

Dear Member

HR COMMITTEE - THURSDAY, 17TH SEPTEMBER, 2020

Please find attached, for consideration at the next meeting of the HR Committee, taking place on Thursday, 17th September, 2020, the following appendices to Item 10 which were unavailable when the Agenda was printed.

Agenda No Item

10. **Wellbeing Report and Action Plan (Appendices) (Pages 3 - 8)**

Yours sincerely

Committee Administrator

Encs

This page is intentionally left blank

HSE MANAGEMENT STANDARDS INDICATOR TOOL

Instructions: It is recognised that working conditions affect worker well-being. Your responses to the questions below will help us determine our working conditions now, and enable us to monitor future improvements. In order for us to compare the current situation with past or future situations, it is important that your responses reflect your work in the last six months.

| | | Never | Seldom | Sometimes | Often | Always |
|----|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 | I am clear what is expected of me at work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2 | I can decide when to take a break | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3 | Different groups at work demand things from me that are hard to combine | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 4 | I know how to go about getting my job done | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5 | I am subject to personal harassment in the form of unkind words or behaviour | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 6 | I have unachievable deadlines | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 7 | If work gets difficult, my colleagues will help me | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 8 | I am given supportive feedback on the work I do | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 9 | I have to work very intensively | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 10 | I have a say in my own work speed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 11 | I am clear what my duties and responsibilities are | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 12 | I have to neglect some tasks because I have too much to do | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 13 | I am clear about the goals and objectives for my department | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 14 | There is friction or anger between colleagues | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 15 | I have a choice in deciding how I do my work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 16 | I am unable to take sufficient breaks | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 17 | I understand how my work fits into the overall aim of the organisation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18 | I am pressured to work long hours | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 19 | I have a choice in deciding what I do at work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

| | | | | | | |
|----|---|---|--|---|-------------------------------------|--|
| 20 | I have to work very fast | Never <input type="checkbox"/> 5 | Seldom <input type="checkbox"/> 4 | Sometimes <input type="checkbox"/> 3 | Often <input type="checkbox"/> 2 | Always <input type="checkbox"/> 1 |
| 21 | I am subject to bullying at work | Never <input type="checkbox"/> 5 | Seldom <input type="checkbox"/> 4 | Sometimes <input type="checkbox"/> 3 | Often <input type="checkbox"/> 2 | Always <input type="checkbox"/> 1 |
| 22 | I have unrealistic time pressures | Never <input type="checkbox"/> 5 | Seldom <input type="checkbox"/> 4 | Sometimes <input type="checkbox"/> 3 | Often <input type="checkbox"/> 2 | Always <input type="checkbox"/> 1 |
| 23 | I can rely on my line manager to help me out with a work problem | Never <input type="checkbox"/> 1 | Seldom <input type="checkbox"/> 2 | Sometimes <input type="checkbox"/> 3 | Often <input type="checkbox"/> 4 | Always <input type="checkbox"/> 5 |
| 24 | I get help and support I need from colleagues | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |
| 25 | I have some say over the way I work | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |
| 26 | I have sufficient opportunities to question managers about change at work | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |
| 27 | I receive the respect at work I deserve from my colleagues | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |
| 28 | Staff are always consulted about change at work | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |
| 29 | I can talk to my line manager about something that has upset or annoyed me about work | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |
| 30 | My working time can be flexible | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |
| 31 | My colleagues are willing to listen to my work-related problems | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |
| 32 | When changes are made at work, I am clear how they will work out in practice | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |
| 33 | I am supported through emotionally demanding work | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |
| 34 | Relationships at work are strained | Strongly disagree <input type="checkbox"/> 5 | Disagree <input type="checkbox"/> 4 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 2 | Strongly agree <input type="checkbox"/> 1 |
| 35 | My line manager encourages me at work | Strongly disagree <input type="checkbox"/> 1 | Disagree <input type="checkbox"/> 2 | Neutral <input type="checkbox"/> 3 | Agree <input type="checkbox"/> 4 | Strongly agree <input type="checkbox"/> 5 |

Thank you for completing the questionnaire.

This page is intentionally left blank

Wellbeing action plan

Name : _____ Date : _____

Discussion held between: _____ and _____

Note: The aim of this action plan is to develop an awareness of your working style, stress triggers and responses and enables you to communicate these to your manager. Information will be held confidentially and regularly reviewed. You only need to provide information that you are comfortable with sharing and that relates to your role and the workplace. You can agree together with your manager how to practically support you in your role and address any health needs. Understand that as a duty of care to keep you safe that confidentiality may be broken if you are experiencing a crisis.

| Areas to consider | Notes | What action was agreed |
|--|-------|------------------------|
| What helps you to stay mentally healthy at work? <i>eg taking an adequate lunch break, away from your desk, getting some exercise before or after work, opportunities to get to know colleagues</i> | | |
| What can your manager do to proactively support you to stay mentally healthy at work? <i>eg regular feedback and catchups</i> | | |
| Are there any situations at work that might trigger poor mental health for you? <i>eg conflict at work, change, tight deadlines, something not going to plan</i> | | |
| How might experiencing poor mental health impact on your work? <i>eg struggle to prioritise work tasks, difficulty with concentration, confusion, headaches</i> | | |
| Are there any warning signs that we might notice if you were experiencing poor mental health? | | |

| | | |
|---|--|--|
| <i>eg changes in normal working patterns, withdrawing from colleagues</i> | | |
| <p>If we notice early warning signs, what should we do?</p> <p><i>eg talk to you discreetly about it, contact someone you have asked to be contacted</i></p> | | |
| <p>What steps can you take if you start to feel mentally unwell at work – and can we do anything to facilitate them?</p> | | |
| <p>Are there any elements of your individual working style or temperament that is worth your manager being aware of?</p> <p><i>eg prefer more face to face or email contact</i></p> | | |
| <p>Is there anything else you would like to share?</p> <p><i>eg attendance at support groups/therapy that we need to be aware of/take actions from</i></p> | | |
| <p><i>Any further points to note?</i></p> | | |

∞

Agreement for copy of information to be shared with HR? Y/N

Review date: _____

Remember: Employee Support Line 0800 1116 387 /Mental Health First Aiders – see forestnet http://forestnet/media/5453/MHFA-Flyer/pdf/MHFA_Flyer-May2020.pdf