

Kingswood Surgery

Quality Report

Kingswood Surgery
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services effective?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at Kingswood Surgery in High Wycombe, Buckinghamshire on 18 and 22 November 2016 found breaches of regulations relating to the effective, responsive and well-led delivery of services. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for the provision of effective, responsive and well led services. The practice was rated good for providing safe and caring services. The concerns identified as requiring improvement affected all patients and all population groups were also rated as requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Kingswood Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 23 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in November 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 23 May 2017 we found the practice was meeting the regulations that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is now rated as good. All six population groups have also been re-rated following these improvements and are also rated as good.

Our key findings were as follows:

- There was now an overarching governance framework which supported the delivery of the good quality care. Improvements had been made to deliver significant progress in improving services.
- The practice had established and was now operating safe and effective systems to assess, manage and mitigate the risks identified relating to fire safety.
- Systems were in now place to identify and record all feedback from patients. This included a further review of the outcomes of the national GP patient survey to determine appropriate action with a view to improving the patient experience. Furthermore, feedback from patients through a newly reinstated patient participation group (PPG) was sought and acted upon.

Summary of findings

- The practice had implemented a clinical audit schedule with the view to increase the level of clinical audit activity, ensuring quality improvement.
- Appropriate appraisal arrangements were now in place, appraisals had been completed and there was evidence of performance monitoring and identification of personal and professional development.
- The practice had taken steps to improve rates of practice patients attending national cancer screening programmes.
- Information leaflets were now available in languages consistent with the variety of cultures in High Wycombe.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services effective?

The practice had taken appropriate action and is now rated as good for the provision of effective services.

Our last inspection in November 2016 identified concerns relating to a lack of clinical audit activity and limited evidence of quality improvement. We also saw concerns regarding a lack of appraisals and the practice could not demonstrate that staff had all the skills, knowledge and experience to deliver effective care and treatment.

During the inspection on 23 May 2017, we saw the concerns had been addressed:

- Clinical audit activity had significantly increased and there was clear evidence of quality improvement and a schedule for ongoing clinical audits. The practice now had a system in place for completing a wide range of clinical audits. We saw all clinicians (GPs, pharmacists and nurses) were now actively involved in completing clinical audits. These included audits for prescribing, asthma, stroke prevention, diabetes, urology, referrals, atrial fibrillation (atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate) and participation for national cancer screening programmes.
- An appraisal programme was now in place and the development of staff skills, competence and knowledge was now recognised as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills.

Good



Are services responsive to people's needs?

The practice had taken appropriate action and is now rated as good for the provision of responsive services.

Our last inspection in November 2016 identified concerns relating to patient satisfaction regarding access to the practice. Specifically, data collected via the national GP patient survey reported patients found telephone access was poor. Verbal and written feedback received on the day of the inspection, aligned with the results from the national GP patient survey regarding low levels of satisfaction regarding access.

During the inspection on 23 May 2017, we saw the concerns had been addressed:

- Kingswood Surgery implemented an action plan with a view to improve patient access.
- To improve access, the number of staff to answer the six telephone lines had been increased, there were additional members of staff to answer the telephones within the known busy periods and online patient access was promoted.
- Furthermore, following a 'demand and capacity' audit with the nursing team, the practice highlighted potential for appointment types and lengths to be amended and therefore increase additional appointments offered by the nursing team including health care assistant.

Good



Summary of findings

- A in-house clinical pharmacist was in place which enabled practice patients to receive comprehensive medicines advice. The pharmacist supported the practice to complete medicine management reviews, therefore increasing the availability of GPs to see patients. The practice advised that following successes with the pharmacist, the team was increasing with the addition of a senior and a junior pharmacist.
- To monitor and evaluate the completed actions, the practice had completed an in-house patient satisfaction survey and enlisted the support of an external consultant to complete an independent review. Overall patient satisfaction had improved although access, specifically phone access still required further improvement. Verbal feedback collected during the inspection regarding access aligned to these survey results as the vast majority (85%) of patients we spoke with said access had improved but it still required further improvements.
- Information leaflets were now available in languages consistent with the variety of cultures in High Wycombe. The practice website had been re-designed and was now clear and simple to use featuring regularly updated information and the option to translate information on the website into a variety of different languages.

Are services well-led?

The practice had taken appropriate action and is now rated as good for the provision of well-led services.

Our last inspection in November 2016 identified concerns relating to areas of weakness within the practices governance arrangements. There was a governance framework, but this did not always support appropriate arrangements to monitor and improve quality and identify risk.

Furthermore, we identified a lack of clinical audit activity, a lack of an appraisal programme, poor patient satisfaction and an inactive patient participation group. Several members of staff also highlighted that they felt undervalued with a low level of job satisfaction and did not feel respected, valued, supported and appreciated.

During the inspection on 23 May 2017, we saw the concerns had been addressed:

- Governance arrangements had been proactively reviewed and now took account of current models of best practice.
- We saw evidence that there was an effective monitoring system in place to ensure all staff had undertaken appraisals and training relevant to their role.
- There was now clear visible clinical leadership, lead roles had been designated and staff spoke highly of the new teams and culture within the practice.
- The practice was now involved and actively encouraged and valued feedback from patients, the public and staff. It proactively sought staff opinions, patients' feedback and engaged patients and staff in the delivery of the service including the significant number of changes made within the practice. For example, the practice manager had opened communication channels with practice patients including re-launching a patient participation group (PPG).

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for effectiveness, responsiveness and well-led identified at our inspection in November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for effectiveness, responsiveness and well-led identified at our inspection in November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for effectiveness, responsiveness and well-led identified at our inspection in November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The practice had taken steps to increase the number of patients completing the national bowel cancer screening programme and ensure accuracy within the number of practice patients participating in the cervical cancer screening programme.

- 55% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was an increase of 4% on previous data and was now similar when compared to the CCG average (59%) and national average (58%). To further increase the number of respondents to this programme, we saw a single cycle bowel cancer clinical audit with the aim to further increase patient participation in this screening programme.
- The practice's uptake for the cervical screening programme was 91%, which was higher when compared to the CCG average (84%) and the national average (82%). However, the exception reporting for cervical screening was significantly higher when compared to local CCG and national averages. Following the November 2016 inspection, we saw the practice had completed a full audit and review of the high level of exception reporting and we saw this level of exception reporting was appropriate given the ethnic diversity, cultural beliefs and transient patient population.

Summary of findings

Working age people (including those recently retired and students)

The provider had resolved the concerns for effectiveness, responsiveness and well-led identified at our inspection in November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for effectiveness, responsiveness and well-led identified at our inspection in November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effectiveness, responsiveness and well-led identified at our inspection in November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Kingswood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC Inspector.

Background to Kingswood Surgery

Kingswood Surgery is a GP practice located in Totteridge in High Wycombe, Buckinghamshire. Kingswood Surgery is one of the practices within Chiltern Clinical Commissioning Group (CCG) and provides general medical services to approximately 10,300 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

All services are provided from:

- Kingswood Surgery, Hollis Road, Totteridge, High Wycombe, Buckinghamshire HP13 7UN.

According to data from the Office for National Statistics, Buckinghamshire has mid to high levels of affluence, low incidence of substance misuse and severe mental health problems. However, the Kingswood Surgery is located within a pocket of deprivation.

Ethnicity based on demographics collected in the 2011 census shows there is ethnic diversity within the population of Totteridge and the surrounding area. Approximately 20% of the population is composed of people with an Asian background and 7% of people with a black background. In addition, Totteridge has a growing Eastern European community; this is reflected in the patient population list, as there are a growing number of Polish patients registered with Kingswood Surgery. The

ethnic diversity within the population creates a transient patient population; patients are often outside of the country for long periods, which has an impact on screening and recall programmes.

The age of the practice population is largely similar when compared to the national averages; however there are a higher proportion of children aged below nine years of age registered at the practice. The prevalence of patients with a long standing health condition is 46% compared to the local CCG average of 52% and national average of 54%. Kingswood Surgery also provides primary care GP services for a local care home for adults with complex learning disabilities (approximately five patients).

The practice comprises of three GP Partners (two female and one male) who are supported by four salaried GPs and two long term locum GPs. There is a clinical pharmacist working at the practice. The all-female nursing team is led by a nurse manager who is also a prescribing nurse practitioner and the team consists of three practice nurses and a health care assistant. The current practice manager commenced employment with the practice in December 2016 which was after the comprehensive inspection in November 2016. A team of reception, administrative and secretarial staff support the GPs and practice manager undertake the day to day management and running of Kingswood Surgery.

Kingswood Surgery is open between 8am and 6.30pm Monday to Friday (appointments between 8am and 5.30pm). Each week extended hours for pre-bookable appointments were available every Thursday and Friday morning between 7am and 8am, and every Tuesday evening between 6.30pm and 8pm.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service

Detailed findings

accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on both practices door and over the telephone when the surgery is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 18 and 22 November 2016 and we published a report setting out our judgements. These judgements identified two breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up inspection on 23 May 2017 to follow up and assess whether the necessary changes had been made, following our inspection in November 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the conditions of regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations

associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

This report should be read in conjunction with the full inspection report.

How we carried out this inspection

Before visiting on 23 May 2017, the practice confirmed they had taken the actions detailed in their action plan.

During our visit, we met with the management team including one of the GP Partners and the Practice Manager. We reviewed information given to us by the practice and also reviewed processes and documents relevant to the management of the practice including clinical audit programmes, training records and anonymised appraisals. During our visit we also spoke with members of the reception and secretarial team, seven patients and made undertook observations of the waiting area.

All were relevant to demonstrate the practice had addressed the breaches of the regulations identified at the inspection in November 2016.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected Kingswood Surgery in November 2016, we identified concerns relating to a lack of clinical audit activity and limited evidence of quality improvement. We also saw concerns regarding a lack of appraisals and the practice could not demonstrate that staff had all the skills, knowledge and experience to deliver effective care and treatment.

Furthermore, uptake for practice patients attending national cancer screening programmes was mixed. For example, the number of patients at the practice who had been screened for bowel cancer; was lower when compared to the local and national averages.

We reviewed information obtained during the inspection in May 2017 and found the practice had made improvements to address the concerns previously identified.

Management, monitoring and improving outcomes for people

At the November 2016 inspection we saw limited evidence of quality improvement, including clinical audit. This was acknowledged by the practice and there was a plan to increase audit activity. For example, we saw updated clinical audit guidance and examples of audit cycles had been disseminated to ensure the team was ready to proceed and increase audit activity.

During the May 2017 inspection, we saw that in the previous six months clinical audit activity had significantly increased and there was clear evidence of quality improvement and a schedule for ongoing clinical audits. The practice now had a system in place for completing a wide range of clinical audits. We saw all clinicians (GPs, pharmacists and nurses) were now actively involved in completing clinical audits.

These included audits for prescribing, asthma, stroke prevention, diabetes, urology, referrals, atrial fibrillation (atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate) and cancer.

The practice told us clinical audits were linked to medicines management information, safety alerts or as a result of information from the quality and outcomes

framework (QOF). For example, we saw completed and live clinical audits with the aim to address areas of poor clinical performance within national cancer screening programmes had been completed.

We also saw there were planned designated clinical audit meetings to review the audit programme and increased level of audits. Staff told us this was a useful opportunity to discuss findings, share learning and propose new potential audits.

Effective staffing

The practice manager had arranged informal appraisals within the first eight weeks of starting employment with the practice. The practice manager told us this was also an opportunity to observe colleagues and understand the different roles within the practice. Appraisals had been formalised through formal appraisals completed in first four months of 2017.

All practice staff now had a comprehensive appraisal which identified learning needs from which action plans were documented. Prior to the planned appraisal meetings, all staff received a copy of their current job description and guidance on how to prepare for an appraisal. Staff told us this was useful and it made the appraisal effective. Furthermore, all of the clinician's within the practice had a 360 appraisal review (a 360 appraisal review is a feedback opportunity that enables a group of co-workers to provide feedback on an employee's performance).

To ensure practice staff were involved in decisions about how the practice was run and aware of the significant changes within the practice, all members of staff had additional six monthly appraisals planned.

To ensure training and staff development was a top priority, the practice appointed a training manager who was also an in-house trainer in March 2017. This role also included the management of the training log to identify whether staff had training or when they would require it again.

Staff we spoke with confirmed that the practice was now supportive in providing training and funding for relevant courses. For example, staff had completed courses in medical terminology to ensure they were up to date with latest guidance. We were also informed that the health care assistant was being supported by the practice to attend a fast track nurse re-training programme to become a practice nurse.

Are services effective?

(for example, treatment is effective)

These actions were now ensuring that requirements relating to staffing were now being met.

Supporting patients to live healthier lives

The practice advised the cultural challenges and a transient patient population (patients were often outside of the country for long periods); impacted the practice's cervical screening programme and resulted in high levels of exception reporting. Exception reporting is the removal of patients from calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

- The practice's uptake for the cervical screening programme was 91%, which was higher when compared to the CCG average (84%) and the national average (82%). However, the exception reporting for cervical screening was significantly higher when compared to local CCG and national averages. Following the November 2016 inspection, we saw the practice had

completed a full audit and review of the high level of exception reporting and we saw this level of exception reporting was appropriate given the ethnic diversity, cultural beliefs and transient patient population.

Recent data supplied by the practice indicated improved success in practice patients attending national screening programmes. For example:

- 55% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was an increase of 4% on previous data and was now similar when compared to the CCG average (59%) and national average (58%). To further increase the number of respondents to this programme, we saw a single cycle bowel cancer clinical audit with the aim to further increase patient participation in this screening programme. Examples of actions from the audit included letters, phone calls and promotional material to non-responders.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected Kingswood Surgery in November 2016, we identified concerns relating to patient satisfaction regarding access to the practice. Specifically, data collected via the national GP patient survey reported patients found telephone access was poor. Verbal and written feedback received on the day of the inspection, aligned with the results from the national GP patient survey regarding low levels of satisfaction regarding access.

Furthermore, we saw patient information leaflets and notices were available in the patient waiting areas however, there was no practice information available in the variety of other languages that patients spoke.

We reviewed information obtained during the inspection in May 2017 and found the practice had made improvements to address the concerns previously identified.

Access to the service

We reviewed data from the national GP patient survey, which was published in July 2016. These results had not been updated since the previous inspection as this survey was now an annual survey. Given the significant amount of changes within the practice the published data which indicated concerns regarding access; was not a whole representation of the current performance.

Using survey results and patient's feedback, the practice had continued to implement a series of changes to improve access. For example:

- Kingswood Surgery had continued to increase the number of GP sessions per week. One recent change, led to five additional GP sessions each week. This increase resulted in an additional 90 GP appointments each week.
- Following a 'demand and capacity' audit with the nursing team, the practice highlighted potential for appointment types and lengths to be amended and therefore increase additional appointments offered by the nursing team including health care assistant. This increased the number of nurse appointments by 72 each week and the restructure also saw an increase in the number of minor illness clinics held by the prescribing nurse practitioner.
- An in-house clinical pharmacist at the practice enabled patients to receive comprehensive medicines advice.

The pharmacist supported the practice to complete medicine management reviews, therefore increasing the availability of GPs to see patients. The practice advised that following successes with the pharmacist, the team was increasing with the addition of a senior and a junior pharmacist.

- The practice had continued to increase the number of staff to answer the incoming telephone lines into the practice. Furthermore, the practice had recruited additional receptionists to endeavour to address the telephone access problem.
- Practice staff had also continued to promote online access and virtual access to reduce pressures on the telephone system. We saw information that each month the number of online users had increased.

To monitor and evaluate the completed actions, the practice had completed an in-house patient satisfaction survey and enlisted the support of an external consultant to complete an independent review. The in-house survey used the same questions as the national GP patient survey and was completed in May 2017.

There had been 51 responses which indicated significant improvements in patient satisfaction. However, phone access was still highlighted as an improving concern.

The practice manager was fully aware of the concerns regarding access and had plans to continually review the situation with a similar in-house survey in June 2017 and a review of the GP national patient survey data in July 2017. These reviews included the involvement of the revised patient participation group.

We spoke with seven patients during the inspection, specifically regarding access to the practice. Verbal feedback from six of the seven patients (85%) highlighted telephone access had improved but still required further improvement. The other patient advised access remained a problem but also mentioned that on the last three occasions that they had needed to contact the practice there had not been a concern with access. On each of the last three occasions, there had been no delay in accessing the practice and on each of those three occasions they advised they were seen on the day of the call. Six of the seven patients (85%) we spoke with advised they would recommend the practice to friends or family if they needed similar care or treatment.

Are services responsive to people's needs?

(for example, to feedback?)

During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or whether improvements were needed.

At the November 2016 inspection there was limited promotion of the NHS Friends and Family Test within the practice and the amount of responses was not representative of the number of patients using the service. For example, in the four months (October 2016, September 2016, August 2016 and July 2016) there had been 10 responses. Data collected in October 2016 (two responses) were both extremely unlikely to recommend Kingswood Surgery.

To increase the number responses the survey captured views, the practice now proactively displayed the test throughout the practice and the number of responses had increased.

Results collated in the last four months show the number of responses had increased, patient satisfaction had improved and more patients would recommend the practice to friends or family if they needed similar care or treatment.

- Kingswood Surgery achieved a 100% satisfaction rate in the NHS Friends and Family Test in April 2017 (14 responses), 75% in March 2017 (eight responses), 100% in February 2017 (seven responses) and 67% in January 2017 (12 responses).

Responding to and meeting people's needs

The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example:

- Information leaflets were now available in languages consistent with the variety of cultures in High Wycombe. This included promotional material of the Care Quality Commission inspection on display in the practice in the three most commonly spoken languages within the practice population (English, Urdu and Polish).

The practice website had been re-designed and was now clear and simple to use featuring regularly updated information and the option to translate information on the website into a variety of different languages.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

When we inspected Kingswood Surgery in November 2016, we identified concerns relating to areas of weakness within the practice's governance arrangements. There was a governance framework, but this did not always support appropriate arrangements to monitor and improve quality and identify risk.

Furthermore, we identified a lack of clinical audit activity, a lack of an appraisal programme, poor patient satisfaction and an inactive patient participation group. Several members of staff also highlighted that they felt undervalued with a low level of job satisfaction and did not feel respected, valued, supported and appreciated.

We reviewed information obtained during the inspection in May 2017 and found the practice had made improvements to address the concerns previously identified.

Governance arrangements

The practice had demonstrated improvements. The practice now had an overarching formalised governance framework which supported the delivery of the strategy and good quality care. For example:

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all seven actions following the June 2016 fire risk assessment were now complete.
- Significant improvements had been made to the practice's clinical audit programme.
- All staff had an appraisal and undertaken training relevant to their role to enable them to carry out the duties they were employed to do.
- Practice meetings were now formalised and actions from meetings shared with the practice team.
- Patient satisfaction had improved and actions completed to further improve access to services.
- In February 2017, the practice had enlisted the support of an external consultant to complete an independent review. This review alongside a separate practice led analysis was used to sustain and embed the significant number of changes and improvements.

Leadership and culture

At the November 2016 inspection, the practice highlighted one of the challenges within the practice was the lack of clinical leadership.

During the May 2017, we saw this had been addressed, there was now clear visible clinical leadership, lead roles had been designated and staff spoke highly of the new teams and culture within the practice.

All members of staff we spoke with described that in recent months the practice had worked as a team to make improvements. The members of staff who expressed a low level of job satisfaction and low morale at the November 2016 inspection said both satisfaction and morale had significantly improved. Sickness levels had decreased within all staff groups and improving staff health and wellbeing was a top priority including provisions for all staff to have a health assessment with an independent complementary health practitioner.

Seeking and acting on feedback from patients, the public and staff

We found the practice was now involved and actively encouraged and valued feedback from patients, the public and staff. It proactively sought staff opinions, patients' feedback and engaged patients and staff in the delivery of the service including the significant number of changes made within the practice.

- The practice manager had opened communication channels with practice patients including re-launching a patient participation group (PPG). Although the PPG was a small with six members, the practice was encouraging more patients and carers to join the group. The practice is working with Healthwatch Bucks (an local independent champion for consumers and users of health and social care in Buckinghamshire) to ensure the launch of the PPG is successful and the practice had all the necessary tools and processes to make the group effective.
- Overall patient feedback had significantly improved. The most recent results from the April 2017 NHS Friends and Family test were positive with a 100% satisfaction rate (14 responses).
- There was now an appraisal programme for the full practice team; we also saw the practice had gathered feedback from staff through staff meetings and discussions.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

These actions were now ensuring that requirements relating to good governance were now being met.