

Independent Healthcare Inspection Report (Announced)

Bodywise Beauty Salon, Barry

Inspection date: 17 June 2025

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In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Bodywise Beauty Salon, 54 Holton Road, Barry, CF63 4HE on 17 June 2025.

The inspection was conducted by a HIW healthcare inspector.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Bodywise Beauty Salon offered a welcoming experience for patients in a comfortable environment, although the lack of a lock on the treatment room door may affect patient privacy when changing or during treatments.

Patients had a full consultation and were provided with appropriate information before treatment to enable them to make informed decisions. However, there was little provision for patients whose first language was not English.

Patient feedback was obtained via automated text and from online reviews. We discussed options for informing patients of the clinic response to their feedback.

We found the clinic was generally accessible to patients with impaired mobility although the toilet was not suitable for wheelchair users.

Immediate assurances:

- Comprehensive health care records to be maintained in relation to each patient.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

This is what we recommend the service can improve:

- To put in place an Equality and Diversity policy and complete Equality and Diversity training
- To review and update the clinic information to indicate the lack of accessible toilet for patients with impaired mobility.

This is what the service did well:

- Comprehensive documented consultation including explanation of the risks and benefits of the treatment
- Signed consent obtained at each treatment appointment
- Patient feedback requested via text after treatment.

Delivery of Safe and Effective Care

Overall summary:

The clinic appeared well maintained and equipped to provide the services they are registered to deliver. Most areas were clean although there was incomplete flooring and several items that posed infection control risks within the IPL treatment room. There was a lack of handwashing facilities within the clinic toilet.

Electrical and gas installation checks were up-to-date. However, fire drills were irregular, and staff lacked up-to-date training in this subject.

Whilst the clinic had a Laser Protection Advisor (LPA) contract in place and an up-to-date laser/Intense Pulsed Light (IPL) risk assessment, the professional (medical) protocols required review. Although protective eyewear was available, there were some that did not meet the criteria specified within the local rules.

Immediate assurances:

- To obtain up-to-date professional (medical) protocols
- To provide evidence of regular servicing of the IPL machine
- To attend first aid training
- To replace the out-of-date first aid kit
- To remove contaminated fleece couch cover and wax melting pot from clinical room
- Staff to attend relevant IPC training
- Staff to attend fire safety awareness training.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

This is what we recommend the service can improve:

- To ensure all flooring is in a good condition to remove potential trip and infection control hazards
- To review safeguarding policy to ensure it is relevant to the clinic
- Non-clinical staff to complete appropriate safeguarding training
- Daily IPL machine checks to be recorded.

This is what the service did well:

- A valid fire risk assessment, five yearly electrical wire testing and Portable Appliance Testing (PAT) were in place
- Patient records were stored securely.

Quality of Management and Leadership

Overall summary:

Bodywise Beauty Salon is run by the registered manager with a small team of staff. We saw valid employers and public liability insurance was in place. There was a range of policies in place to help staff carry out their duties. However, we did not see signed evidence that staff had read and understood them.

An appropriate written complaints procedure was in place although we were told there had been no complaints received to date.

Whilst the registered manager had an up-to-date Disclosure and Barring Service (DBS) certificate, these were not available for any other staff employed at the clinic.

Immediate assurances:

- To obtain DBS checks for staff employed at the clinic
- Operator to complete up-to-date core of knowledge training for lasers and IPL machines.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

This is what we recommend the service can improve:

- To display HIW certificate of registration where it can be easily seen
- To ensure all staff signed policies to confirm they have read and understand them.

This is what the service did well:

- Enthusiastic, friendly and experienced registered manager
- Positive reaction to feedback and suggestions made during inspection
- Evidence of additional relevant clinical training undertaken.

3. What we found

Quality of Patient Experience

Dignity and respect

The clinic had one IPL treatment room situated on the ground floor. We were told that patients could change in the treatment room. However, there was no lock on the treatment room door to allow patients to change in private.

The registered manager must install a lock on the treatment room door to enable patients to change in private and to secure the room during treatments.

Paper towels were available for patients to use during treatment to protect their dignity. Consultations with patients were carried out within the treatment rooms to ensure patient confidentiality. Chaperones were not offered by the service although patients were permitted to bring their own.

Communicating effectively

We reviewed the patients' guide, and the statement of purpose provided to us by the registered manager and found both to be compliant with the regulations. A separate price list was also available in the reception.

The clinic did not have any Welsh speaking staff and had no provision for translation services. We were not assured that this would sufficiently enable patients to understand their treatment or procedure to provide informed consent. We advised the registered manager of the need to seek an appropriate translation service.

The registered manager must consider how best to meet the individual needs of patients who may wish to communicate through the medium of Welsh or other languages.

Consultations and treatment appointments could be arranged in person at reception, via telephone or via the clinic's appointments management app.

Patient information and consent

We asked to see the treatment register as required by the regulations. The registered manager informed us that they did not have one as the information was contained within the individual patient records. We discussed implementing a dedicated treatment register that is specific to the IPL machine. A template register was supplied to HIW shortly following the inspection.

We reviewed a sample of five patient records and saw that an initial consultation form had been completed along with a medical history check and signed consent obtained from each patient. Changes in medical history were checked at each subsequent appointment. However, the records system was difficult to navigate and relied on the operator remembering which clients had received IPL treatments. One record had no details entered, while others had incomplete entries that were unclear. Shot counts and treatment parameters were absent from all records we reviewed. We considered the details to be insufficient and required improvement.

Our concerns regarding this were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

A consent policy was available at the time of the inspection.

Care planning and provision

We saw evidence that patients were given a full consultation prior to agreeing to any treatments which included the risks, benefits and the expected results. We were told aftercare guidance was provided to all patients. Whilst we were assured that patients were being provided with enough information to make an informed decision about their treatment, we discussed ensuring written pre-treatment advice was also provided.

We were told that all patients were given a patch test, underwent skin grading assessment and had a visual check for skin damage prior to commencing a course of treatment to help determine the likelihood of any adverse reactions.

Equality, diversity and human rights

We were told that the clinic was an inclusive environment irrespective of any protected characteristic and that all staff and patients were treated fairly. We were told that the human rights of transgender patients would be actively upheld with preferred names and pronouns used as requested. However, there was no equality and diversity policy in place at the time of the inspection, and we were unable to find evidence of staff training on the subject.

The registered manager must put in place an Equality and Diversity policy and ensure staff complete relevant Equality and Diversity training.

There was level access into the building from the street and level floors throughout to aid patients with impaired mobility. We were told that the toilet

was for staff only, although could be used by patients in emergencies. However, we considered this to be non-accessible due to its lack of facilities and design.

The registered manager must update the patient information leaflet and statement of purpose to advise patients of the toilet situation at the premises.

Citizen engagement and feedback

We were told that patient feedback was requested after treatment via text. Feedback was also obtained either through online reviews or in person at the clinic.

The registered manager advised that feedback is assessed and analysed on an ongoing basis. We discussed how the registered manager might consider informing patients of the clinic actions following feedback, such as a 'You said, we did' notice displayed in the clinic and on the website.

Delivery of Safe and Effective Care

Managing risk and health and safety

The building appeared to be well maintained externally, with suitable security measures to prevent unauthorised access. The clinic consisted of a reception and waiting area along with separate treatment rooms for IPL treatments and other services offered. The IPL treatment room appeared comfortable and well equipped. However, we found laminated flooring was incomplete in several areas and posed both a trip and infection control hazard. We were told that this was in the process of being replaced.

The registered must ensure all flooring is maintained to a good condition to remove potential trip hazards and enable effective infection control processes.

We found that the five yearly Electrical Installation Condition Report (EICR) and Portable Appliance Testing (PAT) had been completed recently. A current gas safety certificate was available.

We inspected the fire safety arrangements at the clinic which included an up-to-date fire risk assessment. Whilst fire exits were clear and signposted, and extinguishers had been serviced within the last year, there was no action plan displayed, and we found a padlocked gate in the rear yard. Weekly checks of the fire alarm system were undertaken and recorded. However, we were told that fire drills were not being conducted regularly.

The registered manager must:

- Display a suitable fire action plan which includes the padlock code for the rear exit point
- Ensure the code is also displayed near the rear exit point
- Arrange for emergency fire evacuation drills to be conducted regularly and maintain a log as evidence.

We also found that fire safety awareness training had not been completed by anyone working within the clinic.

Our concerns regarding this were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We found a Health and Safety risk assessment had been carried out along with a Laser Protection Advisor (LPA) risk assessment for the use of the IPL machine.

We were not assured that staff knew their responsibilities in the event of an emergency, finding that up-to-date first aid training was not in place for the nominated first aider. Furthermore, whilst we found a first aid kit was available, all sterile contents were over their expiry date (2010).

Our concerns regarding these were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Infection prevention and control (IPC) and decontamination

The registered manager described suitable clinical cleaning processes for staff, the equipment and treatment room. However, our observations of the clinic found the environment to require some additional attention. We found a fleece cover on the treatment couch which was contaminated with unidentified oily residue, staining, dust and debris. We saw that cleaning schedules indicated this cover was washed twice weekly meaning numerous patients would potentially have contact with the contaminants. We also found a wax melting pot where contents had overflowed onto a cupboard work top and staining on the treatment room wall next to the treatment couch.

Our concerns regarding these issues were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We inspected the toilet and found there was no handwash basin. We were told that staff and patients could use the sink in the kitchen area which we considered inappropriate.

The registered manager must ensure there are appropriate handwash facilities available for staff and patients.

We asked the registered manager to provide evidence of up-to-date IPC training. However, we were told that IPC training had not been completed by staff at the clinic.

Our concerns regarding this were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients aged 12 years and over. Our conversations with the registered manager indicated that to date, they had not treated anyone under the age of 18.

We saw the clinic had a safeguarding policy which was aligned with the Wales Safeguarding Procedures. However, this was a policy borrowed from another organisation and appeared to contain safeguarding contact details for the other organisation and for unrelated areas of Wales.

The registered manager must review the safeguarding policy to ensure it is relevant to the clinic.

We reviewed staff compliance with safeguarding training. We found evidence that the registered manager had completed this training, but non-clinical staff had not.

The registered manager must ensure all non-clinical staff complete appropriate safeguarding training.

Medical devices, equipment and diagnostic systems

We saw that the IPL machine was the same as registered with HIW. We were told routine daily IPL equipment and systems diagnostics checks were carried out. However, we saw no evidence that these were recorded.

The registered manager must ensure daily IPL machine checks are conducted and recorded.

There was a current contract in place with a Laser Protection Advisor (LPA) and up-to-date local rules detailing the safe operation of the IPL machine were available.

We requested up-to-date medical treatment protocols for the IPL machine in use at the clinic. The registered manager was unable to provide these protocols at the time of the inspection. Furthermore, the registered manager was unable to provide evidence that routine service maintenance had been carried out on the IPL machine.

Our concerns regarding these issues were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Safe and clinically effective care

Eye protection was available for patients and the IPL operator. These were found to be clean and in a good condition. However, there were three pairs which were inconsistent with the requirements specified in the local rules. Inquiries indicated that these were not appropriate for IPL protection. The registered manager immediately removed these from use and fully opaque goggles were made available to patients until appropriate replacements could be obtained.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

The registered manager must ensure appropriate protective eyewear is available at all times for use by patients and staff.

There were signs on the outside of the treatment room to indicate the presence of the IPL machine and there were suitable arrangements to ensure the IPL machine was secure when not in use.

Participating in quality improvement activities

There was no documented system in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager must consider industry relevant information including complaints, clinical audits, expert advice and national reviews as part of the clinic's quality improvement activities.

The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.

Records management

We found the patient records were kept securely at the service, and that suitable processes were in place to prevent the loss of personal data. We found the data retention periods and disposal arrangements to be appropriate.

Quality of Management and Leadership

Governance and accountability framework

Bodywise Beauty Salon is run by the registered manager with a small team of staff. Our observations of the clinic found that current employers and public liability insurance was in place and displayed as necessary. However, the HIW certificate of registration and associated conditions of registration were not on display as required by the regulations.

The registered manager must ensure the HIW certificate of registration and associated conditions are displayed where they can be easily seen.

We looked at a sample of policies and procedures which in general, we found to be appropriate and subject to regular reviews. However, we found a few policies such as the Privacy policy, where version control was missing. We discussed ensuring version control was applied consistently across all policies. There was no record available to indicate that staff at the clinic had read and understood these policies.

The registered manager must ensure that all staff sign the relevant policies to confirm that they have read and understood them.

Dealing with concerns and managing incidents

A written complaints procedure was available with a summary also available in the statement of purpose and patients' guide. All complaints were to be recorded in a complaint log although we were told they had not received any complaints to date.

Workforce recruitment and employment practices

We were provided with a current Disclosure and Barring Service (DBS) check for the registered manager. However, we saw no DBS checks relating to the other staff employed at the clinic.

Our concerns regarding this were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Workforce planning, training and organisational development

We were told that the registered manager was the only operator of the IPL machine and saw evidence of training relevant to the IPL machine in use at the clinic. We also requested evidence of up-to-date core of knowledge training for

the use of laser and IPL machines. We were shown a certificate that indicated training was last completed in May 2018 and therefore required refresher training.

Our concerns regarding this were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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 findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings 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](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found three pairs of protective eyewear which were inconsistent with the requirements specified in the local rules.	Patients were potentially at risk when using the IPL machine.	We raised this immediately with the registered manager.	The eyewear was immediately removed from use and suitable eye protection was made available for patients.

Appendix B - Immediate improvement plan

Service: Bodywise Beauty Salon

Date of inspection: 17 June 2025

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must immediately provide HIW with up-to-date professional (medical) protocols for the IPL machine currently in use at the clinic.	Regulation 45(1), The Independent Health Care (Wales) Regulations 2011	Medical Professional to rewrite Professional medical) Protocols. Lasermet to provide such documents.	J Howells	Agreement with Lasermet to be completed by 16/07/25, document to be produced within 2-3 weeks.
The registered manager must immediately arrange to attend up-to date core-of-knowledge training and provide confirmation of these arrangements to HIW.	Regulation 45 (3)	Course completed 23/06/2025	J Howells	Complete
The registered manager must immediately arrange for a service to be carried out on the IPL	Regulation 15(2)	Service carried out January '25. Documentation requested 21/06/2025	J Howells	Complete

machine at the clinic and provide HIW with evidence once completed.				
The registered manager must provide written assurance to HIW that all required entries on patient records are to be completed fully and correctly.	Regulation 23(1)(a)	Patient register complete.	J Howells	Complete
The registered manager must immediately arrange for a criminal records certificate to be requested for each member of staff employed at the clinic and provide copies to HIW when complete.	Regulation 21(2) and Schedule 2, Para. 2 & 3	DBS for staff arranged.	J Howells	Complete
The registered manager must immediately arrange to attend up-to date first aid training and provide confirmation of these arrangements to HIW.	Regulation 20(2)(a)	First aid training Booked. 3rd July 2025	J Howells	Complete
The registered manager must immediately obtain a new first aid kit.	Regulation 15(2)	First aid kit ordered.	J Howells	Complete

<p>The registered manager must immediately:</p> <ul style="list-style-type: none"> • Remove and stop use of fleece cover of treatment couch • Remove wax melting pot from clinical treatment room • Clean staining from treatment room wall 	Regulation 15(8)	<p>Fleece removed</p> <p>Wax removed</p> <p>Walls cleaned</p> <p>Wipeable couch cover ordered</p>	J Howells	Complete
<p>The registered manager must immediately arrange for staff to attend appropriate infection prevention and control training and provide confirmation of these arrangements to HIW.</p>	Regulation 20(2)(a)	<p>Enquiries made for infection control courses</p>	J Howells	Complete
<p>The registered manager must immediately arrange for all staff to complete appropriate fire safety training prior to providing further treatments to patients.</p>	Regulation 26(4)(c)	<p>Fire safety training booked</p>	J Howells	Complete

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.

Service representative:

Name (print): Jackie Howells

Job role: Director

Date: 14/07/2025

Appendix C - Improvement plan

Service: Bodywise Beauty Salon

Date of inspection: 17 June 2025

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must install a lock on the treatment room door to enable patients to change in private and to secure the room during treatments.	Regulation 18(1)(a)	Lock purchased for treatment room door. Awaiting installation	JH	Aug '25
The registered manager must consider how best to meet the individual needs of patients who may wish to communicate through the medium of Welsh or other languages.	Regulation 15 (1)(a)	Initial pre-treatment consultation email to ask whether clients would prefer to receive consultation and information leaflets in any other language of their choice. Produce a copy of the treatment leaflet in Welsh and other more common languages	JH	August '25

The registered manager must put in place an Equality and Diversity policy and ensure staff complete relevant Equality and Diversity training.	Standard - Equity	Source training for staff Produce Equality and Diversity Policy	JH	August '25
The registered manager must update the patient information leaflet and statement of purpose to advise patients of the toilet situation at the premises.	Regulation 6 & 7	Update information leaflet and make available in the salon	JH	August '25
The registered must ensure all flooring is maintained in a good condition to remove potential trip hazards and enable effective infection control processes.	Regulation 26(2)(b)	Flooring is now complete and door bars fitted preventing trip hazards	JH	Complete
<p>The registered manager must:</p> <ul style="list-style-type: none"> Display a suitable fire action plan which includes the padlock code for the rear exit point 	Regulations 26(4)(b) & (d)	<p>Fire Action Plan to be created and displayed in the salon</p> <p>Make the lock for the rear gate visible at the exit point</p> <p>Conduct fire drills</p>	JH	August '25

<ul style="list-style-type: none"> • Ensure the code is also displayed near the rear exit point • Arrange for emergency fire evacuation drills to be conducted regularly and maintain a log as evidence. 				
The registered manager must ensure there are appropriate handwash facilities available for staff and patients.	Regulation 26(2)(a)	<p>Such facilities already provided in staff room (not kitchen) which is accessible for patients.</p> <p>Will source small sink unit to fit existing toilet room</p>	JH	August '25
The registered manager must review the safeguarding policy to ensure it is relevant to the clinic.	Regulation 16	Review safeguarding policy and update relevance	JH	August '25
The registered manager must ensure all non-clinical staff complete appropriate safeguarding training.	Regulation 20(2)(a)	Source safeguarding training for staff	JH	August '25

The registered manager must ensure daily IPL machine checks are conducted and recorded.	Regulation 15(2)	Produce record of inspection to be completed each time the IPL is used	JH	On going
The registered manager must ensure appropriate protective eyewear is available at all times for use by patients and staff.	Regulation 15(2)	Ensure goggles are specifically for IPL and have markings on to identify their use	JH	Aug '25
The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.	Regulation 19	Review services provided against regulations to ensure continued compliance	JH	On going
The registered manager must ensure the HIW certificate of registration and associated conditions are displayed where they can be easily seen.	Section 28, Care Standards Act 2000	HIW Certificate to be displayed	JH	Immediate
The registered manager must ensure that all staff sign the relevant policies to confirm that they have read and understood them.	Regulation 9	Allow staff to read policies and carry out a group discussion to ensure understanding Staff to sign to confirm	JH	1 month

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.

Service representative

Name (print): Jackie Howells

Job role: Director

Date: 05/08/2025