**Employee Workplace Pressures Risk Assessment Tool **

**Introduction**

The Workplace Pressures Risk Assessment tool provides a structure for exploring pressures associated with work roles at the University of Exeter. It is designed to be completed by the employee with their line-manager (see guidance notes below). Stress is defined as an adverse reaction to excessive pressure (HSE). It is not in itself a medical condition, but if not managed, it can result in illness. The WPRA is based on the [HSE Management Standards](http://www.hse.gov.uk/stress/standards/). Employees and managers should also refer to the University’s [Managing Mental Wellbeing and Stress at Work Standard](http://www.exeter.ac.uk/staff/wellbeing/safety/guidance/managing_wellbeing/). Where stress triggers are identified during the risk assessment, an action plan must be completed and reviewed at regular intervals.

**When to complete the risk assessment:**

* The risk assessment can be completed proactively, to monitor work pressures, for example during annual appraisals or periodically during one to one supervision meetings. This will help to ensure that any difficulties are identified at an early stage, reducing the risk of pressures escalating to stress.
* It can be completed prior to and during a period of organisational change or during periods of increased pressure at work (NB the [Team Pressures Risk Assessment](http://www.exeter.ac.uk/staff/wellbeing/stress/riskassessment/) should also be considered in these circumstances).
* If an employee experiences any symptoms of stress that may be related to their work or personal stress affecting their work.
* On return to work after a period of sickness absence with stress-related illness.

**Guidance for employees:**

The WPRA is designed to be a supportive tool, to help identify any work-related concerns and an opportunity to consider measures that would make the situation more manageable. It is recommended that you complete the assessment with your line-manager or someone else who has influence over your work situation. Where this is difficult, your HR Advisor can provide guidance. Alternatively, you can discuss the risk assessment with your trade union representative. The risk assessment should reflect your perspective of the situation, but your manager may wish to make additional comments.

**Guidance for line-managers:**

The WPRA should be completed in the circumstances referred to above, particularly where the employee reports work-related stress, there is evidence of behaviours that may be associated with stress or following a period of stress-related sickness absence. The tool should be completed supportively, with consideration given to the appropriate time and venue for completion. The completed WPRA should remain confidential between you and the employee, although you may require further guidance on the completed document from your own manager or from HR – this should be discussed openly with the employee. The [Managing Mental Wellbeing and Stress at Work Standard](http://www.exeter.ac.uk/staff/wellbeing/safety/guidance/managing_wellbeing/) provides further guidance and examples of supportive measures or reasonable adjustments in the event of stress.

**Workplace Pressures Risk Assessment**

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| **Employee name:** |  | **Name of person (normally the manager) supporting the assessment:** |  | **Date of assessment:** |  |

**Section1 – Risk Assessment**

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| **Potential Triggers** | **Conversation starters** | **Description of issues discussed (separate notes if required)** | **Perceived impact on wellbeing** |
| **Demands** | The University provides me with adequate and achievable demands in relation to my working hours.  My skills and abilities are matched to the job demands.  I feel empowered to use my full skills and potential abilities at work in day to day tasks.  I am able to achieve a sense of work-life balance.  If I express concerns about the demands of my role or my work environment, they are taken seriously by my manager. |  | **Enabling positive wellbeing** |
| **Neutral** |
| **Could be impacting on my wellbeing** |
| **I feel this is reducing my wellbeing** |
| **Control** | The University encourages me to use my skills and initiative to perform my role.    I have some control over my pace of work.  I feel empowered to plan and prioritise my work.  I am consulted over my work timetable and have a say about when I take breaks.  I am able to express my ideas and points of view.  I am able to raise any concerns I have about the level of control at work. |  | **Enabling positive wellbeing** |
| **Neutral** |
| **Could be impacting on my wellbeing** |
| **I feel this is reducing my wellbeing** |
| **Support** | The University has policies and procedures to adequately support me and I know how to access these.  I feel supported by my line-manager and colleagues, and am able to reciprocate.  I have regular supervision meetings and appraisals with my line-manager.  I am aware of the University’s wellbeing facilities and have the flexibility in my work arrangements to use them.  I have adequate resources to undertake my job to the required standard. |  | **Enabling positive wellbeing** |
| **Neutral** |
| **Could be impacting on my wellbeing** |
| **I feel this is reducing my wellbeing** |
| **Change** | The University consults me regarding proposed changes and provides an opportunity for open discussion about the change.  I am kept updated about the change in a timely manner.  I am given training and support to manage any changes with my role.  When the change occurs, I feel suitably equipped to deal with it. |  | **Enabling positive wellbeing** |
| **Neutral** |
| **Could be impacting on my wellbeing** |
| **I feel this is reducing my wellbeing** |
| **Role** | My job role adequately reflects my current job description.  The University ensures that the different requirements it places upon me are clear, and that these are compatible with my role.  I know the standards I have to meet in my job and what I am expected to achieve.  There are adequate opportunities to raise concerns about any uncertainties or conflicts concerning my role and responsibilities. |  | **Enabling positive wellbeing** |
| **Neutral** |
| **Could be impacting on my wellbeing** |
| **I feel this is reducing my wellbeing** |

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| **Working relationships** | There is a supportive team atmosphere and dynamics between team members are good.  The University promotes positive behaviours at work to avoid conflict and ensure fairness in the workplace.  The University has policies and procedures to prevent or resolve unacceptable behaviour.  I feel that managers deal appropriately with reports of unacceptable behaviour. |  | **Enabling positive wellbeing** |
| **Neutral** |
| **Could be impacting on my wellbeing** |
| **I feel this is reducing my wellbeing** |
| **Personal stress** | I feel able to inform my manager if I am experiencing personal stress that is impacting on my work.  I am familiar with the University’s supportive HR policies (for example, leave and flexible working policies), and am confident of my manager’s support in applying these if required. |  | **Enabling positive wellbeing** |
| **Neutral** |
| **Could be impacting on my wellbeing** |
| **I feel this is reducing my wellbeing** |

**Section 2 – Action Plan**

This must be completed where difficulties or concerns at work have been identified. Examples of reasonable adjustments or other supportive measures can be found in the Managing Mental Wellbeing and Stress at Work Standard. Your HR Advisor/Business Partner can provide further guidance if required.

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| **Action(s) to be implemented** | **Who is going to action this?** | **Timescale** |
| **1.**  **2.**  **3.**  **4.**  **(add more if required)** |  |  |
| **Review date:** | **Employee’s signature:** | **Manager’s signature:** |

**Section 3 – Action plan reviews**

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| **First Review**  **Date:** | | | |
| **Action (numbered points in Action Plan)** | **Evaluation of action** | **Any ongoing requirement or identified need for additional measures** | **Review Date** |
|  |  |  |  |
| **Employee’s signature:** | | **Manager’s signature:** | |
| **Second Review**  **Date:** | | | |
| **Action (numbered points in Action Plan)** | **Evaluation of action** | **Any ongoing requirement or identified need for additional measures** | **Review Date** |
|  |  |  |  |
| **Employee’s signature:** | | **Manager’s signature:** | |

**Additional reviews can be completed if required.**