**Stress Risk Assessment Form**

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| **Subject of Risk Assessment; Team / Individual** *(delete as appropriate)* |  | **Number of Employees** |
| *Insert name of individual or team* |  | *Insert the number of employees in attendance* |

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| **Reason or Trigger for Risk Assessment** |
| *Add a brief description indicating why the stress risk assessment is being completed, for example;* *Return to work after stress related absence; Employee informed you that they had been suffering with symptoms of stress or workplace pressures.* |

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| **Current Control Measures** |
| *Control measures can be preventative (prevent workplace pressure or hazards happening in the first instance) or protective (protect employees from existing workplace pressure or hazards). It is therefore, important that all measures in place are listed here to show what is already being done, for example; Hold regular meetings with the employee/s to discuss performance and offer further support if necessary; Have sign posted employee to his/her GP and given them details of the health and wellbeing portal and tasked them with looking at resilience information before next meeting; Employee is due to start a training course next week to ensure skills are up to date.* |

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| **Workplace Pressure** | **Issue Identified** | **Severity x Likelihood** | | | **Additional Control Measures** | **By**  **Who** | **By**  **When** |
| CONTROL |  | S | L | T |  |  |  |
| * **Are you troubled by**; * Who does what in the team? * Having enough line manager support? * Having sufficient control over your work. * Having your opinions listened to? * The balance between work and outside life? * Any other concerns? |  |  |  |  | * *Discuss flexibility over delivery of work schedules and delivery of work* * *Support flexible working practices wherever possible and practical.* * *Agree the most appropriate communication methods and frequency.* * *Include all employees in decision-making for tasks/planning work.* * *Share good practice and recognise achievements or suggestions.* * *Discuss learning opportunities.* |  |  |
| JOB SECURITY & CHANGE |  | S | L | T |  |  |  |
| * **Are you troubled by** ; * Feeling supported through change? * Opportunities to comment on change? * Your future role? * Where to access support? * Having enough time/resources to implement change? * Feeling skilled enough to do new tasks? * Any other concerns? |  |  |  |  | * *Ensure communication mechanisms are in place and operating effectively* * *Engage with employees regularly and in a timely manner during key change initiatives and provide opportunities to feed in their views.* * *Explain the reasons for change, and the benefits, as well as information on timescales.* * *Ensure employees are aware of all support services available to them.* * *Be honest with employees, even where news may not be positive.* * *Direct employees to basic lifestyle advice and coping strategies to prepare for change.* |  |  |
| BALANCED WORKLOAD |  | S | L | T |  |  |  |
| * **Are you troubled by** ;      * Clear priorities? * Having realistic deadlines? * Having resources sufficient to do your job? * Your skills, training and knowledge being sufficient to do your job? * The length of your daily commute? * Having a dull or repetitive work? * Your work/life balance? * Any other concerns? | . |  |  |  | * *Reallocate duties (temporarily or permanently).* * *Help prioritise tasks or projects appropriately.* * *Adjust hours or work pattern (temporarily or permanently).* * *Identify and support specific training needs.* * *Ensure tasks and expectations are clearly defined and understood.* * *Plan work carefully so that deadlines are achievable.* * *Explore the full potential of an employee to utilise their skill set. If possible, offer a variety of tasks rather than those that are repetitive.* * *Plan in regular discussions about workload.* * *Agree an upper limit to working hours.* * *Switch off mobile phones and laptops at a specific time.* |  |  |
| JOB CONDITIONS |  | S | L | T |  |  |  |
| * **Are you troubled by** ; * Feeling sufficiently inducted into the role? * Understand your role? * Your reporting structure? * Your working environment? * Other demands in you outside your role? * Any other concerns? |  |  |  |  | * *Clarify expectations of the employee’s role.* * *Reinforce the reporting structure.* * *Are there any physical hazards in the work environment that need to be managed?* * *Does the employee understand the support services they can access?* |  |  |
| RESOURCES & COMMUNICATION |  | S | L | T |  |  |  |
| * **Are you troubled by** ; * Feeling supported by your team? * Feelings of isolation? * Being informed of workplace issues? * Issues around communication? * Further training needs? * Any other concerns? |  |  |  |  | * *Support employees to develop their skills and knowledge to do their work.* * *Source equipment or tools needed to do work effectively.* * *Ensure communication mechanisms are in place and operating effectively.* * *Focus on communicating honestly and regularly.* * *Encourage employees to make suggestions to management.* * *Ensure employees are aware of all support services available to them.* |  |  |
| WORK RELATIONSHIPS |  | S | L | T |  |  |  |
| * **Are you troubled by** ;      * Bullying or harassment issues in the team? * The supportive atmosphere of the team? * How to raise a concern or find support? * A lack of recognition for diversity in the team? * Are there any other concerns? |  |  |  |  | * *Report and quickly address any bullying or harassment claims.* * *Ensure employees are aware of policies related to resolving unacceptable behaviour.* * *Encourage 1-2-1 discussions rather than email.* * *Review diversity and inclusion training.* * *Arrange regular team and 1-2-1 meetings.* * *Promote positive working relationships.* |  |  |

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| **Report**  **MULTIPLY THE TWO SCORES : LIKELIHOOD X SEVERITY**  **RISK SCORE IS:**  **1 TO 3 = LOW 4 TO 6 = MODERATE 18 - 12 = HIGH 15 OR ABOVE = VERY HIGH**  **RISK MANAGEMENT DECISION:**  **☐ RISK IS LOW - NO FURTHER ACTION NECESSARY – MONITOR**  **☐ RISK IS MODERATE - CONTROL MEASURES IN PLACE - ACCEPTABLE**  **☐ RISK IS HIGH – IMMEDIATE CONTROL MEASURES IN PLACE - ACCEPTABLE**  **☐ RISK IS VERY HIGH - DO NOT PROCEED FURTHER**  **Comments to justify decision:**  **Assessors name: Date assessment carried out: Review date:** |