**Staff Wellbeing Assessment**

As a line manager, knowing what support our colleagues need now and beyond the pandemic is critical. This is an opportunity to have a supportive conversation to identify any existing underlying health conditions or risk factors that will increase the risk for your team member in undertaking their role. The conversation should be recorded on this template and via iLearn using the 2 click system; every 6 months as a minimum ([see guidance](https://www.leedsandyorkpft.nhs.uk/advice-support/wp-content/uploads/sites/3/2020/12/Wellbeing-Assessment-Guidance-Final-30.11.20.docx)).  This should be reviewed on an ongoing basis via supervision, 1-1’s to capture any change in circumstances, considering staff members’ feelings regarding safety, skills development and mental health and wellbeing. Where required or identified, managers should seek Occupational Health advice.

The guidance will give some further information on questions. To help, starting the conversation with ”How are you today?” “Is there anything immediate that I need to be aware of to support you?” are questions that you may find helpful to open the conversation.  The intention is to capture all aspects that will support your staff to do the best they can.

**Please refer to the Wellbeing Guidance document for further guidance and information.**

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| **Section 1. Personal Information** | | | | |
| **Name:** | | **Job Title:** | | |
| **Sex** (at birth)**:** | Male  Female  Prefer not to  disclose | **Are you in an at risk group?** Details of “at-risk” groups can be accessed [here](https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-our-most-vulnerable-people) | Yes  No | |
| If yes, have you received a shielding letter? | Yes  No  N/A | |
| **Age:** | 49 or under  50-59  60-69  70 or over |
| Are any other members of your household key workers? | Yes  No | |
| **Ethnicity:**  Research shows a disproportionate impact of Covid depending on ethnicity, details can be accessed[here](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020). Please complete the following **optional** section to inform and support the assessment process: | | | | |
| **White**  Any White background  **Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other White Background  **Asian/Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background | |  |
| **Black/African/Caribbean/Black British**  African  Caribbean  Any other Black/African/Caribbean/Black  British background  **Other Ethnic Group**  Arab  **If you have indicated any other ethnic group, please describe:**  **……………………………………………………………** | | |
| Are any of your family/household member(s) of non-White heritage? | | Yes  No |

| **Section 2. Working Environment** | |
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| Does your role enable you to work at home? | Yes – Please complete Part 2a  No – Please complete Part 2b |
| **Part 2a: Please complete this section if you are currently, or plan to work from home** | |
| Do you have the correct equipment and systems you need to work safely from home? | Yes  No  If ‘No’ please provide details of requirements. |
| Have you completed a DSE assessment for your home environment? | A DSE assessment includes the completion of the following   * DSE e-learning module (search DSE in the catalogue on [iLearn](https://lypft.kallidus-suite.com/LMS)) * DSE self-assessment form [here](https://www.leedsandyorkpft.nhs.uk/our-services/wp-content/uploads/sites/2/2020/04/DSE-Self-Assessment-Form.docx)   Guidance for the assessment can be found [here](https://www.leedsandyorkpft.nhs.uk/our-services/wp-content/uploads/sites/2/2020/05/DSE-response-to-Covid-19.docx)  Yes  No  If no, please complete within 1 month of this assessment |
| Do you have any other concerns regarding home working arrangements? | Yes  No  If yes, please provide details: |
| Do you feel appropriately connected to the Trust, management and colleagues? | Yes  No  Please provide details: |
| **Part 2b: Please complete this section if you have continued to work, or are required to return to**  **work, at Trust premises.** | |
| Are you able to maintain social distancing when travelling to and from your place of work? | Yes  No  If ‘No’ what support is required? |
| Do you work in an environment with current face-to-face service user contact? | Yes  No  If ‘Yes’ please provide details and degree of contact with service users: |
| May you be required to be involved in the undertaking of aerosol generating activities? | Yes  No  If ‘Yes’ please provide details: |
| Are you able to practice effective social distancing in your working environment? | Yes  No  If ‘No’ please provide details of your concerns: |
| Do you have any concerns in relation to the availability, training, suitability or appropriateness of PPE? | Yes  No  N/A  If ‘Yes’ please provide details: |
| Are you able to access adequate nutrition (food and drink) when at work? | Yes  No  If ‘No’, please provide details: |
| Are there any cultural, religious or other factors that may have an impact on the safety of your role/workplace environment with respect to Covid-19? | Yes  No  If ‘Yes’, please provide details: |

| **Section 3. Health and Wellbeing** | |
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| Have any adjustments been made to your substantive duties during the Covid-19 period? | Yes  No  If ‘Yes’, please provide details: |
| If you have an underlying physical or mental health condition have you received advice from your GP or Occupational Health during the pandemic in relation to your condition(s)? | Yes  No  N/A  If ‘no’, urgent advice from Occupational Health should be sought |
| If yes, have all Occupational Health’s recommendations been implemented? | Yes  No  N/A  Please provide details: |
| Have you completed any other risk assessments to support your health and wellbeing e.g. stress risk assessment, pregnancy risk assessment | Yes  No  If ‘Yes’, please provide details: |
| Do you have a second job in a different organisation? | Yes  No  If ‘Yes’ please provide details: |
| If you have a second job, do you have access to appropriate infection control measures? | Yes  No  N/A – I don’t have a second job  If ‘No’ please provide details: |
| Do you have any health related concerns in relation to your working hours or shift pattern? | Yes  No  If ‘Yes’ please provide details: |
| Do you have any other health related concerns about attending work? | Yes  No  If ‘Yes’ please provide details: |
| Do you need any additional support? | Yes  No  If ‘Yes’ please provide details |
| Are you able to access information from the Wellbeing Hub on the Trust’s website? | Yes  No  If ‘No’ please provide details: |

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| **Section 4. Covid 19 Vaccination** | |
| Are you happy to discuss your vaccination status/decision making? | Yes  No  If ‘Yes’ please move to next question  If ‘No’ please ask if staff member consents that this response is shared with the HR team and NHS England NHSI as required?  If ‘No’ please advise staff member this will be reported as a refusal to consent, but also reassure the staff member that information will not be shared without their explicit consent and will remain as part of the wellbeing conversation between you. Please move to last question in this section. |
| Have you had the Covid 19 vaccination? | Yes  No  If ‘Yes’ please provide date of vaccination, and move to last question in this section:  If ‘No’ please talk through the protective effects of the Covid 19 vaccine and go to next question |
| Are you confident that you have made an informed choice not to have the vaccine? | Yes  No  If ‘Yes’ move onto the last question in this section.  If ‘No’ please establish if more information or support is needed to help make a decision. See Manager’s Guidance for FAQ, Key Points and additional sources of support. |
| Are you happy to share the reason why you have declined to be vaccinated? | ☐ Yes ☐ No  Medical  Religious or Spiritual  Pregnancy Related  Anxiety  Other |
| Do you have the details of how to obtain a vaccination if you change your decision at a later date? | Yes  No  If ‘No’ signpost them to staffnet and vaccination site for details  If ‘Yes’ please move to next question. Ensure guidance on PPE, government guidelines is discussed. |
| Are you happy for the information you have provided to be shared with the HR department and NHS England NHSI as required? | Yes  No  If ‘Yes’ please copy and forward responses from this section to the [lypft.covid19testing@nhs.net](mailto:lypft.covid19testing@nhs.net) inbox, including the staff members details. Please include **Wellbeing Assessment Vaccination** in the subject line.  If ‘No’ please advise staff member this will be reported as a refusal to consent to share but also reassure the staff member that information will not be shared without their explicit consent and will remain as part of the wellbeing conversation between you. Please report back as Refusal to consent to share to the [lypft.covid19testing@nhs.net](mailto:lypft.covid19testing@nhs.net) inbox, including the staff members details. Please include **Wellbeing Assessment Vaccination** in the subject line. |

| **Section 5. Skills Development** | |
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| Do you have the skills necessary to do your substantive role or a redeployed role? | Yes  No  If ‘No’ what support or development do you need? Please provide details:  If a wider conversation around your career development would be helpful, capture this via this link  <https://www.smartsurvey.co.uk/s/2S3O7R/>  For more information about appraisals and career conversations, you can [find the guidance on Staffnet here](http://staffnet2/supportservices/LearningandOrganisationalDevelopment/Appraisals).  Please note: to access this from outside the Trust you’ll need to use your VPN i.e. Netscaler, VMWare, Global Protect. |

| **Section 6. Other responsibilities (optional)** |
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| Are you unpaid working carer?  Is a flexible working agreement needed to support at work, due to caring responsibilities?  Definition: A carer is someone of any age who provides unpaid support to family or friends who could not manage without their help, due to illness, disability, mental health issues or a substance misuse problem  For more information please visit: <https://www.carersleeds.org.uk/>  <https://www.carersuk.org/> | Yes  No  If ‘Yes’ please provide details:  Yes  No  If ‘Yes’, is one in place for you? |

| **Section 7. Other Information** |
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| Is there anything else you feel we should know to assist and support you? Please provide details below: |
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| **Section 8. Agreed Actions** | | | | |
| **Please detail agreed actions following the one to one meeting:** | | | | |
| **Agreed Theme** | **Action  Needed** | **Timescale** | **Review Date** | **Date Completed** |
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| **Section 9. Agreement to share information** |
| As a learning organisation, we are keen to understand the needs of our staff, however we can only do this with your help. We would be grateful if you would be willing to confidentially share the actions agreed in section 7, please note personal details will not be recorded or shared**.**  Yes  No  If **Yes** please email section 7 and 8 **only** to [diversity.lypft@nhs.net](mailto:diversity.lypft@nhs.net) |

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| **Section 10. Sign off** |
| Please insert your name as sign off and share a copy for local records  **Colleague name:** (insert name) Date: (insert date)  Manager name: (insert name) Date: (insert date) |