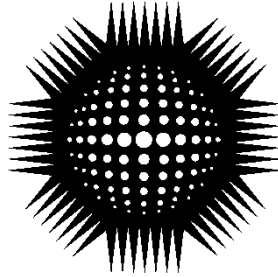


NEBOSH National Certificate in the Management of Health and Well-being at Work



nebosh

UNIT NHC2: HEALTH AND WELL-BEING PRACTICAL APPLICATION

Guidance and information for accredited course providers and candidates

This document provides comprehensive guidance on the presentation and submission of the Unit NHC2 practical application. It includes guidance on the structure and style of the report. Candidates should study this document carefully before submitting their practical application.

The guidance should be read carefully in conjunction with the practical application mark scheme, which is included in this guidance document, to provide a clear guide to the requirements of the practical application.

Introduction

The aim of this unit is to assess a candidate's ability to complete successfully a health and well-being at work review of a workplace using the NEBOSH health and well-being at work review proforma. The candidate is then required to complete a report to management regarding the review with justified recommendations using the NEBOSH review report template.

This will require candidates to apply the knowledge and understanding gained from their studies of elements of Unit NHC1 in a practical environment and to carry out an evaluation of information gathered during the review. The whole practical application should not normally take more than one day. The proforma and report may be submitted in the candidate's own handwriting or be word processed.

The proforma and report should clearly identify:

- the nature, and if appropriate, the location of each health and well-being at work issue;
- review findings with prioritisation and justification;
- clear links to strengths and weaknesses in the way that health and well-being at work is managed, with relevant prioritisation.

The practical application must be carried out in the candidate's own workplace.

Guidance should be given by the accredited course provider to help candidates select an appropriate area. The following factors should be taken into account:

- the chosen area must be accessible to the candidate and management must be willing to co-operate by providing information and giving their time. Some of the assessment is based on the review of policies and risk assessments although no judgement on the suitability and sufficiency of the risk assessments is required.
- the chosen area must be sufficiently simple and small to allow the practical application to be completed within one day. On large sites, or where there are many complex issues, candidates are advised to select a smaller area within the site, such as a warehouse, maintenance depot or single production area. On smaller sites, candidates could cover the whole site in their review.
- there may be constraints affecting the practical application which should be identified at the outset. A commonly encountered constraint is confidentiality. Where confidentiality requires, locations and company names may be omitted from the report, or alternatively, guidance should be sought from NEBOSH.

Where the candidate does not have access to a suitable workplace, the accredited course provider should be consulted to help in making arrangements for the candidate to carry out the practical application at suitable premises. Accredited course providers seeking to run the practical in this way should contact NEBOSH for advice and approval.

Management at the premises should be consulted to ensure the candidate can carry out the review without endangering their own health and safety.

Candidates do not require supervision when carrying out the practical application but the candidate must sign a declaration that the submission is their own work (Appendix 1). If this declaration is not submitted the candidate's result may be declared void. A signature can be electronic or can be faxed.

Candidates, employers and internal assessors should be aware that the status of the health and well-being review and report; it is undertaken to fulfil the requirements of Unit NHC2 and is for **educational purposes only**.

What to do if an accredited course provider's staff, family members or friends are sitting a NEBOSH examination or assessment

Accredited course providers **must** declare in writing to NEBOSH any employment and/or familial, spousal or other close personal relationship with any examination or assessment candidate.

For any such candidate declared, the accredited course provider must select one of the following options, inform NEBOSH of their choice in writing, and bear all necessary costs:

- The candidate may sit their NEBOSH assessments as an (external) candidate at another accredited course provider; or
- Accredited course provider may arrange with NEBOSH for an independent invigilator appointed by NEBOSH. Any practical assessment will need to be marked by a Practical Assessor appointed by NEBOSH.
- If outside of the UK the accredited course provider may arrange for the candidate to sit their examinations with the British Council. Any practical assessment will need to be marked by a Practical Assessor appointed by NEBOSH.

Date of Assessment

Assessment of the practical unit (NHC2) must normally take place **within 10 working days** of (before or after) the date of the NHC1 written paper (the 'date of the examination'). Examinations will be available for this qualification up until 31 December 2021.

If a candidate is absent from the written papers because of illness corroborated by a doctor's note, but successfully completes the NHC2 unit with the 10 working day deadline, the result will stand. If a candidate is unable to complete the NHC2 unit under similar circumstances, NEBOSH may allow it to be taken at a later date beyond the normal 10 working day deadline.

The accredited course provider should advise the candidate of the latest date by which the completed report and observation sheets must be received by the accredited course provider for marking. It is the responsibility of the accredited course provider to ensure that the results of the practical (NHC2) are available to NEBOSH by no later than 15 working days after the date of the examination for NHC1.

Completion of study for NHC1 is recommended in order to undertake the practical application unit NHC2.

Candidates planning to post their reports to the accredited course provider should be reminded of the need to guard against loss in the post by sending their work by trackable delivery. Candidates are therefore advised to retain copies of both their completed proforma and final management report.

Tutor support

Tutors and candidates should ensure that they understand fully the requirements of the guidance document. There are two hours of teaching time available for tutors to explain the assessment requirements to candidates. Following this the assessment must be the candidate's own work; tutors must not read and/or amend drafts of the practical and must not provide a 'pre-mark'.

Marking

Practical applications will be marked by an internal assessor – a person proposed to NEBOSH by an accredited course provider and approved by NEBOSH. Internal assessors must be appropriately qualified. This will include qualified Human Resources professionals, Occupational Health Advisors or Health and Safety Practitioners. The internal assessor can also be a tutor. Please note (as detailed above in 'tutor support') the candidates' practical assessment (including drafts) must not be pre-read or pre-marked.

A marking sheet (Appendix 2) will be completed by the internal assessor for each candidate and attached to the candidate's report. The total percentage mark for each candidate will be entered onto the CPI by no later than 15 working days after the examination date of NHC1.

Candidates must achieve the pass standard (60%) in this unit in order to satisfy the criteria for the qualification.

Moderation

Marked NHC2 assessments are subject to external moderation by NEBOSH to monitor the standard being set and marks awarded by the internal assessor may, therefore, be subject to adjustment; this could result in a higher or lower final mark.

The review proforma and report should not be sent to NEBOSH unless they are called in. However, the review proforma and report should be retained with the mark sheet for each candidate for at least six weeks following the date of issue by NEBOSH of the examination results to which they relate. Practical applications may be called in at any time from the date of the examination until six weeks after the issue of results.

Candidates may lodge an EAR (enquiry about result) within the timeframe as advised on their URN (unit result notification).

Retention of practical samples by course providers

NEBOSH monitors the consistency of internal assessment by accredited course providers (eg, practicals marked by the course provider) over time. Course providers are therefore required to retain representative samples of practical applications (eg, high pass, low pass, refer) for each standard sitting or cohort for a **rolling three year period**.

The sample of practicals to be retained by accredited course providers will be no more than 24 scripts per year per qualification, but providers may choose to retain more for internal quality assurance purposes. Providers should retain the archived sample for three years in a manner that makes them easily retrievable. This is intended to enable accredited course provider staff to monitor the standards of candidate performance in the practical application over time, and make improvements to their delivery when necessary. Additionally, the samples will serve as exemplar materials for practical application assessors appointed by accredited course providers to use as guidance in their assessment decisions.

Sampling of provider-marked scripts enables NEBOSH to ensure that the standard of marking for internal assessment remains consistent over time both within and between accredited course providers. Using archived materials in this way is intended to maintain marking standards and enhance parity between the marks before and after moderation.

Other scripts should be disposed of as confidential waste.

Completion of proforma

Candidates will be supplied with a copy of the proforma from their accredited course provider which may be photocopied for the purpose. An example proforma is given at Appendix 3. Candidates should be encouraged to review the contents of the proforma and then be given an opportunity to discuss any areas about which they are unsure. Once any concerns have been addressed, candidates should make initial preparations for the practical application. This may entail obtaining formal agreement from the managers responsible for their chosen area and advising them of the requirements for the review. Convenient dates for the practical application work should be agreed well in advance.

Candidates are required to answer each question in each section of the proforma and add additional comments to support/justify their answer.

There should be sufficient information on the proforma to enable the candidate to complete a comprehensive report to management on their findings. Candidates are also advised to make notes on the area reviewed, including activities taking place, in order to complete the introduction to their report. Whilst poor spelling and grammar will not be marked or penalised, if the assessor is unable to read or to understand the notes made by candidates during their review then invariably fewer marks will be awarded than would otherwise have been the case. The practical application may be submitted in the candidate's own handwriting or word processed.

Marking of proforma

Candidates are advised to refer to the marking matrix given at Appendix 5 and the marking sheet given at Appendix 2.

Assessors must use their professional experience and judgement to make an assessment of the types and range of health and well-being at work issues likely to be present.

Responses to the proforma questions and associated comments (20 marks)

All questions of the proforma should be completed and comments given to justify each answer.

Higher marks will be awarded for relevant and outlined justification for each response to all questions of the proforma. Responses of yes, no or not applicable cannot be awarded high marks.

Completion of report

Candidates should use the 'Candidate report template' given at Appendix 4 to structure their report. The recommended word count for the report is between 500 and 750 words; however, candidates will not be penalised for reports which are shorter or longer than the recommended length. Candidates must, however, bear in mind that the report should address each of the marking matrix's criteria. This will allow candidates to attract the complete range of marks

available as shown in the marking matrix. Candidates should not simply duplicate the proforma. Candidates can consult reference books when preparing the report, but plagiarism will be dealt with as malpractice.

The report should contain sufficient evidence to convince senior manager/s to implement the recommendations and be written in such terms that a manager would be able to take reasonable action based on the evidence submitted. Reports which are too short or too long may lose the reader due to there being too little or too much information. Reports based on unsupported generalities and those that simply reiterate the contents of the proforma will be awarded low marks.

If none of the criteria to award marks is met, then zero marks will be awarded.

Marking of report

Candidates are advised to refer to the marking matrix contained in Appendix 5 and the mark sheet contained in Appendix 2.

Report – Introduction and Summary

Introduction providing an overview of the chosen area (5 marks)

Candidates should start with the details of the review, stating where and when the review took place. A clear and appropriate overview of the chosen area and of the activities occurring in the area should be given.

Higher marks will be awarded for information identifying the size of the workplace and demographics of employees (eg numbers, working age, disability etc.) as this will have a bearing on the assessment findings and recommendations.

Executive summary (5 marks)

The summary should be written after the candidate has completed the rest of the report but it should be inserted at the beginning of the report. The purpose of the summary is to provide a **concise** overview of the important points arising from the work and **summarise** the main conclusions and recommendations arising from it.

A summary should provide sufficient information to enable a busy manager to make a decision as to whether or not to read the full report and to provide a persuasive case for implementation of recommendations made.

Report – Main findings of the review

Interpretation of review findings with prioritisation and justification (15 marks)

There should be a logical progression from the issues identified on the proforma.

Candidates are expected to clearly interpret findings identified within the review. Higher marks will be awarded for findings that are consistent with those identified in the proforma and are justifiably prioritised.

Clear outline of the strengths and weaknesses in managing health and well-being at work in the chosen workplace (25 marks)

Candidates are expected to clearly outline strengths and weaknesses in managing health and well-being in relation to the review findings in each of the following headings:

- Organisational support;
- Communication and employee involvement;
- Policies and procedures;
- Sickness absence monitoring, health assessment and review;
- Competence and interventions.

Higher marks will be awarded for clear outlines of the strengths and weaknesses in managing health and well-being with persuasive arguments for action within the FIVE specified headings.

Report – Conclusions and Recommendations

Clear and concise conclusions which are clearly related to findings and are effective in convincing management to take action (15 marks)

This section should provide a concise summary of the findings identified in the main body of the candidate's report. The conclusions should not introduce new issues or additional factors. Relevant and appropriate information should be provided to persuade management to take action.

The candidate must convince management to take action on the issues identified from the review. This should include clear legal, moral and financial arguments.

The possible costs of not taking action should be included. Financial benefits could also be included, such as reduced sickness absence may also accrue from making appropriate changes.

Recommendations which present realistic actions to improve health and well-being in the chosen area (15 marks)

Candidates should include recommendations based upon their conclusions. The recommendations must be realistic, appropriately prioritised and have appropriate cost estimations. Candidates are not expected either to know or to estimate actual costs but should demonstrate that they are aware of cost implications. If training is recommended as a solution to a problem, candidates should indicate if this is likely to require a few hours of work-based instruction or several days of more costly off-the-job training. It is the assessment of magnitude of the cost that is important, rather than precise figures, eg candidates may refer to the number of worker hours as a measure of cost.

Recommendations should be prioritised. The most pressing issues, those which present the highest risk levels and those that can be done immediately at little or no cost, should be addressed first. Priorities should be specified as high, medium or low based on the findings of the report.

Higher marks will be awarded for suitably prioritised recommendations with appropriate review dates.

APPENDIX 1

NHC2 – Health and well-being practical application

Candidate and course provider declarations:

For completion by the candidate:

I declare that the work submitted for this practical application assessment ie. the completed observation sheets and the report to management, is my own work. I recognise that contravention of this statement constitutes malpractice and may result in my being subject to the penalties set out in the NEBOSH Malpractice policy.

Name (Print) _____

Signature _____

Date _____

For completion by a course provider representative (eg internal practical assessor):

I declare that the work marked is identical to that received from the candidate. I recognise that contravention of this statement constitutes malpractice and may result in my being subject to the penalties set out in the NEBOSH Malpractice policy.

Name (Print) _____

Signature _____

Date _____

For completion by the course provider's internal practical assessor:

I declare that I have marked this work and am both qualified and approved by NEBOSH to do so. I recognise that contravention of this statement constitutes malpractice and may result in my being subject to the penalties set out in the NEBOSH Malpractice policy.

Name (Print) _____

Signature _____

Date _____

NB: This declaration must be completed in full, submitted and retained with the candidate's script. If this declaration is not submitted the candidate's result may be declared void.

APPENDIX 2

NATIONAL CERTIFICATE IN THE MANAGEMENT OF HEALTH AND WELL-BEING AT WORK



Assessor's marking sheet

NHC2 – Health and well-being practical application

Date of practical application _____

Name of assessor _____

Course provider
number

Course provider
name

Student number

Student name

	Criteria	Maximum marks available	Assessor's marks awarded	NEBOSH moderated marks (if different)
1	Completion of proforma			
1.1	Responses to the proforma questions and associated comments	20		
2	Introduction and Summary			
2.1	Introduction providing an overview of the chosen area	5		
2.2	Summary of the review findings	5		
3	Main finding of the review			
3.1	Interpretation of review findings with prioritisation and justification	15		
3.2	Clear outlines of the strengths and weaknesses in managing health and well-being at work in the chosen workplace	25		
4	Conclusions and recommendations table			
4.1	Clear and concise conclusions which are clearly related to review findings and are effective in convincing management to take action	15		
4.2	Recommendations presents realistic actions to improve health and well-being in the chosen area	15		
TOTAL MARKS		100		

Outcome: PASS (60% or more)

REFER (less than 60%)

Date assessed ____ / ____ / ____

Assessor's signature _____

Date received by course provider ____ / ____ / ____

Date received by NEBOSH
(if applicable) ____ / ____ / ____

Assessor's general comments on the practical application:

ASSESSED BY (name in block letters) _____

The mark sheet must be retained by the Course Provider and sent to NEBOSH only if requested.
A copy of the mark sheet can be given to candidates if requested.

NEBOSH USE ONLY

NEBOSH Moderator's comments:

APPENDIX 3

**NATIONAL CERTIFICATE
IN THE MANAGEMENT OF
HEALTH AND WELL-BEING
AT WORK**



Candidate's proforma

**NHC2 – Health and well-being
practical application**

Sheet number ____ of ____

Student name _____

Student number _____

Place inspected _____

Date of inspection __/__/__

Section 1- Organisational Support

1.1 Is your initial impression that the senior management of the organisation are committed to health and well-being at work and it is embedded in the core values of the business?

Yes	No	N/A

Comments:

1.2 Are there health and well-being at work recommendations featured with targets in the organisations strategy/business plan?

Yes	No	N/A

Comments:

1.3 Are specific resources identified and made available for health and well-being at work activities?

Yes	No	N/A

Comments (please give examples):

1.4 Is there any evidence of manager training in health and well-being at work?

Yes	No	N/A

Comments:

1.5 Are health and well-being at work issues/plans/targets regularly reviewed by senior management?

Yes	No	N/A

Comments:

1.6 Has the organisation been accredited against a specific health at work standard (eg Welsh Corporate Health Standards) or one which includes health as a core component eg IIP?

Yes	No	N/A

Comments:

1.7 Is there a health and well-being at work champion in the work place? If so, are they in a position to effectively influence changes?

Yes	No	N/A

Comments:

1.8 Has the organisation carried out an overall occupational health needs assessment?

Yes	No	N/A

Comments:

Section 2- Communication and employee involvement

2.1 Is there evidence that health and well-being at work issues are communicated to employees through a range of means; eg (i) communication at meetings, (ii) notice board, (iii) displays, (iv) leaflets, (v) newsletters etc

Yes	No	N/A

Comments:

2.2 Is this communication effective?

Yes	No	N/A

Comments:

2.3 Is there any evidence that employees are involved, consulted and can raise any views on health and well-being at work issues in the organisation? For example through staff suggestions schemes with feedback to employees; staff surveys etc

Yes	No	N/A

Comments:

2.4 Is the communication in a form which is accessible to everyone who may need it, for example, for the visually impaired, languages other than English?

Yes	No	N/A

Comments:

2.5 Do you think employees are actively engaged in any health at Work activities? Consider:

- How many would you say were involved?
- Are there any barriers to participation? eg shift work, home workers?
- Are there activities inclusive for all staff eg disabled?
- Have there been any access/special arrangements made for these activities eg showers, timing of events, paid to attend or in own time?

Yes	No	N/A

Comments:

2.6 Is the participation of employees in health and well-being activities recorded?

Yes	No	N/A

Comments:

2.7 Do employees actively take responsibility for health and well-being at work activities themselves? eg organise walking clubs, keep fit classes?

Yes	No	N/A

Comments:

Section 3: Policies and procedures

3.1 Is there an overall policy for the management of health and well-being at work which has been communicated to employees?

Yes	No	N/A

Comments:

3.2 Is there a policy that incorporates the management of musculoskeletal disorders which is communicated to employees?

Yes	No	N/A

Comments:

3.3 Is there any assessment of risk of musculoskeletal injury to employees in the organisation?

Yes	No	N/A

Comments:

3.4 Is there a policy that incorporates the management of mental health which is communicated to employees?

Yes	No	N/A

Comments:

3.5 Is there any assessment of risk to the mental health of employees in the organisation?

Yes	No	N/A

Comments:

3.6 Have other relevant health issues been included in risk assessments in the organisation? eg hazardous substances; noise; vibration?

Yes	No	N/A

Comments:

3.7 Are there any policies and procedures on work-life balance?

Yes	No	N/A

Comments:

3.8 Are there any relevant policies and procedures that reflect the needs of staff who undertake shift work, night working, and extended hours of work, part-time or remote working?

Yes	No	N/A

Comments:

3.9 Are there organisational policies which include the following issues? Tobacco, alcohol and drugs, healthy eating, physical activity, new and expectant mothers?

Yes	No	N/A

Comments:

3.10 Is there a policy that deals with disability discrimination?

Yes	No	N/A

Comments:

Section 4- Management of ill-health and absence, monitoring, health assessment and review

- 4.1 Are there any clear policies and procedures for the management of ill-health and absence? Consider the following:
- Whether there any polices in place to manage sickness absence?
 - Whether the policy includes direction on communication with an absent employee, and appropriate others?
 - Does the policy include direction on return to work procedures?
 - Does the policy include clear guidance on issues relating to confidentiality (record keeping)?

Yes	No	N/A

Comments:

- 4.2 Is there a system for the recording of sickness absence data?

Yes	No	N/A

Comments:

- 4.3 Are managers made aware of the sickness absence data?

Yes	No	N/A

Comments:

4.4 Has there been an analysis of sickness absence data?
If yes, what are the main work-related causes and does there appear to be any pattern to the absences?

Yes	No	N/A

Comments:

4.5 Does the organisation carry out any health surveillance or biological monitoring?

Yes	No	N/A

Comments:

4.6 Does the organisation carry out any monitoring, eg atmospheric, thermal and noise which has been identified in risk assessments or by law?

Yes	No	N/A

Comments:

4.7 Does the organisation undertake any form of pre-employment screening (pre-placement assessment)?

Yes	No	N/A

Comments:

4.8 Is there a procedure for formal reporting of diagnosed occupational diseases?

Yes	No	N/A

Comments:

Section 5- Competence and interventions

- 5.1 Does the organisation have any access to informed advice on health and well-being issues eg occupational health providers?

Has the competence of this advice been verified?

Yes	No	N/A

Comments:

- 5.2 Has the organisation carried out any form of health and well-being training to employees eg posture, skin awareness, stress awareness etc?

Yes	No	N/A

Comments:

- 5.3 Have employees and managers received information and training on the sickness absence management procedures?

Yes	No	N/A

Comments:

- 5.4 Have any employees who use equipment such as personal protective equipment (PPE) received information and training on its correct use?

Yes	No	N/A

Comments:

5.5 Have any of the following health and well-being interventions been undertaken or are planned?

- Well-person clinics
- Immunisation programmes
- Stop smoking groups
- Physical activity or relaxation classes
- Health food and drink provision eg fresh fruit, salad, etc
- Screening
- Subsidised gym membership
- Other

Yes	No	N/A

Comments:

5.6 Do you know if there has been any evaluation of the effectiveness of these interventions?

Yes	No	N/A

Comments:

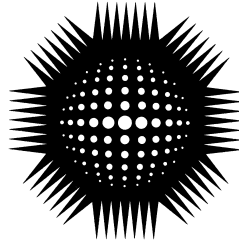
5.7 Based on your review do you now feel that overall the organisation is committed to health and well-being at work?

Yes	No	N/A

Comments:

APPENDIX 4

**NATIONAL CERTIFICATE IN THE
MANAGEMENT OF HEALTH AND
WELL-BEING AT WORK**



nebosh

**Candidate
report template**

**UNIT NHC2 – Health and well-being
practical application**

Student number _____

Location _____

Date of review ___/___/___

Structure report under the following headings:

Introduction including overview of area reviewed and activities taken place

Review summary

Main findings of the health and well-being at work review

Conclusions

Recommendations – include as a table in the following format:

Recommendation	Likely resource implications	Priority	Review date

APPENDIX 5

Marking Matrix

Marks to be awarded			
	16-20	11-15	6-10
Responses to the proforma questions and associated comments	<ul style="list-style-type: none"> ▪ All questions / sections of the proforma completed ▪ Relevant justification outlined for each question 	<ul style="list-style-type: none"> ▪ All questions / sections of the proforma completed ▪ Relevant justification identified for the majority of the questions 	<ul style="list-style-type: none"> ▪ The majority of the proforma questions / sections completed ▪ Relevant justification identified for the majority of the questions
			0-5
			<ul style="list-style-type: none"> ▪ A minority of the proforma questions / sections completed ▪ Relevant justification identified for the minority of the questions

Marks to be awarded			
	4-5	2-3	0-1
Introduction providing an overview of the chosen area	<ul style="list-style-type: none"> ▪ Clear and concise overview of the workplace ▪ Clear and concise overview of activities with the workplace ▪ Reference to workplace size, individual numbers, health related capability of individuals 	<ul style="list-style-type: none"> ▪ Clear and concise overview of the workplace ▪ Clear and concise overview of activities within ▪ No reference to workplace size, individual numbers, health related capability of individuals 	<ul style="list-style-type: none"> ▪ Ambiguous overview of the workplace ▪ Ambiguous overview of activities within the workplace ▪ No reference to workplace size, individual numbers, health related capability of individuals

Marks to be awarded			
	4-5	2-3	0-1
Summary of review findings	<ul style="list-style-type: none"> ▪ A concise overview in the prioritised issues 	<ul style="list-style-type: none"> ▪ A concise overview identifying prioritised issues 	<ul style="list-style-type: none"> ▪ A vague overview including non-prioritised issues

Marks to be awarded			
	11-15	6-10	0-5
Interpretation of review findings with prioritisation and justification	<ul style="list-style-type: none"> ▪ Clear interpretation of the findings with all of the prioritised findings justified 	<ul style="list-style-type: none"> ▪ Clear interpretation of the findings with the majority of the prioritised findings justified 	<ul style="list-style-type: none"> ▪ Vague interpretation of review findings with a minority of the prioritised findings justified

Marks to be awarded			
	11-15	6-10	0-5
Clear and concise conclusions which are clearly related to review findings and are effective in convincing management to take action	<ul style="list-style-type: none"> ▪ Clear and concise conclusions, all relating to the review findings, which are effective in convincing management to take action 	<ul style="list-style-type: none"> ▪ Clear and concise conclusions, the majority relating to the review findings, which are effective in convincing management to take action 	<ul style="list-style-type: none"> ▪ Vague conclusions, which loosely relate to the review findings, which are largely ineffective in convincing management to take action

Marks to be awarded			
	11-15	6-10	0-5
Recommendations presents realistic actions to improve health and well-being in the chosen area	<ul style="list-style-type: none"> ▪ Recommendations based on conclusions with all actions realistic and suitably prioritised. Appropriate review dates specified 	<ul style="list-style-type: none"> ▪ Recommendations based on conclusions with the majority of actions realistic and some prioritised. Appropriate review dates specified 	<ul style="list-style-type: none"> ▪ Recommendations table based on conclusions with the majority of actions unrealistic and non-prioritised