Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report

(Announced)

Rumney Primary Centre, Cardiff and Vale University Health Board

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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.

Contents

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 Rumney Primary Care Centre, located in Cardiff and Vale University Health Board on 29 July 2025.

Our team for the inspection comprised of one HIW healthcare inspector, two clinical peer reviewers and a practice manager peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of three questionnaires were completed by patients or their carers and 22 were completed by staff. Feedback and some of the comments we received appear throughout the report.

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:
The practice was spacious, modern, and welcoming. We observed friendly and caring interactions between staff and patients at all times

There was a range of health promotion advice displayed throughout the practice. This included information on common illnesses, screening campaigns, and carer support. Information was of good quality and up-to-date.

The practice provided a wide range of clinics for the management of chronic conditions and additional services. Notable services included a specialist menopause clinic and cancer care reviews for any patients recently diagnosed, with access to a nominated practice cancer care buddy for streamlined access and support.

The practice was aware of local population need and had adapted aspects of its service to ensure that underrepresented and vulnerable patient groups could access timely care.

This is what we recommend the service can improve:

- Due to the low response rate to our survey, the practice may wish to consider seeking their own feedback to review against out findings

This is what the service did well:

- There was good provision of clinics and services to meet local population need and the needs of underrepresented and vulnerable groups
- The practice was modern and welcoming
- We observed friendly and caring interactions between staff and patients.

Delivery of Safe and Effective Care

Overall summary:
The practice was purpose built, and the environment was fit for purpose. It was accessible, with step free access to all consulting and treatment areas. The practice was visibly clean, free of clutter, and cleaning was completed by an external contractor with regular logs maintained. However, some areas for improvement were identified in relation to high level cleaning and clinical waste.

Overall, we found good processes in place to support the effective treatment and care of patients. This included clinically sound patient records, good MDT working and engagement with other healthcare professionals. We found a timely and auditable process for dealing with referrals and other correspondence and there are effective processes in place to manage and communicate blood test and follow up results in a timely manner.

There were generally appropriate processes in place for the management of vaccines and other medication. This included the ordering, stock and fridge temperature checking. However, we identified areas for improvement in relation various aspects in relation to the medical emergency kit and appropriate completion of patient group directions.

Staff were aware of the process to follow for reporting any safeguarding concerns. This was supported by multidisciplinary team working, including between practice staff and both health visitors and district nurses who were co-located within the same building. This included regular safeguarding and routine clinical meetings.

Immediate assurances:

- Aspects of the medical emergency trolley kit and stock required review and replacement
- Paperwork relating to patient group directions required review to ensure it remained valid.

This is what we recommend the service can improve:

- The practice should implement a prescription pad log
- The practice must ensure that medical devices, including the hyfrecator, is included in its routine servicing arrangements.

This is what the service did well:

- There was good multidisciplinary team working and engagement with other healthcare professionals
- There were timely and auditable process for dealing with referrals and other correspondence in and out of the practice
- Staff had clearly identified roles and responsibilities and there were processes to review and learn from incidents and clinical updates.

Quality of Management and Leadership

Overall summary:
The practice management team were experienced in general practice and demonstrated sound knowledge. Practice partners took an active role in the

effective running of the practice and staff at all levels demonstrated a clear understanding of their responsibilities.

We received 22 staff responses to our survey. Responses provided by staff were overall very positive. All but one staff member felt that care is the practices top priority and would be happy with the standard of care provided for themselves, friends and family at this practice.

The practice evidenced a good approach towards quality improvement. This included clinical audit activity that was aligned with significant event outcomes, professional interests and specialisms of GPs and GP trainees, and cluster wide themes.

We reviewed a sample of staff files and found that, whilst staff all held a certificate, improvements were required to ensure that all staff had the required level of disclosure and barring service (DBS) certificate. We also recommended that the practice reflects on its overall training requirements for each of the staff groups.

We reviewed a sample of formal complaints. These had been acknowledged within the appropriate timeframe, and were monitored by senior partners and the practice management team to ensure outcomes are provided in a timely manner.

Immediate assurances:

- DBS checks for clinical staff required review to ensure that certificates at the appropriate level were obtained

This is what we recommend the service can improve:

- The practice must ensure that its recruitment practices align to its practice policy
- The practice must reflect on its overall training requirements
- The practice should implement a formal supervision process and scope of practice document for non-medical prescribers.

This is what the service did well:

- The clinical and non-clinical management structure appeared effective
- The practice evidenced a good approach towards quality improvement.
- There were competency and feedback mechanisms in place, such as hot reviews, to help support GP trainees and non-medical prescribers.

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

3. What we found

Quality of Patient Experience

Patient feedback

We invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of three questionnaires were completed by patients or their carers. Due to the low number of responses, it is not possible to provide a full analysis within this report.

Patient comments included:

> *"Drs are good, but not enough appointments. Very difficult to get them - online at 8:00, but by the time you've typed in the appointment details, someone else has taken it."*

> *"Excellent GP care. Up until a couple of months ago I would have said the surgery had many failings in the system especially being able to make an appointment or get help with prescriptions but I'm happy to say that things have improved and the staff in reception seem to be much more approachable and helpful."*

Person-centred

Health promotion
There was a range of health promotion advice displayed throughout the practice. This included information on common illnesses, screening campaigns, and carer support. Information was of good quality and up-to-date.

The practice provided a wide range of clinics for the management of chronic conditions and additional services. These services were delivered by General Practitioners (GP's), the nursing team which included a nurse practitioner and practice nurses, as well as healthcare assistants and a pharmacy technician.

Notable services included a specialist menopause clinic and cancer care reviews for any patients recently diagnosed, with access to a nominated practice cancer care buddy for streamlined access and support.

The practice maintained good working relationships with a range of health board professionals to support access and timely care for patients. This included weekly

liaison with a consultant paediatrician, which we were informed has helped to support appropriate referrals into this secondary care service.

Dignified and respectful care
The practice was spacious, modern, and welcoming. We observed friendly and caring interactions between staff and patients at all times, and both surgery and clinic doors were closed whilst consultation and treatments were provided.

The waiting area enabled conversations to generally be held in private between reception staff and patients. Telephone calls for appointments and triage were taken in a private office away from public areas.

We confirmed through our patient records review that the offer and uptake of a chaperone for when intimate examination take place was recorded in the relevant patient records. Posters were displayed in relevant areas of the practice to inform patients about this provision.

Timely

Timely care
Urgent and routine GP appointments can be accessed by calling the practice or through the NHS Wales app, for routine only. These appointments are accessible at 8am. It was positive to note that there was a process in place to provide appointment slots for vulnerable groups, who may otherwise struggle to access appointments at 8am each. Nursing and health care assistant appointments were found to be bookable up to 5 weeks in advance.

We confirmed that patients suffering from serious medical emergencies, such as chest pains and serious bleeds, were advised to contact 999.

Equitable

Communication and language
Staff told us that they would accommodate any known language or communication needs and were familiar with services, such as Language Line to support any translation needs.

Rights and equality
The practice was aware of local population need and had adapted aspects of its service to ensure that underrepresented and vulnerable patient groups could access timely care. This included use of an email and text back service for those with hearing loss, appointment slots of vulnerable patients, a gender identity clinic, and a good community connection with the gypsy and traveller community.

As part of our patient records review, we reviewed the record of a patient with registered learning disability needs. We found the overall level of assessment and clinical input to be comprehensive, with use of the annual Welsh health check form to help inform their care.

Delivery of Safe and Effective Care

Safe

Risk management
The practice was purpose built, and the environment was fit for purpose. It was accessible, with step free access to all consulting and treatment areas.

There was appropriate fire detection equipment in place and electrical items were PAT tested to ensure their on-going safety and effectiveness.

Staff were able to request emergency assistance from their individual clinical areas. When asked, staff were familiar this process and how to respond.

Infection, prevention and control (IPC) and decontamination
The practice was visibly clean and free of clutter. Cleaning was completed by an external contractor and regular logs were maintained. However, we recommend that high level cleaning in clinical areas is included within the cleaning schedules, and that consideration is given to either the repair or removal of damaged furniture in the waiting area.

The practice must include high level cleaning in clinical areas into its cleaning schedules and consider either repair or removal of damaged furniture in the waiting area.

Clinical waste, including sharps items, was appropriately segregated. These were stored away from publicly accessible areas, however, the practice must ensure that clinical waste is secured. This includes use of temporary lid closures on small bins in clinical rooms and security of the main clinical waste point.

The practice must ensure that clinical sharps and waste is securely stored.

We noted linen curtains to be in use in clinical areas of the practice. However, there was no indication of a cleaning schedule in place for these. We advised the practice that they should determine whether they should implement this, or if it would be more economical for them to switch to disposable curtains instead.

The practice must ensure that cleaning schedules are in place for linen curtains in clinical areas or consider switching to disposable versions.

In the sample of staff training records that we reviewed, we confirmed that staff had received IPC training appropriate to their roles and responsibilities.

Medicines management
There were generally appropriate processes in place for the management of vaccines and other medication. This included the ordering, stock and fridge temperature checking.

We noted that clinical refrigerators were locked, but with the key in place. To minimise the risk of unauthorised access, we advised the practice that the key should not be left in situ when not in use. We also noted medications stored in the refrigerators were stored in solid containers and advised the practice to instead store medications in plastic baskets with ventilation holes to enable an effective cold airflow.

The practice must ensure that clinical refrigerator keys are not kept in situ at all times and should ensure that medications are suitably stored.

We reviewed the patient group directions (PGD's), which provides legal authority to registered health professional, other than a general practitioner, to supply and administer specified medicines to a pre-defined patient group. We noted five of these did not contain the relevant management authorisation nor had the authorised staff sections been scored through. This was dealt with through our immediate assurance process.

Practice staff were aware of how to respond to a medical emergency. It was positive to note that the practice takes part in medical emergency scenarios, providing staff with a notable learning opportunity. However, we found some issues with the second emergency trolley, which we required the practice to resolve immediately. **This was dealt with through our immediate assurance process.**

We noted paper prescription pads were in use by the practice. Whilst we found these to be securely held when not in use, there is a need for the practice to implement a prescription pad log of the pads in use and in storage to minimise the risk of any inappropriate use.

The practice should implement a prescription pad log.

Safeguarding of children and adults
Staff were aware of the process to follow for reporting any safeguarding concerns. This was supported by an appropriate safeguarding policy and process, but we recommend that the practice workflow procedure is updated to include Emergency

Department attendances, including frequent attendances or those that may give rise to a safeguarding concern.

The practice should include ED attendances within its workflow procedure.

There was evidence of multidisciplinary team working, including between practice staff and both health visitors and district nurses who were co-located within the same building. This included regular safeguarding and routine clinical meetings which aids the identification and clinical discussion of any safeguarding matters.

We confirmed that staff had undertaken safeguarding training according to their clinical roles and responsibilities, including level three training for the designated practice safeguarding lead. However, we advise the practice manager completes training to level 2.

Management of medical devices and equipment

Medical devices and equipment were found to be in good working order. There was evidence of calibration and replacement of faulty equipment through contracts with relevant manufacturers and suppliers. However, we were unable to confirm that the hyfrecator device located in the minor surgery room had been serviced at an appropriate interval.

The practice must ensure that medical devices, including the hyfrecator, is included in its routine servicing arrangements.

Effective

Effective care

Overall, we found good processes in place to support the effective treatment and care of patients. This included MDT working and engagement with other healthcare professionals.

We found a timely and auditable process for dealing with referrals and other correspondence in and out of the practice for secondary care and/or other professionals. It was positive to note that referral rates are clinically audited and discussed at a cluster level.

There are effective processes in place to manage and communicate blood test and follow up results in a timely manner, and in a way which reduces reliance on patients to have to contact the practice.

Staff had clearly identified roles and responsibilities and there were processes to review and learn from incidents and clinical updates. This included implementing learning and audits following serious incident review meeting outcomes.

Patient records

We reviewed 10 patient's records and found the contents to be overall clinically sound and of good quality.

The records were easy to navigate, appropriately Read coded, and sufficiently detailed to enable continuity of care, for example, in the event of consultation by a new or locum general practitioner. This included appropriate assessment, investigation, prescribing and, where required, onward referral to secondary or other community care teams.

Quality of Management and Leadership

Staff feedback

We received 22 staff responses to our survey. Responses provided by staff were very positive, with most respondents telling us they feel able to make suggestions to improve services and the workplace, and that they felt involved in decision making surrounding any changes that may affect their work.

Most respondents felt they had received appropriate training to undertake their role, and all but one felt the practices encourages them to report errors, near misses or incidents. However, several respondents felt that more feedback could be given in response to incidents and learning.

All but one staff member felt that care is the practices top priority and would be happy with the standard of care provided for themselves, friends and family at this practice.

Leadership

Governance and leadership
The practice management team were experienced in general practice and demonstrated sound knowledge. Practice partners took an active role in the effective running of the practice and clinical staff at all levels demonstrated a clear understanding of their responsibilities, with defined roles in key areas such as safeguarding, quality improvement, and clinical training.

There were a breadth of policies and procedures to support the effective running of the practice, which were generally well localised to meet the needs of the practice.

Workforce

Skilled and enabled workforce
We reviewed a sample of staff files and found a number of pre-employment checks completed on staff to ensure their suitability for employment. This included employment histories, references from previously employers, evidence of professional registration and indemnity, and disclosure and barring service (DBS) checks. However, some DBS checks for clinical staff were not all completed to en enhanced level. **This was dealt with through out immediate assurance process.**

Evidence of pre-employment checks more broadly was sporadic in some staff files and was not aligned with the practices recruitment policy.

The practice must ensure that its recruitment practices align to its policy and that staff files are carefully maintained.

We also recommended that occupational health screening is considered alongside existing induction practices for new employees and as needed for existing employees.

The practice should explore implementing occupational screening as part of its recruitment processes to ensure that any workplace adjustments are considered.

We reviewed a sample of staff training files and found recent evidence that a breadth of training, such as safeguarding and infection prevention and control, had been completed. However, we recommend that the practice reflects on its overall training requirements to determine which modules should be completed by specific staff groups and at what intervals. This approach will support more effective oversight of training compliance going forward.

The practice must reflect on its overall training requirements to determine which modules should be completed by specific staff groups and at what intervals.

It was positive to find that there were competency and feedback mechanisms in place, such as hot reviews, to help support GP trainees and non-medical prescribers. To further strengthen this approach, we recommend that the practice implements a formal supervision process for non-medical prescribers and that the scope of practice is clearly set out in a written document.

We recommend that the practice implements a formal supervision process and scope of practice document for non-medical prescribers.

Culture

People engagement, feedback and learning

Patients were able to provide feedback in person, writing or through a formal complaint's mechanism, which was aligned with the NHS Wales 'Putting Things Right' process.

We reviewed a sample of formal complaints. These had been acknowledged within the appropriate timeframe, and were monitored by senior partners and the practice management team to ensure outcomes are provided in a timely manner.

Information

Information governance and digital technology
There was an appropriate system in place to ensure the effective collation, sharing and reporting of patient information, data, referrals and requests.

All electronic and paper patient records were found to be securely stored and most staff agreed that they can access the IT systems they need to provide care and support to patients.

Learning, improvement and research

Quality improvement activities
The practice evidenced a good approach towards quality improvement. This included clinical audit activity that was aligned with significant event outcomes, professional interests and specialisms of GPs and GP trainees, and cluster wide themes.

There were regular MDT and clinical forums with external attendees to share clinical updates, learning and to review incidents.

Whole-systems approach

Partnership working and development
There was evidence of good cluster and partnership working to meet the needs of the local population. This included a focus on atrial fibrillation and stroke prevention, over 50's health screening, and access to physiotherapy support. Local connections have been developed with other professionals, including Mind Cymru and a range of secondary care professionals within the local health board.

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 summarises 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
Not applicable			

Appendix B - Immediate improvement plan

Service: Rumney Primary Care Centre

Date of inspection: 29 July 2025

The table below includes any immediate 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.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	The emergency trollies, including the defibrillators (AED) and oxygen cylinders, were visually inspected. One set of equipment was located in the reception area and a second set in a side room in the consulting room corridor. We identified the following concerns regarding the second set: i. With the exception of the emergency drugs, there were a lack of checks being	The practice must ensure it meets the quality standards for primary care, set out by the Resuscitation Council UK. The practice must record and maintain logs of weekly checks on this equipment.	Health and Care Quality Standards 2023 - Safe Quality Standards: Primary care | Resuscitation Council UK	(i) The emergency drug list forms have been amended to weekly. The oxygen, AED, AED pads, and all other equipment have been added to the weekly forms to be completed (including expiry dates) (ii) The AED battery has been replaced and AED tested. (iii) New pads should arrive this week (iv) Bag valve masks have been replaced	K Came	Completed Completed As soon as delivered Completed

	completed and recorded on the remainder of the equipment, including the AED and oxygen cylinder ii. The AED battery was depleted iii. Pads were found to be out of date, although we were verbally assured that new pads had been ordered iv. Bag valve masks did not have an expiry date and required further inspection due to their age v. It was highlighted that staff sometimes borrow medication from the trolley for patient use. Staff must be reminded to avoid this practise, and resuscitation drugs / trolley			(v) Message send to all staff and tamper systems to be purchased		Completed: to be purchased asap

	should be tamper evident.					
2.	We reviewed a sample of staff files and found 'basic' Disclosure and Barring Services (DBS) checks had been undertaken for two clinical staff members. Due to the nature of the roles and them being defined as a regulated activity by the DBS, the practice is required to evidence that checks to a suitable level have been obtained. The practice must also ensure that it has a policy in place, which should set out its position on the requesting of DBS checks and its on-going monitoring and oversight.	The practice must review the roles and responsibilities of its staff to determine the level of DBS check required. Basic checks for clinical staff are insufficient. The practice must ensure that this is supported by a practice policy and on-going monitoring and oversight.	Health and Care Quality Standards 2023 – Safe / Workforce Eligibility for healthcare roles - GOV.UK	Enhanced DBS Checks for clinicians currently being applied for. Practice policy has been developed.	K Came	End of August Completed
3.	We reviewed a sample of Patient Group Directions (PGD's) and found missing management authorisations on several	The practice must ensure that PGD's are appropriately authorised and that remaining lines are scored out, once the	The Human Medicines Regulations 2012 / NICE Guideline MPG2	All PGD's now appropriately signed by GP Partner and	K Came	Completed

	of these forms. There is also a need for the practice to ensure that remaining lines are scored out after the last authorised user has been added. Due to the professional and legal obligations associated with this process, there is a need for the practice to appropriately authorise these documents at the time users are added to the PGD, or within a reasonable short timeframe thereafter.	last authorised user has been added.		remaining lines scored out.		

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): K CAME

Job role: PRACTICE MANAGER

Date: 5th August 2025

Appendix C - Improvement plan

Service: Rumney Primary Care Centre

Date of inspection: 29 July 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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Page 12	The practice must include high level cleaning in clinical areas into its cleaning schedules and consider either repair or removal of damaged furniture in the waiting area.	Health and Care Quality Standards 2023 Safe (IPC)	High level cleaning including the top of the curtain rails has been completed and added to the weekly cleaning schedule	Kim Came	Completed
2.	Page 12	The practice must ensure that clinical sharps and waste is securely stored.	Safe (IPC)	A new clinical waste lockable waste bin has been ordered	Kim Came	Completed as soon as new bin arrives
3.	Page 12	The practice must ensure that cleaning schedules are in place for linen curtains in	Safe (IPC)	Curtains are currently in the process of being	Kim Came	Completed and

		clinical areas or consider switching to disposable versions.		cleaned and added to the cleaning schedule.		scheduled updated.
4.	Page 13	The practice must ensure that clinical refrigerator keys are not kept in situ at all times and should ensure that medications are suitably stored.	Safe (Medicines Management)	The Keys are being removed when not in use. Baskets have been purchased and are now in situ in all fridges	Kim Came	Completed
5.	Page 13	The practice should implement a prescription pad log.	Safe (Medicines Management)	A log has been implemented	Kim Came	Completed
6.	Page 14	The practice should include ED attendances within its workflow procedure.	Safe (Safeguarding)	Workflow policy has been updated to include ED attendances	Kim Came	Completed
7.	Page 15	The practice must ensure that medical devices, including the hyfrecator, is included in its routine servicing arrangements.	Safe (Medical Devices)	The Hyfrecator has now been included in the routine service arrangements.	Kim Came	Completed
8.	Page 16	The practice must ensure that its recruitment	Workforce (Recruitment)	Staff files are in the process of being	Kim Came	Ongoing

		practices align to its policy and that staff files are carefully maintained.		updating in accordance with the Practice recruitment policy.		
9.	Page 16	The practice should explore implementing occupational screening as part of its recruitment processes to ensure that any workplace adjustments are considered.	Workforce (Recruitment)	The Practice Manager will discuss the potential introduction of occupational screening as part of the recruitment process	Kim Came	Ongoing
10.	Page 16	The practice must reflect on its overall training requirements to determine which modules should be completed by specific staff groups and at what intervals.	Workforce / Safe	The overall training has been reviewed in accordance with the specific staff roles and will be discussed with the individuals as part of the annual appraisal process	Kim Came	Completed
11.	Page 16	We recommend that the practice implements a formal supervision process and scope of practice document for non-medical prescribers.	Workforce	Scope of Practice is to be documented and discussed as part of ongoing development of non-medical prescribers	Kim Came	Completed

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): K CAME

Job role: PRACTICE MANAGER

Date: 23 SEPTEMBER 2025