**Appendix A – Individual Risk Assessment**

**Stress Risk Assessment - Part A *(individual/s to complete\*)***

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| ***Notes to staff:***   * You are **invited\*** to use this form to help you to identify and deal with work-related stress: if you choose to use this form, you’re not obliged to share its contents with anybody – however, you can “do your bit” for managing work-related stress by sharing this form (or parts of it) with your manager: if they don’t know there’s a problem they can’t help. * You don’t have to answer every question - only answer those questions that you find **helpful**. * If you don’t feel able to talk directly to your manager about a work-related concern, **ask** a colleague or other representative to raise the issue on your behalf: other sources of advice and support are listed within this form. |
| **\****even if you choose to fill out this form, you’re not* ***obliged*** *to show it to anybody – it’s your choice!* |
| ***Notes to manager:***  You should **offer**\* your staff the opportunity to complete a stress risk assessment:   * When a member of staff has been off sick with work-related stress (as part of the **return to work** interview). * Where you believe that an individual or team are likely to be suffering from **work-related** stress; * Annually, for example during the appraisal process; * To plan for major **change**; * You can give this questionnaire out as a **survey** and collate responses, or use it as a guide during a **meeting** with an individual or a team – use your judgement about what approach might work best for you and your staff. * When you and your staff have completed stress risk assessments, develop **action plan**/s using ***Part B*** of this form with your staff to address any areas of concern and review this on a regular basis. |

*\*Please note: staff are not obliged to complete a stress risk assessment; it should always be their* ***choice***

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| **Your name:** |  |  | **Ward/Dept/Unit:** |  |
|  |  |  |  |  |
| **Your Manager:** |  |  | **Date:** |  |

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| **Demands: this includes issues such as workload, work patterns and the work environment** |
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| **Do you feel you have just the right amount of work to do? Could you say what work you have too *much*/too *little* of?** | |
|  | |
| **Guidance:** e.g. Unachievable deadlines, intensive work, neglecting important tasks, short-staffed | |
| **Desired state = 🖒** There is a full complement of staff and vacancies are filled within a “reasonable” time period | |
| **Do you take the breaks you are entitled to at work?** | |
|  | |
| **Guidance: Working Time Regulations** | |
| **Desired states** = **🖒** Where possible, staff have control over their pace of work  **🖒** The Trust provides staff with achievable demands in relation to the agreed hours of work | |
| **Do you feel you have the skills and abilities to meet the job demands? If no, What training, if any, would help you to do your job?** | |
|  | |
| **Guidance:** Training does not have to be courses – consider acting up/taking on more responsibilities and duties, projects, problem-solving activity, job rotation, conferences, working with colleagues, coaching/mentoring, reading/research, meetings/working parties/task groups, visits and secondments, out of work activities, networking, leaflets and information packs. **Learning Resources can be found on the Staff Intranet** | |
| **Desired states** = **🖒** People’s skills and abilities are matched to the job demands ***and***  **🖒** Jobs are designed to be within the capabilities of employees | |
| **Are there any problems with your work environment? If yes, please describe:** | |
|  | |
| **Guidance: Health & Safety Policy** | |
| **Desired state** = **🖒** Staff are able to raise concerns about their work environment | |
| **Control: how much say you have in the way you do your work** | | |
| **How could you have more say about how your job is done?** | | |
|  | | |
| **How could you be more included in decision-making in the team?** | | |
|  | | |
| **How could you be supported to use your skills to greater effect at work?** | | |
|  | | |
| **Guidance: Performance Appraisal and Pay Progression Policy** | | |
| **Desired states** =  **🖒** Staff are encouraged to use their skills and initiative to do their work  **🖒**The organisation encourages staff to develop their skills  **🖒**Where possible, staff are encouraged to develop new skills to help them undertake new and challenging pieces of work | | |
| **Support: this includes the encouragement, sponsorship and resources provided by the Trust, your   manager and your colleagues** | |
| **How could your line manager better support you to do your job?** | |
|  | |
| **Do you feel you receive adequate information and support from your colleagues and manager(s)? if not, how could your colleagues or manager better support you to do your job?** | |
|  | |
| **Are there any parts of your job that you find especially difficult? (e.g. caring for young trauma patients, or patients with increased risk of violence and aggression) – If YES, please describe:** | |
|  | |
| **Do you feel you have a healthy work-life balance? If not, how could it be better?** | |
|  | |
| **Guidance**: **Flexible Working Policy. Psychological Wellbeing Workshops – MLE. Staff Counselling service: 07393 796293. Occupational Health: Ext 5639 Human Resources: Ext 5585, Chaplaincy: Ext 4271 and Health & Safety: Ext 5642** | |
| **Desired state** = **🖒** Staff feel supported at work, and extra support is provided where the need is identified | |

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| **Relationships: promoting positive working to avoid conflict and dealing with unacceptable behaviour** |
| **How could communication in the team be improved?** |
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| **If you feel that you are experiencing bullying or harassment at work, what parts of the Trust’s “*Prevention of Harassment and Bullying at Work Procedure*” could help? What actions have you taken to date to address your concerns?** |
|  |
| **Guidance: Dignity at Work (Bullying and Harassment) Policy. Equality, Diversity and Inclusion Policy.** |
| **Desired states** =  **🖒** Employees share information relevant to their work;  **🖒** Staff feel able to ask for help with conflict, bullying and harassment |

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| **Role: ensuring that your role is clear and that you do not have conflicting roles** | |
| **Are you clear about your roles and responsibilities at work? If not, please explain:** | | |
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|  | | |
| **Do you feel that there is any ambiguity or confusion (role conflict) in your job? If yes, please describe:** | | |
|  | | |
| **Guidance: Performance Appraisal and Pay Progression Policy** | | |
| **Desired state** = **🖒** The organisation ensures that, as far as possible, the different requirements it places upon staff are compatible. | | |
| **Change: how organisational change is managed and communicated** | |
| **Do you feel the organisation and/or your managers engages with you when organisational change is taking place? If No,** **How could the organisation or your line manager better support you during change at work?** | |
|  | |
| **Guidance:** **Managing Implications of Organisational Change** | |
| **Desired states** =  **🖒** The organisation provides employees with timely information to enable them to understand the reasons for proposed changes;  **🖒** Employees are aware of the probable impact of any changes to their jobs;  **🖒** Employees are aware of timetables for changes;  **🖒** Employees have access to relevant support during changes and  **🖒** If necessary, employees are given training to support any changes in their jobs. | |

*Thank you!*

*Now you are invited to share this form (or parts of it) with your manager*

*S/he will develop an* ***action plan*** *with you to address any areas of concern*

**Stress Risk Assessment - Part B *(manager to complete)***

**Action Plan for Individual/Team/Ward/Dept: ………………………………..………………………………………..**

**Manager: ……………………………………………………….… Date completed: ………………….………………………**

**Review date: ……………………………..……** *(Please add review dates to your Outlook tasks, calendar or equivalent tracking system)*

| **Type of Stressor** | **Existing workplace measures already in place** | **Further action to be taken** | **Who will ensure the action is done?** | **Target Date** |
| --- | --- | --- | --- | --- |
| **Demands** |  |  |  |  |
| **Control** |  |  |  |  |
| **Support** |  |  |  |  |
| **Relationships** |  |  |  |  |
| **Role** |  |  |  |  |
| **Change** |  |  |  |  |