

Policies, Procedures, Guidelines and Protocols

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Who is the document aimed at?	To all members of staff who are involved in any aspect of external visits, in particular all Directors, Managers and Health Professionals who are identified as leads and to those who attend relevant committees.	
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1	June 2017	Routine review, amendment to role titles and meeting titles
	Oct 2020	Full review – approved by Quality and Safety Delivery Group

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## 1 Introduction and purpose

This policy has been developed to enable Shropshire Community Health NHS Trust (hereafter referred to as 'the Trust' or 'SHT') to outline

- a) Actions to be taken (what to do) in response to external agency visits; announced or unannounced
- b) The process to be taken in response to recommendations following external agency visits, inspections, accreditations and inquest findings (Coroners reports on the prevention of future deaths).

Processes to be taken aims to ensure recommendations made by external agency visits, inspections and accreditations are implemented within a specified time scale, that they are monitored following their implementation, and that there is a formal reporting and reviewing process.

This policy applies to all members of staff who are involved in any aspect of external visits, in particular all Directors, Managers and Health Professionals who are identified as leads and to those who sit on relevant committees.

## 2 Definitions

**External Agency:** An authoritative body that has been given a role for the NHS Executive in inspecting and regulating the corporate and professional activities of all NHS Trusts e.g. Care Quality Commission; NHS England; Integrated Care Boards

**Accreditation:** Relates to audit and review activities of both internal and external bodies, which are required to deliver Board Assurance that the services being delivered by the Trust are fit for purpose and achieving the desired outcomes as laid down by Trust's strategy and policies.

**Inspections:** Where the Trust is inspected by an External body to ensure it is meeting statutory requirements, e.g. Fire Service; Health and Safety Executive; Environmental Health Agency.

**Internal Controls:** Where the Trust instigates an internal review of systems or processes to improve services or safety, e.g. External Audit; Internal Audit; Clinical Audit; Patient Safety Incidents/Complaints Investigations

## 3 Duties

All staff have a responsibility for ensuring that the principles outlined within this document are universally applied. Appendix 1 sets out the Committee and Nominated Management Lead for specific visits, inspections and accreditations.

Key organisational duties are identified as follows:

### 3.1 Chief Executive

As Accountable Officer the Chief Executive is ultimately responsible for the process of managing and responding to external visits and recommendations effectively and efficiently.

### 3.2 Nominated Directors

The following Directors have overall responsibility for managing and responding to external visits and recommendations relating to the areas described:

- **Director of Governance/ Corporate Secretary:** Corporate Governance related visits.

- **Director of Nursing and Quality:** Quality, Safety, Nursing,
- **Director of Operations & Chief AHP:** Allied Health Professionals
- **Director of Workforce & HR:** Workforce, Organisational Development and HR
- **Director of Finance / Deputy Chief Executive:** Internal and External Audit

On receipt of the notification of visit, or escalation of an unannounced visit (which may come through the Chief Executive's (CE) Office or an individual Director) the Nominated Directors should be notified to ensure a co-ordinated approach to any Inspections or Reviews undertaken in the organisation.

The Nominated Directors will either delegate the responsibility to a relevant Lead Director, if appropriate, or proceed to identify the Nominated Management Lead and forward the relevant information and at the same time notifying all relevant departments so that a record is established in the Trust's schedule of review dates database.

The Director of Finance is specifically responsible for Internal and External Audit. There is a planned programme of work for Internal and External Audit which is agreed, managed and monitored by the Audit Committee and therefore will not be notified on an individual basis to the Clinical and Operational teams.

### 3.3 **Lead Director**

If the responsibility to co-ordinate the visit is delegated to a Lead Director for the area in which the visit is to be undertaken, they will identify the Nominated Management Lead. Furthermore, the Lead Director is responsible for ensuring appropriate risks are put onto the local and organisational risk registers accordingly. They will also ensure that the reports from any reviews carried out by external agencies are presented to the Quality and Safety Committee and/or the Audit Committee where appropriate.

### 3.4 **Nominated Management Lead**

The Nominated Management Lead will:

- Communicate announced or unannounced visits to the Chief Executive and the appropriate Nominated Director.
- Support the process of the visit – liaison, briefings, programmes, evidence, collation, interim reports/briefings etc. with support from the Head of Communications.
- Ensure other relevant clinicians or internal experts are involved in the review, to ensure all aspects that may be relevant to the organisation are considered
- Provide a summary briefing of the initial findings of the specific external agency visit to the identified committee / group, highlighting any areas identified as being high risk or media interest
- On receipt of the report following the specific external agency visit, inspection or accreditation ensure that all the information included in the report is accurate
- Carry out risk assessments for activities identified in the report recommendations, and as appropriate enter on the risk register
- Develop a report and an action plan to address any recommendations made to be submitted to the appropriate committee who will determine the frequency of monitoring of progress with the action plan

### **3.5 Service Managers and Clinicians in Charge**

Service Managers and Clinicians in Charge are responsible for identifying and notifying the appropriate Director of all external visits if initial contact is made with them. They are also responsible for ensuring the completion of action plans.

### **3.6 Trust Board**

The Trust Board has ultimate responsibility to be informed and assured that the Trust's system for managing and responding to external visits and recommendations is working effectively.

### **3.7 Audit Committee**

The Audit Committee has overall responsibility for the scrutiny of Corporate Governance including Internal and External Audit related visits and recommendations and will:

- Receive a summary report of all related visits and approve the action plans to address the recommendations
- Report to the Board on general progress or areas of concern
- Ensure, through the Audit Committee, that any lessons to be learnt are identified, implemented and shared across the organisation
- Report on the Trust's current position, any implications for corporate practices, any financial consequences for implementing the recommendations and any other implications for the Trust

### **3.8 Quality and Safety Committee**

The Quality and Safety Committee have overall responsibility for Clinical Governance and Quality related visits and recommendations and will:

- Receive a summary report of all visits and approve the action plans to address the recommendations
- Report to the Board on general progress or areas of concern
- Ensure, through the Quality and Safety Committee and the Quality & Governance Divisional meetings, that any lessons to be learnt are identified, implemented and shared across the organisation
- Report on the Trust's current position, any implications for clinical practices, any financial consequences for implementing the recommendations and any other implications for the Trust

### **3.9 Deputy Director Nursing and Quality**

The Deputy Director of Nursing and Quality will liaise with all relevant Deputy Directors to ensure they all, as identified Deputy Directors, co-ordinate their directorates responsibilities for:

- Maintaining a schedule of review dates and to record and monitor responses to the recommendations and requirements of external agency visits, inspections and accreditations
- Ensuring, where appropriate, that any electronic held system for recording data relevant to external agency visits, inspections and accreditations is kept up to date
- Maintaining action plans to implement any recommendations made as a result of reviews

- Ensuring action plans are reviewed regularly and evaluated by the relevant group or committee
- Liaising with Lead Directors and Nominated Management Leads for specific external agency visits, inspections or accreditations
- Liaising with the appropriate Lead Directors and Nominated Lead Managers to ensure reports and actions plans are produced and submitted to the appropriate committees / groups
- Liaising with the appropriate Lead Directors and Nominated Lead Managers to ensure that the organisation-wide risk register is populated with risks identified from external agency visits, inspections or recommendations

## **4 Process for Visits, Inspections and Accreditations**

Notification of external visits are received by the Trust in a number of ways. Any scheduled or unannounced external visits should be notified to the Director of Nursing and Quality immediately to enable entry on the schedule of review dates database. The Trust Board Secretary should also be informed. The appropriate Nominated Director is responsible for identifying the Lead Director and / or Nominated Management Lead.

### **4.1 Identity of Visiting Organisation**

It is important for the Trust to identify which organisation is visiting, inspecting or accrediting. In each case the Lead Director for the visit must be determined.

### **4.2 Unannounced Visits / Out of Hours Visits**

Many of the organisations retain the right to make unannounced visits and inspections and, in these cases, it is important that the following people are informed as soon as possible in order to provide appropriate support to the visiting organisation:

- Chief Executive
- Director of Governance
- Director of Nursing and Quality
- Director of Operations & Chief AHP
- Director of Finance / Deputy Chief Executive
- The on-call Director
- The on-call Manager

Communication relating to the visit should be cascaded to appropriate areas as soon as possible. A Lead Director and Nominated Management Lead will be identified at the earliest opportunity.

### **Scheduling Visits**

It is the responsibility of the Nominated / Lead Directors to liaise with external organisations to schedule future visits and inspections. The Clinical & Operational teams must be informed in order to maintain a schedule of review dates of future visits.

## **4.3 Planning for Visits**

### **Research**

It is important that the Trust prepares for the visit to maximise its value and minimise any consequences. The Nominated Management Lead will determine what will be required by the external organisation through dialogue with the organisation, reading guidance provided by the organisation, understanding statutory requirements and from their own knowledge and expertise. The Nominated Management Lead will ascertain:

- What the purpose of the visit is and how it will be conducted
- Who the inspectors wish to meet and interview
- What locations they wish to visit
- What facilities the inspectors will require. This could be offices, meeting rooms, equipment, documentations, etc.

### **Preparing Staff**

The Nominated Management Lead will communicate with key staff, ensuring that they understand what is required of them. They will involve service and team managers in this process and will offer advice and support as required. This may require briefing sessions, training, policy development, etc. Staff to be interviewed should be briefed and supported throughout this process. The Trust has a Being Open Policy, and all staff should be honest and truthful with inspections. Some inspectors e.g. HSE inspectors will be enforcing officers and therefore have powers similar to the police and have rights to reasonable access to all areas and can request to interview staff under caution. In extreme cases they can bring individual prosecutions. It is therefore essential that all inspectors are treated with respect and due deference.

### **Collection of Data and Evidence**

The Trust will be expected to produce evidence of compliance with standards or statutory requirements. The Nominated Management Lead and service managers will determine who will lead on the collection of such evidence and presentation of the documentation in a format as preferred by external organisations.

### **Progress Reporting**

The Nominated Management Lead will report on progress in preparing for the visit to relevant groups as appropriate e.g. the Quality & Governance Divisional meetings.

## **4.4 Managing the Visits and Inspections**

The Trust will fully engage in the process of Visits, Inspections and Accreditations. The Nominated Management Lead will manage the visit so that it is a positive experience for all involved. The inspectors should be met by the Chief Executive, Director of Finance / Deputy Chief Executive or Director of Nursing and Quality in the first instance. The Nominated Management Lead will escort the inspector(s) and ensure the Trust meets their needs. Appropriate hospitality should be arranged.

## **4.5 Reviewing External Recommendations**

As well as receiving recommendations following visits and inspections the Trust may also receive recommendations from other sources which are generic to all Trusts or specific to Community Health Trusts e.g. General Medical Council, Nursing and Midwifery Council of the Ombudsman. As with visits and inspections, the Nominated Directors will either delegate the responsibility to a relevant Lead Director, if appropriate, or proceed to identify the Nominated Management Lead.

Following visits the external organisation should provide a written report. Initially this may be verbal feedback given at the conclusion of the visit and in these cases Directors / Service Managers will be available to receive this feedback.

On receipt of any recommendations from external organisations the Nominated Management Lead, liaising with the Nominated Director and / or the delegated Lead Director, will be responsible for reviewing the recommendations and developing a report and an action plan to address any recommendations made.

It is possible that the Trust may receive a written order from the external organisation that must be complied with immediately. The Lead Director / Nominated Management Lead must ensure that the relevant Nominated Director and Committee, including the Trust Board, are informed of this as soon as possible. The report will be presented to relevant groups as appropriate and to the Trust Board if required.

## **4.6 Reporting on External Recommendations**

The Lead Director and Nominated Management Lead will be responsible for submitting the relevant reports and action plans to the identified group / committee who will approve the action plans and determine the frequency of monitoring of progress with the action plan. As appropriate this will be reported to other groups and to the Trust Board if required.

## **4.7 Development of Action Plans**

Some recommendations will have to be addressed quickly and promptly, especially where the Trust is non-compliant with statutory standards. Other recommendations may be advisory, and the Trust has some discretion on how it interprets the recommendation. However, all recommendations need to be understood and assessed. The recommendations will be developed into an action plan (see Appendix 2 for template) by the Nominated Management Lead. The action plan must include:

- Lead for each action
- Timescales for implementation
- Monitoring arrangements

For each recommendation the risk associated with not complying with the recommendation must be determined. The action plans will be reported to and monitored by the relevant committee and where appropriate by the Trust Board.

## **4.8 Review and Monitoring of Action Plans**

The action plan will initially be presented to the Quality & Governance Divisional meetings by the relevant Lead Director and / or Nominated Management Lead before being presented to the Quality and Safety Committee, or Audit Committee as appropriate for approval. The appropriate committee will monitor the plan, ensure its completion and make reports to the Trust Board. If an action cannot be completed due to lack of resources, the risk should be discussed at the Executive Team for either the resources to be identified or for the risk to be tolerated.



#### **4.9 Feedback to the External Organisation**

It is important for the Nominated Management Lead to maintain a dialogue with the external organisation to assure them that the recommendations are being addressed. Regular feedback on progress shows the Trusts commitment. Once the actions have been completed the Chief Executive should write formally to the external organisation to inform them.

#### **4.10 Record Keeping**

A corporate file should be maintained and retained as evidence as a record of all visits, inspections and accreditations. Records should include all correspondence. These files should be the responsibility of the Nominated Management Lead.

### **5 Consultation**

The following have been consulted in the development and production of this policy:

- Director of Nursing and Quality
- Director of Governance
- Director of Operations & Chief AHP
- Director of Finance / Deputy Chief Executive
- Medical Director
- Deputy Director of Operations
- Deputy Director of Nursing and Quality
- Head of Communications

### **6 Monitoring**

See table on next page.

## 7 Monitoring

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
<p>Process for reviewing external recommendations</p> <p>And</p> <p>Process for reporting on external recommendations</p>	Lead Directors and the identified Deputy Director	Review of Reports and Action Plans	Following visits and/or recommendations	Lead Directors and/or the identified Deputy Director will report on the process for reviewing external recommendations to the appropriate committee (Audit Committee/Quality and Safety Committee) The committee is expected to read and interrogate the report and identify deficiencies in the system and act upon them. To be documented in meeting minutes	Quality & Governance Groups will act as the lead group in ensuring required actions are identified and completed within an agreed time frame liaising with and supporting the Nominated Management Lead	The Nominated Management Leads will be responsible for notifying within a specified timeframe changes to the process or practice. A lead member of the team will be nominated to take each change forward where appropriate. Lessons Learnt will be shared with all relevant stakeholders via relevant sub-groups
Process for maintaining action plans developed as a result of external recommendations	Lead Directors and the identified Deputy Director	Review of Action Plans	Following visits and/or recommendations	Lead Directors and/or the identified Deputy Director will report on the process for maintaining action plans developed as a result of external recommendations to the appropriate committee (Audit Committee/Quality and Safety Committee) The committee is expected to read and interrogate the report and identify deficiencies in the system and act upon them. To be documented in meeting minutes	Quality & Governance Groups will act as the lead group in ensuring required actions are identified and completed within an agreed time frame liaising with and supporting the Nominated Management Lead	The Nominated Management Leads will be responsible for notifying within a specified timeframe changes to the process or practice. A lead member of the team will be nominated to take each change forward where appropriate. Lessons Learnt will be shared with all relevant stakeholders via relevant sub-groups

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Process for ensuring action plans are followed up	Lead Directors and the identified Deputy Director	Review of the Schedule of Visits Database and Visits Evaluation Checklist (Appendix 4)	Following visits and/or recommendations and on an Annual basis or in response to concerns or organisational change	Nominated Directors and/or the identified Deputy Director will report annually on the process for ensuring action plans are followed up to the appropriate committee (Audit Committee/Quality and Safety Committee) The committee is expected to read and interrogate the report and identify deficiencies in the system and act upon them. To be documented in meeting minutes	Quality & Governance Groups will act as the lead group in ensuring required actions are identified and completed within an agreed time frame liaising with and supporting the Nominated Management Lead	The Nominated Management Leads will be responsible for notifying within a specified timeframe changes to the process or practice. A lead member of the team will be nominated to take each change forward where appropriate. Lessons Learnt will be shared with all relevant stakeholders via relevant sub-groups
Process for ensuring the organisation monitors compliance with all of the above	The Nominated Director / identified Deputy Director	Review of the Schedule of Visits Database and Visits Evaluation Checklist (Appendix 4)	Annual or in response to concerns or organisational change	The Nominated Directors and/or the identified Deputy Director will report annually on the process for ensuring the organisation monitors compliance with all of the above to the appropriate committee (Audit Committee/Quality and Safety Committee) The committee is expected to read and interrogate the report and identify deficiencies in the system and act upon them. To be documented in meeting minutes	Quality & Governance Groups will act as the lead group in ensuring required actions are identified and completed within an agreed time frame liaising with and supporting the Nominated Management Lead	The Nominated Management Leads will be responsible for notifying within a specified timeframe changes to the process or practice. A lead member of the team will be nominated to take each change forward where appropriate. Lessons Learnt will be shared with all relevant stakeholders via relevant sub-groups

## 7 References

NHS Resolution - [Home - NHS Resolution](#)

## 8 Associated Documents

The following Trust policies are on the Trust website:

- Risk Management Policy
- Complaints Policy

### **Policy & Procedure on Grievance & concerns Freedom to Speak Up Raising concerns Policy9 List of External Agencies**

- National Audit Office: <https://www.nao.org.uk/>
- Care Quality Commission (CQC): [www.cqc.org.uk/](http://www.cqc.org.uk/)
- Commissioners
- NHS Counter Fraud Authority:  
<https://www.gov.uk/government/organisations/nhs-counter-fraud-authority>
- Department of Health: [www.dh.gov.uk](http://www.dh.gov.uk)
- General Medical Council (GMC): [www.gmc-uk.org/](http://www.gmc-uk.org/)
- Health and Safety Executive(HSE): [www.hse.gov.uk/](http://www.hse.gov.uk/)
- Healthwatch: <https://www.healthwatch.co.uk/>
  
- Office for Standards in Education (OFSTED): [www.ofsted.gov.uk/](http://www.ofsted.gov.uk/)
- [NHS England](#)
- [HM Inspectorate of Prisons](#)
- NHS Resolution <https://resolution.nhs.uk/>

## Appendix 1: External Agencies, Lead Committee and Lead Directors and Nominated Managers

External Agency	Lead Committee	Lead Director	Nominated Manager
NHS Resolution	Quality and Safety Committee	Director of Nursing and Quality	Corporate Risk Manager / Deputy Director of Nursing/
Care Quality Commission (CQC)	Quality and Safety Committee	Director of Nursing and Quality	Deputy Director of Nursing/
Health & Safety Executive (HSE)	Quality and Safety Committee	Director of Governance	Associate Director of Governance
Royal Colleges	Quality and Safety Committee	Director of Nursing & Quality Medical Director	As appropriate
Cancer Peer Review	Quality and Safety Committee	Medical Director	As appropriate
Counter Fraud and Security Management Service (CFSMS)	Audit Committee	Director of Finance	Counter Fraud Manager
Department of Health	Quality and Safety Committee	Director of Nursing and Quality	Deputy Director of Nursing & Quality
Local Involvement Networks (LINKs)	Quality and Safety Committee	Director of Nursing and Quality	Deputy Director of Nursing & Quality
NHs	Quality and Safety Committee	Director of Nursing and Quality	Deputy Director of Nursing & Quality
Named Accreditation body	As appropriate depending on subject	As appropriate depending on subject	As appropriate
ICB	Quality and Safety Committee	Director of Nursing and Quality	Deputy Director of Quality
OFSTED (e.g. Joint Area Review – Child Protection Arrangements)	Quality and Safety Committee	Director of Nursing and Quality	Head of Safeguarding, Named Nurse and Named Doctor
Confidential Inquiries	Quality and Safety Committee	Medical Director	Associated Medical Director
Internal Audit	Audit Committee	Director of Finance / Deputy Chief Executive	Director of Governance

External Audit	Audit Committee	Director of Finance / Deputy Chief Executive	Associate Director of Governance
Fire Service	Quality and Safety Committee	Director of Operations & Chief AHP	Associate Director of Estates
Prisons	Quality and Safety Committee	Director of Operations & Chief AHP	Deputy Director of Operations
NHS England	Quality and Safety Committee	Director of Nursing and Quality	Deputy Director of Nursing and Quality

## Appendix 2: Report Template

<b>External Visit:</b>		<b>Date of Review:</b>	
<b>Nominated Lead:</b>		<b>Date of Report:</b>	

<b>Recommendation</b> (Detail all recommendations from report)	<b>Compliance</b> (Yes, No, Partial)	<b>Action / Resources Required</b>	<b>Responsible Lead</b>	<b>Timescale</b>	<b>Monitoring arrangements</b>	<b>Date Action Completed</b>

### Appendix 3: Visits Evaluation Checklist

The process for each visit will be evaluated against the following criteria:

<b>External Visit:</b>		
<b>Date of Visit:</b>		
<b>CE / Nominated Directors notified</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Identified Deputy Directors notified</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Lead Director identified</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Nominated Management Lead identified</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Stakeholders notified</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Stakeholders consulted</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Visit report produced</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Action plan produced</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Visit Report &amp; Action Plan presented to Quality &amp; Safety Committee / Audit Committee</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>





#### Appendix 4: Schedule of Visits Database – Example

External Visit Details (Organisation visit title)	Date of Visit	Visit Assessor/Inspector	Contact details	Nominated Director	Lead Director	Nominated Management Lead	Visit Report Completed (date)

Report Presented to Appropriate Group (detail)	Report Date	Risk Register Populated	Action Plan Produced	Report Presented to Appropriate Group (detail)	Report Date	Actions Deadline (date)	Actions Status (RAG)	Comments