

# Quality Check Summary

## The Water Street Dental Practice

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of The Water Street Dental Practice as part of its programme of assurance work. The practice offers a range of NHS and private dental treatments and has two dentists and two dental hygienists. The practice forms part of the dental services offered by Hywel Dda University Health Board.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Private Dentistry (Wales) Regulations 2017. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the registered manager and compliance manager on 5<sup>th</sup> October 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How has the practice and the services it provides adapted during this period of COVID-19?
- How do you ensure that equality and a rights based approach are embedded across the service?

## Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

- The key documents we reviewed included the most recent environmental risk assessments / audits

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

### **The following positive evidence was received:**

The registered manager provided details of the changes that had been made to the practice environment that allowed patients to be seen during the COVID-19 pandemic. We were told that the practice operated a locked door policy ensuring footfall through the practice was reduced to a minimum. Patients were asked to attend the practice alone if possible and to wear a face covering. We were told that notices in both English and Welsh were present on the door and throughout the practice that notified patients of the increased requirements due to COVID-19.

We were informed that clear, plastic screens had been installed at the reception desk to protect the staff. Stickers were placed in prominent positions on the floor in communal areas to remind patients to maintain social distancing. Toys and magazines had been removed from the waiting area and fewer chairs were available. The registered manager informed us that patients were escorted through the practice when they attended and that two ground floor surgeries had doors directly to the outside avoiding the need to exit via the waiting room. Posters present on the wall of the surgery were covered with glass screens to allow for regular cleaning.

We asked what measures were in place to keep patients informed about safety procedures relating to COVID-19. We were told that patients were telephoned prior to their appointment to explain COVID-19 safety procedures and to be screened for symptoms of COVID-19. The registered manager informed us that this information was also available on the practice website. Text messages were sent to patients prior to their appointments to remind them of what to do when attending the practice and printed information was available in Welsh and English for those who requested it.

We asked about the facilities to ensure accessibility to the practice for those with disabilities. The registered manager informed us that the practice had two surgeries located on the ground floor that were accessible for patients with mobility difficulties. The practice also

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had a disabled toilet and hearing loop<sup>1</sup> for those hard of hearing. Leaflets and patient information was available in a range of languages and the practice had access to a telephone interpretation service via the local health board. The registered manager informed us that the practice had an equality and diversity policy in place which was reviewed annually.

We saw evidence of a practice cleaning policy and surgery cleaning schedules that took into account increased measures for COVID-19. There was also an up-to-date practice risk assessment. These documents listed various risks, control measures and precautions that were in place to mitigate the highlighted risks.

**No areas for improvements were identified.**

## Infection prevention and control (IPC)

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- A copy of the most recent WHTM 01-05 decontamination audit and the action plan to address any areas for improvement.
- Generic infection control policies and Covid-19 specific policies
- Most recent infection control risk assessments / audits
- Cleaning schedules.

**The following positive evidence was received:**

The registered manager confirmed the processes in place to protect patients and staff when an aerosol generating procedure (AGP)<sup>2</sup> was taking place. This process followed the most recent standard operating procedure (SOP) issued by the Chief Dental Officer (CDO) for Wales. All staff were kept informed of the SOP and associated guidance issued by the CDO. This was achieved using a compliance application installed on staff mobile telephones, and printed documents during two dedicated staff training days.

The registered manager also informed us that fixed air filtration units and air purifiers had been installed into the surgeries which enabled the practice to operate with the minimum

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<sup>1</sup> A hearing loop (sometimes called an audio induction loop) is a special type of sound system for use by people with hearing aids.

<sup>2</sup> An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

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fallow time<sup>3</sup> of 10 minutes following an AGP. In addition one surgery had recently been fully refurbished. Unnecessary equipment had been removed from the clinical areas and computer screens were wiped according to guidelines with suitable detergent and there were wipe clean keyboards. We were provided with evidence of an up to date COVID-19 policy and risk assessments that were in line with current guidelines.

We confirmed with the registered manager the process to check that patients attending the practice were not displaying symptoms of COVID-19. In addition to being telephoned before their appointment and asked a series of screening questions, patients would then be re-screened on attendance at the practice and their temperature would be taken. Should a patient attend the practice displaying symptoms of COVID-19, the registered manager confirmed that staff would ask the patient to re-book and they would provide advice should the patient be in pain.

We saw a mandatory training spreadsheet that provided evidence that most staff were up-to-date with infection prevention and control training and in the use of enhanced personal protective equipment (PPE), including the correct method of donning and doffing<sup>4</sup>. This was achieved through a blended learning approach using online training and via in-house practical sessions. We were told that visual reminders such as posters reminding staff of the correct use of PPE were also displayed in prominent positions within donning and doffing areas. The registered manager informed us that staff wore the correct PPE including FFP3<sup>5</sup> masks, gowns, aprons and visors when treating patients.

During an AGP procedure, the registered manager confirmed that a rubber dam<sup>6</sup> would be used where possible to lessen the risk of airborne particles (aerosols)<sup>7</sup> alongside high volume suction<sup>8</sup>. In addition, we were told that surgeries undertaking AGP procedures had notices on them to notify staff not to enter until fallow time had been observed.

The registered manager informed us that there had not been delays in acquiring PPE. The practice had a system in place for ensuring stocks of PPE did not run low. In addition to stocks ordered directly from a supply company, the practice had also received PPE from the local health board.

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<sup>3</sup> Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place which allows any droplets to settle before cleaning and decontamination takes place

<sup>4</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

<sup>5</sup> The need for FFP3 Mask (oral nasal disposable mask respiratory protection) to be worn is identified through clinical risk assessment. The mask is used to protect against respiratory borne pathogens. To use these masks, relevant staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

<sup>6</sup> A rubber dam or dental dam is a thin sheet of latex or latex-free material. It is used to isolate teeth from the rest of the mouth during a dental procedure to improve the success of tooth repairs.

<sup>7</sup> Dental aerosols can carry viruses and transmit infection.

<sup>8</sup> A High Volume Evacuator (HVE) is a suction device that draws a large volume of air over a period of time.

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We saw evidence of completed infection control audits, daily checklists for decontamination and sterilisation equipment and cleaning schedules covering the previous two weeks.

**The following areas for improvement were identified:**

As part of the quality check process the dental practice provided HIW with their most recent Welsh Health Technical Memorandum (WHTM) 01-05<sup>9</sup> audit completed in January 2021. This audit highlighted serious issues relating to insufficient sealant around the flooring in clinical areas. Remedial action had not been taken to improve this issue. Insufficient sealant and damaged flooring meant the floor could not be cleaned sufficiently in clinical areas, posing a serious infection risk to patients and staff.

The registered provider must ensure that flooring is repaired or replaced to provide adequate seals in all clinical areas to allow for appropriate cleaning to prevent infection.

As a result of this concern and the associated risks to patients and staff, a non-compliance notice was sent to the registered provider to request assurance in relation to the actions that have been or will be taken, to address the concern highlighted and to ensure patient and staff safety is protected. Subsequently, a response was received from the practice within the set deadline, which provided assurance and set out the actions that will be taken to address the issues highlighted.

## Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- A copy of the latest annual report prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017
- Informed consent policies / procedures
- Business continuity plans
- Mandatory training records for all staff
- IR(ME)R audit
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety

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<sup>9</sup> Welsh Health Technical Memorandum 01-05 refers to the guidance surrounding infection prevention and control procedures within dental practices

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- Statement of purpose<sup>10</sup>
  - Patient information leaflet<sup>11</sup>

**The following positive evidence was received:**

The registered manager informed us that the practice remained open throughout the COVID-19 pandemic, offering advice and emergency treatment in line with COVID-19 guidelines. We were told that the practice also provided support to local practices as required and had worked hard to provide dental care despite the challenges faced due to the pandemic.

The registered manager spoke highly of the staff, informing us that they had adapted well to new COVID-19 guidelines and worked together as a team. For support, the practice used a group messaging application so that staff could keep in touch. The registered manager informed us that he was always available for staff to approach should they feel they needed help or advice. Training and practice meetings at the start of the pandemic had taken place via a group video call.

We asked the registered manager to describe the processes and procedures that ensured emergency drugs and equipment were present and in date. We were told that the emergency drugs were checked on a weekly basis and that all qualified dental nurses had been trained in doing this. Emergency drugs were kept in an easily accessible cupboard on the ground floor of the surgery alongside other emergency equipment such as the defibrillator, eye wash and first aid kit. A spare oxygen cylinder was kept on the first floor of the practice in case it was needed. Emergency glucagon<sup>12</sup> injection kits were kept in the fridge and replaced every six months as temperature checks were not currently carried out to ensure the fridge remained within the optimum temperature range required for this drug.

We were told that the practice encouraged patients to communicate through the medium of Welsh and had several Welsh-speaking members of staff including a dentist, a dental hygienist and a dental nurse. Information was readily available in both Welsh and English and we were informed that signage throughout the practice was bilingual.

We saw evidence of an up to date statement of purpose and bilingual patient information leaflet which was compliant with the regulations governing private dentistry in Wales. We were also provided with an honest and up to date annual report completed by the registered manager that highlighted areas for further improvement and a comprehensive business

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<sup>10</sup> The statement of purpose is the information required in accordance with Schedule 1 to the Private Dentistry (Wales) Regulations. This includes the practice aims and objectives and the names and qualifications of the dentists and dental staff. Additionally it should list the kinds of treatment, facilities and all other services provided in or for the purposes of the private dental practice, including details of the range of needs which those services are intended to meet.

<sup>11</sup> The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations. The information included a summary of the statement of purpose, arrangements seeking patients' views, access to the premises and keeping appointments

<sup>12</sup> "Glucagon" is an emergency drug administered via intramuscular injection in the event of diabetic hypoglycaemia.



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continuity plan that was in date and version controlled.

**The following areas for improvement were identified:**

As part of the quality check process we requested evidence of staff mandatory training to include Basic Life Support (BLS). The evidence submitted demonstrated that a member of staff with direct patient care had not undertaken any training in BLS or Cardiopulmonary Resuscitation as per General Dental Council guidelines. During the remote quality check further evidence was requested by the inspector alongside an explanation and assurance that this staff member was booked onto an accredited course (either online or in person) to complete this training. This was not provided. This is a very serious matter and directly impacts on patient safety should a medical emergency arise within the practice including patient collapse, or respiratory or cardiac arrest.

Arrangements must be made to ensure all staff have up to date training, skills and knowledge of Basic Life Support as soon as possible.

During the quality check it was identified that one staff member had been employed, and was working in the practice, without first obtaining an enhanced Disclosure and Barring Service (DBS) check. It is a requirement of the regulations governing private dentistry that an enhanced DBS check for child and adult workforce is obtained prior to commencement of employment. Failure to obtain and complete adequate pre-employment checks is a very serious matter that could result in a person of unsuitable character having direct patient contact, whilst in a position of trust.

The practice must ensure that all staff have an enhanced DBS for child and adult workforce, before employment.

The registered manager informed us that contemporaneous patient records were not completed as the patients were treated. Patient dental care records would all be left until later that day when they would be written as a group. Failing to write the patient dental care record at the point of treatment could have serious consequences for patient safety. The discussion held with the patient might not be accurately noted and inaccurate treatment could be recorded.

The registered manager must ensure that all clinicians complete all patient dental care records fully, accurately and contemporaneously at the point of treatment

As part of the quality check process HIW asked to see evidence of regular auditing and the ongoing clinical governance arrangements for the dental practice. During the quality check call, and in combination with the evidence provided, HIW found that the clinical governance and audit necessary to ensure a safe and effective service were not being carried out.

The registered manager informed HIW that they had last completed a record card audit in

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January 2021. This was a retrospective audit of dental records spanning January-December 2020 and which had highlighted significant issues in the standard of record keeping during that period. In addition, the registered manager stated that he felt the standard of record keeping had fallen since January 2021. The General Dental Council standards for the dental team states that prompt action must be taken if a registrant feels that professional performance may put patients at risk. As such, a re-audit of dental care records should have been undertaken more promptly due to the results of the previous audits findings and the registered manager's disclosure of poor performance in this area. As this had not been done, this means that poor record keeping would go undetected for some time. This in turn could mean that patients are put at risk.

The registered manager informed HIW that they had not undertaken any compliance activity, since early February 2021 as the compliance manager was on maternity leave. Written evidence supplied as part of the quality check process stated that these tasks would remain outstanding for some time until the compliance manager returned later in the year.

In addition, when questioned on the arrangements for seeking patient views, the registered manager informed HIW that they had not done so since the start of the COVID-19 pandemic in March 2020. We were informed that the practice did not use electronic means to gather patient views and had removed paper questionnaires and comment forms as an infection prevention and control measure due to the pandemic

Failure to engage in regular and ongoing audit and clinical governance activities means that HIW are no longer assured that there are arrangements in place to regularly assess and monitor the quality of service provision. Ultimately the absence of such activities means that areas of concern posing a risk to patient safety might not be identified and allowed to continue indefinitely.

The registered manager must:

- Complete clinical audits regularly and act on the findings in a timely manner as part of an ongoing programme of clinical governance
- Obtain patient views on the practice and ensure there is an effective process in place for this feedback to be obtained.

As a result of the concerns and the associated risks to patients and staff highlighted during the quality check, a non-compliance notice was sent to the registered provider to request assurance in relation to the actions that have been or will be taken, to address the concerns raised and to ensure patient and staff safety is protected. Subsequently, a response was received from the practice within the set deadline, which provided assurance and set out the actions that will be taken to address the issues highlighted.

HIW were told that key areas of clinical audit and governance<sup>13</sup>, including practice meetings

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<sup>13</sup> Clinical governance may be defined as 'the framework through which healthcare organisations are

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intended to discuss key findings of clinical audits had been knowingly neglected and delayed for a period of 10 months. This meant that areas that might require improvement would go unnoticed for a substantial period of time potentially impacting on the quality, safety and care that patients received.

The registered manager must ensure that regular practice meetings take place.

Furthermore, the registered manager told us that staff appraisals were also overdue by up to a period of four months. Staff appraisals are an important tool used to ensure staff are supported in working to the best of their ability and any areas for improvement appropriately addressed. These should be carried out annually. Failure to do so can have a direct impact on patient care and the health and wellbeing of staff.

The registered manager must ensure all staff have appraisals on an annual basis.

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# What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

# Improvement plan

Setting: The Water Street Dental Practice

Date of activity: 5 October 2021

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The registered provider must ensure all staff have appraisals on an annual basis	Regulation 17 (4)(a)(b) of The Private Dentistry (Wales) Regulations 2017	Delayed - Staff Appraisal 2021- Staff Questionnaires Issued Staff Appraisal Interview commence week starting 25 October 2021	A J Bhattacharjee	15 November 2021  Post Interview reports to be completed
2	The registered provider must undertake regular practice staff meetings	Regulation 15(3)(a)(b)(c) of The Private Dentistry (Wales) Regulations 2017	Suspended - iComply software -Staff Meetings to be restarted	A J Bhattacharjee	17 November 2021  iComply Meeting scheduled

			<p>General Administrative meetings conducted on an adhoc basis from February 2021 will continue on Wednesday lunch times and will be put on a formal footing with attendance records and topics discussed recorded.</p>	A J Bhattacherjee / Rebecca Dufty	<p>General Admin Meeting to started Recorded Immediately</p> <p>26/10/21</p>
			<p>Morning Pre-Work Staff Huddles conducted on a frequent but adhoc manor will be formalised as Matters Arising and records kept.</p>	A J Bhattacherjee/ Rebecca Dufty	<p>Started recording the general admin meeting immediately</p> <p>26/10/21</p>
3	The registered provider must ensure mandatory training is regularly reviewed and updated for all staff	Regulation17(3)(a)(b) of The Private Dentistry (Wales) Regulations 2017	<p>As advised a Tabulated list of all Mandatory Staff Training requirement will be kept for ease of checking.</p> <p>The Annual Staff File checks (last done 20 October 2020), with CPR and mandatory training checks will be extended to new staff and reviewed monthly along with their induction check list until</p>	A J Bhattacherjee	<p>Already in place</p> <p>Immediately</p> <p>26/10/21</p>

			they are in sync with the annual staff file check.		
4	Arrangements must be made to ensure all staff have up to date training, skills and knowledge of Basic Life Support as soon as possible	Regulation 31(3)(a) of the Private Dentistry (Wales) Regulations (2017)	<p>The one new staff member now has a Basic Life Support certificate.</p> <p>New Staff Will now be required to undertake the Online Basic Life Support Training until they are in sync with the annual practice CPR Training rotation.</p> <p>Next Annual Medical Emergency and Basic Life Support Training for All staff arranged for December 2021</p>		<p>10 October 2021</p> <p>Immediately actioned for future new starters.</p>
5	Ensure that all staff have an enhanced DBS for child and adult workforce, before employment.	Regulation 18(e) & Schedule 3 Part 1 (2)(a) of The Private Dentistry (Wales) Regulations (2017)	New staff member without a DBS check now has one.	A J Bhattacharjee	20 October 2021
6	The flooring in the practice must be repaired or replaced to ensure it can be suitably cleaned.	Regulation 22(a)(b) of The Private Dentistry (Wales) Regulations (2017)	Floor Repair - Areas of small floor defects picked up on continual surveillance are repaired in house and sealed if needed but presently not recorded - will from now on be recorded at the monthly staff meetings.	A J Bhattacharjee	immediately

			If larger repairs needed flooring experts are called and repair dates correspond to invoice dates opposite.	A J Bhattacherjee	Completed Dates of recent invoiced repair by flooring specialist:  1 December 2019  5 May 2020  13 October 2021
7	Complete all patient dental care records fully, accurately and contemporaneously at the point of treatment.	Regulation 20(1)(a)(i)(ii) of The Private Dentistry (Wales) Regulations (2017)	<p>a. Write records up completed at the point of treatment/consultation, contemporaneous, full and accurate. Either computer or paper notes.</p> <p>b. Complete Isopharm record keeping course.</p> <p>c. Do a HEIW Record keeping course</p>	A J Bhattacherjee	<p>a. Immediately implement <b>7/10/2021</b></p> <p>b. <b>10/10/2021</b> <b>13/10/2021</b> Isopham Record keeping Course completed See attached certificate</p> <p>c. Record keeping course booked in December</p>



			<p><b>d.</b> Go back to Working with an experienced Nurse who is proficient at taking dictation verbally.</p> <p><b>e.</b> Complete a touch-typing course</p> <p><b>g.</b> Speech recognition system with iphone being trialled / Dictaphone being trialled</p>	<p>2021 - booked prior to Inspection</p> <p><b>d.</b> Implemented immediately 7/10/2021</p> <p><b>e.</b> 12/10/2021 Touch typing course Booked to be started week commencing 25 October 2021</p> <p><b>g.</b> On going and to be formalised or rejected by 31 Dec 2021</p>
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9	<p>The registered provider must:</p> <ul style="list-style-type: none"> <li>• Complete clinical audits regularly and act on the findings in a timely manner as part of an ongoing programme of clinical governance</li> <li>• Obtain patient views on the practice and ensure there is an effective process in place for this feedback to be obtained.</li> </ul>	<p>Regulation 16(1)(a)(b) and 16(2)(a)(b)(i)(ii)(d)(i)(ii) of The Private Dentistry (Wales) Regulations (2017)</p>	<p>Yearly Record Card Audit to be replaced with 6 monthly Audit.</p> <p>January - July 2021 Audit under way.</p> <p>Interim smaller sample record card audit to be done: October 2021 November 2021 Dec 2021</p> <p>X ray Irmer audit January - June 2021 Data collected 15<sup>th</sup> October To be commented and d/w relevant staff Wednesday the 10<sup>th</sup> November</p>	<p>A J Bhattacharjee</p> <p>A J Bhattacharjee</p>	<p>Immediately actioned</p> <p>15 November 2021</p> <p>Interim smaller sample record card audit to be commented within 2 weeks of the end of the month.</p> <p>X Ray Irmer Audit - 10 November 2021</p>

			Suspended Annual patient Survey has been replaced with an online version of the same form accessed by an emailed link or a QR code provided at reception.		Started 11/10/21 Annual Patient Survey replies to be collated by the end of 31 November 2021
10	The temperature of fridges used to store medicines must be regularly checked to ensure it remains within acceptable temperature boundaries	Regulation 13(4)(a) of The Private Dentistry (Wales) Regulations (2017)	Fridge Temperature Checks to be reinstated with new blue tooth temperature sensor and data logger.  The protocol for the reduced shelf life for the storage of glucagon as recommended by manufactures to be replaced to full shelf life, provided the fridge operates within limits		28 October 2021

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name: A J  
Bhattacharjee

Date: 26  
October 2021