****

|  |  |
| --- | --- |
| 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **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:** |

