**Appendix 6**

**Appendix 6 (Example 2) Individual Stress Risk Assessment - Part A *(individual/s to complete\*)***

|  |
| --- |
| ***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***

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

|  |
| --- |
| **Demands: this includes issues such as workload, work patterns and the work environment** |
|  |
| **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: See HR Connect on Staffnet for all relevant Policies and guidance etc eg. Working Time Regs** |
| **Desired states** = **🖒** Where possible, staff have control over their pace of work**🖒** The organisation provides staff with achievable demands in relation to the agreed hours of work |
| **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. **See HR Connect on Staffnet for all relevant Policies and guidance etceg. Learning and Education** |
| **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: See HR Connect on Staffnet for all relevant Policies and guidance eg. Workplace Regulations and Guidance** |
| **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 See HR Connect on Staffnet for all relevant Policies and guidance**  |
| **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?** |
|  |
| **How could your colleagues 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**: **See HR Connect on Staffnet for all relevant Policies and guidance e.g Flexible working, Courses in stress management, sources of support such as counselling, Occupational Health, Human Resources, Chaplaincy and Health & Safety.**  |
| **Desired state** = **🖒** Staff feel supported at work, and extra support is provided where the need is identified |

|  |
| --- |
| **Relationships: promoting positive working to avoid conflict and dealing with unacceptable behaviour** |
| **How could communication in the team be improved?** |
|  |
| **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?** |
|  |
| **Guidance: See HR Connect on Staffnet for all relevant Policies and guidance e.g Assertiveness training, Leading effective teams, Bullying and Harassment Policy / procedure, Dignity at Work.** |
| **Desired states** =**🖒** Employees share information relevant to their work; **🖒** Staff feel able to ask for help with conflict, bullying and harassment |

|  |
| --- |
| **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:** |
|  |
|  |
| **Do you feel that there is any ambiguity or confusion (role conflict) in your job? If yes, please describe:** |
|  |
| **Guidance See HR Connect on Staffnet for all relevant Policies and guidance e.g. “I have a relevant job description; I am clear about the goals and objectives for my department”** |
| **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** |
| **How could your line manager better support you during change at work?**  |
|  |
| **How could the organisation better support you during change at work?**  |
|  |
| **Guidance:** **See HR Connect on Staffnet for all relevant Policies and guidance e.g. policy/procedure on organisational and workforce change, courses on change management** |
| **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 using* ***Part B*** *of this form*

*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** |  |  |  |  |