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