

**Peer Review Feedback and Action Plan**

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| --- | --- |
| **Visit to** | Click here to enter text. |
| **Visit date** | Click here to enter a date. |
| **Lead reviewer** | Click here to enter text. |
| **Review team** | Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Good Practice | Areas for Improvement | Additional Comments |
| Welcome – Meet and Greet | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Environment | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Safe | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Effective | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Caring | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Responsive | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Well Led | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Action Plan**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Peer Review** | | |  | **Name of unit/Ward/Team** | |  | | | |
| **Action no** | **Regulation** | **Recommendations to achieve compliance** | | | **Action/s** | | **Lead** | **Completion date** | **Update / Status** |
| 1 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 2 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 3 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 4 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 5 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 6 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 7 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 8 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 9 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 10 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| *11* | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 12 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 13 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| 14 | Choose an item. | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | Click here to enter a date. | Click here to enter text. |