



HSE Work-related Stress Risk Assessment Form

Ref: CF:086:00 WE	Re: Team Work-Related Stress Risk Assessment Form (Worked Example)		
Issue date:	February 2018	Revised Date:	February 2024
Author(s):	HSE National Health and Safety Function		
Legislation:	Under Section 19 of the Safety, Health and Welfare at Work Act, 2005 and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.		
Note:	<i>When conducting Work-related Stress Risk Assessments consideration should be given to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable.</i> <i>It is responsibility of local management to implement any remedial actions identified.</i>		



Work-related Stress Risk Assessment Form – Part 1 of 3

Division: RHA		Source of Risk: Risk Assessment	
HG/CHO/NAS/Function: Acute		Primary Impact Category: Harm to a Person	
Hospital Site/Service: St. Mary's		Risk Type: Operational	
Dept./Service Site: Hospital Data Analysis Team		Name of Risk Owner (BLOCKS): MARY DUFFY (Head of Service)	
Assessment type: (✓ as appropriate)		Individual <input type="checkbox"/>	Group <input checked="" type="checkbox"/>
Signature of Risk Owner: <i>Gilda Santos (manager)</i>		If individual assessment, specify employee's name:	
Date of Assessment: 19.10.23		Risk Co-ordinator:	
Unique ID No:		Risk Assessor(s): Gilda Santos and Team	
Objective been impacted: Compliance with Occupational Health and Safety Legislation and the maintenance of a safe and healthy work environment			
<u>TEAM WRS Risk Assessment (>5 employees)</u>			
Have you used <u>HSE Work Positive Critical Incident (WPCI)</u> survey to measure work-related stress?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		If Yes, use the 'Work Stressors Report' to inform & support the completion of Part 3 of this form in consultation with your employees	If No, complete all parts of this form in consultation with your employees



Work-related Stress Risk Assessment Form – Part 2 of 3

Was there a specific issue/incident that triggered this risk assessment?

Potential work related stressors	Employee's concerns	Existing controls/What is happening now?
Demands		
What is causing you to feel under excessive pressure at work?		
Are you clear on service priorities?		
How do you prioritise your daily work duties?		
Are you clear on work deadlines and are they realistic?		
Do you feel you have the right skills & knowledge to do your job?		
Have you concerns with your physical work environment e.g. light, temperature, space etc.		
Do you find your work emotionally demanding?		
Do you find your work boring or repetitive?		
Control		
Are you clear about who does what in your service area?		
Do you have opportunities to develop your skills/ use your initiative?		
Have you any flexibility in when you take your breaks/Annual Leave?		
How do you find the pace of your work?		
Support		
Is there good communication in your service area? E.g. One-to-one meetings with manager/ team meetings?		
Are your work colleagues supportive?		
Do I, as your manager, give you enough guidance & support?		
Have you the resources you need to do your job?		
Do you require further training / skills development?		
Are there pressures outside work that are affecting you at work? Would you like support to deal with these pressures?		
Are you aware of HSE employee supports available?		
Do you need information on how to access HSE supports?		



Work-related Stress Risk Assessment Form – Part 2 of 3 (Continued)

Work-related Stress Risk Assessment Form – Part 2 of 3 (Continued)		
Relationships		
Are there any issues or tensions within your team/service?		
Have you seen any bullying/harassing behaviour in your team?		
Do you have difficulty working with anyone? Manager/ colleague/ other health care worker?		
Do you and your work colleagues support each other?		
What is morale like within your team?		
Are you aware of Organisational policies e.g. Dignity at Work? Have you completed Dignity at Work online training?		
Role		
What are key aspects of your role?		
Do you feel you have been properly inducted into your role?		
Do you understand your role?		
Do you have a clear reporting structure & do you know where to go to report concerns?		
Do you know what is expected of you at work?		
Have you work demands that are outside/conflict with your role?		
Change		
Is there a lot of change in your service?		
Have you had an opportunity to discuss/comment on these changes within your service – e.g. at team meetings?		
Am I, as your manager, supporting you enough in this change?		
Do your colleagues/team provide support through the change?		
Is there further information/support you require?		
Other Stressors		
Are there any other issues that you would like to raise?		



Work-related Stress Risk Assessment Form - Part 3 of 3

Management Standard(s) under which further action is required (✓ as appropriate)

Demands Control Support Relationships Role Change

¹ HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES			ACTIONS [ADDITIONAL CONTROLS] REQUIRED			² ACTION OWNER		DUE DATE
Risk of WRS due to Work Demands and lack of Peer Support resulting in psychological or physical harm to staff.			<p>Admin/project team Demands: Business plans completed for two Project Managers Grade VII.</p> <p>Peer support: Weekly check-ins and informal virtual morning coffee sessions every month. Monthly virtual meetings, first Thursday each month to discuss work demands and concerns.</p> <p>Clinical Team (on-site) Demands: Service Plan completed. Business Plans updated. Workforce Plans updated and submitted to Head of Service. Daily work huddles & weekly team meetings to discuss daily work plans, workloads and service delivery. Everyone has opportunity to participate and put forward ideas in daily huddles & weekly meetings. Lunch times are staggered to ensure everyone gets to go on their lunch.</p> <p>Peer support: Most of the team have completed their dignity at work (HSELandD) training. EAP posters up around work area. Notice board updated weekly in work area.</p>			<p>Admin/Project Team (blended working) Demands: Review number of meetings taking place daily/weekly for projects/programmes. Meet with Senior Manager to progress budget approval for two Grade VII Project Managers Manage weekly work calendar collectively and more pro-actively. Put in place agenda for all meetings – setting context, attendees etc. Ensure everyone takes their lunch and also that every member of the team gets to take their breaks.</p> <p>Pre-book breaks/lunch on work calendar</p> <p>Clinical Team (on-site) Demands: Follow up with Business Plans and Work Force Plans submitted last month to support the filling of vacant posts and provide regular updates to the team. Ensure all staff take their lunch and other agreed breaks</p> <p>Both Admin/Project Team and Clinical Team: Peer support: All staff to complete and update their dignity at work training on HSELandD. Contact HSE Values in Action for support in relation to behaviours at work. Contact local HR to discuss accessing support for Team Development Manager will ensure this WRS RA is placed on monthly team meeting agenda for review & discussion</p>			Manager (GS)		31.10.2023
									Manager (GS)		31.10.2023
									Manager(GS)		31.10.2023
									Manager(GS)		Ongoing monitoring
									All staff		31.10.2023
									Manager (GS)		31.10.2024
									Manager (GS)		Ongoing monitoring
All staff		Q2 2024									
Manager (GS)?		Q1 2024									
Manager (GS)		Ongoing monitoring									
Manager (GS)		Ongoing monitoring									

³ Inherent Risk			⁴ Residual Risk			⁵ Target Risk			Risk Status		
Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Open	Monitor	Closed
5 [Almost certain]	3 [Moderate]	15 [High]	4 [Likely]	3 [Moderate]	12 [Medium]	3 [Possible]	3 [Moderate]	9 [Medium]	Open		

¹ Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only.

² Person responsible for the action.

³ Rating **before** consideration of existing controls.

⁴ Rating **after** consideration of existing controls.

⁵ Desired rating **after** actions.