WORKPLACE MENTAL WELLBEING AT WORK RISK ASSESSMENT

& ACTION PLAN

NAME OF INDIVIDUAL: _____

Reason for Risk Assessment:	**Risk Assessment Completed By:**
☐ **Initial Assessment**	**Name:** _____
☐ **Review (timing to be agreed)**	**Signature:** _____
☐ **Trigger** (state reason) _____	**Job Title*:** _____
☐ **Review** (state reason) _____	**Date:** _____
☐ **Other** (state reason) _____	**Review Date:** _____

***Mental wellbeing at work Risk Assessments are normally to be undertaken by the line manager with operational responsibility for the member of staff.**

MENTAL WELLBEING AT WORK RISK ASSESSMENT – GUIDANCE NOTES FOR LINE MANAGERS

Introduction

Stress is defined as *"the adverse reaction people have to excessive pressures or other types of demand placed on them".* However pressure itself is not necessarily bad, most people need some level of pressure in order to function. For this reason, managers should ensure that Personal Performance Agreements are *SMART and a joint agreement between manager and team member. It is only when the pressure experienced is perceived as excessive and long term by an individual that ill-health can result and a clear job description and a personal training plan is designed to counter this.

It should be noted that there is no such thing as *"positive stress"* and that *"stress"* itself can depend upon individual perceptions.

Ownership of the Mental Wellbeing at Work Risk Assessments, which will follow the *"HSE Management Standards",* normally rests with the line manager with operational responsibility over the individual concerned but can be managed by others e.g. a Health and Wellbeing Officer. Line Managers will be supported by their line managers and will receive additional support, advice and guidance from the Occupational Health & Safety Advisor, Occupational Health Advisor and the Human Resources Department.

Good management, delivered by professional managers who operate with integrity in an open, honest, inclusive and fair manner will in itself reduce work related stress *"Risk Factors"* and the level of stress within their area of operational responsibility.

This guidance note provides advice and guidance on how to conduct a Mental Wellbeing at Work Risk Assessment of stress at work in five clear stages using the risk assessment form, overleaf. This is adapted from guidance contained within the HSE paper, *"Managing the causes of work-related stress".*

*SMART(Specific, Measurable, Achievable, Realistic, Time constrained, Evaluated and Reviewed)

Implementing Reasonable Adjustments

Implementing effective *"Control Measures / Reasonable Adjustments"* to address issues raised within a Mental Wellbeing at Work Risk Assessment in a timely manner is very important if the level of stress is to be reduced or eliminated so far as is reasonably practicable. When deciding on reasonable adjustments line managers/HR depts. should prioritise these risks and decide how quickly each adjustment should be implemented and the time periods for review to ensure the adjustment is effective. Organisations should build review times into any mental wellbeing at work policy they develop. Any reasonable adjustments introduced should be based on SMART(Specific, Measurable, Achievable, Realistic, Time constrained, Evaluated and Reviewed) principles.

The 5 steps to completing a Mental Wellbeing at Work Risk Assessment are as follows:

1. Identify the mental wellbeing at work risk factors

The HSE Management Standards have already identified the issues which are more likely to cause work related stress. The key mental wellbeing at work risk factors with potential to cause stress related illnesses (the risk factors) are;

a. Demands
b. Control
c. Support (management and peer)
d. Relationships
e. Role
f. Change

2. Decide who might be harmed and how

Although some people may be more susceptible or vulnerable to developing work related stress than others, any individual could be working under conditions that could cause undue pressure and so be at risk from work-related stress. Sources that may be useful in making this assessment include; surveys, sickness absence data, staff turnover rates, exit interviews, number of referrals to occupational health, information from existing staff forums, as well as standard day-to-day meetings and other interactions with staff.

3. Evaluate the risks

Use the 35 questions from the HSE Management Standards to identify issues affecting the member of staff. These are used to identify stress in the workplace. Line managers should also note non work related stress factors as these can and do affect staff in the workplace. See attached proforma.

4. Record the findings; develop and implement action plans

Having recorded the findings use these as a basis for an action plan. Template action plan attached.

5. Monitor and review the Corrective Action Plans and assess effectiveness

The Mental Wellbeing at Work Risk Assessment should be reviewed on an ongoing basis, ordinarily through normal line management practices at least annually. Where appropriate, formal review dates may be built in.

3. Evaluate the Risks

Identifying stressors before absence occurs/Return to work questionnaire

Cause of stress	Question	Was it a problem for you? *Use this space to detail what the problem was. If it was not a problem leave it blank*	What can be done about it? *Can we make any adjustments?*
Demands	Did different people at work demand things from you that were hard to combine?		
	Did you have unachievable deadlines?		
	Did you have to work very intensively?		
	Did you have to neglect some tasks because you had too much to do?		
	Were you unable to take sufficient breaks?		
	Did you feel pressured to work long hours?		
	Did you feel you had to work very fast?		
	Did you have unrealistic time pressures?		

Control	**Could you decide when to take a break?**		
	Did you feel you had a say in your work speed?		
	Did you feel you had a choice in deciding how you did your work?		
	Did you feel you had a choice in deciding what you did at work?		
	Did you feel you had some say over the way you did your work?		
	Did you feel your time could be flexible?		
Support* (Manager)	**Did your manager give you enough supportive feedback on the work you did?**		
	Did you feel you could rely on your manager to help you with a work problem?		
	Did you feel you could talk to your manager about something that upset or annoyed you at work?		

Support* (Manager)			
	Did you feel your manager supported you through any emotionally demanding work?		
	Did you feel your manager encouraged you enough at work?		
(Peers)	**Did you feel your colleagues would help you if work became difficult?**		
	Did you get the help and support you needed from your colleagues?		
	Did you get the respect at work you deserved from your colleagues?		
	Were your colleagues willing to listen to your work-related problems?		
Relationships*	**Were you personally harassed, in the form of unkind words or behaviour?**		
	Did you feel there was friction or anger between colleagues?		
	Were you bullied at work?		
	Were relationships strained at work?		

Role	**Were you clear about what was expected of you at work?**		
	Did you know how to go about getting your job done?		
	Were you clear about what your duties and responsibilities were?		
	Were you clear about the goals and objectives for this department?		
	Did you understand how your work fits into the overall aim of the organisation?		
Change	**Did you have enough opportunities to question managers about change at work?**		
	Did you feel consulted about change at work?		
	When changes were made at work, were you clear about how they would work out in practice?		
Other issues	**Is there anything else that was a source of stress for you, at work or at home, that may have contributed to you going off work with work-related stress?**		

Factors outside work

This list of questions on return to work has mainly focused on factors at work. However, there may be factors outside work, for example in your family life, which may have contributed to or added to the pressures at work. These may have made it harder to cope with demands at work that you would normally be able to cope with.

You may want to share these issues with your manager – they may be able to help at work and make adjustments, for example, being more flexible with working hours or just being sympathetic to the pressures you are under.

If you do not feel happy telling your manager about these things, is there anyone else you can turn to, for example, your human resources department or employee assistance programmes at work? You may also like to look at the links at http://www.hseni.gov.uk/stress on the HSENI Stress website

MENTAL WELLBEING AT WORK RISK ASSESSMENT ACTION PLAN

Role:	***"Whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles."***			
Action Point No.	**Issues identified / Area for Potential Improvement**	**Proposed Control Measures / Corrective Actions Required**	**Named Responsibility / Ownership**	**Date Completed DD/MM/YY**
	e.g.;	e.g.;		
1	Lack of clarity over role	Ensure Job Description clearly defines the role, expectations, reporting lines, etc. Consider any necessary revisions		
2	Lack of clarity over who individuals report to.	Confirm line management reporting structure to individuals.		
3	Perception of being pulled in different directions by conflicting roles.	Ensure appropriate communication mechanisms are in place and operating effectively (individual and group). Make effective use of team meetings. Make effective use of PPA discussion.		
4	Overlap / Duplication of Work with staff in other departments.	Ensure PPA objectives are aligned to the outputs of the unit and encourage communication between different departments/unit's		

Demands:	***"Issues such as workload, work patterns and the work environment."***			
Action Point No.	**Issues identified / Area for Potential Improvement**	**Proposed Control Measures / Corrective Actions Required**	**Named Responsibility / Ownership**	**Date Completed DD/MM/YY**
1	e.g.; Workload/deadlines	e.g.; Re-allocation of duties (temporary or permanent)		
2	Hours and patterns of work	Guidance over prioritisation of tasks Adjustment of hours/work patterns (temporary or permanent)		
3	Individual capabilities, including training needs	Provide Additional Training eg. Time Management		
4	Requirement for urgent deadlines to be met – often at short notice.	Provide realistic deadlines Develop a system to notify employees of unplanned tight deadlines Provide training to help staff prioritise work		
5	The physical working environment (temperature, noise, light etc)	Physical adjustments – hazards properly controlled, staff able to adjust the lighting, temperature, ventilation etc. To suit personal preferences.		
6	Lack of Welfare Facilities e.g. place to eat away from the desk.	Set aside a space for staff to take lunch away from their desks.		

Control:	***"Issues How much say / influence the person has in the way they undertake / do their work."***			
Action Point No.	**Issues identified / Area for Potential Improvement**	**Proposed Control Measures / Corrective Actions Required**	**Named Responsibility / Ownership**	**Date Completed DD/MM/YY**
	e.g.;	e.g.;		
1	Pattern/pace of work	Appropriate empowerment of staff members		
2	Setting priorities	Appropriate flexibility over work schedules		
3	Poor work patterns, including timing of breaks.	Flexible Working, Compressed Working Week, Term Time Working, Home Working etc.		
4	Limited opportunity to act on initiative and to utilise/develop skills	Ensure appropriate communication mechanisms are in place and operating effectively (individual and group). Provide staff with more variety / challenging workload Provide staff with training to enable personal development		

Support: ***"The encouragement, sponsorship & resources provided by the organisation, line management & colleagues."***				
Action Point No.	**Issues identified / Area for Potential Improvement**	**Proposed Control Measures / Corrective Actions Required**	**Named Responsibility / Ownership**	**Date Completed DD/MM/YY**
	e.g.;	e.g.;		
1	Staff feel ill-informed about workplace issues	Ensure appropriate communication mechanisms are in place and operating effectively (individual and group).		
2	Staff feel they do not have the opportunity to raise concerns.	Reference to appropriate existing policies and procedures within the Organisation. Ensure appropriate communication mechanisms are in place and operating effectively (individual and group).		
3	Staff feel isolated or unsupported by management/colleagues	Staff are to be made aware of supportive mechanisms available within department e.g. from line manager and wider Organisation, and how to access them (e.g. Health & Safety Officer, Counselling Service, Occ Health, use of other facilities,)		
4	Support for disability or illness related issues (including stress)	Advice sought from Health & Safety Officer, Occ Health Advisor and / or Human Resources.		
5	Failure to praise/recognise good performance	Ensure line managers receive appropriate training on how to support and provide recognition for their staff.		

Relationships: *"Promoting positive working to avoid conflict and dealing with unacceptable behaviour."*				
Action Point No.	**Issues identified / Area for Potential Improvement**	**Proposed Control Measures / Corrective Actions Required**	**Named Responsibility / Ownership**	**Date Completed DD/MM/YY**
	e.g.;	e.g.;		
1	Low team spirit	Create a culture where colleagues trust and encourage each other. Identify ways to celebrate success (e.g. lunches/bonus)		
2	Staff feel bullied, harassed or victimised	Develop a written policy for dealing with unacceptable behaviour at work and communicate to all staff.		
3	Staff feel no mechanism exists to enable them to raise issues	Encourage good communication at all levels, Develop a policy/procedure for staff to raise issues		
4	Staff perceive there to be a lack of awareness of diversity and equality issues.	Communication from management to department to reinforce organisations position and policy in relation to work interactions Diversity and equality training for all staff.		
5	Ongoing grievances raised between staff	Management intervention to resolve specific issues appropriately and at an early stage in accordance with Organisational Policy. Reference to appropriate existing policies and procedures, including Grievance / Complaint procedures Advice sought from DHR Advice sought from Bullying & Harassment Advisors.		

F - Change: *"How organisational change (large or small) is managed and communicated in the organisation."*				
Action Point No.	**Issues identified / Area for Potential Improvement**	**Proposed Control Measures / Corrective Actions Required**	**Named Responsibility / Ownership**	**Date Completed DD/MM/YY**
1	e.g.; Staff feel ill-informed about changes to role / department / Unit etc. and how these may be affected by them.	e.g.; Ensure appropriate communication mechanisms are in place and operating effectively (individual and group).		
2	Staff feel under-supported during change.	Ensure staff receive timely and appropriate training before changes begin and there is a member of staff they can approach to provide support during periods of change.		
3	Staff feel they have not been consulted and do not have a voice	Additional efforts should be made to involve / engage / consult staff in a timely manner during key change initiatives, allowing opportunities for staff to feed in their views Efforts made to explain reasons for changes to staff, and the benefits, as well as information on timescales. Changes to be discussed at all team meetings and feedback sought. Training or regular staff briefings needs considered		

INTRODUCTION

The purpose of the Action Plan is for use where there is an *"Issue Identified / Area for Potential Improvement"* which will require actions steps to implement improvements.

An action plan used with reasonable adjustments should help to reduce hazards, control risk and prevent injury to staff, members of the public etc. and therefore protect the interests of the organisation and its staff.

The Action Plan is broken down into 6 areas as follows:

Action Point No.	Each item / point is to be assigned a specific action point number
Issues Identified / Area for Potential Improvement	Detail of issues identified or area for potential improvement explained here
Corrective Action Required	Detailing what specific actions are to be implemented to improve the situation identified
Person Responsible	This is normally the line manager with operational responsibility for the individual or activity proposed. The Responsible Person would have responsibility for raising an action point and ensuring that the work is completed.
Date Completed	Enter an appropriate (SMART) *"Target Date"* for implementation / completion in the format dd/mm/yy. It is not acceptable to put in "ongoing"as this is not a Target Date and is not to be used.
Stress Risk Assessors Completion Certificate:	When all actions have been fully implemented the Action Plan is to be *"Signed off"* by the staff member and the line manager and a copy issued to Human Resources for audit purposes.

***S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime constrained, **E**valuated and **R**eviewed.

Stress Risk Assessors Completion Certificate:					
Name:		**Signature:**		**Date:**	

ADDITIONAL COMMENTS *(By Stress Risk Assessor / Reviewer, Individual, Health & Safety Advisor, Occ. Health Advisor or HR Manager.)*

Data Protection: Where a specific Stress Risk Assessment is completed for a named individual the Stress Risk Assessment should be treated as "Medical in Confidence" and appropriate security and confidentiality rules apply. Individuals who are the subject of the Stress Risk Assessment are to be given a copy of the Stress Risk Assessment pertaining to them.

Individual mental wellbeing Risk Assessments	**Line manager:**		**Signature:**		**Date:**	
	Individual:		**Signature:**		**Date:**	
		(Print Name)				
	H&S Advisor		**Signature:**		**Date:**	
		(Print Name)				
	Occ, Health Advisor		**Signature:**		**Date:**	
		(Print Name)				
	HR Manager		**Signature:**		**Date:**	
		(Print Name)				