risk, and manage stress at work. It gives guidance on recognising symptoms, accessing help and support, performing an annual team stress risk assessment, a work related stress risk assessment when required and promotion of a mentally healthy workplace.
Is this document compliant with the Web Content Accessibility Guidelines?	Yes
Review Date	3 years
Date assessment completed	April 2025
Signature of staff member completing assessment	Christina Evriviades
Signature of staff member approving assessment	

1. Screening Stage

Who benefits from this policy, service, or function? Who is the target audience?

- Staff

Does the policy, service or function involve direct engagement with the target audience?

Yes - *continue with full equality impact assessment.*

2. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Gender Re-assignment			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Disability - disabled people and carers	X				Effective work-related stress management would support staff mental wellbeing and have a

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					particularly positive impact on those with a mental health issue
Age			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Sexual Orientation			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Religion or Belief			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Pregnancy and Maternity			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Marriage or Civil Partnership			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.					

Sources of information

Health and Safety Executive

Work can aggravate pre-existing conditions, and problems at work can bring on symptoms or make their effects worse.

Whether work is causing the health issue or aggravating it, employers have a legal responsibility to help their employees. Work-related mental health issues must be assessed to measure the levels of risk to staff. *Where a risk is identified, steps must be taken to remove it or reduce it as* ***far as reasonably practicable****.*

Some employees will have a pre-existing physical or mental health condition s when recruited or may develop one caused by factors that are not work-related factors.

Their employers may have further legal requirements, to make reasonable adjustments under equalities legislation. Information about employing people with a disability can be found on GOV.UK or from the Equality and Human Rights Commission in England

Consultation with protected groups

List any protected groups you will target during the consultation process and give a summary of those consultations.

Group	Summary of consultation

Consultation with others

Clinical and nonclinical managers randomly selected.

Divisional HR Business partners

HR Consultants

Staff representation RCN Unison

Equality, Diversity, and Inclusion Manager

Oxford University Hospitals NHS Foundation Trust

3. Summary stage

Outcome Measures

List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.

It is nationally recognised that stress related illness accounts for a significant proportion of sickness absence and that organisational issues may be a contributory factor to occupational ill health. Stress can have adverse effects on both mental and physical wellbeing leading to illness, anxiety, and feelings of inability to cope. An individual's response to stress is dependent on various factors, including personal and health problems that may impact on the work situation. The Trust recognises that the prevention and management of work-related stress can lead to the following outcomes:

- improved work climate and culture;
- better work-life balance for all employees;

- overall reduction in key stress indicators
- cost savings to the organisation through:
- improved efficiency and productivity; and
- lower levels of clinical and other adverse incidents.
- Measures that may promote such benefits include:
- improved opportunity for employees and managers at all levels to express concern about sources of pressure at work;
- better awareness of stress and mental health related issues for all employees;
- greater consistency of approach from managers when dealing with stress;
- earlier identification of stress-related problems;
- improved stress risk management skills in managers;
- improved and better-utilised support services.

In summary the intended outcomes of delivering this Stress Management in the Workplace Policy would be achieved by all people regardless of any protected characteristic.

Positive Impact

List any positive impacts that this policy, service, or function may have on protected groups as well as any actions to be taken that would increase positive impact.

As an employer, we can help manage and prevent work related stress by improving conditions at work. And have a role in making workplace adjustments and helping someone manage a mental health problem at work.

Management Standards support all employees to:

- demonstrate good practice through a step-by-step work related stress risk assessment approach.
- allow assessment of the current situation using pre-existing data, surveys, and other techniques
- promote active discussion and working in partnership with employees and their representatives, to help decide on practical improvements that can be made.
- help simplify risk assessment for work-related stress by:
- identifying the main risk factors
- helping employers focus on the underlying causes and their prevention.
- providing a yardstick by which organisations can gauge their performance in tackling the key causes of stress.

They cover six key areas of work design that, if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates. The Management Standards are:

- Demands – this 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 – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.

- Relationships – this 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.

Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

A well-managed framework and a structured, sensitive approach to the management of stress in the workplace will have a particularly positive impact on those with mental health concerns and issues. It enables an open, supportive, and destigmatising pathway to encourage disclosure in a timely manner. Resources for both the employee and manager can readily be accessed following a transparent procedure.

Justifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

Enter details here.

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date