**APPENDIX 6 – INDIVIDUAL RISK ASSESSMENT – EXAMPLE 1**

THIS FORM, OR EXAMPLE 2, SHOULD BE USED IN ACCORDANCE WITH THE POLICY GUIDANCE BY STAFF AND MANAGERS TO FACILITATE A DISCUSSION ABOUT STRESS IN THE WORKPLACE.



### STRESS IN THE WORKPLACE POLICY - INDIVIDUAL RISK ASSESSMENT

**Name of Employee: Job Title:**

**Department: Manager:**

*It is important that records are kept on work issues affecting your health. Please complete this form and return to your line manager. This form is part of the NHS Policy on Stress in the Workplace 2016.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Stress Notification - To be completed by the employee*** | | | | |
| Do you feel that any of the following work-related issues have caused the stress that you are experiencing? Please tick any of the following boxes | | | Additional information/  comments | |
| Role | * Unsure about job/role * Confusion about job role/structures * Fear about job security * Uncertainty about what is happening * Expectation to work long hours * Expectation to take work home * Job requires conflicting behaviour * Unfair allocation of duties * Duties out-with remit * Expanded responsibility | |  | |
| Demands | * Too little time for tasks * Inadequate staffing * Too little training for job * Boring or repetitive work * Excessive workloads * Too much to do * Not enough to do * Too much time * Unacceptable target times * Physical environment not suitable | |  | |
| Control | * Controlling management style * Inconsistent management style * Not being able to balance the demands of work and life outside work * Rigid work patterns * Shift work * Lone work * Lack of control over work * Lack of accountability for work activities | |  | |
| Relationships | Poor relationship with:   * Colleagues * Manager * Other party (please specify)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Confrontational management style * Bullying and harassment * Not feeling part of the team * Lack of team work and respect | |  | |
| Support | Lack of support from:   * Colleagues * Managers * Other party (please specify)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Culture of blame | |  | |
| Change | * Uncertainty about what is happening * Fears about job security * Lack of communication/ consultation | |  | |
| Please note here details of any other work related issue that is causing you stress: |  | | | |
| Are there factors external to the workplace that may be causing you stress? eg. Personal or family issues |  | | | |
| Have you made any attempts to address these concerns yourself? If so, please describe what action you have taken. |  | | | |
| Have you any suggestions of what your manager can do to reduce your work-related stress? |  | | | |
| I can confirm that all work issues have been declared:  **Employee**  **Date** | | | | |
| **To be completed by the Line Manager** | | | | |
| Date Notification Form Received | | | |  |
| Name | | | |  |
| Job Title | | | |  |
| Date of meeting to discuss Stress notification with employee | | | |  |
| **To be completed by the Line Manager and Employee** | | | | |
| **Actions** | | **Measures to be put in place** | | **Date of implementation** |
| Role | |  | |  |
| Demands | |  | |  |
| Control | |  | |  |
| Relationships | |  | |  |
| Support | |  | |  |
| Change | |  | |  |
| Other Work Related/External Factors | |  | |  |
| **Monitor and Review** | | **Monitoring that will be carried out** | | **Date of Review** |
| Role | |  | |  |
| Demands | |  | |  |
| Control | |  | |  |
| Relationships | |  | |  |
| Support | |  | |  |
| Change | |  | |  |
| Other Work Related/External Factors | |  | |  |

**Agreed:**

##### *Employee Date*

##### *Line Manager Date*