



## HSE Work-related Stress Risk Assessment Form

<b>Ref:</b> CF:087:00 WE	<b>Re: Individual Work-related Stress Risk Assessment (Worked Example)</b>		
<b>Issue date:</b>	February 2018	<b>Revised Date:</b>	February 2024
<b>Author(s):</b>	HSE National Health and Safety Function		
<b>Legislation:</b>	Under <b>Section 19 of the Safety, Health and Welfare at Work Act, 2005</b> 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.		
<b>Note:</b>	<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**

<b>Division:</b> RHA		<b>Source of Risk:</b> Risk Assessment					
<b>HG/CHO/NAS/Function:</b> Acute		<b>Primary Impact Category:</b> Harm to a Person					
<b>Hospital Site/Service:</b> St. Mary's		<b>Risk Type:</b> Operational					
<b>Dept./Service Site:</b> Hospital Data Analysis Team		<b>Name of Risk Owner (BLOCKS):</b> MARY DUFFY (Head of Service)					
<b>Assessment type:</b> (✓ as appropriate) <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><b>Individual</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><b>Group</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<b>Individual</b>	<input checked="" type="checkbox"/>	<b>Group</b>	<input type="checkbox"/>	<b>Signature of Risk Owner:</b> <i>Gilda Santos (manager)</i>	
<b>Individual</b>	<input checked="" type="checkbox"/>	<b>Group</b>	<input type="checkbox"/>				
<b>If individual assessment, specify employee's name:</b> David Murray							
<b>Date of Assessment:</b> 05.10.23		<b>Risk Co-ordinator:</b>					
<b>Unique ID No:</b>		<b>Risk Assessor(s):</b> Gilda Santos					
<b>Objective been impacted: Compliance with Occupational Health and Safety Legislation and the maintenance of a safe and healthy work environment</b>							
<u>TEAM WRS Risk Assessment (&gt;5 employees)</u>  <b>Have you used <u>HSE Work Positive Critical Incident (WPCI)</u> survey to measure work-related stress?</b>		<b>Yes</b> <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	<b>No</b> <input checked="" type="checkbox"/>  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?**

*Vacancies over the past year have placed more pressure on existing staff.*

Potential work related stressors	Employee's concerns	Existing controls/What is happening now?
<b>Demands</b>		
<b>What is causing you to feel under excessive pressure at work?</b>	<i>Workload high. Logging back on in the evenings and Saturday mornings to get work done. Little capacity to take on new projects. Working long hours. Working over lunchtime. Current projects not always completed within timelines.</i>	<i>Lunchtime protected time.</i>
<b>Are you clear on service priorities?</b>	<i>Yes.</i>	<i>n/a</i>
<b>How do you prioritise your daily work duties?</b>	<i>Setting daily priorities difficult Receiving requests for data within very short timelines Back-to-back meetings which include meetings over lunchtime.</i>	<i>Virtual meetings in place for team working to support hybrid/remote working. Membership of meetings kept to those working on the specific project.</i>
<b>Are you clear on work deadlines and are they realistic?</b>	<i>They are not realistic. Turnaround time for data collection too tight.</i>	<i>n/a</i>
<b>Do you feel you have the right skills &amp; knowledge to do your job?</b>	<i>Yes</i>	<i>n/a</i>
<b>Have you concerns with your physical work environment e.g. light, temperature, space etc.</b>	<i>No</i>	<i>n/a</i>
<b>Do you find your work emotionally demanding?</b>	<i>No</i>	<i>n/a</i>
<b>Do you find your work boring or repetitive?</b>	<i>No but need to plan the working day better</i>	<i>n/a</i>
<b>Control</b>		
<b>Are you clear about who does what in your service area?</b>	<i>Yes</i>	<i>n/a</i>
<b>Do you have opportunities to develop your skills/ use your initiative?</b>	<i>Yes</i>	<i>n/a</i>
<b>Have you any flexibility in when you take your breaks/Annual Leave?</b>	<i>No. Back to back meetings with no breaks on many days</i>	<i>Physical Activity guidelines and remote working guidance email sent to all the team.</i>
<b>How do you find the pace of your work?</b>	<i>Fast and sometimes relentless</i>	<i>n/a</i>



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

Support		
Is there good communication in your service area? E.g. One-to-one meetings with manager/ team meetings?	Yes	n/a
Are your work colleagues supportive?	Yes	n/a
Do I, as your manager, give you enough guidance & support?	Yes	n/a
Have you the resources you need to do your job?	Yes	n/a
Do you require further training / skills development?	No	n/a
Are there pressures outside work that are affecting you at work? Would you like support to deal with these pressures?	David's Dad has been diagnosed with cancer and he is the only sibling living at home. Concerned about work/life balance and time for hospital appointments	Support offered Consider attending EAP or his own GP
Are you aware of HSE employee supports available?	Yes	EAP contact details displayed on staff notice board
Do you need information on how to access HSE supports?	No	n/a
Relationships		
Are there any issues or tensions within your team/service?	At times. High workload and tight deadlines can cause strain	n/a
Have you seen any bullying/harassing behaviour in your team?	No	Dignity at Work Policy implemented, Dignity at Work Support contact persons details available in HR file in office. EAP numbers also displayed
Do you have difficulty working with anyone? Manager/ colleague/ other health care worker?	No	n/a
Do you and your work colleagues support each other?	Yes	n/a
What is morale like within your team?	Low because of lack of breaks	Everyone is entitled to be able to take their lunchbreak
Are you aware of Organisational policies e.g. Dignity at Work? Have you completed Dignity at Work online training?	Yes	n/a



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

Role		
What are key aspects of your role?	- Data collection - Data analysis - Project Management for service roll-out	n/a
Do you feel you have been properly inducted into your role?	Yes	n/a
Do you understand your role?	Yes	n/a
Do you have a clear reporting structure & do you know where to go to report concerns?	Yes	n/a
Do you know what is expected of you at work?	Yes	n/a
Have you work demands that are outside/conflict with your role?	Timelines for submitting data requests are too tight	n/a
Change		
Is there a lot of change in your service?	No	n/a
Have you had an opportunity to discuss/comment on these changes within your service – e.g. at team meetings?	Yes	n/a
Am I, as your manager, supporting you enough in this change?	Yes	n/a
Do your colleagues/team provide support through the change?	Yes	n/a
Is there further information/support you require?	No	n/a
Other Stressors		
Are there any other issues that you would like to raise? <i>Nothing else to add</i>		



### 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

<sup>1</sup> HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES			ACTIONS [ADDITIONAL CONTROLS] REQUIRED			<sup>2</sup> ACTION OWNER		DUE DATE
<p>WRS to the individual due to work demands and lack of control over pace of the job resulting in psychological or physical harm to staff member</p> <p>Pressures outside work are also affecting the staff member at work</p>			<p><b>Demands:</b> Business plans completed for two Project Managers Grade VII.</p>			<p><b>Demands:</b> Formally communicate with stakeholders that timelines for data returns will be completed now within a 3 day timeline and not immediate as is currently the practice.</p>			Manager (GS)		09.10.2023
			<p><b>Control:</b> Monthly virtual meetings, first Thursday each month. Updates communicated and KPIs discussed.</p>			<p>Meet with Senior Manager to progress budget approval for two Grade VII Project Managers</p>			Manager (GS)		09.10.2023
			<p><b>Support:</b> Weekly check-ins and informal virtual morning coffee sessions every month.</p>			<p><b>Control:</b> Communication to be issued to all team members to put protected lunch time in their calendars (1pm-2pm)</p>			Manger (GS)		09.10.2023
						<p>Ensure that going forward meetings will not be arranged during lunchtime (1pm-2pm) to include MS Teams calls</p>			Manger (GS)		Ongoing monitoring
						<p><b>Support:</b> Employee advised to contact EAP.</p>			Employee (DM)		Ongoing monitoring
			<p>Manager will continue to check with employee.</p>			Manager (GS)		Ongoing monitoring	Ongoing monitoring		
<sup>3</sup> Inherent Risk			<sup>4</sup> Residual Risk			<sup>5</sup> 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]	2 [Unlikely]	3 [Moderate]	6 [Medium]	Open		

<sup>1</sup> 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.

<sup>2</sup> Person responsible for the action.

<sup>3</sup> Rating **before** consideration of existing controls.

<sup>4</sup> Rating **after** consideration of existing controls.

<sup>5</sup> Desired rating **after** actions.