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| **Approved by:** | Executive Management Team |
| **Director lead:** | Chief People Officer |
| **Contact for advice:** | Human Resources or Occupational Health |



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**1.0 Introduction**

South West Yorkshire Partnership NHS Foundation Trust is committed to ensuring the health, safety, wellbeing and resilience of its entire staff. We know there’s a wealth of talent among people with lived experience of mental or physical health conditions and we actively encourage applications from this group.

The Trust seeks to have an organisational culture that is compassionate, supportive and empowering with a management style that reflects this. As a caring organisation the Trust aims to be a great place to work where staff feel safe and nurtured. Succeeding in doing this will also help maintain people in work and reduce absence.

Where employees are experiencing any difficulty with their mental health and wellbeing, including as a result of stress, the Trust will support and work with employees to identify any adjustments and adaptations that may be required in order to minimise any risk and maintain their attendance at work (see also the trust’s staff disability and reasonable adjustments policy). Where any impact on health and wellbeing has resulted in sickness absence, the Trust will work with individuals to facilitate a successful and supported return to work in a timely manner.

As well as the Trust creating the right conditions for employees to thrive, staff are encouraged to take personal responsibility for their own wellbeing both in and out of work. Teams should support each other to do the same, whenever appropriate and possible.

By implementing this policy, it is expected that awareness of the triggers which can result in mental ill health and/or stress will increase, as will awareness of the support available.

**2.0 Purpose and Scope of this Policy**

The purpose of this policy is to provide direction and guidance to all staff on the promotion of mental wellbeing and resilience, the management of work related stress and the processes for risk assessment based on the HSE’s Stress Management Standards.

The anticipated benefits from implementing the Employee Mental Wellbeing Policy include:

* Improved working climate and culture.
* Greater openness about sources of pressure at work at all levels.
* Better awareness about stress and mental wellbeing for all employees.
* Increased awareness of the importance of a good work-life balance for all employees.
* Provide a framework to improve consistency of approach when dealing with mental wellbeing and work related stress.
* Early identification of mental health issues and work related stress supporting prompt resolution.
* Greater awareness of support available to staff.

**3.0 Definitions**

**3.1 Stress**

There are many definitions of stress. For the purpose of this policy, the HSE definition is used:

**“The adverse reaction people have to excessive pressure or other types of demand placed on them”.**

*[Health and Safety Executive (HSE) 2004]*

Stress is not an illness, nor is it a diagnosis; it is a state of being. However, if stress becomes too excessive and prolonged, mental and physical illness may develop.

There is a difference between challenge and stress. Challenge can be motivating and positive; and a degree of challenge is often essential in a job and improves performance. However ‘stress’ generally results from a negative response to too much, or too little challenge or pressure, or too many demands, which the person finds difficulty in coping with.

The Trust acknowledges the HSE assertion that everyone can in principle, experience stress, and no one is immune. Stress can be caused by pressures at home or at work, or a combination of both.

**3.1.1 Work Related Stress**

It is accepted that work-related stress exists where people perceive they cannot cope with what is being asked of them at work, and the Health & Safety Executive note that “work-related stress is an organisational issue and not an individual fault, occuring when demands at work are beyond the worker’s capacity to cope with them.” It is acknowledged that work related stress can be impacted by personal factors outside of work and vice versa.

However the HSE also states that work is generally good for people if it is well designed.

**3.2 Mental Health and Resilience**

Mental health is defined as a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

*World Health Organisation (WHO) Mental Health: a state of wellbeing, October 2011*

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act as we cope with life. It also helps determine how we handle stress, relate to others, and make choices.

Resilience can be defined as the ability to bounce back from setbacks and keep going in the face of tough challenges. Resilience at work can be described as the capacity to maintain performance and positive wellbeing. It can be enhanced by people recognising and seeking timely support when faced with adversity.

**4.0 Legal Obligations**

The Trust acknowledges that it has a duty of care to support the mental health and well-being of its employees.

Employers have a legal responsibility under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 to ensure the health, safety and welfare at work of their employees.

This includes minimising the risk of stress-related illness or injury to employees. This policy describes how the organisation will meet its legal obligations in this respect.

Stress will be treated in the same way as any other health issue/hazard and risks to mental health and well-being will be assessed when necessary. Where an employee becomes unwell through stress-related illness, adjustments will be made where reasonable and practicable.

**5.0 The Health and Safety Executive Standards**

The Trust follows the standards set by The Health and Safety Executive (HSE) that cover the main factors which can lead to work related stress, these are:

* Demands - are staff able to cope with the demands of the job?
* Control - do staff have some say in the way they do their work?
* Support - do staff have adequate information and support?
* Relationships - are staff subject to unacceptable behaviours e.g. bullying?
* Role - do staff understand their role and responsibilities?
* Change - are staff kept informed during periods of organisational change?

More information on these important standards can be found at the Health and Safety Executive’s web site:

<http://www.hse.gov.uk/stress/standards/index.htm>

This includes a number of helpful resources, including:

Hints and tips for staff, manager’s indicator tool and action plan template.

**6.0 Duties and Roles under this Policy**

**6.1 Roles of the Trust Board/Executive Management Team**

The Chief People Officer is the lead Director for this policy and will be responsible for reporting to the Board and EMT regarding the implementation of this policy.

**6.2 Role of BDU/Directorate Wellbeing Groups**

The role of BDU/Directorate wellbeing groups is to embed a culture of workplace well-being within their service areas and support the Trust’s commitment to improve levels of employee well-being, resilience and engagement. They will review employee wellbeing data, support services to develop healthy work environments, share good practice and identify areas for development.

**6.3 Role of Managers**

Managers are expected to monitor and maintain positive behaviours and working relationships within their teams in line with trust values. Early intervention and supportive conversations regarding any issues identified are very important for maintaining a healthy environment and a great place to work.

Managers have a critical role in the promotion of mental wellbeing, the prevention of unhealthy work related stress and to manage any risks.

Using regular supervision and appraisal meetings is an opportunity for managers to discuss an individual’s wellbeing and to identify any concerns or support required.

Managers should be alert to signs of stress/mental ill health such as:

* Changes to behaviours, eating habits, smoking, drinking or taking drugs
* Lack of confidence – asking more questions seeking more reassurance
* Indecision or confusion
* Difficulty in concentration
* Poor memory
* Mood swings affecting behaviour
* Twitchy, nervous behaviour
* Changes in attendance such as arriving later or taking more time off
* Withdrawing or avoiding people

When concerns are identified managers need to listen to the member of staff, try to understand it is their perception which is important at this time. Avoid trying to repair everything immediately with what they think might work. Seek suggestions of solutions from their member of staff what they feel could work.

Managers are not expected to take on the role of counsellors however; managers will be expected to use effective communication and core skills of genuineness and empathy in their management of stress and mental wellbeing issues.

Managers should take a flexible approach and consider any practicle adjustments or adaptations which will support employees to remain in work or to return to work.

An informal wellbeing action plan should be co-produced with clear guidance, identifying what support is needed and when. How people will know that support is needed and regular reviews to establish effectiveness or need to change it.

If work related stress is indicated then completion of a stress HSE questionnaire should be advised and an action plan agreed to improve any areas not rated as green.

Managers should seek advice and/or support as early as possible if they feel they need guidance on addressing mental health or stress related issues. Advice is available from the Human Resources department, Occupational Health and Wellbeing Service and the Health and Safety Manager.

Managers should also be aware of all other relevant policies (e.g. Harassment and Bullying, Flexible Working, Sickness Absence Management Policy) and guidelines available which support this policy. Such awareness enables better planning and decision making Information on policies is widely available on the Trust’s intranet/internet and further links can be found via the Stress Management Pathway [Home (sharepoint.com)](https://swyt.sharepoint.com/sites/Intranet/wellbeing/stress-management/Pages/default.aspx)

Where a manager has concerns that a member of their staff appears to be showing signs of mental ill health or the early intervention wellbeing plan is not working to manage their stress, they must take immediate action to deal with any concerns and access the latest management guidance for staff mental health and wellbeing via the following link [Management guidance for staff mental health and wellbeing final.pdf (sharepoint.com)](https://swyt.sharepoint.com/sites/Intranet/learning-development/Documents/Leadership%20and%20Management/Management%20guidance%20for%20staff%20mental%20health%20and%20wellbeing%20final.pdf)

Managers should discuss with the employee if a referral to Occupational Health would be beneficial. When a referral is made, Occupational Health will undertake either a fast track appointment for work related stress with the H&WB practitioner or an appropriate OH clinician for mental ill health.

Managers should seek support from Occupational Health and Wellbeing as early as possible if in any doubt about what to do about a mental health or stress-related issue.

The management of mental wellbeing and/or stress and the effectiveness of interventions and approaches should form part of ongoing managerial supervision and be discussed at line management meetings and during appraisal.

If work-related stress is identified across a team, the HSE approach still applies and guidance is available in the HSE Manual available from the HSE website; <https://www.hse.gov.uk/stress/standards/index.htm> when conducting the process within a group. Further advice / guidance and support can be sought via Occupational Health & Wellbeing Service.

**6.4 Employee’s Responsibilities**

The Trust recognises that anybody at any time may experience mental ill health or stress for a variety of reasons. Sometimes people have previously coped effectively with challenges however excessive pressure for example, where a number of issues arise at both home and work may result in experiencing the negative symptoms of stress. Employees should seek support as early as possible if they are experiencing mental health or stress related issues.

Employees should approach their manager for support in the first instance and are strongly encouraged to do so, but can approach Human Resources, the Staff Counselling and Therapy service, their Trade Union or Occupational Health and Wellbeing directly if, for whatever reason, they feel they cannot approach their manager.

Evidence suggests that it can be therapeutic and beneficial for long term wellbeing to avoid absence due to work related stress and remain in work with appropriate organisational support and adjustments. Avoidance of addressing stressors in the workplace by being absent from work may not aid resolution and may cause further stress.

[***http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf***](http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf)

All staff are encouraged to access any support available to them to maintain and improve their wellbeing.

The Trust provides a range of services and support for staff experiencing mental ill health, work and/or personal stress. Information is available under the Wellbeing section on the Trust’s Intranet site [Staff health and wellbeing (sharepoint.com)](https://swyt.sharepoint.com/sites/Intranet/ipc/Pages/Staff-health-and-wellbeing-.aspx)

**6.5 Role of Occupational Health & Wellbeing**

Occupational Health & Wellbeing are an independent, impartial, confidential service. They appreciate that individuals suffering stress may in the short term, be distressed however remaining at work and working towards resolution of identified stressors is strongly advised. This may include a range of options

Occupational Health & Wellbeing Service encourage self-referrals and management referrals as soon as mental health concerns or work related stress is identified. To support this fast track process the OH Service offers a Health & Wellbeing Practitioner role to work with employees to undertake a HSE (Health & Safety Executive) stress assessment and commence action planning.

The role of the Occupational Health & Wellbeing department in relation to work related stress will initially be via the Health & Wellbeing Practitioner role:

* Ensure employees who are referred with stress are offered a timely appointment – where possible within 2- 5 working days.
* Provide advice on undertaking the HSE Stress Management Standards tool.
* Advise managers regarding any fitness to work issues.
* Recommend any reasonable or practical adjustments to facilitate / maintain “workability” of individuals.
* Provide statistical data regarding OH activity relating to stress and mental health to the Safety and Resilience TAG, Wellbeing at work Partnership group and in the OH annual report.
* Provide advice and support to managers/ employees regarding issues with ongoing risk assessments/ action plans.
* Sign post to other OH MDT services such as staff counselling / Occupational therapy / specialist mental health practitioner as clinically indicated.

**6.5.1** Interventions available via Occupational Health & Wellbeing

*Specialist mental health Practitioner (MHP)*

Supporting those with a mental illness at work and providing assessment and advice for them, their managers and the organisation. The MHP can also work with individuals to develop Wellness Action Plans (WAPs). The service is accessible via; management referrals, MDT referrals and on a self-referral basis.

*Occupational Therapy*

Occupational therapy (OT) has a unique philosophy that acknowledges the link between what people do and their health and well-being. The OT service within Occupational Health aims to support individuals in improving their physical and mental health and well-being through;

* Standardised and non standardised occupational performance assessment both in and out of the work place and at home.
* Strategies to regain and maintain functioning within the work environment.
* Prevention of relapse in work-related stress and ill health.
* Education for both employees and employers in reasonable adjustments.
* The facilities to address work/life balance and lifestyle management issues causing ill health.

The service is accessible via; management referrals, MDT referrals and on a self-referral basis; further demonstrating the multidisciplinary team approach to addressing work-related stress.

**6.6 Role of Staff Counselling and Therapy Service**

All employees have access to the Trust’s confidential Counselling and Therapy Servicefor support regarding mental wellbeing. The aim is to provide a timely, confidential service that uses a range of therapeutic interventions to support staff to manage issues, increase personal resilience and nurture emotional wellbeing. The service also offers CBT (Cognitive Behavioural Therapy) and EMDR (Eye Movement Desensitisation and Reprocessing).

Counselling and Therapy is provided in a supportive and therapeutic environment at a range of Trust bases and can help with the following issues :

* Anxiety, low mood, depression
* Stress
* Bereavement, grief, loss, change management
* Trauma symptoms and post traumatic stress disorder
* Relationship issues
* Bullying & harassment
* Low self esteem
* Relaxation

**6.7 Role of Human Resources**

The Human Resources department will provide guidance and support to managers on this policy and support the implementation of the management standards for work related stress.

The Human Resources department will undertake reviews of workforce and survey data and support BDU’s and corporate directorates in action planning.

The Human Resources department will support the operation of BDU/Directorate wellbeing groups.

HR representatives also provide advice and support to service managers in dealing with sickness absence caused by work related stress.

* 1. **Role of the Trade Union/ Health & Safety Representative**

To provide support and guidance to enable staff to open a conversation with their line manager or other suitable person to begin the process of devising an agreed way forward using this policy.

To provide advice to managers who are members who are supporting a member of staff through the process.

To participate in their staff side role in Trust Wellbeing initiatives and groups and ensure staff voices are heard in these arenas.

To be involved in the risk assessment process, identification of possible interventions and the implementation of action plans.

* 1. **Role of Staff Networks**

To provide informal support and advice to support employee wellbeing.

* 1. **Role of Freedom to Speak Up Guardian**

Where matters are raised with a Freedom to Speak Up Guardian, to provide advice and signposting to relevant support.

To escalate issues where there is a concern about risk, wrongdoing or malpractice.

**7.0 Risk Assessment**

The risk assessment for work related stress is via the Health & Safety executive - HSE Stress Management Standards. The H&WB Practitioner in Occupational Health undertakes this assessment with individuals and commences action planning. It is then expected that managers meet with their employees to discuss the results and agree and further develop actions required to mitigate identified stressors.

This is a fast track service offer and employees can self-refer or access via management referral; ideally as soon as they are experiencing any negative signs of stress.

**8.0 Dissemination and Implementation of this Policy**

This policy will be disseminated through a range of approaches including staff briefings and BDU communication networks. HR, staff side and occupational health and wellbeing personnel will work in partnership to disseminate and promote the policy. The policy is also available on the internet.

The policy is cited in the Stress Management Pathway and can be accessed by staff on Trust premises via the Intranet: <http://nww.swyt.nhs.uk/wellbeing/stress-management/Pages/default.aspx>

**9.0 Monitoring, Evaluation, Review and Updating of this Document**

Wellbeing surveys and NHS staff survey results, together with workforce data will be reviewed to assess the effectiveness of this policy and identify areas requiring further action.

**10.0 Equality Impact Assessment**

An equality impact assessment is included at appendix 1 of this policy.



**Appendix 1**

**Equality Impact Assessment template**

**to be completed for all policies, procedures and strategies**

**Date of EIA: 20 June 2022 Review Date: June 2025**

**Completed By: Paul Brown, HR Business Manager**

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|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **1** | **What is being assessed?**  Prompt: what is the function of this document (new or revised) | **Employee Mental Wellbeing and Stress Management Policy** |
| **2** | **Description of the document**  Prompt: What is the aim of this document | **The purpose of this policy is to provide direction and guidance to all staff on the promotion of mental wellbeing and resilience, the management of work related stress and the processes for risk assessment based on the HSE’s Stress Management Standards** |
| **3** | **Lead contact person for the Equality Impact Assessment** | **Paul Brown, HR Business Manager**  **Helen Whitelam, Head of Occupational Health & Wellbeing** |
| **4** | **Who else is involved in undertaking this Equality Impact Assessment** | **Employment Policy Group consisting of managers and staff side.** |
| **5** | **Sources of information used to identify barriers etc**  Prompts: service delivery equality data – refer to equality dashboards ([BI Reporting - Home (sharepoint.com)](https://swyt.sharepoint.com/sites/BIReporting) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact [InvolvingPeople@swyt.nhs.uk](mailto:InvolvingPeople@swyt.nhs.uk) for insight  **What does your research tell you about the impact your proposal will have on the following equality groups?** | A comparison of staff absence reported as Anxiety, Stress, Depression or other mental illness against overall staff in post.over a 12 month period.  2021 Staff survey data    Latest available wellbeing survey data (2020) |
| **5a** | **Disability Groups:**  Prompt: Learning Disabilities or  Difficulties, Physical, Visual, Hearing  disabilities and people with long term  conditions such Diabetes, Cancer,  Stroke, Heart Disease etc. Accessible information standard | The absence data shows a higher absence rate compared to overall staff in post (13.99% of overall mental health related absence).  It is not expected that the operation of the policy itself will have a negative impact on staff. The Trust is also introducing a staff disability and reasonable adjustments policy which will further support staff.  In the 2021 NHS staff survey disabled staff reported a significantly higher level of work related stress when compared to non-disabled colleagues (56% disabled/37% non-disabled).  The 2020 wellbeing survey results showed that disabled staff reported higher psychological health issues than the general working population. Non-disabled staff reported as an area for improvement in relation to the general working population.  This policy aims to provide a framework and support for all staff groups regardless of characteristic and therefore should provide equal benefit and support.  Staff are supported with their mental health through a range of initiatives that are reviewed and developed on an ongoing basis in line with best practice etc. and these benefit a number of groups. Examples include Occupational Health and staff counselling support; support from pastoral and spiritual care via staff retreats/meditation sessions, supporting Muslim staff in Ramadan; BAME health and wellbeing practitioner as well as other initiatives |
|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **5b** | **Gender:**  Prompt: Female & Male issues should be considered | The absence data shows a higher absence rate amongst females compared to overall staff in post (84.16% of overall mental health absence) however, it is not expected there will be any negative impact as a result of this policy.  The 2020 wellbeing survey results showed that females reported higher psychological health issues than the general working population. Males reported typical results in relation to the general working population.  The 2021 NHS staff survey recorded broadly similar levels of work related stress amongst male/female staff.  This policy aims to provide a framework and support for all staff groups regardless of characteristic and therefore should provide equal benefit and support.  Staff are supported with their mental health through a range of initiatives that are reviewed and developed on an ongoing basis in line with best practice etc. and these benefit a number of groups.  Examples include Occupational Health and staff counselling support; support from pastoral and spiritual care via staff retreats/meditation sessions, supporting Muslim staff in Ramadan; BAME health and wellbeing practitioner as well as other initiatives |
| **5c** | **Age:**  Prompt: Older people & Young People issues should be considered | The absence data does not identify any age band where there are any major concerns.  The 2020 wellbeing survey results showed that staff in the age ranges 21-30, 31-40 and 41-50 reported higher psychological health issues than the general working population.  The 2021 NHS staff survey shows staff in the age range 31-40 reporting higher levels of work related stress.  This policy aims to provide a framework and support for all staff groups regardless of characteristic and therefore should provide equal benefit and support.  Staff are supported with their mental health through a range of initiatives that are reviewed and developed on an ongoing basis in line with best practice etc. and these benefit a number of groups. Examples include Occupational Health and staff counselling support; support from pastoral and spiritual care via staff retreats/meditation sessions, supporting Muslim staff in Ramadan; BAME health and wellbeing practitioner as well as other initiatives |
| **5d** | **Sexual Orientation:**  Prompt: Heterosexual, Bisexual, Gay,  Lesbian groups are included in this  Category | The absence data is inconclusive however , it is not expected that there would be any negative impact on staff as a result of the implementation of this policy.  The 2020 wellbeing survey results showed that staff in the heterosexual, bisexual and other sexuality groups reported higher psychological health issues than the general working population.  The 2021 NHS staff survey shows higher levels of work related stress being reported amongst LGBO staff when compared to heterosexual or straight staff.  This policy aims to provide a framework and support for all staff groups regardless of characteristic and therefore should provide equal benefit and support  Staff are supported with their mental health through a range of initiatives that are reviewed and developed on an ongoing basis in line with best practice etc. and these benefit a number of groups. Examples include Occupational Health and staff counselling support; support from pastoral and spiritual care via staff retreats/meditation sessions, supporting Muslim staff in Ramadan; BAME health and wellbeing practitioner as well as other initiatives |
| **5e** | **Religion & Belief:**  Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered | The absence data is broadly reflective of staff in post.  No other data available.  This policy aims to provide a framework and support for all staff groups regardless of characteristic and therefore should provide equal benefit and support  Staff are supported with their mental health through a range of initiatives that are reviewed and developed on an ongoing basis in line with best practice etc. and these benefit a number of groups. Examples include Occupational Health and staff counselling support; support from pastoral and spiritual care via staff retreats/meditation sessions, supporting Muslim staff in Ramadan; BAME health and wellbeing practitioner as well as other initiatives |
| **5f** | **Marriage and Civil Partnership**  Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category | The absence data shows a higher absence rate amongst single (42.8%of overall mental health absence) and divorced staff (11.11% of overall mental health absence) however, it is not expected there will be any negative impact as a result of this policy.  This policy aims to provide a framework and support for all staff groups regardless of characteristic and therefore should provide equal benefit and support  Staff are supported with their mental health through a range of initiatives that are reviewed and developed on an ongoing basis in line with best practice etc. and these benefit a number of groups. Examples include Occupational Health and staff counselling support; support from pastoral and spiritual care via staff retreats/meditation sessions, supporting Muslim staff in Ramadan; BAME health and wellbeing practitioner as well as other initiatives |
| **5g** | **Pregnancy and Maternity**  Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered | Insufficient data from staff absence figures to make a conclusion however, it is not expected that there would be any negative impact on staff as a result of the implementation of this policy.  This policy aims to provide a framework and support for all staff groups regardless of characteristic and therefore should provide equal benefit and support  Staff are supported with their mental health through a range of initiatives that are reviewed and developed on an ongoing basis in line with best practice etc. and these benefit a number of groups. Examples include Occupational Health and staff counselling support; support from pastoral and spiritual care via staff retreats/meditation sessions, supporting Muslim staff in Ramadan; BAME health and wellbeing practitioner as well as other initiatives |
| **5h** | **Gender Re-assignment**  Prompt: Transgender issues should be considered | No absence data available however, it is not expected that there would be any negative impact on staff as a result of the implementation of this policy.  No other data available.  This policy aims to provide a framework and support for all staff groups regardless of characteristic and therefore should provide equal benefit and support  Staff are supported with their mental health through a range of initiatives that are reviewed and developed on an ongoing basis in line with best practice etc. and these benefit a number of groups. Examples include Occupational Health and staff counselling support; support from pastoral and spiritual care via staff retreats/meditation sessions, supporting Muslim staff in Ramadan; BAME health and wellbeing practitioner as well as other initiatives |
| **5I** | **Carers**  Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered | No absence data available however, it is not expected that there would be any negative impact on staff as a result of the implementation of this policy. Carers may access additional support through the use of the staff carers passport & advice/guidance/signposting available from the staff carers network.  This policy aims to provide a framework and support for all staff groups regardless of characteristic and therefore should provide equal benefit and support  Staff are supported with their mental health through a range of initiatives that are reviewed and developed on an ongoing basis in line with best practice etc. and these benefit a number of groups. Examples include Occupational Health and staff counselling support; support from pastoral and spiritual care via staff retreats/meditation sessions, supporting Muslim staff in Ramadan; BAME health and wellbeing practitioner as well as other initiatives |
| **5j** | **Race**  Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.) | The absence data shows a higher absence rate amongst white staff compared to overall staff in post (93.62% of overall mental health related absence) however, it is not expected there will be any negative impact on any staff group as a result of the implementation of this policy.  The 2020 wellbeing survey results showed that staff in the white British group reported higher psychological health issues than the general working population. Asian/Asian British – Pakistani showed as an “area for improvement” when compared to the general working population.  In the 2021 NHS staff survey white staff reported a significantly higher level of work related stress when compared to BAME colleagues (43% white/34% BAME)  This policy aims to provide a framework and support for all staff groups regardless of characteristic and therefore should provide equal benefit and support  Staff are supported with their mental health through a range of initiatives that are reviewed and developed on an ongoing basis in line with best practice etc. and these benefit a number of groups. Examples include Occupational Health and staff counselling support; support from pastoral and spiritual care via staff retreats/meditation sessions, supporting Muslim staff in Ramadan; BAME health and wellbeing practitioner as well as other initiatives |

**Action Plan**

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

* + **Under-developed** – red – **No data**. **No strands** of equality
  + **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
  + **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
  + **Excelling** – purple –**All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Who will benefit from this action?** | **Tick all that apply** | **Action 1:**  **This is what we are going to do** | **Action 2:**  **This is what we are going to do** | **Action 3:**  **This is what we are going to do** | **Lead/s** | **By When** | **Update/review outcome** | **RAG** |
| Age | / | Continue to monitor absence and relevant survey information and develop appropriate action plans. This Forms part of a wider staff wellbeing agenda and will continue to be promoted alongside other wellbeing initiatives. | Continue to develop specific wellbeing initiatives on an ongoing basis in line with specified need and best practice. |  | 1. HR & wellbeing groups 2. HR/OH/Pastoral & Spiritual Care | 1. Annually following relevant surveys 2. On an ongoing basis | Review in line with policy schedule and as required should any significant issues arise. |  |
| Disability | / |  |  |  |  |  |  |  |
| Gender reassignment | / |  |  |  |  |  |  |  |
| Marriage and civil partnership | / |  |  |  |  |  |  |  |
| Race | / |  |  |  |  |  |  |  |
| Religion or belief | / |  |  |  |  |  |  |  |
| Sex | / |  |  |  |  |  |  |  |
| Sexual orientation | / |  |  |  |  |  |  |  |
| Pregnancy and maternity | / |  |  |  |  |  |  |  |
| Carers | / |  |  |  |  |  |  |  |

**6. Involvement & Consultation: New or Previous (please include any evidence of activity undertaken in the box below)**

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| --- |
| Policy developed with knowledge and expertise from occupational health. Consultation and development via the employment policy group consisting of management and staff side colleagues. |

|  |
| --- |
| 1. **Methods of Monitoring progress on Actions**   Absence data, NHS staff survey and Wellbeing survey data analysis and action planning |

|  |  |
| --- | --- |
| |  | | --- | | 1. **Publishing the Equality Impact Assessment**   As an appendix to the policy | |

|  |  |
| --- | --- |
| |  | | --- | | 1. **Signing off Equality Impact Assessment:**     Chief People Officer Date: 20th June 2022 | |

***Once approved, you must forward a copy of this***

***Assessment/Action Plan by email to:***

[**InvolvingPeople@swyt.nhs.uk**](mailto:InvolvingPeople@swyt.nhs.uk)

**Please note that the EIA is a public document and will be published on the web.**

**Failing to complete an EIA could expose the Trust to future legal challenge.**

**Appendix 2**

**SOURCES OF FURTHER ADVICE AND USEFUL LINKS**

**Resource List**

**Work stress**

* SWYT – i-resilience online tool by Robertson and Cooper. Questionnaire which looks at resilience in the workplace and provides a personal report on managing this. <http://nww.swyt.nhs.uk/wellbeing/i-resilience/Pages/default.aspx>
* Workplace Wellbeing Workshop. For anyone with a Leeds GP – One day CBT based programme through Leeds IAPTS <https://www.leedscommunityhealthcare.nhs.uk/iapt/workplace-wellbeing-workshops/>

**Covid support**

* NHS staff support line – 0800 0696222 – Trained advisors help with signposting and confidential listening
* Bereavement support line – operated by Hospice UK 8am to 8pm 7 days a week – 0300 3034434 or 0300 3031115 for Filipino staff

**Apps**

* Calm - ?free trial period – for anxiety and stress management
* Andrew Johnson – Relaxation lite, power napping etc.
* Stay Alive – focuses on staying safe when suicidal
* Mindfulness: Finding Peace in a Frantic World
* Headspace – Meditation & Mindfulness
* Moodscope – Mood monitoring app
* Worry Time
* Breathe (Mindfulness)
* #Stay Alive app – thoughts of self-harm
* Bright Sky – support for those in an abusive relationship
* Daylight – worry and anxiety using CBT
* Liberate – meditation specifically for BAME communities
* Sleepio – sleep improvement programme
* Unmind – stress, sleep, coping, nutrition

**Websites**

* CBT worksheets

<https://www.getselfhelp.co.uk/freedownloads2.htm>

* CBT Information leaflets and self-help guides <https://www.getselfhelp.co.uk/freedownloads.htm#Alphabetical>
* MoodZone – NHS choices website with on-line tools for depression, stress and anxiety

<https://www.nhs.uk/conditions/stress-anxiety-depression/>

* Sleep

<https://wellbeing.bitc.org.uk/all-resources/toolkits/sleep-and-recovery-toolkit>

* Health and Safety Executive

[://www.hse.gov.uk/stress](http://www.hse.gov.uk/stress/)

<http://www.hse.gov.uk/pubns/wbk01.pdf>

* Mind Chi – techniques to improve resilience, self-concept, leadership, memory and focus

<https://www.mindchi.com>

* Mind – Mindfulness

<https://www.mind.org.uk/information-support/drugs-and-treatments/mindfulness/>

* Moodjuice – Workbooks for self-help completion on a range of topics
* NHS Northumberland, Tyne and Wear website – excellent for patient leaflets/booklets on depression, anxiety, stress, OCD etc.
* People.nhs.uk – a range of apps, events to support wellbeing
* City parents – positive and practical support for working parents – seminars, articles, blogs and podcasts

**Books**

* ‘The Power of Ted’ – The Empowerment Dynamic (helps you look at healthier ways to take control of your life)
* ‘Feel the fear and do it anyway’ – Susan Jeffers – How to turn your fear and indecision into action
* ‘The little Act Workbook –An introduction to Acceptance and commitment Therapy’ by Dr Michael Sinclair and Dr Matthew Beadman
* ‘An introduction to Coping with Grief’ by Sue Morris

**Mindfulness**

* ‘Sane New World’ Ruby Wax
* ‘Frazzled’ Ruby Wax
* ‘How to be Human’ Ruby Wax
* ‘The little book of Mindfulness’ Patrizia Collard
* ‘Mindfulness in a frantic world’ – Mark Williams and Danny Penman

**Acceptance and commitment therapy/CBT based**

* ‘The Happiness Trap’ Russ Harris
* ‘The Confidence Gap’ Russ Harris
* ‘The Worry Trap’ Chad Lejeune

**Classes**

* Expert Patient Programme – for those living in Wakefield run by Live Well Wakefield – a range of courses for anyone coping with a long-term ongoing health condition (physical or mental health). Contact telephone number 01924 255363.
* Andy’s man clubs– informal support groups open to any man who is struggling with mental health issues.  A few around the region for example in Leeds, Halifax etc.   Understands usually involves a cross section of men from all walks of life and reportedly very helpful as a support group.  More information on internet re venues times etc.
* Coaching for all NHS staff – a space for staff to process experiences, offload demands and be supported in developing practical strategies <https://people.nhs.uk/lookingafteryoutoo/>

**On-line tools**

* Beating the Blues – CBT programme for Depression and Anxiety

<http://www.beatingtheblues.co.uk/>

* Moodgym – Free CBT programme for Depression and Anxiety

<https://moodgym.com.au/>

* Sleep Station -NHS online service providing short treatment for people with sleep disturbance.   Apply on line then get a telephone consultation assessment and treatment offered where appropriate.

[**https://www.nhsemployers.org/howareyoufeelingnhs**](https://www.nhsemployers.org/howareyoufeelingnhs)

**Trust intranet resources:**

I-resilience tool

[I-resilience tool](https://swyt.sharepoint.com/sites/Intranet/wellbeing/i-resilience/Pages/default.aspx)

The I-resilience tool can also be accessed via the following link:

[***http://solutions.robertsoncooper.com/iresilience.aspx?source=SWYPFT&organisation=South%20West%20Yorkshire%20Partnership%20NHS%20Foundation%20Trust***](http://solutions.robertsoncooper.com/iresilience.aspx?source=SWYPFT&organisation=South%20West%20Yorkshire%20Partnership%20NHS%20Foundation%20Trust)

Managers resource – keeping yourself well and resilient

[keeping yourself well and resilient as a manager and leader (sharepoint.com)](https://swyt.sharepoint.com/sites/Intranet/leadership-and-management-development/Pages/keeping-yourself-well-and-resilient-as-a-manage-and-leader.aspx)

Team resource – helping you and your team stay well and resilient

[helping you and your team to stay well and resilient (sharepoint.com)](https://swyt.sharepoint.com/sites/Intranet/leadership-and-management-development/Pages/helping-you-and-your-team-to-stay-well-and-resilient.aspx)

Mental health advice and support

[Keeping yourself mentally well during the pandemic and beyond (sharepoint.com)](https://swyt.sharepoint.com/sites/Intranet/ipc/Pages/Mental-health-and-wellbeing.aspx)

Staff suicide prevention campaign

[Staff suicide prevention campaign (sharepoint.com)](https://swyt.sharepoint.com/sites/Intranet/Suicideprevention/Pages/Staff-suicide-prevention-campaign.aspx)

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**Appendix 3**

**Stress support pathway**

<http://nww.swyt.nhs.uk/wellbeing/stress-management/Pages/default.aspx>

Are you concerned that you or a member of your team may be experiencing high levels of stress? Have any of your colleagues talked about feeling stressed

Have you noticed any of the following signs in yourself or a colleague?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **.** | Changes in behavior |  | **.** | Withdrawing |
| **.** | Mood changes |  | **.** | Poor timekeeping |
| **.** | Irritable/wound up/tearful |  | **.** | Looking tired |
| **.** | Disturbed sleep |  | **.** | Worried/anxious |

Occupational health has a dedicated team that can offer confidential support, help and guidance to manage stress.

Stress potentially identified as an issue?

Are you concerned about yoursellf?

Are you concerned about someone else?

Have you had a supportive chat with the individual? If not arrange to do this. Signpost to the self-help took kit

Have you raised your concerns with your manager/an appropriate person? If not arrange to do this. Access the self-help tool kit

Is the stress caused by work or personal or a combination of both

Is the stress caused by work or personal or a combination of both

Personal

Work

Personal

Work

Combination

Combination

Staff information

Contact occupational health and/or staff counselling

Contact occupational health and/or staff counselling

Managers information

Contact occupational health/and or staff counselling. Access self-help tool kit

Contact occupational health/and or staff counselling. Access self-help tool kit

**Appendix 4**

**Version Control Sheet**

*This sheet provides a history of previous versions of the policy and changes made*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment / changes** |
| Version 1 | July 2008 | Roland Webb Health and Safety Manager/ James Corson Human Resources Manager | Initial policy Agreed by EMT | Though designated ‘Version 1’ this is not the first version of the policy. It is however the first amended version, following the Trust’s Policy for the development of policies (which advocates version control). |
| Version 2 | Oct 2008 | Roland Webb Health and Safety Manager/ James Corson Human Resources Manager |  | Additional information on individual risk assessment. Minor changes as agreed by the Director of Human Resources and Workforce Development. |
| Version 3 | Oct  2012 | Maggie Bell - Assistant Director HR (Leadership, Well-being and Research) |  | Change in the title and content to reflect contemporary approaches to the management of wellbeing and work related stress. |
| Version 4 | March 2015 | Paul Brown, HR Business Partner and Kayley Cookson, OT, Occupational Health |  | References and definitions updated  HSE Information Updated.  Stress Management Pathway added. |
| Version 5 | Dec 2017 | Paul Brown, HR Business Partner and Helen Whitelam, Head of Occupational Health |  | Document made more succinct and duplication removed. Stress Pathway updated. References/sources of additional information updated. |
| Version 6 | May 2022 | Paul Brown, HR Business Partner and Helen Whitelam, Head of Occupational Health | Current | Document updated to provide wider focus on mental wellbeing in addition to stress. Additional guidance and sources of information included. |

**Appendix 5**

**Checklist for the Review and Approval of Procedural Document**

*To be completed and attached to any policy document when submitted to EMT for consideration and approval.*

|  | **Title of document being reviewed:** | **Yes/No/ Unsure** | **Comments** |
| --- | --- | --- | --- |
| **1.** | **Title** |  |  |
|  | Is the title clear and unambiguous? | Y |  |
|  | Is it clear whether the document is a guideline, policy, protocol or standard? | Y |  |
|  | Is it clear in the introduction whether this document replaces or supersedes a previous document? | Y |  |
| **2.** | **Rationale** |  |  |
|  | Are reasons for development of the document stated? | Y |  |
| **3.** | **Development Process** |  |  |
|  | Is the method described in brief? | Y |  |
|  | Are people involved in the development identified? | Y |  |
|  | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | Y |  |
|  | Is there evidence of consultation with stakeholders and users? | Y |  |
| **4.** | **Content** |  |  |
|  | Is the objective of the document clear? | Y |  |
|  | Is the target population clear and unambiguous? | Y |  |
|  | Are the intended outcomes described? | Y |  |
|  | Are the statements clear and unambiguous? | Y |  |
| **5.** | **Evidence Base** |  |  |
|  | Is the type of evidence to support the document identified explicitly? |  |  |
|  | Are key references cited? |  |  |
|  | Are the references cited in full? |  |  |
|  | Are supporting documents referenced? |  |  |
| **6.** | **Approval** |  |  |
|  | Does the document identify which committee/group will approve it? | Y |  |
|  | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | Y |  |
| **7.** | **Dissemination and Implementation** |  |  |
|  | Is there an outline/plan to identify how this will be done? | Y |  |
|  | Does the plan include the necessary training/support to ensure compliance? | Y |  |
| **8.** | **Document Control** |  |  |
|  | Does the document identify where it will be held? | Y |  |
|  | Have archiving arrangements for superseded documents been addressed? | Y |  |
| **9.** | **Process to Monitor Compliance and Effectiveness** |  |  |
|  | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | Y | Absence data/survey data |
|  | Is there a plan to review or audit compliance with the document? | Y | Review undertaken in line with policy review schedule |
| **10.** | **Review Date** |  |  |
|  | Is the review date identified? | Y |  |
|  | Is the frequency of review identified? If so is it acceptable? | Y |  |
| **11.** | **Overall Responsibility for the Document** |  |  |
|  | Is it clear who will be responsible implementation and review of the document? | Y |  |