

Equality Impact Assessment Procedure

1. Initial Screening Process

1.1 Title of the policy/procedure/function/service Stress Management Policy	
1.2 Directorate/Department Occupational Health/Human Resources	
1.3 Name of the person responsible for this Equality Impact Assessment Jane Collier and Stella Sawyer	
1.4 Date of Completion June 2008	
1.5 Aims and Purpose of this policy/procedure/function/service To define stress, set out the steps to avoid placing unacceptable levels of pressure on staff and to support staff facing external pressures.	
1.6 Is this a new or existing policy/procedure/function/service Existing	
1.7 Examination of Available Evidence – Tick evidence used	
<i>Census Data for UK</i>	<input type="checkbox"/>
<i>Census Data for London</i>	<input type="checkbox"/>
<i>Census Data for Local Authority Area</i>	<input type="checkbox"/>
<i>Trust Workforce Data</i>	<input checked="" type="checkbox"/>
<i>Trust Patient Data</i>	<input type="checkbox"/>
<i>National Patients Survey</i>	<input type="checkbox"/>
<i>Trust Patients Survey</i>	<input type="checkbox"/>
<i>Complaints Summaries</i>	<input type="checkbox"/>
Other Internal Research/Survey/Consultation/Audit (please list)	
Other External Research/Survey/Consultation/Audit (please list) <i>Healthcare Commission Staff Survey 2005/06 and 2006/07</i>	
<input checked="" type="checkbox"/>	
What is the summary of the available evidence? The policy is relevant to all Equality target groups and should ultimately improve staff wellbeing and discourage the stigma associated with stress, change aspects of the workplace that have been identified as increasing the risk of stress; encourage managers to deal with problems early and also provides information on the support and counselling available. Staff with disabilities may be more vulnerable to stress or it may impact disproportionately upon their wellbeing.	

Support: If you wish to discuss an EIA or require support with any part of the process, please contact Jane Collier jane.collier@chelwest.nhs.uk Tel: 0208 746 8926

The Staff Survey results for 2006/07 indicate that the Trust scores below the national acute Trust average for work pressure felt by staff. However, a high proportion of staff reported suffering from work-related stress (39%) compared to a national average of 31%. In response to the question: During the last 12 months have you been injured or felt unwell as a result of the following problems of work: Work Related Stress 40% answered 'yes', in contrast to 38% in 2005/06.

However, data available for sickness based on the most recent reports for 2007/08 show that of a total 6898 incidents of staff sickness, only 53 (0.7%) were reported as stress/anxiety. During the same period incidents of sickness 4584 (66%) were attributed to 'other'. 794 incidents were listed as due to cause 'not known', bringing to 78% the total staff sickness absence unaccounted for. It is anticipated that a proportion of these would be stress related.

The Trust has limited data on staff with disabilities, with 0.5% of staff formally declaring these to Human Resources. However, this does not mitigate the responsibility for the Trust to take note of any warning signs of mental ill health in employees. High levels of stress may be both a symptom of or trigger to mental health conditions, which should be taken into account when dealing with staff with stress, for example in formal procedures.

"People with mental health problems have the lowest employment rates of any of the main groups of disabled people - only around 20% of people with long-term mental health problems are employed, compared with 65% of people with disabilities. This is despite having the highest "want to work" rate, with up to 90% wanting to work, compared with 52% for disabled people generally. Even for people with more common types of mental health problems, such as depression and anxiety, only about half are in work." Equal Opportunities Review, February 2007, Issue 161

1.8 Does the evidence indicate that there is, or is the potential to be any significant impact on anyone or any group in relation to the following equality strands?

Strand	Yes/No/Insufficient Data	Justified Yes/No
Ethnicity/Race	No	na
Disability	Insufficient Data	Yes
Gender/Sex	Yes	Yes
Religion/Belief	Insufficient Data	Unknown
Sexual Orientation	Insufficient Data	Unknown
Age	Yes	Yes
Human Rights	No	na

Support: If you wish to discuss an EIA or require support with any part of the process, please contact Jane Collier jane.collier@chelwest.nhs.uk Tel: 0208 746 8926

<p>If further evidence is required to complete this section, take steps to obtain to before proceeding with the assessment. If the review of evidence indicates that there is a significant unjustified impact, a Full Equality Impact Assessment must be carried out.</p>	
1.9 No further evidence Required. Skip to Section 5.	<input type="checkbox"/>
1.10 Full Equality Impact Assessment required. Continue to Section 2 below.	<input checked="" type="checkbox"/>

2. Full Equality Impact Assessment

2.1 Describe the aims of the parts of the policy causing concern?	
<p>This policy forms part of the Trust's core health and safety policies, in which the Trust acknowledges its duty of care under health and safety legislation to safeguard the health and safety of its employees as far as is reasonably practicable. The obligation extends to assessing and managing the risks of work related stress.</p>	
2.2 Who is intended to be affected by the policy?	
<p>All staff employed by the Trust, and specifically those suffering, or at risk of suffering a negative impact of stress.</p>	
2.3 How does this policy fit with the Trust's wider aims?	
<p>Fully.</p>	
2.4 Describe how is this policy, service or function put into practice?	
<p></p>	
2.5 Age: Testing of disproportionate or adverse impact	
2.5a How are younger and older people reflected in the take-up of the service or in benefiting from the policy?	
<p>The policy applies equally to staff of all ages, however sickness reported to be stress related is proportionally higher for older age groups than younger age groups. This may be due to a number of factors such as:</p> <ul style="list-style-type: none"> • Older staff may experience stress more acutely than younger staff • Older staff may be more confident to disclose stress than younger staff <p>Managers may be more likely to report stress as the reason for leave for older staff than for younger staff</p>	
2.5b Describe how the policy has a significant impact on younger and older people	
<p>Staff of all ages need to understand the risk factors involved in causing stress</p>	
2.5c Do any of the differences amount to an adverse impact or unlawful discrimination?	
<p>No</p>	
2.6 Race: Testing of disproportionate or adverse impact	
2.6a How are people reflected in the take-up of the service or in benefiting from the policy in relation to ethnicity, race nationality or national origin?	
<p></p>	

Support: If you wish to discuss an EIA or require support with any part of the process, please contact Jane Collier jane.collier@chelwest.nhs.uk Tel: 0208 746 8926

The policy applies equally to all staff, and there is no apparent ethnicity trend to the profile of staff listed as having taken sickness absence on the grounds of stress.
2.6b Describe how the policy has a significant impact on people in relation to ethnicity, race nationality or national origin?
n/a
2.6c Do any of the differences amount to an adverse impact or unlawful discrimination?
n/a
2.7 Religion or Belief: Testing of disproportionate or adverse impact
2.7a How are people reflected in the take-up of the service or in benefiting from the policy or function in religion or belief? (including other philosophies, or those with no religious belief)
Data is not maintained on staff religious belief past recruitment at this point in time.
2.7b Describe how the policy has a significant impact on people in relation to religion or belief? (including other philosophies, or those with no religious belief)
n/a
2.7c Do any of the differences amount to an adverse impact or unlawful discrimination?
n/a
2.8 Disability: Testing of disproportionate or adverse impact
2.8a How are disabled people reflected in the take-up of the service or in benefiting from the policy or function?
Staff data on disability is weak, with a low self-declaration rate. However, it may be reasonably anticipated that a significant proportion of sickness absence attributed to stress may relate to mental health or other underlying long-term conditions which would receive the protection of the DDA.
2.8b Describe how the policy has a significant impact on disabled people?
The policy may have a greater impact on disabled people for a number of reasons; <ul style="list-style-type: none"> - stress may have a greater impact upon staff who already have mental health condition - extreme stress may trigger or exacerbate conditions which have a disabling effect (e.g. depression) - stress can have a more serious detrimental impact on staff with certain health conditions
2.8c Do any of the differences amount to an adverse impact or unlawful discrimination?
No. The policy seeks to manage and limit the impact of stress on all staff, and the potential impact in relation to disability is explicitly recognised in the policy.
2.9 Gender: Testing of disproportionate or adverse impact
2.9a How are women/men/transgender people reflected in the take-up of the service or in benefiting from the policy or function?
Staff data shows that female staff take disproportionately more sickness absence on the grounds of stress than male staff. (Data on transgender staff is unavailable). Possible reasons for this may include:

Support: If you wish to discuss an EIA or require support with any part of the process, please contact Jane Collier jane.collier@chelwest.nhs.uk Tel: 0208 746 8926

- female staff experience stress differently to male staff - female staff may be more likely to disclose stress / male members more reluctant - managers may be more likely to document stress for female members of staff / less likely for male
2.9b Describe how the policy has a significant impact on people because of their gender, sex (including gender reassignment) or because they are married or civil partners?
No data on marriage/civil partnership.
2.9c Do any of the differences amount to an adverse impact or unlawful discrimination?
No
2.10 Sexual Orientation: Testing of disproportionate or adverse impact
2.10a How are Lesbian, Gay and Bisexual people reflected in the take-up of the service or in benefiting from the policy or function?
No data available.
2.10b Describe how the policy has a significant impact on Lesbian, Gay and Bisexual people
Unknown
2.10c Do any of the differences amount to an adverse impact or unlawful discrimination?
Unknown
2.11 Human Rights: testing of disproportionate or adverse impact
2.11a Describe how the policy has a significant impact on Human Rights?
n/a
2.11b Do any of the differences amount to an adverse impact or unlawful discrimination?
n/a
2.12 Equality of Opportunity
Describe how the policy will promote equality of opportunity between different groups; including taking account of disabled people's disabilities, even where that involves treating disabled people more favourably than other persons.
The policy explicitly identifies groups which are potentially more vulnerable to stress and proposes appropriate actions to ensure they are treated fairly and appropriately.
2.13 Eliminating Discrimination
Describe how the policy will eliminate unlawful discrimination – both direct and indirect.
The policy applies equally to all staff experiencing stress at work, and is explicit that all staff benefit from its provisions.
2.14 Eliminating Harassment
Describe how the policy will eliminate harassment of people for any reason.

By improving understanding of the nature of stress.
2.15 Promoting Positive Attitudes
Describe how the policy will promote positive attitudes towards others.
By improving understanding of the nature of stress.
2.16 Promoting Participation
Describe how the policy will encourage participation in public life.
n/a

3. Action Plan

3.1 Summary of recommendations for improvement (<i>Recommendations should be SMART – specific, measurable, achievable, realistic and timely</i>).
<ul style="list-style-type: none"> • Potential impact must be understood by managers and by occupational health staff undertaking assessments • Management awareness must be covered in mandatory training offered by the Trust. • Efforts should be taken to improve the monitoring of sickness absence in order that the true extent of stress is clear • Managers should take note of any warning signs of breakdown in their employees, for example, through higher than usual sickness absence; • Managers should ensure that where an employee actually tells the employer that they cannot cope, that reasonable steps are taken to alleviate the stress; • where the employee is a disabled, or potentially disabled, person, ensure that reasonable adjustments are put in place and recorded.

4. Stakeholder Involvement and Consultation

4.1 Describe stakeholder involvement and consultation in the Equality Impact Assessment.

5. Monitoring Arrangements

Support: If you wish to discuss an EIA or require support with any part of the process, please contact Jane Collier jane.collier@chelwest.nhs.uk Tel: 0208 746 8926

5.1 Describe how the actions put into place to eliminate or reduce any unjustified negative impact will be monitored, including timeframes and accountability.

6. Completion

You should now:

- Undertake formal consultation on your findings
- Make any amendments in response to the results of the consultation
- Publish your results (see guidance) and submit a copy to the Equality and Diversity Manager.