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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVITY: | | | | **DATE OF ASSESSMENT:** | | | | | | | | |
| **School/Service: Individual:** | | | | | | | | | | | | |
| **Individual symptoms and sickness patterns (if appropriate)** | |  | | | | | | | | | | |
| **Potential work-related stressors identified** | | **Individual concerns** | | | | **Risk Rating** | | **Existing control measures** | | | | **Residual Risk** |
| **Demands** | |  | | | |  | |  | | | |  |
| What causes the individual to feel under unnecessary pressure? | |  | | | |  | |  | | | |  |
| Are priorities clarified? Reflect on JD, if too generic ask individual to map out key aspects of the role | |  | | | |  | | | |  |
| Are deadlines realistic and agreed? | |  | | | |  | | | |  |
| Does the individual have appropriate skills and knowledge to undertake the tasks? | |  | | | |  | | | |  |
| Does the individual have sufficient resources? | |  | | | |  | | | |  |
| Does the individual feel that the work is boring or repetitive? | |  | | | |  | | | |  |
| **Control** | |  | | | |  | |  | | | |  |
| Is there clarity of who does what in the team? | |  | | | |  | |  | | | |  |
| As a manager are you providing enough guidance and support? | |  | | | |  | | | |  |
| Is there opportunity to develop skills? | |  | | | |  | | | |  |
| Does the individual have control over working patterns or the way that they carry out a task? | |  | | | |  | | | |  |
| **Support** | |  | | | |  | |  | | | |  |
| As a manger is the level of communication appropriate, one-to-one meetings etc? | |  | | | |  | |  | | | |  |
| Does the individual feel further team support would be helpful? | |  | | | |  | | | |  |
| Are there any external pressures that further support can be offered? | |  | | | |  | | | |  |
| Is there further training and development that the individual requires? | |  | | | |  | | | |  |
| **Relationships** | |  | | | |  | |  | | | |  |
| Are there any issues or tensions with the team including any bullying or harassment? | |  | | | |  | |  | | | |  |
| Is a supportive team atmosphere and are dynamics between the team are good? | |  | | | |  | | | |  |
| Are you aware of the STC support mechanisms available, Staff Counselling Service, Staff Mediation, Occupational Health Service? | |  | | | |  | | | |  |
| **Role** | |  | | | |  | |  | | | |  |
| Does the individual believe that they have been properly inducted into the role? | |  | | | |  | |  | | | |  |
| Does the individual understand the key aspects of their role? | |  | | | |  | |  | | | |  |
| Is there a clear reporting structure? | |  | | | |  | |  | | | |  |
| Are the standards expected clearly outlined? | |  | | | |  | |  | | | |  |
| Are there demands placed upon the individual that are not in line with the role? | |  | | | |  | |  | | | |  |
| **Change** | |  | | | |  | |  | | | |  |
| The individual has been given opportunity to comment on change? | |  | | | |  | |  | | | |  |
| Does the individual feel that they have been fully supported through change? | |  | | | |  | |  | | | |  |
| Has the individual been supported through change by the team? | |  | | | |  | |  | | | |  |
| Does the individual feel that further information or support is required and aware of support mechanisms? | |  | | | |  | |  | | | |  |
| **Other stressors** | |  | | | |  | |  | | | |  |
| Does the individual have other issues that might be affecting their work? | |  | | | |  | |  | | | |  |
| **RISK LEVEL** | **High** | | **Medium** | | | | | | **Low** | | | |
|  | High probability of long term sickness due to work related stress | | Medium probability of sickness due to work related stress | | | | | | Low probability of work-related stress | | | |
|  | Immediate action required | | Action required | | | | | | Exposure to hazard - rare. | | | |
| **Action plan** | | | | | | | | | | | | |
| **Further action required** | | | | | **By whom** | | | **Notes** | | **By when** | | **Completed** |
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| **Reference Documents**   * <http://www.hse.gov.uk/stress/index.htm> * [Check-ins - How-you-are-feeling-and-time-out - STC](Check-ins%20-%20How-you-are-feeling-and-time-out%20-%20STC) | | | | | | | | | | | | |
| **ASSESSED BY (Print name)** | | | | | | | **SIGNED** | | | | **Date:** | |
| **LINE MANAGER** | | | | | | | **SIGNED** | | | | **Review Date:** | |

A screenshot of a computer

Description automatically generated