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