Liverpool Hope University 

Work Related Stress Risk Assessment

**Part 1**

**Work Stressors Identification - To be completed by employee or groups of employees.**

Part 1 of this form should be used to help you focus on specific aspects of your work that may be causing stress and may be helpful in preparing for discussions with your manager. Please complete before meeting with your line manager to complete a Work -related Stress Risk Assessment.

|  |  |
| --- | --- |
| Employee Name: |  |
| Department: |  |
| Date Completed: |  |

Six sections are outlined below based on the HSE’s categories of work pressures and you should think about each category and write down any pressures you may have in relation to that category. An explanation of each category is given in the Work Related Stress Risk Assessment Guidance Notes to help you decide if there are any pressures there. It is also likely that some categories have no source of pressure and where this is the case, the corresponding section can be left blank.

As a reminder, the HSE Management Standards divide pressures (hazards) into 6 categories:

* Demands
* Control
* Support
* Relationships
* Role
* Change

**Considering the above definitions, document below any specific aspects of your work or the general workplace that you identify with any of the 6 categories.**

|  |
| --- |
| **Demands**  e.g. having too much or too little to do  e.g. having too much boring or repetitive work to do or work that is not challenging  e.g. having too much work that is too hard or complex or that you are not trained to do. |
| **Control**  e.g. not having a say in decisions etc  e.g. lack of flexibility |
| **Support**  e.g. not having the right resource or equipment to carry out your role  e.g. not having support from your manager  e.g. not having support from colleagues |
| **Relationships**  Poor working relationships with your line manager or work colleagues |
| **Role**  e.g. not being clear about what you should be doing  e.g. not being clear about who you are answerable to  e.g. ‘wearing too many hats’ so not able to prioritise |
| **Change**  e.g. change of department, change of line manager, responsibilities etc |

Where completed for a department or groups of staff, please list names below:

|  |
| --- |
|  |

Employee (s) Signature:

Date:

*Please complete and send onto your line manager in advance of meeting to complete a work-related stress risk assessment.*

**Liverpool Hope University**

**Work Related Stress Risk Assessment**

**Part 2 – To be completed by Manager**

**Managers Notes**

|  |
| --- |
| **Consider:**   * is there anything giving you cause for concern that the employee or group of employees may be experiencing stress? * following discussions with the employee are there issues unrelated to work that are making the employee or group of employees more vulnerable to stress at this time that are having an impact on work? * Include any other appropriate comments or observations |

**Section 5. Action planning.**

Reviewing the Work Stressors Identification (Part 1) what could you, as manager, and/or the employee or the group of employees do to minimise stress risk associated with pressures identified?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Stress management actions (agreed actions to prevent and reduce stress at work) | | When? | Who? | Work stressor category |
|  | |  |  |  |
| Managers Signature: | Employee (s) Signature: | Evaluation and review date agreed: Y / N  Expected Review Date: | | |

Section 6. Action Plan Evaluation or Review.

Have the implemented actions minimised or reduced the risk?

|  |  |  |
| --- | --- | --- |
| Employee Name(s): | Manager: | Review Date: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Evaluation of actions implemented since initial assessment | | | Has stress been prevented? Y/N | | Has stress been reduced? Y/N |
|  | | |  | |  |
| New steps/adjustments required? | | | When? | Who? | Work stressor category: |
|  | | |  |  |  |
| Managers Signature: | Employee Signature: | Next Review Date (if applicable): | | | |

Where completed for a department or groups of staff, please list names overleaf.