PRIORY
EDUCATION AND CHILDREN'S SERVICES

POLICY TITLE: Governance and Monitoring

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Applies to:	Schools, Colleges, Children's Homes, CAMH's, Adult Social Care, Foster Care
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Outcome:	Strong governance is essential for good and better schools, colleges, and children's homes. The key role of governance is to support and challenge site leaders to ensure pupils, students and young people receive the best possible education. The governance of Priory sites is a team approach that comprises of the operations team and the quality team working with the site' senior leaders, and with an overview by the Chief Operating Officer (COO).
Cross Reference:	OP28 Supervision H08 Clinical Governance

EQUALITY AND DIVERSITY STATEMENT

Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email LegalandComplianceHelpdesk@priorygroup.com

Governance and Monitoring

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1 INTRODUCTION

1.1 Governance is a fundamental element of ensuring that Priory Education and Children's services provisions are providing the best possible outcomes for the young people we care for and educate. Governance has no agreed definition to adhere to and so Priory Education and Children's services have developed a Governance Structure that most importantly strives to provide the best possible outcomes for the young people we work with. This means that we place emphasis on our own behaviour values which are:

1.1.1 **Putting people first:** We put the needs of our service users above all else.
Being Supportive: We support our employees, our service users and their families when they need us most.
Acting with integrity: We are honest, transparent and decent. We treat each other with respect.
Being positive: We see the best in our young people and each other and we strive to get things done. We never give up and we learn from our mistakes.
Striving for excellence: We have been trusted by our stakeholders, and young people with their care. We take this trust seriously and constantly strive to improve the services we provide.

1.2 Our behaviour values underpin our governance activities and assist us in our purpose of governance, which is to provide confident, strategic leadership and to create robust accountability, oversight and assurance for educational and financial performance. By doing this we:

1.2.1 (a) **Ensure clarity of vision, ethos and strategic direction**
(b) **Provide a balance of challenge and support to leaders**
(c) **Ensuring best value for our stakeholders**

2 EFFECTIVE GOVERNANCE

2.1 Priory Education and Children's services, while not governed by the ideals set out in the Governance Handbook (DfE), are committed to the implementation of the key principles of Effective Governance laid out in this document, which are based on six key features:

(a) **Strategic leadership** that sets and champions vision, ethos and strategy
(b) **Accountability** that drives up standards and financial performance
(c) **People** with the right skills, experience, qualities and capacity
(d) **Structures** that reinforce clearly defined roles and responsibilities
(e) **Compliance** with statutory and contractual requirements
(f) **Evaluation** to monitor and improve the quality and impact of governance.

3 VISION AND STRATEGY

3.1 Priory Education and Children's services are committed to providing a quality service by utilising the Governance as described in this policy and:

(a) Ensuring an ethos and culture of continuous quality improvement that goes beyond compliance to provide outstanding services. Always asking the question; "Would this be good enough for my child?"
(b) Establishing ownership and accountability of quality in leaders and front line staff Monitoring quality via early warning systems to support sites when needed via the management of escalated concern process
(c) Using the quality data to develop the strategic direction of the division. Facilitating an open and transparent culture, observing Duty of Care and Candour, that fosters learning from incidents, complaints, young persons and staff feedback to create a positive outcomes culture
(d) Ensuring the division has highly competent staff who deliver outstanding education and care
(e) Having a senior management team that is structured and drives forward the divisional governance agenda to ensure well lead and well managed schools/colleges/homes that deliver high quality services to children and young people
(f) Fostering a culture that encourages new ideas and innovation.

4 ROLES AND RESPONSIBILITIES

4.1

Role	Responsibility	Accountability	
		To	For
Site Leaders	(a) To oversee and place importance on the governance principles through their staff teams, reporting upwards any matter that requires further attention, or support. (b) Provide weekly information regarding KPIs and performance to Operations Director (c) Provide reports for formal governance meetings	(a) Stakeholders (b) Regulators (c) ODs (d) MDs	(a) Ensuring compliance with all relevant regulatory bodies and standards (b) Reporting to the governance board (c) Ensuring that the local governance sets a clear vision, ethos and strategic direction for the school, college, children's home (d) Ensuring site improvements are rigorous, monitored, actioned and evidenced, supported by the quality team (e) Benchmarking their provision, appropriately (f) Collating and examining data to provide strategic decision making (g) Setting key performance indicators (KPI's).
Operations Directors	(a) To hold site leaders to account for the educational and care performance of the site and its young people, and for the performance management of staff, supported by quality improvement leads, under the direction of the Managing Director in liaison with the Director of Quality (b) The rigorous implementation of well-focused action and improvement plans (c) To maintain the satisfaction of placing authorities (d) To ensure the effectiveness of safeguarding arrangements (e) To provide effective governance of the provision through robust and knowledgeable support and challenge (f) Ensure that children's home visit reports (Regulation 44) are understood and actioned in a	(a) Regulators (b) MDs	(a) Ensuring that the sites are compliant with all relevant regulatory requirements and standards (b) Holding leaders to account (c) Providing support and challenge (d) Ensuring sufficient expertise exists within the governing body to provide sufficient support and challenge (e) Monitoring KPIs. (f) Act as Responsible Individual or oversee the role if delegated

	timely manner (g) Ensure oversight of the financial performance of the site and effective use of the use of the resources, to provide value for money, supported by the managing director. (h) Act as Responsible Individual for Children's homes		
Managing Directors	(a) Ensure that local governance sets a clear vision, ethos and strategic direction for the school, college, children's home (b) Provide a second layer of governance in order to ensure that site improvements are rigorous, monitored, actioned and evidenced, supported by the Director of Quality (Quality Assurance).	(a) Stakeholders (b) Divisional SMT (c) Divisional COO (d) Group COO	(a) Ensuring best value is achieved at each site (b) Ensuring that operations directors have the support and challenge required to fulfil their duty in relation to Governance (c) Authorising sufficient resource to enable progress of sites (d) Providing accurate corporate assurance (e) Evaluating KPIs.
Director of Quality	(a) To provide challenge and support to Managing Directors, Operations Directors and Site Leaders in support of the strategic vision. (b) To provide corporate assurance of the support and challenge; which in turn enables improvements (c) To provide strategic and creative solutions, as well as corporate assurance for quality improvement for the division (d) To ensure the effective deployment of quality leads/advisors (e) To instil a culture of positive support and best outcomes within the quality team, to enable support and challenge to be received by sites.	(a) Divisional SMT (b) Divisional COO (c) Group COO (d) General Counsel	a) Safeguarding across the division b) Ensuring effective monitoring and reduction of risk in relation to safeguarding, quality, compliance and assurance c) Providing accurate corporate assurance d) Evaluating KPIs e) Ensuring regulatory expectations are met f) Ensuring effective challenge and support is provided across the division g) Resourcing quality support across the division
Chair of Proprietor	(a) To set the overall strategic vision for the division. (b) To Liaise with regulators	(a) The Proprietor (b) Regulators (c) Group CEO (d) General	(a) Setting the strategic vision of the division (b) Successful delegation of strategic activities for the division (c) Providing corporate assurance to the Proprietor

		Counsel	

5 COMMUNICATION AND REPORTING STRUCTURE

5.1 **Meetings, Local Level –** Site Leaders will have a meeting structure in place that is communicated throughout their site, giving their staff team the overview of the communication flow. This enables all staff to understand the purpose of reporting and the timelines for decision making. An effective meeting schedule that is well communicated will have a beneficial impact on the young people and their outcomes. Each meeting will be well chaired and minutes from the meetings will be shared and stored appropriately.

5.1.1 In schools and colleges termly formal governance meetings will have a report prepared and distributed 10 days in advance of the meeting. The Operations Director will chair the meeting and provide support and challenge with the view of making further improvements as well as celebrating, and building upon, successes. Where the Operations Director feels the need to provide additional expertise they will commission this from a range of sources.

5.2 **Meetings, Divisional and Group Level** – The Education and Children's services division will hold meetings to discuss themes and issues which require strategic attention as well as site level intervention. These themes can be evident through reports, visits, requests for support as well as data that is collected at a divisional and group level which then become part of the agenda for the divisional and group meetings.

5.3 **Meeting and Reporting Structure for Division and Group** – Group meetings are scheduled through the year and place focus on the quality, and Key performance indicators for the group as a whole. Each division has key representatives at meetings where the division is held to account for its overall performance. These meetings take place in differing frequencies depending on the nature and focus of the meeting. The General Counsel for the group sets the schedule of the meetings, and also monitors progress of each division monthly at the review meetings.

5.3.1 All governance information is collated monthly from the site and division activities, and reported on the group each month as seen in **Appendix 1**.

6 SITE LEVEL GOVERNANCE

6.1 Site leaders will have local procedures in place which support the vision and strategy of the division and provide effective communication within their site and also within the division.

6.2 **Schools/Colleges** will hold termly formal governing meetings where their Operations Director will chair the meeting, and stakeholders determined at a local level will be invited when additional expertise are required. School/college council meetings will also contribute to the governance of schools. Residential special schools will also receive Standard 20 independent visit reports.

6.3 **In Children's Homes** the regulation 44 or regulation 8 visitor and the internal compliance inspector will provide reports to the registered manager and the responsible individual. The responsible individual will also conduct monthly visits and follow-up any findings from the visit with the registered manager through supervision.

6.4 In Adult Social Care Homes the social care assessment visitor will provide reports to the registered manager and the nominated individual. The nominated individual will also conduct monthly visits and follow-up any findings from the visit with the registered manager through supervision. Young people's wishes will also contribute to the governance of the home and registered managers will ensure their views are represented in decision making meetings. It is important that homes who have medical or therapy staff as part of their staff group, pay attention to the additional requirements of these roles.

6.5 **In any site which deals with Eating Disorders or Self-Harm or Therapeutic input** the Site Leader will ensure appropriate links with health care staff are strong and that support is gained for site level governance particularly in relation to clinical and therapy staff, as well as management of risks. The clinical governance policy will be understood and embedded into practice where necessary and the health division will provide support with relevant audits. The Nominated Individual for CQC registered homes is the COO of the healthcare division or the COO of the Adult Care division.

7 MEMBERSHIP AND STANDARD AGENDA ITEMS AT SITE MEETINGS

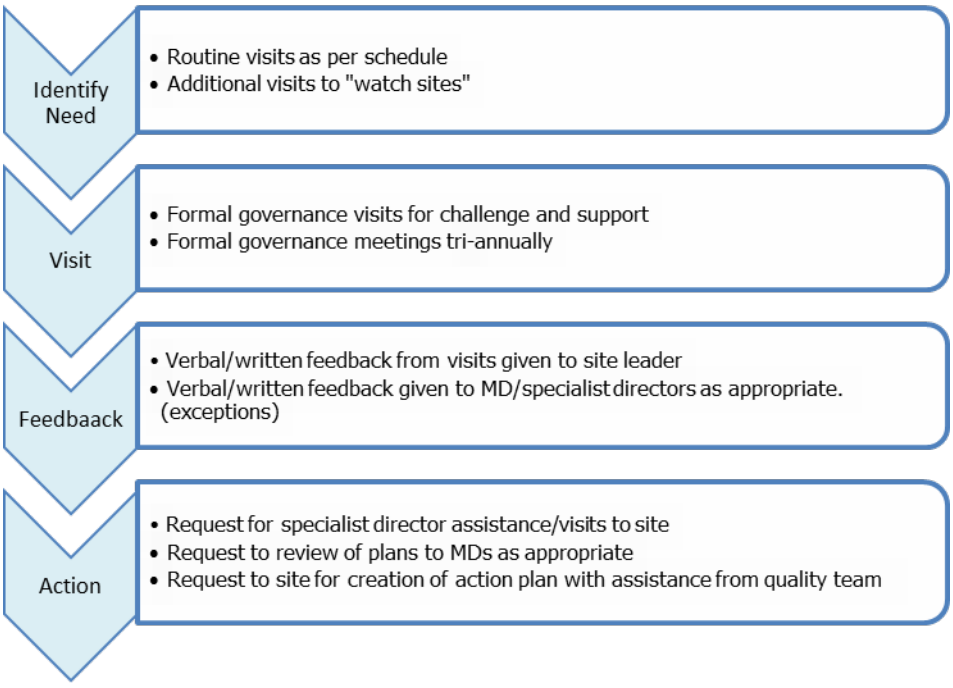
7.1 As a minimum, it is expected that each site holds a management meeting, this should be weekly, or as a minimum a monthly management meeting which should have attendees representing the areas of:

(a) Safeguarding (Mandatory)
(b) Health and safety (Mandatory)
(c) Lessons learnt
(d) Outcomes and transitions of young people
(e) Young people's progress towards targets
(f) Attendance
(g) Finance (Mandatory)
(h) Referrals and admissions (Mandatory)
(i) Therapy/Medical
(j) Residential care (Residential Schools/Colleges - Mandatory)
(k) Staff performance
(l) SEF/SAR/SDP/QIP/Development plan/Action plan review.

7.2 A meeting schedule and standard agenda for the site should be communicated to all staff. Minutes should be taken of the meetings, stored in the appropriate site central area and feedback given to all relevant staff following the meeting.

7.2.1 These meetings will feed into the formal termly governance meetings held by the Operations Director and contribute to the site weekly reports.

8 OPERATIONS DIRECTOR SUPPORT AND CHALLENGE PROCESS



9 THE RESPONSIBILITIES OF THE RESPONSIBLE INDIVIDUAL IN CHILDREN'S HOMES

9.1 The designated responsible individual (RI) is accountable for providing governance to the home, oversee the management of the home and provide supervision of the registered manager. Visits are to be conducted monthly and take account of current legislation and regulation.

9.1.1 During the visits the RI should conduct sampling of records, complete a visit audit report for the registered manager, speak with children and staff in the home. Visits must be documented on the RI audit report. The sampling of safeguarding, physical intervention records, and a review of complaints by the RI is a mandatory requirement for the report.

9.2 The RI should also ensure that recommendations from the regulation 44 visits are actioned in a timely manner and that support is requested from the quality team where necessary.

9.3 The RI should ensure that they are aware of young people's success. They should have an active role in representing and championing the needs of children placed in the home.

9.4 All homes should be visited equally at least monthly whilst making sure that the help is tailored for each home in a way that meets their needs. The RI will need to make decisions about the extent to which actions identified in one home are applicable to all the homes under their responsibility and share information with the quality team for wider dissemination where appropriate.

10 ADDITIONAL REGULATORY "PRACTICE" INSPECTIONS

10.1 If an MD or OD feels that a "practice" or "simulated" regulatory inspection would be beneficial they are able to contact the Director of Quality Assurance and Improvement who will facilitate a site visit by a relevant independent consultant.

10.1.1 These "practice" inspections should be commissioned when the MD and Director of Quality feel it will be of benefit to the site in order to have a clear picture of an area of concern or if they feel that the site is ready to change grade and a second opinion will provide evidence to support an inspection possibly being commissioned from the regulator. If an OD feels an independent visit would be beneficial they should contact their MD for approval.

11 DIVISIONAL GOVERNANCE

11.1 The senior management team (SMT) for the division is made up of the following members:

(a) Division COO
(b) Managing Directors
(c) Director of HR
(d) Director of Finance
(e) Director of Quality Assurance and Improvement
(f) Director of Service Development.

11.2 The SMT meet monthly to discuss the progress towards the objectives of the division; divisional as well as group information, reports, requests are shared in this meeting. Group associates from compliance, health and safety, safeguarding, projects, marketing, training, and other departments as necessary also contribute to the meetings as required.

12 QUALITY TEAM SITE VISITS

12.1 As part of the divisional governance framework the quality team are available to support sites. This can include; site visits, remote support, training, policy creation and review,

best practice and information sharing, advice and guidance, action planning support, preparation for inspection, coaching, disseminating lessons learned as well as responding to bespoke requests for support from sites, operations directors and managing directors.

12.2 Site visits may also be conducted by the quality team based on information gained through e-compliance, regulation visits, or the dashboard and visits are conducted as seen in the following process

12.3 **Site Visits** –

(a) QIL/QA uses e-compliance, dashboard, compliance team reports, escalated concerns and other available reports and data;
(b) QIL/QA plans visits according to areas of concern;
(c) QIL/QA contacts site to arrange visit and provides the site visit feedback request form, including OD in communication;
(d) QIL/QA visits site to address red flag areas;
(e) QIL/QA writes report and provides to site leader and OD. Report is stored centrally and the DOQ is notified when significant information has been obtained. (significant information could be safeguarding concerns, risk to reputation, anything that requires a strategic solution wider than the site issue);
(f) QIL/QA assesses time commitment needed to support the site with improvements and books in further dates with site leader;
(g) Feedback of visit is gathered from site and OD.
(h) Feedback is evaluated by DofQ and used to inform strategy and future direction of Quality support

13 GOVERNANCE ACTIVITIES

13.1 Governance takes many forms and is not limited to formal governance meetings. There are a number of site and central services activities that take place which all contribute to an overall framework of site governance. The activities are all aligned with providing the best outcomes for the young people in our education and care services and assist sites in meeting their compliance obligations, regulator expectations, the site created key performance indicators, and the quality performance indicators of the Education and Children's services division and the Priory Group overall. See **Appendix 2**.

14 GOVERNANCE COMMITTEES

14.1 **Divisional Governance committee**

The divisional governance committee is made up of the senior management team for the division. The committee meets to discuss and question key themes 4 times per year. These meetings are informed by site governance reports, divisional reports, and divisional committees.

14.2 **Divisional Safeguarding committee**

The committee is made up of the Director of Quality who holds responsibility for the safeguarding within the division, the Group safeguarding Lead, and representatives from the operational functions within the division. The committee meets four times per year and reports into the Group safeguarding committee.

15 INSPECTION REPORTS AND ACTION PLANS

15.1 Governance is supported by a number of internal (e.g. health & safety, infection control, finance and clinical, compliance) and external inspections. Inspection Reports and Action Plans will be made available to the young people, parents/carers and stakeholders as per regulatory requirements. They should be discussed with colleagues at regular meetings where minutes of the meeting are taken and a record kept.

15.2 Actions plans following inspection are to be created by the site and sent on to the quality team for review. All required actions are expected to be completed within the timescales identified on the action plan and depending on the grade given during the inspection; weekly, bi-weekly, monthly calls will be scheduled as appropriate and will be attended by the site leader, OD, quality team and or compliance team as necessary. The calls will be scheduled by the quality team or compliance team, as appropriate to recent grading

16 REFERENCES

16.1 Children's Homes Regulations 2015
Ofsted Inspection of Non-association Independent Schools Handbook
The Education inspection framework
DfE (2015) Residential Special Schools: National minimum standards
Further education and skills inspection handbook Regulated services (Service providers and responsible individuals) (Wales) amendment regulations 2019
Statutory Instrument No. 1264 (W.295) Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

Appendices:
Appendix 1 - Communication and Reporting Structure
Appendix 2 - Governance Activities

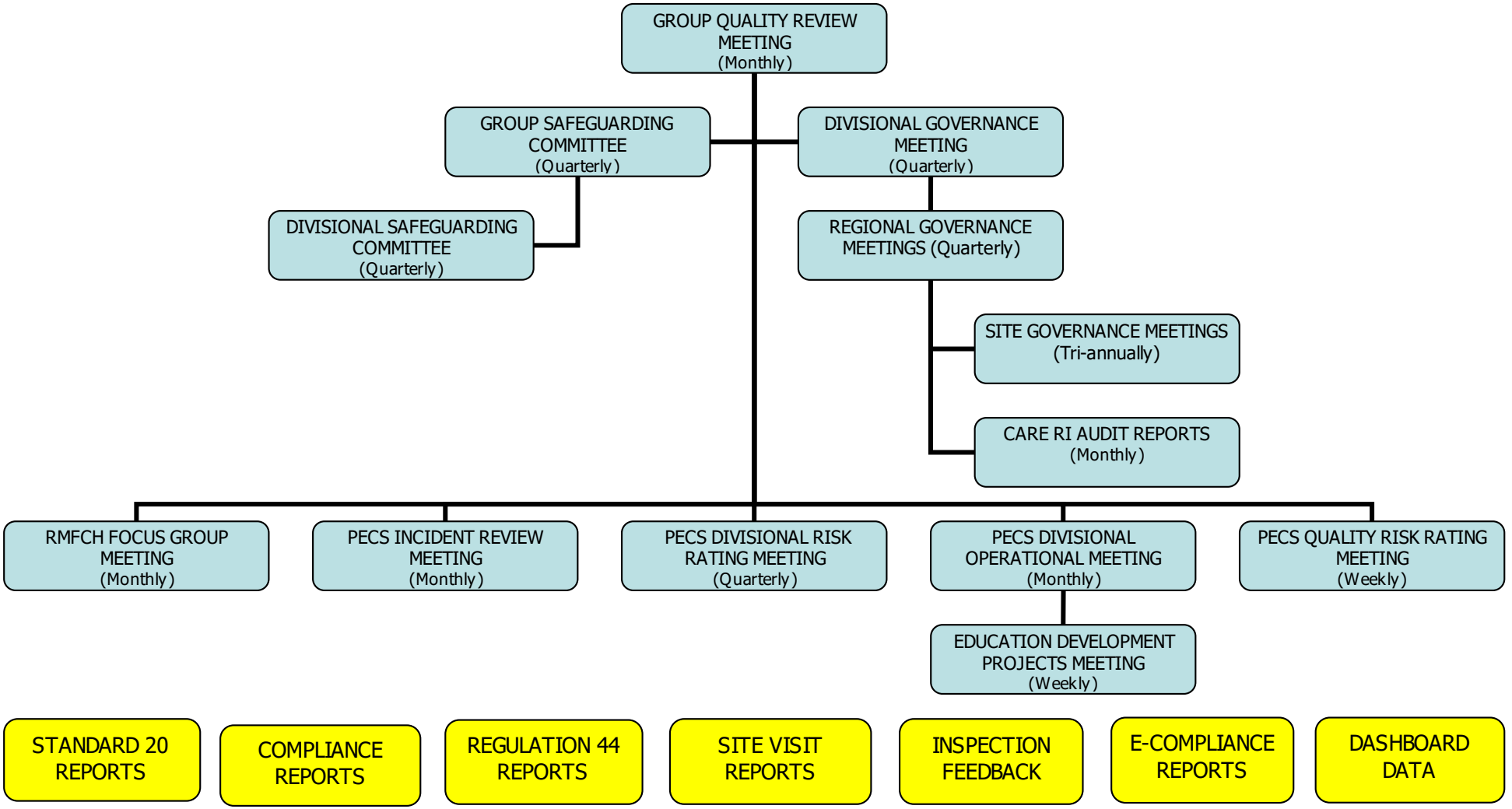
Associated Forms:
ESC Form: 16A (Schools) Independent School Standards (ISS) Audit
ECS Form: 16AA Children's Home Regulations Audit
ECS Form: 16AB (Schools) Residential Special Schools National Minimum Standards Audit
ECS Form: 16AC Care Practice Observation Record
ESC Form: 16C Site Leader Weekly Report to Operations Directors
ESC Form: 16D (Schools) Half-Termly Governance Report
ESC Form: 16G (Schools) Termly Governance Report
ECS Form: 16GA (School & Colleges) Termly Governance Minutes
ESC Form: 16H (Schools) Governance Meeting Summary: Site Safeguarding
ESC Form: 16J Monthly Internal Social Care Quality Assessment Checklist
ESC Form: 16K Responsible Individual Monthly Governance Visit Report
ESC Form: 16L Registered Manager (RM) Weekly Monitoring Report
ESC Form: 16M Governance and Challenge Record: Schools and Colleges
ESC Form: 16N Operations Team: Governance and Challenge Visit Record
ESC Form: 16P Quality Improvement and Assurance: Site Support Visit Record
ECS Form: 16Q Quality Improvement and Assurance: Site Support Visit Feedback
ECS Form: 16R Environment Walk-around: Quality Checklist
ECS Form: 16S Quality Assurance Single Central Register Governance Checklist (Schools and Colleges)
ECS Form: 16T Termly Quality Review Report: Residential Care
ECS Form: 16U Registered Manager's Review of Quality of Care: Children's Home (Reg. 45 England)
ECS Form: 16V Quality Review Consultation: Children's Questionnaire
ECS Form: 16W Quality Review Consultation: Parents/Carers/Advocates/IV/Placing Authority Representative
ECS Form: 16X Quality Review Consultation (Children's Homes): Children's Questionnaire
ECS Form: 16Y Quality Review Consultation (Children's Homes): Parents/ Carers/ Advocates/ IV/ Placing Authority Representative
ECS Form: 16ZA Operations Director Weekly Report to Managing Director
ECS Form: 16ZB SMT Weekly report to Chief Operating Officer
ECS Form: 16ZC Managing Directors Weekly Report

Supporting Documents:

ESC Supporting Document 16a (Schools) Strengthening Quality and Governance
ESC Supporting Document 16b (Schools) Governance Model
ECS Supporting Document 16d (Schools & Colleges) Tri-Annual Governance Meeting Agenda
ECS Supporting Document 16e (Colleges) CAS Group Agenda
ECS Supporting Document 16f (Colleges) CAS Group Mission Statement & Terms of Reference
ECS Supporting Document 16h SCR Guidance
ECS Supporting Document 16u Regulation 45 Guidance for Registered Managers

Appendix 1

COMMUNICATION AND REPORTING STRUCTURE



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Appendix 2

GOVERNANCE ACTIVITIES

Sites	Activity	Frequency	Owner	Monitoring supported by
Schools/Colleges	Formal governance meetings	Termly	OD	Quality team (QT)
	e-compliance monitoring of reports	Daily	MD/OD/Site	QT
	quality visits	As necessary	Quality team	DoQ
	safeguarding audits	Annually	Site	QT
	environmental audits	Termly	Site	QT
	Site senior management meetings	Monthly (Minimum)	Site	OD/MD/ QT
	Performance appraisals	Annually	Site	HR/QT
	Headteacher Performance Reviews	Annually	OD	HR/OD/MD/QT
	Peer review and benchmarking	Annually	Site	QT
	SEF/SAR	Annually	Site	OD/QT
	Quality Improvement plan/School Development plan	Created annually and monitored through management meetings and at governance meetings	Site	OD/MD/QT
	Action plan creation and monitoring	Post Inspection, Audit or Visit	Site/OD	QT/Compliance team
	Stakeholder surveys	Annually	Site	QT
	ISS AUDIT	Annually	Site	QT
	NMS Audit	Annually	Site	QT
	Standard 20 visits	6 visits per year	Compliance team	QT
	Behaviour Support plan audit	Annually	Site	QT
	Individual Risk Assessment Audit	Annually	Site	QT
	Care/ Placement Plan Audit	Annually	Site	QT
	Medication audits	Monthly	Site	QT
	Children/ Young People's Survey	Annually	Site	QT
	Outcomes Survey	Annually	Site	QT
	Fire risk audit	Quarterly	Health and Safety team	MD/QT
	Site Leader report	Weekly	Site leader	OD/MD
RSS care	Standard 13 Care Report	Tri-annually	Compliance team	QT

Sites	Activity	Frequency	Owner	Monitoring supported by
Children's Homes	Formal governance meetings	Tri-annually	OD	QT
	e-compliance monitoring of reports	Daily	OD/MD	QT
	Quality visits	As necessary	Quality Team	DoQ
	Health & Safety audits	Annually as minimum	Health and safety Team	MD/QT
	safeguarding audits	Annually as minimum	SITE	QT
	environmental audits	Annually as minimum	SITE	QT
	Site senior management meetings	Monthly (minimum)	SITE	OD/MD
	Performance appraisals	Annually	SITE	HR/OD/MD
	Peer review and benchmarking	Annually	SITE	OD/MD
	Internal compliance inspection	As necessary	MD/QT	DoQ/Compliance team
	Quality Improvement plan/ Development plans	Created annually and monitored through management meetings	SITE	OD/MD/QT
	Action plan creation and monitoring	Post Inspection, audit or visit	SITE	OD/QT/Compliance team
	Stakeholder surveys	Annually	SITE	QT
	Location review	Annually	SITE	OD/MD/QT
	Medication audits	Monthly	SITE	QT
	Health and Safety survey	Annually	Health and Safety team	OD/MD/QT
	Behaviour Support plan audit	Annually	SITE	QT
	Individual Risk Assessment Audit	Annually	SITE	QT
	Care/ Placement Plan Audit	Annually	SITE	QT
	Infection Control audit	Bi-Annually	SITE	QT
	Children/ Young People's Survey	Annually	SITE	OD
	Outcomes Survey	Annually	SITE	OD/MD/QT
	Regulation 45 report	Bi-annually	SITE	OD/MD/QT
	Statement of purpose review	Bi-annually	SITE	OD/MD/QT
	Fire risk audit	Quarterly	Health and Safety Team	OD/MD/QT
	Site leader report	Weekly	Site Leader	OD/MD

Sites	Activity	Frequency	Owner	Monitoring supported by
CQC Registered homes	Formal governance meetings	Termly	OD	QT
	e-compliance monitoring of reports	Daily	OD/MD	QT
	Quality visits	As necessary	Quality Team	DoQ
	Health & Safety audits	Annually as minimum	Health and safety Team	MD/QT
	safeguarding audits	Annually as minimum	SITE	QT
	environmental audits	Annually as minimum	SITE	QT
	Site senior management meetings	Weekly	SITE	OD/MD
	Performance appraisals	Annually	SITE	HR/OD/MD
	Peer review and benchmarking	Annually	SITE	QT
	SEF/SAR	Annually	SITE	QT
	Quality Improvement plan/School Development plan	Created annually and monitored through management meetings	SITE	OD/MD/QT
	Action plan creation and monitoring	Post Inspection, audit or visit report	SITE	OD/QT/Compliance team
	Stakeholder surveys	Annually	SITE	QT
	ISS AUDIT	Annually	SITE	QT
	Social care assessment ECS Form 16F	Monthly	Compliance team	QT
	Health and Safety survey	Annually	Health and Safety Team	OD/MD/QT
	Behaviour Support plan audit	Annually	SITE	QT
	Individual Risk Assessment Audit	Annually	SITE	QT
	Care/ Placement Plan Audit	Annually	SITE	QT
	Medication audits	Monthly	SITE	QT
	Children/ Young People's Survey	Annually	SITE	QT
	Outcomes Survey	Annually	SITE	OD/MD/QT
	Fire risk audit	Quarterly	Health & Safety team	OD/MD/QT
	Clinical and care supervision attendance audit (clinical /Therapy staff only)	Quarterly	Site	MD/QT
	Registered Nurses registration and CPD audit	Annually	Site	MD/QT
	Site Leader report	Weekly	Site Leader	OD/MD
	Therapy staff registration and CPD audit	Annually	Site	MD/QT