MANAGING STRESS IN THE WORKPLACE POLICY

July 2015

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HR Policy:	HR
Date Issued:	July 2015
Date to be reviewed:	3 years or if statutory changes are required

Policy Title:	Managing Stress in the Workplace Policy	
Supersedes:	All previous Managing Stress in the Workplace Policies	
Description of Amendment(s):	New Policy for CCG employees	
This policy will impact on:	All staff	
Financial Implications:	No change	
Policy Area:	HR	
Version No:	1	
Issued By:	YHCS Workforce Team	
Author:	HR Policy Lead - adapted for local use by Yorkshire and Humber Commissioning Support (YHCS) on behalf of Hull CCG	
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SLT Members	Consultation:	18 March 2015

Contents

1. Purpose

NHS Hull Clinical Commissioning Group (the CCG) is committed to protecting the health, safety and wellbeing of its employees. The purpose of this policy and procedure is to provide a framework and guidance to managers and employees for the effective prevention and management of stress at work. To develop working practices that reduce or prevent factors which may lead to stress in the workplace and identify support mechanisms in place for managing stress. This policy and procedure should be read together with other relevant policies and procedures.

2.0 Scope

This policy and procedure will apply to all CCG employees, and is intended to complement the Wellbeing at Work Policy.

3.0 Principles

The CCG has legal obligations to the management of stress, under the Health and Safety at Work Act, 1974. Employers must take all reasonable practicable measures to protect the health, safety and welfare of employees at work. Additionally, the Management of Health and Safety at Work Regulations, 1999 require employers to assess health and safety risks, and to introduce prevention and control measures based on those risk assessments.

4.0 IMPACT ANALYSES

4.1 Equality

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristics.

In developing this policy, an Equality Impact Assessment has been undertaken. As a result of performing the analysis, it is evident that a risk of discrimination exists and this risk may be removed or reduced by recognising that an employee may require extra support (reasonable adjustments) to enable them to effectively carry out their role and this support would be managed in line with Occupational Health advice. The policy provides a framework to identify those at risk and provide support and no further actions are therefore required at this stage. The Equality Impact Analysis is attached at Appendix 5.

The application of this policy will be monitored alongside absence monitoring and Equality & Diversity (E&D) data to ensure fair application.

4.2 **Bribery Act 2010**

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and the Conflicts of Interest Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development of this policy document and no specific risks were identified.

5.0 Accountability

The Chief Officer is accountable for this policy.

6.0 Roles and Responsibilities

6.1 **Line Managers responsibilities**
- Read and understand the Health and Safety Executive (HSE) Management Standards for Tackling Work Related Stress (Appendix 1), and ensure the standards are understood and being met within their teams.
- Conduct and implement recommendations from risk assessments within their scope of responsibility in the team.
- Ensure good communication between management and employees, particularly where there are organisational and procedural changes.
- Raise awareness of the managing stress policy with new employees during the induction period.
- Ensure employees are clear on their roles and are trained to undertake those roles effectively.
- Monitor workloads to ensure that employees are not overloaded.
- Monitor and address sickness absence in line with managing sickness absence policy and ensure that return-to-work interviews are completed.
- Monitor working hours and overtime to ensure that employees are not overloaded, including travel.
- Monitor holidays to ensure that employees are taking their full entitlement.
- Attend training as required in good management practice and health and safety guidance.
- Offer appropriate support following critical incidents
- Help employees maintain a healthy work life balance, being perceptive and sensitive and offering appropriate support to members of employees who experience stress outside of work, e.g. bereavement or separation.
- Ensure that employees who may be suffering from stress are aware of the self-referral option and counselling service offered by Occupational Health to employees.
- Encourage self-referrals to Occupational Health or other specialist agencies as required.
- Provide Trade Union representatives with reasonable paid time away from normal duties to attend any training relating to workplace stress.

6.2 **Occupational Health responsibilities**
- Support individuals who have been off sick with stress and advising them and their managers on a planned return to work and any underlying work-related causative factors, with the employee's consent.
- Carry out Pre-employment checks during Recruitment to provide medical clearance and support for new recruits that may be at risk. Provide relevant information and advice to the manager on how best to manage the individual at the workplace and any adjustment or approach required.
- Provide an external counselling service and refer employees to workplace counsellors or specialist agencies as required.
- Contribute to monitoring and reviewing the effectiveness of measures to reduce stress and effectiveness of the stress management policy.
- Inform the CCG Health and Safety Committee of any changes or developments in the field of work-related stress.
- Provide data on the number of stress related referrals to the CCG Health and Safety Committee.
- Provide support and advice on the implementation of actions arising from stress risk assessments.
- Advise managers of those who are referred to Occupational Health when they fall within the Equality Act as a disability due to a stress-related condition.

6.3 **Health & Safety Advisor responsibilities**
- Provide support to management in implementing a stress risk assessment.
- Contribute to monitoring and reviewing the effectiveness of measures to reduce stress.
- Inform the CCG Health and Safety Committee of any changes or developments in the field of stress.

6.4 **YHCS Workforce team responsibilities**
- Provide support and guidance to managers in applying this policy and procedure.
- Take a lead role in monitoring the effectiveness of measures to address stress by for example, co-ordinating the employee survey action plan, collating sickness absence statistics and identifying trends in information produced relating to the potential primary causes of stress.
- Provide management and leadership development programmes and training, to include training on recognising and managing stress for employees, as appropriate.
- Provide continuing support to managers and employees in a changing environment and encouraging referral to occupational health and the counselling service as and where appropriate.
- Produce monthly sickness absence reports, including stress and anxiety for each department and liaise with and support managers in managing cases.

6.5 **Employee responsibilities**
- Take care of their own health and safety at work and others including maintaining and improving their own physical and mental health.
- Raise issues of concern with line manager, or if the source of pressure is your line manager, talk to your trade union representative or employee representative or workforce team.
- Help to identify factors which may cause excessive stress and discuss these with their manager, if appropriate. Take action to address these factors where possible.
- Accept opportunities for support where recommended and/or available.
- Take the opportunity of the service offered by Occupational health to self-refer for counselling should this be appropriate for either work related on non-work related stress.

6.6 **Health & Safety Committee responsibilities**
- Perform a key role in ensuring that the policy and procedures are implemented and disseminated appropriately.
- Oversee the monitoring of the effectiveness of the policy and procedure through, for example, reasons for absence, the annual employee survey and the workforce information data.
- Ensure that Stress Management policy reviews are conducted in accordance with the monitoring arrangements (see section 7.0 below).
- May commission specific stress-related surveys or focus groups, to assess how the organisation is performing against the HSE Management Standards (Appendix 1). If routine data or evidence highlights a need for further investigation.

6.7 **Health & Safety responsibilities** (Employee representatives – i.e. Trade Union)
- Engage with changes to work practices or work design that could precipitate stress.
- Consult with members on issues of stress including conducting any workplace surveys. This may include investigating complaints by any employee they may represent.
- To access collective and anonymous data from workforce information records where appropriate.
- Conduct joint inspections of the workplace to ensure that environmental stressors e.g. light, temperature and noise, are properly controlled.
- To be meaningfully involved in the risk assessment process.
- Involved in conducting joint inspections of the workplace to ensure that environmental stressors are properly controlled.
- Shall at all times act in accordance with the Safety Representatives and Safety Committee regulations 1977.

7.0 Procedure

The procedural section of this Policy and Procedure is concerned with the process of risk assessments. Where Managers are concerned about an individual's level of stress or several employees in a department, e.g. highlighted by high sickness absence, high turnover, stress documented by a General Practitioner, changes in behaviour etc., they should follow the process below.

7.1 Stress Risk Assessment Process

7.1.1 MSWRS Step 1: Identifying the hazards

The hazards of work-related stress can be identified using the HSE Management Standards listed in Appendix 1. The standards cover six key areas and each standard provides statements about good management practice in each of the areas. It is a requirement under the Management of Health and Safety at Work regulations (MSWRS) to conduct risk assessments. Managers must identify 'hot-spots' by undertaking a systematic risk assessment using the MSWRS. Each of the six factors does not always operate singly, often they combine or interact.

7.1.2 MSWRS Step 2: Decide who may be harmed and how

Where Managers are concerned about an individual's level of stress or several employees in a department, e.g. highlighted by high sickness absence, high turnover, stress documented as the reason for absence by a General Practitioner, etc., they should refer to Appendix 2 and flow chart for managers in section 11. Employees can also refer to the flow chart for employees in section 11 for guidance.

Where the stressor is believed to be work-related, the Manager should liaise with the nominated HR Lead to ensure that the HSE Management Standards Indicator Tool (Appendix 2) is completed. The questionnaire is made up of 35 items that ask about 'working conditions' that are well known to be potentials for work-related stress. These working conditions correspond to the six stressors of the Management Standards. The employee answers according to how they feel about these aspects of their work.

Attention is drawn to the facility for the individual to discuss the completed Stress Risk Assessment with a nominated person other than their Manager if this is appropriate.
The responses to the questionnaire can be entered into the HSE online Analysis tool: http://www.hse.gov.uk/stress/standards/pdfs/analysistool.xls The Analysis Tool computes an average figure for each of the six Management Standards.

In the event that the identified stress is allegedly caused by the Manager then the nominated Manager supporting the employee should forward the Risk Assessment Tool to the Human Resources Department.

A copy of the questionnaire (and results of the online tool if used) should then be placed in the individual's personal file.

7.1.3 MSWRS Step 3: Evaluate the risk and take action

The MSWRS approach directs the manager to both evaluate the risk and take action. The manager should

- Consult with the employee/s to discuss problem area/s in more detail.
- Work in partnership with employees and their representatives to develop an action plan.
- Ensure that issues affecting employee/s are addressed.
- Feedback results to employee/s, with a commitment to follow-up.
- Record what you have done.

7.1.4 MSWRS Step 4: Record your findings

If the indicator tool results identify area/s of concern, an action plan to address the issues identified as potential stressors by employees or employee groups should be compiled. The online analysis tool will give a 'score' of each area of the management standards. The action plan should include:

- What the problem is
- How the problem was identified
- What will be done in response
- How this solution was arrived at
- Who is responsible for the delivery of the plan/target
- Timescales of the plan/target
- A commitment to provide feedback to employee/s on progress
- A date for reviewing the plan

The action plan needs to be agreed with employees, senior management and employee representatives. The final plans should be shared with employee/s. There is an action plan template available at www.hse.gov.uk

7.1.5 MSWRS Step 5: Monitor and review

The action plan should be monitored and reviewed when there is a significant change, an accident and annually to ensure that the actions are being completed. The HSE recommend that one way to measure progress is to use follow up surveys after a period of time. This would be as well as any arrangements that have been established to talk about stress on a regular basis.

8.0   IMPLEMENTATION AND MONITORING

8.1   The Joint Trade Union Partnership Forum (JTUPF) is responsible for formal approval and monitoring compliance with this policy. Following ratification by the CCG, the policy will be disseminated to employees via the organisation's website and team brief.

 8.2   The policy and procedure will be reviewed periodically by Human Resources in conjunction with Health & Safety, managers and Trade Union representatives where applicable. Where review is necessary due to legislative change, this will happen immediately.

9.0   DEFINITION AND REFERENCES

The policy and procedure has been developed with reference to Health and Safety Executive (HSE) publications which can be accessed via the HSE website: www.hse.gov.uk and also the NHS Employers Guidance on Prevention and Management of Stress at Work, which can be accessed via the website: NHS Employers. It has also been developed in partnership working with Trade Union representatives and the Health & Safety team.

9.1   **What is Stress?**

There is a difference between stress and pressure. We all experience pressure on a daily basis, and need it to motivate us and enable us to perform at our best. It's when we experience too much pressure without the opportunity to recover that we start to experience stress.

The Health and Safety Executive (HSE) define stress as "the 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 which can be detrimental to health.

We can all feel stressed at times when we feel as though everything becomes too much, when things get on top of us, or when we feel as though we are unable to cope. It affects us in different ways at different times and is often the result of a combination of factors in our personal and working lives.

The HSE breaks down the term stress into 6 key areas or 'potential primary' stressors, these are: -

- **Demands**: includes issues like workload, work pattern and the work environment;
- **Control:** includes how much say the person has in the way in which they do their work;

- **Support**: includes the encouragement, sponsorship and resources provided by the CCG, line management and colleagues;
- **Relationships**: includes promoting positive working to avoid conflict and dealing with unacceptable behaviour;
- **Role:** includes whether people understand their role within the CCG and whether the CCG ensures that the employee does not have conflicting roles;
- **Change**: includes how the CCG and its line managers manage and communicate the change process. (See Appendix 1 for further details)

Stress can either be work related or caused by personal circumstances, but in either case this can impact on the workplace and the performance of the individual at work.

References

Health and Safety at Work Act 1974
Management of Health and Safety at Work Regulations 1999
Health and Safety Executive – Work-Related Stress: www.hse.gov.uk/stress
NHS Employers Guidance on Prevention and Management of Stress at Work: NHS Employers

The following Hull CCG HR policies are available on the website; recruitment, managing sickness absence and managing work performance.
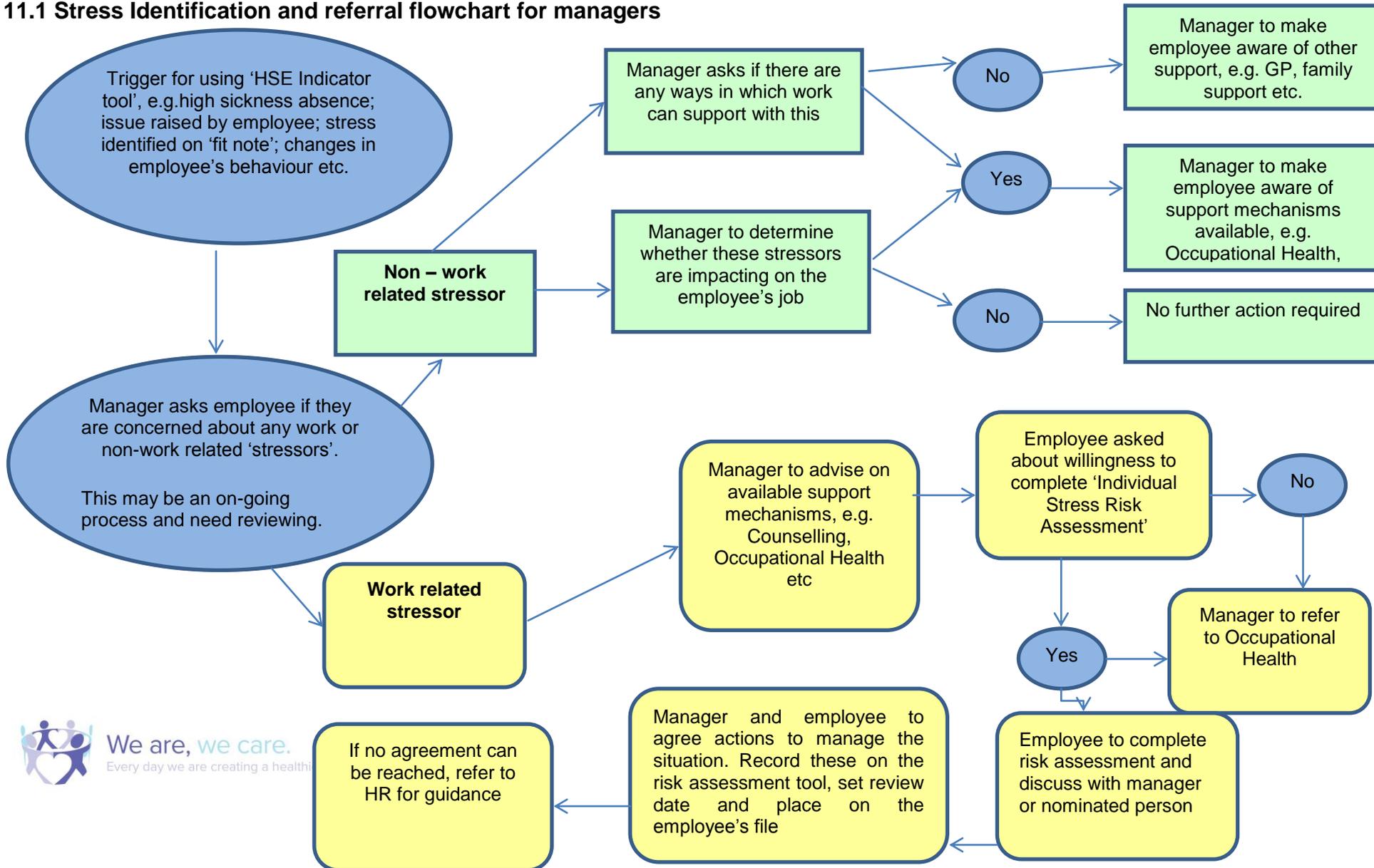
10.0 APPEAL PROCESS

If employees have any concerns about the way in which their case has been dealt with then they have the right to raise a grievance via the Grievance Policy.
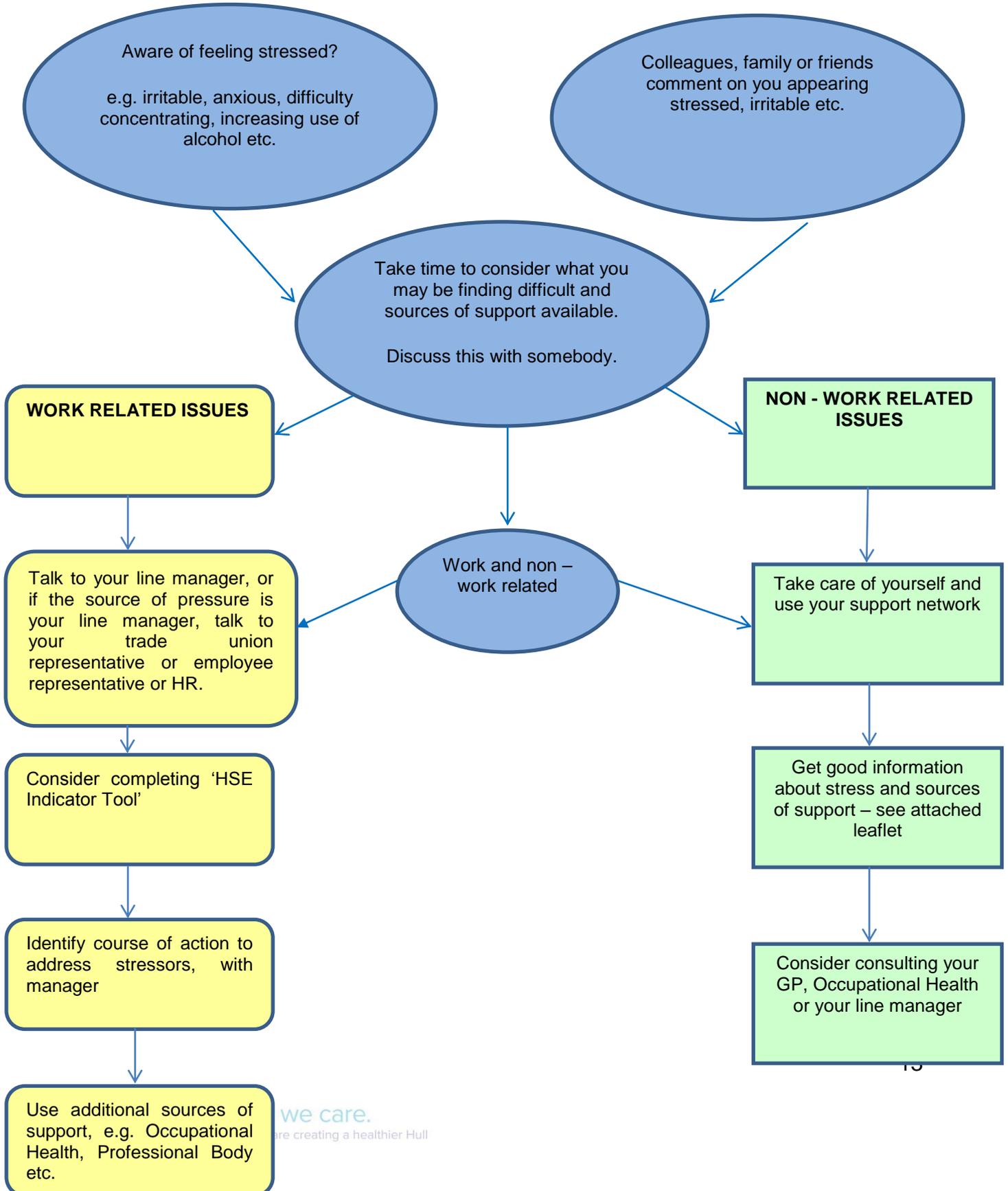
11.0 FLOW CHARTS

11.1   Stress Identification and referral flowchart for managers
11.2   Stress – Where to go for help

11.1 Stress Identification and referral flowchart for managers

Trigger for using 'HSE Indicator tool', e.g.high sickness absence; issue raised by employee; stress identified on 'fit note'; changes in employee's behaviour etc.

Manager asks employee if they are concerned about any work or non-work related 'stressors'.

This may be an on-going process and need reviewing.

Non – work related stressor

Work related stressor

Manager asks if there are any ways in which work can support with this

No → Manager to make employee aware of other support, e.g. GP, family support etc.

Manager to determine whether these stressors are impacting on the employee's job

Yes → Manager to make employee aware of support mechanisms available, e.g. Occupational Health,

No → No further action required

Manager to advise on available support mechanisms, e.g. Counselling, Occupational Health etc

Employee asked about willingness to complete 'Individual Stress Risk Assessment'

No → Manager to refer to Occupational Health

Yes → Employee to complete risk assessment and discuss with manager or nominated person

Manager and employee to agree actions to manage the situation. Record these on the risk assessment tool, set review date and place on the employee's file

If no agreement can be reached, refer to HR for guidance

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11.2 Stress – Where to go for help

Aware of feeling stressed?

e.g. irritable, anxious, difficulty concentrating, increasing use of alcohol etc.

Colleagues, family or friends comment on you appearing stressed, irritable etc.

Take time to consider what you may be finding difficult and sources of support available.

Discuss this with somebody.

WORK RELATED ISSUES

NON - WORK RELATED ISSUES

Work and non – work related

Talk to your line manager, or if the source of pressure is your line manager, talk to your trade union representative or employee representative or HR.

Take care of yourself and use your support network

Consider completing 'HSE Indicator Tool'

Get good information about stress and sources of support – see attached leaflet

Identify course of action to address stressors, with manager

Consider consulting your GP, Occupational Health or your line manager

Use additional sources of support, e.g. Occupational Health, Professional Body etc.

Appendix 1 HSE Management Standards

The Management Standards approach has been developed by the Health and Safety Executive (HSE) to reduce the levels of work-related stress reported by British workers.

The standards and supporting processes are designed to:
- Help risk assessment for stress
- Encourage employers, employers and their representatives to work in partnership to address work – related stress throughout the organisation
- Provide a yardstick by which organisation can gauge their performance in tackling the key causes of stress

The Management Standards define the characteristics, or culture, of an Organisation where stress is the being managed effectively. They are listed here and can also be found on www.hse.gov.uk/stress/standards along with a comprehensive tool kit.

The Management Standards cover six key areas of work design that, if not properly managed are associated with poor health and wellbeing, lower productivity and increased sickness absence. In other words, the six Management Standards cover the primary sources of stress at work. These are:

1. Demands: Includes issues like workload, work patterns and the work environment

The standard is that:
- Employees indicate that they are able to cope with the demands of their jobs; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved?
- The CCG 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.

2. Control: How much say the person has in the way they do their work

The standard is that:
- Employees indicate that they are able to have a say about the way they do their work; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved?
- 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.

3. Support: Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

The standard is that:
- 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.

What should be happening/states to be achieved?
- The organisation has policies and procedures to adequately support employees;
- Systems are in place to enable and encourage managers to support their employees;
- 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 know how to access the required resources to do their job; and
- Employees receive regular and constructive feedback.

4. Relationships: Includes promoting positive working to avoid conflict and dealing with unacceptable behaviour

The standard is that:
- Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved?
- The CCG 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.

5. Role: Whether people understand their role within the CCG and whether the CCG ensures that the person does not have conflicting roles

The standard is that:
- Employees indicate that they understand their role and responsibilities; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved?

- 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.

6. Change: How organisational change (large or small) is managed and communicated in the organisation

The standard is that:
- Employees indicate that the organisation engages them frequently when undergoing an organisational change; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved?
- 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;
- Employees are aware of timetables for changes;
- Employees have access to relevant support during changes.

Appendix 2

Possible Signs, Symptoms and Consequences of Stress

Stress can show itself in many different ways and the signs and symptoms of stress vary from one individual to another. Some of the signs and symptoms may include the following:

Behavioural

Short term	**Long term**
Over indulgence in smoking/alcohol/drugs	Marital/family breakdown
Impulsive behaviour/apathy	Smoking/alcohol/drugs abuse
Errors/accidents	
Negative effect on inter-personal skills	
Reduced work performance/job loss	

Physical

Short term	**Long term**
Headaches	Heart disease
Backaches	Hypertension
Disturbed sleep patterns/tiredness	Ulcers
Nausea/dizziness	Poor general health
Indigestion	Insomnia
Chest pain	

Emotional

Short term	**Long term**
Anxiety/depression	Chronic depression & anxiety
Lack of motivation	Neurosis
Difficulty in concentrating	Mental breakdown
Boredom	Irritability
Low self esteem	
Panic attacks	

Possible consequences of stress in the workplace:
- Reduced motivation & commitment to work
- Reduced morale
- Decreased productivity
- Poor judgement
- Reduced quality of patient care
- Increase in errors and accidents
- Tension & conflict between colleagues
- Increased absenteeism
- High employees turnover
- Effects on home / family life

- Whole teams, department and organisations can suffer from stress in the same way as individuals do.

Appendix 3

Hints & Tips which may help you to cope better with stress

If there's a problem that's worrying you, whether personal or professional, our occupational health services may be able to help. These services are available to all staff on a self-referral basis. You can download the self-referral form from the CCG's website.

In addition to support available from the Occupational Health department, the following ideas may also help:

- Rest & relaxation – learning to relax
- Take a lunch break away from your work place
- Exercise – take regular exercise.
- Lifestyle – making time for leisure activities and interests
- Talking – talking things through with friends or relatives can help
- Take time to think – thinking time each day can help to manage time and priorities
- Good health – eating sensibly, getting enough rest & avoiding harmful effects of alcohol and tobacco
- Not being afraid to ask for help

Other help is available from the following organisations:

Mind: **www.mind.org.uk**
Mind provides confidential mental health information services.
Sainsbury Centre for Mental Health: **www.scmh.org.uk**
Mental Health Foundation: **www.mentalhealth.org.uk**
Rethink: **www.rethink.org**
British Heart Foundation: **bhf.org.uk**
The BHF produce a useful booklet which may help you understand the causes of stress and offers useful information and practical tips for reducing stress in your everyday life.

PsychologyOnline is free for UK NHS patients in many areas. Alternatively, you can purchase therapy sessions directly through our private service Thinkwell™. They deliver Cognitive Behavioural Therapy (CBT) over the internet.

CBT helps people look at:

- How they think about themselves, the world and other people
- How their actions affect their feelings and thoughts

PsychologyOnline is providing online CBT free for NHS patients in the East Riding of Yorkshire and Hull.

Self referral: Go to www.psychologyonline.co.uk. You need to be registered with a GP in the East Riding of Yorkshire / Hull or resident in the area. Or contact your GP and ask for a referral to IAPT (Improving Access to Psychological Therapies).

Samaritans: **www.samaritans.org**
Telephone: 08457 90 90 90 (24 hours a day) Email: **jo@samaritans.org**
Provide confidential, non-judgmental emotional support for people experiencing feelings of distress or despair, including those that could lead to suicide. You can phone, email, write a letter or in most cases talk to someone face to face.

Let's Talk Service, depression and anxiety service for those employees registered with a GP in Hull: Go to **http://www.letstalkhull.org.uk/** or call 01482 247 111 or Text TALK to 61825 or book online, for 24/7 Access to Talking Therapies.

Appendix 4 HSE Management Standards Stress indicator tool

http://www.hse.gov.uk/stress/standards/downloads.htm

Equality Impact Assessment: Managing Stress in the Workplace

Equality Impact Assessment:

Equality Impact Analysis:	
Policy / Project / Function:	Managing Stress in the Workplace Policy
Date of Analysis:	17 April 2015
This Equality Impact Analysis was completed by: (Name and Department)	Michelle Williamson, YH CS, Workforce
What are the aims and intended effects of this policy, project or function ?	The aim of this policy is to provide a framework and guidance to managers and employees for the effective prevention and management of stress at work. To develop working practices that reduce or prevent factors which may lead to stress in the workplace and identify support. Reduce sickness absence rates due to stress. Provide a support environment for employee with a view to minimising and reducing work-related stress and support for employees with non-work related stress.
Please list any other policies that are related to or referred to as part of this analysis	Annual Leave Policy Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy Absence Management Policy
Who does the policy, project or function affect ? Please Tick ✔	✓ Employees Service Users Members of the Public Other (List Below)

	Equality Impact Analysis: **Local Profile/Demography of the Groups affected (population figures) Relevant data can be found in the attached Knowledge Management Toolkit (Employee data as at Oct 14)**	
General	There are 57 GP practices in the Hull area which spans 7,154 hectares and, as a city, has relatively tight geographical boundaries with most of the 'leafy suburb' areas outside Hull's boundaries in East Riding of Yorkshire. As a result, Hull has a relatively high deprivation score, as measured by the Index of Multiple Deprivation 2010, with Hull ranked as the 10th most deprived local authority out of 326 (bottom 4%). The resident population of Hull is 256,406 based on the 2011 Census data and 265,369 residents based on estimates from the local GP registration file as at October 2011. This equates to approximately 37 residents per hectare. The Joint Strategic Needs Assessment (JSNA) identifies considerable inequalities in health between Hull and England, and between populations within Hull.	
Age	 Compared to England, Hull has lower percentages of residents aged 10-19 years and 55+ years, but slightly higher percentages aged under 5, 20-34 years and 45-54 years. There is a relatively large difference between Hull and England for the age group 20-34 years, due to Hull's colleges and Universities. There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010. The number of deaths occurring to Hull residents has decreased from 2,571 to 2,310 between 2001 and 2010. ONS estimated the resident population to be 243,596 in 2001 compared to 260,424 residents based on the GP registration file, with the difference between these estimates narrowing over time. So, whilst it is difficult to quantify the exact increase in Hull's population, it has increased over recent years.	
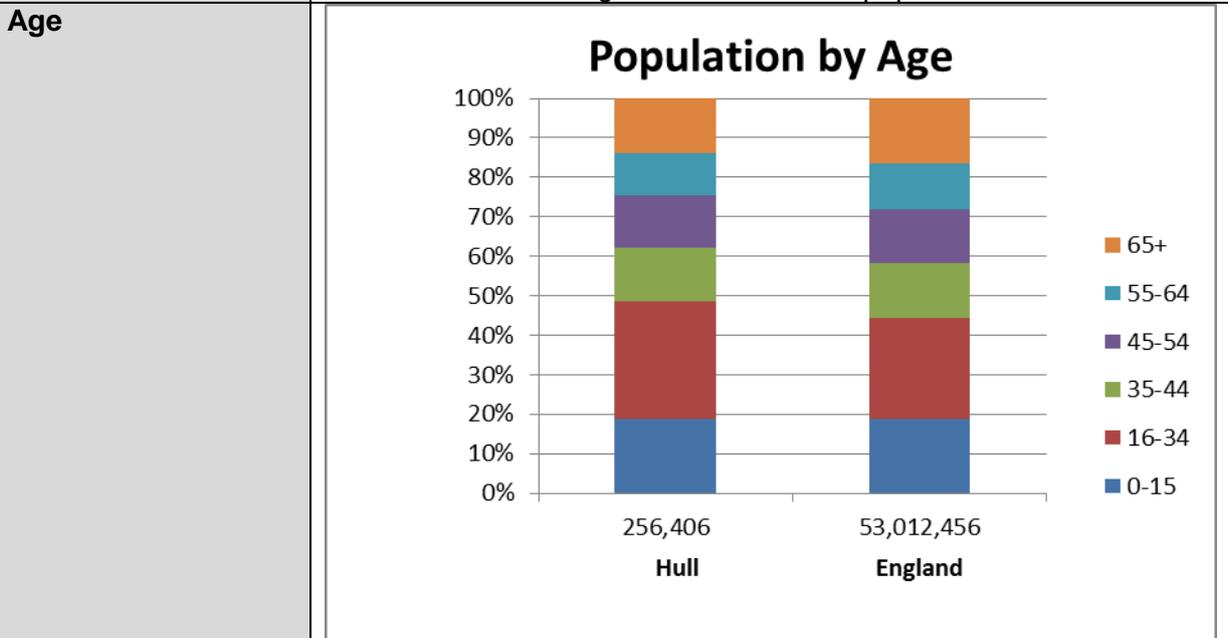
	Between 2010 and 2030, ONS estimate that Hull's population will increase from 266,100 to 311,900 residents, an increase of 17%. The figure above shows the population of Hull (2011 Census Data).
Race	The percentage of the population from Black and Minority Ethnic (BME) groups has increased substantially since 2001. For the 2001 Census, it was estimated that 3.3% of Hull's population was not White British or White Irish, whereas Census data shows that this figure increased to 10.2% for 2011. There is no single BME group in Hull with much higher percentages compared to other groups. The 2011 census data shows: White British - 89.7% White Other - 4.4% Mixed – 1.3% Asian - 2.5% Black - 1.2% Other – 0.8%
Sex	The gender split in Hull is approximately 50.1% men and 49.9% women. For 2008-2010, life expectancy in Hull was 75.7 years for men and 80.2 years for women compared to 78.6 years and 82.6 years for men and women respectively in England.
Gender reassignment	No local information provided.
Disability	According to the 2011 Census, it is estimated that approximately 19.7% of the Hull population lives with a long term health problem or disability compared with 17.6% for England. This information can be broken down further (Source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information) to include learning disabilities, physical disabilities, hearing impairments and visual impairments, as follows: <table><tr><td>**2012 Estimates**</td><td>**Hull**</td></tr><tr><td>Learning Disability (Age 18 – 64)</td><td>4,078</td></tr><tr><td>Learning Disability (Age 65 and over)</td><td>762</td></tr><tr><td>Physical Disability – Moderate (Age 18 – 64)</td><td>12,222</td></tr><tr><td>Physical Disability – Serious (Age 18 – 64)</td><td>3,491</td></tr><tr><td>Visual Impairment (Age 18 – 64)</td><td>108</td></tr><tr><td>Visual Impairment (Age 65 and over)</td><td>3,263</td></tr><tr><td>Hearing Impairment – Moderate or Severe (Age 18 – 64)</td><td>5,765</td></tr><tr><td>Hearing Impairment – Moderate or Severe (Age 65</td><td>15,707</td></tr></table>

	and over)	
	Hearing Impairment – Profound (Age 18 – 64)	49
	Hearing Impairment – Profound (Age 65 and over)	402
Sexual Orientation	There are no local statistics for how many Lesbian, Gay or Bisexual (LGB) people live within Hull however, nationally, the Government estimates that 5% of the population are lesbian, gay, bi and transgender communities.	
Religion, faith and belief	According to the 2011 Census, 54.9% of the population have identified themselves as Christian and 3.1% of the population is made up of other religions. The remainder of the population did not state anything (7.2%) or stated 'no religion' (34.8%).	

Religion	2011
Christian	54.9%
Buddhist	0.3%
Hindu	0.2%
Jewish	0.1%
Muslim	2.1%
Sikh	0.1%
Other Religion	0.3%
No Religion	34.8%
Religion Not Stated	7.2%

Marriage and civil partnership	This protected characteristic generally only applies in the workplace. Data from the Office of National Statistics covering the period 2008-2010 indicates that there were 18,049 Civil Partnerships in England and Wales during this three-year period – 52% men and 48% women.
Pregnancy and maternity	There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010.

Equality Impact Analysis:

Is any Equality Data available relating to the use or implementation of this policy, project or function ? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *'Equality Groups'.* Examples of *Equality Data* include: (this list is not definitive) 1: Application success rates *Equality Groups* 2: Complaints by *Equality Groups* 3: Service usage and withdrawal of services by *Equality Groups* 4: Grievances or decisions upheld and dismissed by *Equality Groups*	**Yes** employee data has been used to support the monitoring of the impact of this policy in the future No ☐ Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).
List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function	Consultation has taken place both locally and nationally with Trade Unions and staff • SLT • CCG Employees • JTUPF Sub group • JTUPF • Governing Body (approval)
Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation	This Policy does not directly promote inclusivity, but provides a framework to identify those at risk and provides support.

Equality Impact Assessment Test:				
What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?				
Protected Characteristic:	**No Impact:**	**Positive Impact:**	**Negative Impact:**	**Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists**
Gender (Men and Women)	✓			Considered, no impact. However those with caring responsibilities may be more vulnerable to stress and anxiety. This would be managed in line with Occupational Health advice.
Race (All Racial Groups)	✓			As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy. However this potential impact is minimised due to the development of the 'portal' facilities detailed in the action plan. In the national NHS staff survey, 39% of white staff and 32% of non-white staff reported suffering work-related stress. However 25% of non-white staff and 9% of white staff reported experiencing discrimination at work which could lead to feeling stressed. This policy will help to provide a framework to identify those at risk and provide support in line with Occupational Health advice. This policy is applied and supports all employees irrespective of race therefore the impact is considered to be neutral. Local monitoring data should monitor this.
Disability (Mental and Physical)	✓			In the national NHS staff survey, 53% of disabled and 35% of non-disabled staff reported suffering work-related stress. Those with a mental health condition may be more vulnerable to stress and anxiety due to their condition. Some physical conditions such as epilepsy can be triggered by stress. This policy will help to provide a framework to identify those at risk and provide support in line with Occupational Health advice. This policy is applied and supports all

				employees irrespective of race therefore the impact is considered to be neutral. Local monitoring data should monitor this.
Religion or Belief	✓			Whilst the NHS staff survey does not show any particular evidence of work related stress for staff who follow a religion or belief compared to those who do not, the number of staff who have reported discrimination in religious groups is higher. This policy will help to provide a framework to identify those at risk and provide support in line with Occupational Health advice. Local monitoring data should monitor this.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			In the national NHS staff survey, 38% of heterosexual staff reported suffering work-related stress. 48% of gay males and 43 % of gay females reported feeling stressed. Greater numbers of gay staff also reported experiencing discrimination than heterosexual staff
Pregnancy and Maternity	✓			Yes, employees who are pregnant may be more vulnerable to stress and anxiety due their pregnancy or when they return to work. This policy will help to provide a framework to identify those at risk and provide support in line with Occupational Health advice. This policy will help to provide a framework to identify those at risk and provide support in line with Occupational Health advice. Local monitoring data should monitor this.
Transgender	✓			Whilst there is no NHS survey data to support this, employees who undergo a gender transition may be more vulnerable to stress and anxiety due to this major life-transformation. The May 2013 EU on-line LGB&T survey of 93,000 European participants, revealed that some 35% of transgender respondents had been attacked or threatened with violence within the past five years. Additionally, 29% said they had suffered discrimination at work or whilst seeking employment. This policy will help to provide a framework to identify

				those at risk and provide support in line with Occupational Health advice and relevant HR policies. Local monitoring data should monitor this.
Marital Status	✓			Whist there is no specific data, it is possible that those in a civil partnership might have similar issues as the sexual orientation protected characteristic Local monitoring data should monitor this
Age	✓			Considered, no impact

Action Planning:				
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by _The Equality Act 2010_ ?				
Identified Risk:	**Recommended Actions:**	**Responsible Lead:**	**Completion Date:**	**Review Date:**
As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy.	The CCGs internal 'portal' and external website signpost individuals to alternative formats such as large print, braille or another language.	CCG Communications	April 2015	Next policy review
A risk of discrimination exists and this risk may be removed or reduced by recognising that an employee may require extra support (reasonable adjustments) to enable them to effectively carry out their role and this support would be managed in line with Occupational Health advice.	The policy provides a framework to identify those at risk and provide support and no further actions are therefore required at this stage.		March 2015	Next policy review

Equality Impact Findings:	
Analysis Rating:	<mark>Green</mark>
Red – Stop and remove the policy	**Red:** As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed.
Red Amber – Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.
Amber – Adjust the Policy	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.
Green – No major change	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

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Every day we are creating a healthier Hull

Brief Summary/Further comments	
	The policy takes account for individual circumstances and links in with the managing sickness absence policy and managing performance policy to make reasonable adjustment for employees with protected characteristics ie. disabilities and pregnancy related illness.

Signatures	
Other Comments	
Confirmed by (manager): (Name and Title)	*Julia Mizon*
Date:	07.05.15