**WORK-RELATED STRESS RISK ASSESSMENT FORM**

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| **Name (if individual assessment)** |  |
| **Job title (if individual or group assessment)** |  |
| **Faculty/Directorate/Unit/Office** |  |
| **Title of risk assessment/work being assessed** |  |
| **Location of work being assessed (Campus, building, room)** |  |

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| **Brief description of work being assessed Include brief details of the process, numbers of people involved, scale of operation, duration, timing and frequency of work (attach protocol or method if preferred)** |
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| **Key areas of work design/organisation (from Health and Safety Executive HSE Stress Management Standards)**  **The HSE have identified these six broad categories of risk factors for work-related stress.**  **Identify points ‘hazards’ where more needs to be done to prevent or reduce the risk of stress (You can remove / strike through any items the employee has indicated do not cause stress).**  **Work-related stress can affect any member of your team. In particular, it might affect those exposed to one or more of the hazards identified** | **Person(s) at Risk**  **At particular times, your staff may be more vulnerable to work-related stress. For example, those returning to work after a stress-related illness, or those who have a domestic crisis, such as a bereavement.** | **Precautions (Control measures) to be followed**  Include precautions for all individuals/groups who may be affected by the hazards you have identified.  Try to tackle stress at source to protect everyone, rather than relying only on individual measures such as training and counselling. | **Residual risks**  **if all precautions are followed**  **High/Medium/Low**  If residual risk is judged to be medium or high, additional precautions must be considered for future work | | **Additional precautions required for future work** | | **Action by whom and when (name and date)?** |
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| **Demands**  [work load (quantity, pace and content), work scheduling (shifts, breaks, uncertain hours), physical environment (violence, noise, thermal comfort, etc)] | | | | | | | |
| Are jobs designed with realistic demands in mind? |  |  |  | |  | |  |
| Are demands matched to skills and abilities? |  |  |  | |  | |  |
| Are there sufficient resources (time, expertise, equipment etc) to carry out jobs effectively? |  |  |  | |  | |  |
| Is repetitive and monotonous work kept to a minimum? |  |  |  | |  | |  |
| Is the physical work environment safe and comfortable? |  |  |  | |  | |  |
| Are staff exposed to threat of physical violence or verbal abuse? |  |  |  | |  | |  |
| **Control**  [lack of control over work, low autonomy, little decision-making] | | | | | | | |
| Do staff have a say about the way their work is undertaken? |  |  |  | |  | |  |
| Is the pace of work driven by a source beyond their control (e.g. a machine)? |  |  |  | |  | |  |
| Are staff encouraged to show initiative and use their full range of skills? |  |  |  | |  | |  |
| Do staff feel able to report concerns about their work environment? |  |  |  | |  | |  |
| Do staff have the right to refuse, e.g. to deal with abusive members of the public? |  |  |  | |  | |  |
| **Support**  [skill shortfall, lack of support from organisation / management / colleagues] | | | | | | | |
| Are staff able to provide support to their colleagues? |  |  | |  | |  |  |
| Do staff know how to access managerial support? |  |  | |  | |  |  |
| Are staff encouraged to seek support at an early stage? |  |  | |  | |  |  |
| Are staff supported when undertaking new tasks? Even if things go wrong? |  |  | |  | |  |  |
| Is help available to assist staff to cope with work or home related issues? Are staff aware of this? |  |  | |  | |  |  |
| **Role**  [role conflict, role ambiguity, low perceived status, inappropriate levels of responsibility] | | | | | | | |
| Are conflicting demands placed on staff? |  |  | |  | |  |  |
| Are staff given comprehensive inductions to their new jobs? |  |  | |  | |  |  |
| Are job descriptions clear and accurate? |  |  | |  | |  |  |
| Do staff have a clear plan of work? |  |  | |  | |  |  |
| Do staff understand how their job fits into wider organizational aims? |  |  | |  | |  |  |
| **Relationship**  [interpersonal conflict and harassment] | | | | | | | |
| Are procedures in place to resolve workplace conflicts? |  |  | |  | |  |  |
| Do staff feel able to report their concerns? |  |  | |  | |  |  |
| Are staff aware of University policies on e.g. bullying and harassment? |  |  | |  | |  |  |
| Are teams organized and selected with working relationships in mind? |  |  | |  | |  |  |
| Are openness, honesty and respect encouraged within teams? |  |  | |  | |  |  |
| Are staff and students aware of the penalties associated with unacceptable behaviour? |  |  | |  | |  |  |
| **Change**  [poor or absent strategies for involving staff and for minimising adverse effects of implementation] | | | | | | | |
| Do staff understand the reason for changes? |  |  | |  | |  |  |
| Is employee consultation part of the change programme? |  |  | |  | |  |  |
| Do staff understand the likely impact of change on their job? |  |  | |  | |  |  |
| Are special arrangements made to support staff through the change process? |  |  | |  | |  |  |
| How well are aspects of the change programme communicated to staff? |  |  | |  | |  |  |
| **Other stressors** | | | | | | | |
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| **Sources of information used for this assessment** eg manuals and handbooks/suppliers’ information/Internet/colleaguesInclude source details eg version date, web address, colleague name for ease of future reference.**)** |
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| **Person(s) completing this assessment:** (Person carrying out or managing the activity day-to-day) | | | | | | | |
| Name |  | Title |  | Signature |  | Date |  |
| **Other person(s) commenting on this assessment (where required under Faculty/Directorate/Unit/Office arrangements)** (Line Manager or Supervisor responsible for the activity, others involved in the decision-making process, others advising on the activity e.g. Health and Safety Local Officer) | | | | | | | |
| Name |  | Title |  | Signature |  | Date |  |
| **Person approving this assessment:** (Person with overall responsibility for the activity eg Faculty Operating Officer/Director of Office/Head of Unit, Senior Academic or Manager) | | | | | | | |
| Name |  | Title |  | Signature |  | Date |  |

**Review of assessment, and revision if necessary**

(For continuing work: the assessment must be reviewed for each visit in a series; when there are significant changes to work materials, equipment, methods, location or people involved; and if there are accidents, near misses or complaints associated with the work. If none of these apply, the assessment must be reviewed at least annually)

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| REVIEW DATE | --/--/---- | --/--/---- | --/--/---- | --/--/---- |
| Name of reviewer |  |  |  |  |
| Signature |  |  |  |  |
| No revisions made |  |  |  |  |
| Changes to activity, hazards, precautions or risks noted in text. |  |  |  |  |