

## **General Practice Inspection (Announced)**

Meddygfa Gyffin / Betsi Cadwaladr  
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 people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

## 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Meddygfa Gyffin at Woodlands, Gyffin, Conwy, LL32 8LT, within Betsi Cadwaladr University Health Board on the 12 September 2019.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), GP and practice manager peer reviewers and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

## 2.

3.

## 4. Summary of our inspection

Generally, we found that the practice had arrangements in place to promote safe and effective patient care.

We found a staff team who were very patient centred and committed to delivering a high quality service to their patients.

The feedback we received from patients, confirmed that they were very happy with the service they received.

However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Welcoming environment
- Patient information and engagement
- Good record keeping
- Patients we spoke with were overall happy with the service
- The internal environment was of a good standard and provided comfortable seating areas and consultation rooms
- Patients stated that they were treated with dignity and respect by staff
- Records of patient consultations were of a good standard.

This is what we recommend the service could improve:

- The health board must ensure that locum GPs working at the practice are aware of referral outcomes
- The health board should consider enhancing the security within the building by provision of a suitable lock on the door leading to the staff area on the first floor

- The health board must ensure any missing floor tiles, tears or rips on chairs located within any clinical area are repaired or replaced to aid effective cleaning
- The health board should consider replacing cotton curtains with disposable curtains
- The health board must ensure that an infection prevention and control audit is undertaken at the practice and an action plan put in place
- The health board must ensure that regular case reviews and prescribing audits are undertaken and outcomes communicated to all clinical staff
- The health board must ensure that the GP locum pack includes details of local safeguarding procedures at the practice along with reference to the All Wales Child Protection Procedures
- The health board must ensure that any learning from significant events meetings are summarised and discussed with the practice team
- The health board to review and improve clinical support at the practice
- The health board to share any learning and actions from the cluster meetings with all staff at the practice
- The practice must ensure that all staff have a job description which reflects their current work duties
- Ensure all staff working at the practice have received a DBS check relevant to their role.



## 5. What we found

### Background of the service

Meddygfa Gyffin currently provides services to approximately 4000 patients in the Conwy area. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board. The practice has been managed by the health board since July 2018.

The practice employs a staff team which includes one practice manager, six administrative staff, one advanced nurse practitioner, one practice nurse, one healthcare assistant and locum GPs.

The practice provides a range of services, including:

- Antenatal Clinic
- Asthma Clinic
- Child / Baby Clinic
- Community Mental Health
- Diabetes Clinic
- Travel vaccinations.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We found that this practice was working hard to provide a high quality experience to their patient population. We found relevant information displayed in the reception and waiting area, in both English and Welsh.

Feedback we received via HIW questionnaires, confirmed that patients rated their experience at this practice as excellent or very good.

Patients told us that they were treated with dignity and respect by the staff.

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided. On the day of the inspection, our inspectors also spoke with patients to find out about their experiences at the practice.

In total, we received 36 completed questionnaires. The vast majority of the patients who completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by this GP practice. Responses were positive; the majority of patients rated the service as 'excellent' or 'very good'. Patient comments included:

*"The care has always been first class at this surgery. However, the constraints of the 5 minute appointment; the difficulty of maintaining consistency in seeing the same doctor, the anxiety of being able to get an appointment all mean that what was once a solid and reassuring service is threatened"*

*“Coming to the surgery is always a pleasant experience due to the helpful and skilled medical and support staff”*

*“Staff always friendly and efficient”*

*“Lovely friendly staff, receptionist most helpful!”*

*“I would like to stress just how good all the staff are at the surgery. They are an absolutely terrific team of people-always willing and able to help sort out any difficulties to help with health care issues”*

Patients were asked in the questionnaires how the GP practice could improve the service it provides. Patients told us they were not happy with the current appointment system and that no regular GPs were available at the surgery. Patients suggested improvements included:

*“Telephone for repeat prescriptions I currently have to physically visit the surgery or pharmacy to order medicine and return a week later. Could be more stream lined”*

*“More pre booked appointments”*

*“By making it easier to book an appointment, not been able to see the same doctor”*

*“Regular Doctors”*

*“It would be nice to have permanent GP's”*

*“Regular Doctors, you can't say who your doctor is”*

## **Staying healthy**

We found that patients were being encouraged to take responsibility for managing their own health, through the provision of health promotion advice from staff, and written information within the waiting area and consulting rooms. There was also a television monitor within the waiting area displaying health promotion information and information about the practice. We noted that the information displayed on the television monitor was only available in English.

We found that the practice operated a triage<sup>1</sup> system to signpost patients to other professionals and organisations better placed to assist them to ease the pressure on the clinical staff within the practice.

People with caring responsibilities were identified and given advice and information about other organisations and services that may be able to provide them with support. One staff member took on the role of Carers' Champion and would act as a voice for carers within the practice and be a key point of contact for carer information.

A sign displaying 'No Smoking' was displayed which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>2</sup>.

#### Improvement needed

Information displayed on the waiting room television monitor to be presented bilingually.

### **Dignified care**

All patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice.

Half of patients who completed a questionnaire told us that they could only sometimes get to see their preferred doctor.

We saw staff greeting people in a professional yet very friendly manner at the reception desk and during telephone conversations.

We considered the physical environment and found that patient confidentiality and privacy had been considered. The practice had arrangements to protect

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<sup>1</sup> Triage is the process of determining the priority of patients' treatments based on the severity of their condition.

<sup>2</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received, in privacy, away from patients.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Curtains were also provided around examination couches. This meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

The right to request a chaperone was advertised in the waiting area and the consulting rooms. However, nothing was on display for patients in the treatment room. We were informed that the use of chaperones is also verbally offered to patients in the consulting/treatment rooms. We recommend that the practice ensures a chaperone poster is displayed in each of the consulting/treatment rooms. We were informed that all administrative staff at the practice act as chaperone and have been provided with relevant guidance. However, we were informed by the practice manager that none of the administrative staff had received formal training.

#### Improvement needed

The health board must ensure that all chaperones receives formal training.

#### Patient information

As previously mentioned, information for patients on health related issues was available in leaflet form, and were available within the waiting area and consulting rooms. This included information on local support groups, health promotion advice and self-care management of health related conditions. However, we did note that several paper notices were attached to the rear of the patients' toilet doors by tape. We recommend that the practice removes all notices displayed at the rear of the toilet doors to aid successful cleaning and hygiene.

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients who completed a questionnaire told us that they would know how to access the out of hours GP service. Information relating to practice opening times was advertised on the practice website and patient leaflet.

### Improvement needed

Ensure all notices displayed at the rear of the toilet doors are removed to aid successful cleaning and hygiene.

### Communicating effectively

The majority of patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

We were informed that several member of staff can communicate bilingually with patients. Arrangements are also in place to access translation services when required. However, we found that this service was not being promoted. We recommend that the practice displays the laith Gwaith poster by the reception desk and waiting area. The laith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers.

All patients who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand, and also told us that they are involved as much as they wanted to be, in decisions made about their care.

A hearing loop was provided in order to aid communication with those patients with hearing difficulties.

### Improvement needed

Ensure the laith Gwaith poster is displayed by reception and waiting area.

### Timely care

All but one of the patients who completed a questionnaire told us that they were very satisfied or fairly satisfied with the hours that the practice was open. Just under half of the patients who completed a questionnaire told us that it was very easy or fairly easy to get an appointment when they needed one.

When asked to describe their overall experience of making an appointment, the majority of patients who completed a questionnaire, described their experience as good or very good.

Patients were able to pre-book routine appointments in advance, Monday to Friday, over the phone. We also saw that the practice held same day, urgent appointments for patients. The practice also made use of the My Health Online<sup>3</sup> facility to request repeat prescriptions. The use of this facility is to be encouraged as it could ease pressure on the telephone lines.

In addition to seeing patients attending with minor illnesses, the nursing team also ran a number of clinics for patients with chronic health conditions such as, coronary heart disease, diabetic check, asthmatic review, and cervical smears.

We found that referrals to other specialists were made in a timely fashion by the practice. However, we were informed by one of the locum GPs that outcomes from referrals are considered at the Clinical Reference Group meeting which locum GPs are not invited to.

#### Improvement needed

The health board must ensure that locum GPs working at the practice are aware of referrals outcomes.

## Individual care

### Planning care to promote independence

The practice team knew patients very well and made adjustments according to people's individual needs based on this knowledge.

All but four of the patients who completed a questionnaire felt that it was very easy or fairly easy to get into the practice's building.

The practice was located within a converted chapel with on-site car parking. However, we found that the disabled access to the building and the car parking facilities could be improved. We recommend that access to the building is further considered by the health board in any future refurbishment plans at the practice.

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<sup>3</sup> <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

We found that the car park is located on a steep slope which makes it very difficult for patients to use the car park. We found that the lighting on the ramp from the car park to the practice entrance was very limited; and the ramp was steep for patients with mobility issues or wheelchair users to use with ease.

During our inspection, we spoke with one patient who relied upon a walking aid. They informed us that they had experienced difficulties parking outside as they needed to open the car door fully to get out of the car. They managed the sloping access from the car park but had particular difficulties with the doors to the practice which are not automatic opening. They stated that if they needed to access the practice by wheelchair, it would be impossible because the ramp is very steep.

There were disabled access toilets located within the waiting area for use by patients along with baby changing facilities.

All the GP consulting rooms, clinical rooms and treatment rooms were located on the ground floor. The consulting rooms, clinical rooms and treatment rooms were spacious and very well equipped.

#### Improvement needed

The health board must ensure that the ramp from the car park to the main entrance is adequately lit.

The health board must consider the steepness of the car park and ramp for patients with limited mobility and wheelchair users in any future refurbishment plans.

The health board to consider installing automated doors at the entrance in any future refurbishment plans.

#### People's rights

The practice had made arrangements to make services accessible to patients with different needs and language requirements, as described above.

Staff we spoke with were aware of their responsibilities in relation to equality and diversity. There was an equality and diversity protocol in place, and staff had completed training on the subject.

#### Listening and learning from feedback



We found that the practice did not have a patient participation group in operation (PPG). PPGs provide invaluable information for practices regarding the services provided and encompasses direct patient experiences. The health board should consider this area of service evaluation as a fruitful source of information.

During our visit we identified that there was a comment box available for patients to provide feedback or suggestions. However, we found no comment cards or pens were made available for patients to use. We were informed that any comments or feedback are reviewed and acted upon if appropriate by the practice manager. We did not find any information on how to raise a concern / complaint in regards to the NHS in Wales 'Putting Things Right'<sup>4</sup>. We recommended that the complaints process for NHS patients' needs to be displayed in conspicuous locations around the practice.

There was a formal complaints procedure in place along with a dedicated complaints leaflet. However we found that the complaint leaflet was not available in the waiting room. We also found that the complaint leaflet did not include the correct timescales for responding to the complaints in line with the NHS 'Putting Things Right'.

We found that emphasis was placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. All complaints were brought to the attention of the practice manager and the health board.

#### Improvement needed

Ensure comment cards and pens are made available for patients to provide feedback.

Ensure general information is freely available on 'Putting Things Right', the NHS Wales process for raising a concern / complaint.

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<sup>4</sup> Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

Ensure that the practice complaint leaflet contains the correct timescales in line with the NHS Putting Things Right and is clearly displayed and available for patients to take away.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found a staff team who were very patient centred and committed to delivering a high quality service to their patients.

Information was available to patients to help them take responsibility for their own health and well-being.

The sample of patient records we reviewed were of good standard.

There was a safeguarding of children and vulnerable adults policy in place and staff had completed training in this subject.

## Safe care

### Managing risk and promoting health and safety

During a tour of the practice building, we found all areas where patients had access, to be clean and uncluttered, which reduced the risk of trips and falls.

We did find that the security within the building could be enhanced by provision of suitable lock to the door leading into the staircase lobby of the staff only area on the first floor from the ground floor corridor. We found that the door leading into the staff area on the first floor did have a key pad lock. However, the door was wedged open during our visit. The health board agreed that it would be more suitable for the key pad lock to be located on the ground floor level.

No health and safety or fire risk assessments were available for us to view during our inspection. However, we were verbally assured by the health board that these were in place and held centrally at the health board's estate department. Following our inspection, the relevant health and safety and fire risk assessments were forwarded to HIW along with the a detailed report and action plan. We recommend that the health board investigates each of the identified actions ensuring these are implemented within the recommended timeframe.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced regularly.

Emergency exits were visible and a Health and Safety poster was displayed within the practice. Regular fire drills took place and were documented.

We were verbally assured that all portable appliances held at the practice which required testing had been undertaken. However, we noted that some portable electrical appliances were due for re-testing according to the stickers on some of the appliances. We recommend that the health board reviews the portable electrical appliance report ensuring all appliances are tested within the recommended timeframe.

#### Improvement needed

The health board should consider enhancing the security within the building by provision of a suitable lock on the door leading to the staff area on the first floor.

The health board must ensure that all identified actions from the fire risk assessment are investigated and implemented.

The health board to review the portable electrical appliance report to ensure all appliances are tested within the recommended timeframe.

#### Infection prevention and control

There were no concerns expressed by patients over the cleanliness of the practice; the majority of patients who completed a questionnaire felt that, in their opinion, the practice was clean.

We saw that staff had access to personal protective equipment (PPE) such as gloves and disposable plastic aprons to reduce cross infection. However, we noted that the apron dispenser was empty in the treatment room and we also found some expired gloves stored in the cupboard. We also found a rip in one of the chairs and some missing floor tiles under the desk in the treatment room which should be repaired to aid effective cleaning.

We saw that the curtains in the treatment rooms were cotton. We strongly recommend that the practice considers replacing any cotton curtains with disposable curtains. This will ensure that they could be easily replaced should they become contaminated or dirty and demonstrates a good commitment to infection prevention and control.

Hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitizers were also readily available around the practice. However, we noted that patients' toilets contained either broken foot operated

bins or they were open bins. We also found no appropriate waste bin for the disposal of used nappies in the baby changing room. We strongly recommend that the health board ensures all open bins are replaced with foot operated bins and appropriate waste bin provided in the baby changing room facility.

We saw that the practice had access to the health boards' infection control policy. However, we found no localised infection control policy at the practice. We recommend that the health board ensures a local infection control policy is devised and implemented at the practice.

We saw no evidence that the practice had undertaken any infection prevention and control audits; and no action plan was in place since the practice had been taken over by the health board.

We also noted that the practice had a large amount of toys and books in the waiting room for children. We found that the toys were not all easily cleanable. For the purpose of infection prevention and control, we recommend that the health board reviews the selection of toys available as part of their infection prevention and control audit.

### Improvement needed

The health board must ensure that any apron dispensers at the practice are regularly replenished and all PPE equipment stored in clinical areas are within their expiry date.

The health board must ensure that the practice have adequate processes in place to monitor the PPE equipment, such as disposable gloves to ensure they remain in date.

The health board must ensure any tears or rips on chairs located within any clinical area is repaired or replaced to aid effective cleaning.

The health board must ensure that the missing floor tiles under the desk in the treatment room are replaced to aid effective cleaning.

The health board should considers replacing any cotton curtains with disposable curtains.

The health board should ensure all open bins in the patients' toilet facilities are replaced with foot operated bins and an appropriate waste bin provided in the baby changing room facility.

The health board must ensure a local infection control policy is devised and implemented at the practice.

The health board must ensure that an infection prevention and control audit is undertaken at the practice and an action plan put in place.

The health board should review the selection of toys made available to children as part of their infection prevention and control audit.

### Medicines management

Repeat prescriptions could be requested in person or by post at the practice by completing the computer tear-off list or by using the My Health Online facility. It was noted that the practice endeavoured to return prescriptions to patients within 48 hours. No telephone repeat prescriptions were accepted by the practice for safety reasons.

However, we were not fully assured that regular case reviews or prescribing audits were being undertaken to ensure any medications no longer needed, or being taken, were removed from the repeat prescription list. We were informed that case reviews were undertaken when regular GPs were present at the

practice. However, since the practice is now reliant on locum GPs, no formal case reviews have been undertaken since the practice has been managed by the health board. The health board must ensure that regular case reviews and prescribing audits are undertaken to ensure that patients are prescribed the correct medication. We also recommend that the health board appoints a prescribing lead who will provide feedback to relevant team members on clinical prescribing so that all clinical staff are kept informed and also identify if any training requirements are needed.

#### Improvement needed

The health board must ensure that regular case reviews and prescribing audits are undertaken and outcomes communicated to all clinical staff.

### Safeguarding children and adults at risk

We found that the practice had access to the health board's child and adult safeguarding policies and procedures which included up to date contact details of designated people within the health board if staff had any safeguarding concerns. However, we did identify that the practice needed to include local safeguarding procedures and the 'All Wales Child Protecting Procedures' to the practice induction pack for locum GPs.

All staff had received relevant safeguarding training. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

The health board described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and / or undertaking Disclosure and Barring Service<sup>5</sup> (DBS) checks on staff appropriate to the work they undertake.

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<sup>5</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

### Improvement needed

The health board must ensure that the GP locum pack includes details of local safeguarding procedures at the practice along with reference to the All Wales Child Protection Procedures.

### Medical devices, equipment and diagnostic systems

We found some equipment, as highlighted below, which had passed its expiry date in Consultation room 5:

- Urinalysis test strips
- Minor surgery packs
- Non-woven swabs

We also found some equipment held in consultation room 5 which had not been calibrated<sup>6</sup> in line with the manufacturer's recommendations:

- Two Medication fridges
- Blood pressure gauge

Our concerns regarding the equipment past its expiry date and the equipment which had not been calibrated were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Emergency drugs and equipment kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. However, we found that the naloxone<sup>7</sup> had expired. We also found that the emergency drugs and

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<sup>6</sup> The goal of calibration is to minimise any measurement uncertainty by ensuring the accuracy of test equipment. Calibration quantifies and controls errors or uncertainties within measurement processes to an acceptable level

<sup>7</sup> Naloxone is a synthetic drug, similar to morphine, which blocks opiate receptors in the nervous system.



equipment check list had not been fully completed. We recommend that the health board ensures a system is put in place for the emergency drugs and equipment to be regularly checked and the check list completed. We also recommend the practice logs the expiry dates of all drugs and equipment to ensure they remain in date.

In reviewing the emergency drugs kit, we found that the following items were not available:

- Benzylpenicillin<sup>8</sup>
- Cefotaxime<sup>9</sup>
- Chlorphenamine<sup>10</sup>

The health board immediately arranged for these items and any expired drugs to be replaced within the emergency drugs kit during our visit.

We also found that the resuscitation guidelines were not clearly visible. Furthermore, the recommended drug doses for adrenaline and meningitis were not clearly visible. We found the adrenaline dosage sheet in a red box stored on the floor.

The health board must ensure that the practice refers to the UK resuscitation council guidelines for primary care in considering what emergency drugs they should have available.

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<sup>8</sup> Benzylpenicillin, also known as penicillin G, is an antibiotic used to treat a number of bacterial infections.

<sup>9</sup>Cefotaxime is an antibiotic used to treat a number of bacterial infections

<sup>10</sup> Chlorphenamine, also known as chlorpheniramine, is an antihistamine used to treat the symptoms of allergic conditions

### Improvement needed

The health board must ensure a robust system is put in place for the monitoring of emergency drugs and equipment to ensure any used or expired items are replaced.

The health board must ensure that the resuscitation guidelines are clearly visible for staff to view and ensure any recommended drug dosage sheets are easily to hand in an emergency situation.

## Effective care

### Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events.

The practice made use of the Datix<sup>11</sup> system for reporting incidents. Significant events were being recorded and discussed at clinical reference group meetings held by the health board. However, we recommend that any learning from these meetings are summarised and discussed at regular intervals between the clinical team at the practice. This will ensure that any lessons learned and / or changes have been implemented at the practice.

### Improvement needed

The health board must ensure that any learning from significant events meetings are summarised and discussed with the practice team.

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<sup>11</sup> Datix is a patient safety web-based incident reporting and risk management software for healthcare and social care organisations.

## Information governance and communications technology

We found that there were information governance policies and procedures in place. Staff members we spoke with were aware of how to access this information.

### Record keeping

A sample of patient records were reviewed. We saw evidence that the locum GPs at the practice were keeping good clinical records. In all cases, the records contained sufficient detail of consultations between clinical staff and patients, and it was possible to determine the outcome of consultations and the plan of care.

However, we found that the GPs did not use an agreed set of READ<sup>12</sup> coding to record common conditions. We found that READ coding was an individual preference of the GP. We recommend that the health board ensures that an agreed set of standardised READ codes are implemented and used by the clinical team.

We also noted that patient files were stored in several locations within the staff only area of the practice. The majority of patient files were located in the staff kitchen, with some files being kept in the general store room and server room. We were informed that patient records are to be scanned electronically in due course. However, during our visit, we found that the door to the staff kitchen had been wedged open. We also found that the door to the general store room and server room were unlocked. We discussed our concerns regarding the security of patient records with the health board. We were verbally assured that these areas are securely locked out of office hours and access to the first floor level is restricted to staff only. The door on the first floor level had been left open for the purpose of the inspection. As previously mentioned in the report, the health board agreed it would be more suitable for the key pad lock to be located on the ground floor level, which will enhance the security of patient files.

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<sup>12</sup> Read codes are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of multiple patient phenomena including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms and observations; laboratory tests and results; diagnoses; diagnostic, therapeutic or surgical procedures performed; and a variety of administrative items.

Improvement needed

The health board must ensure that an agreed set of READ coding is implemented at the practice.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found a patient-centred staff team who were competent in carrying out their duties and responsibilities to provide the best service they could. We observed staff supporting each other and worked well together as a team.

Overall, the practice was well managed by a committed and dedicated practice manager. The practice manager operated an open and approachable managerial ethos, which enabled staff to be confident to raise issues. All non-clinical managerial issues were the responsibility of the practice manager. However, due to difficulties in recruiting permanent GPs and the lack of clinical leadership at the practice, some staff felt unsupported clinically. We recommend that the health board closely monitors this area and provide more on-going clinical leadership support to staff.

## Governance, leadership and accountability

The practice manager was extremely committed and dedicated to the role within the practice. It was observed that there were respectful and courteous relationships between staff within the practice. We were informed by all staff that they felt able to raise any issues with the practice manager and that issues would be addressed in a comprehensive and thorough manner.

We found a patient-centred staff team who were very committed to providing the best services they could.

The practice has experienced significant issues in recruiting permanent GPs for a number of years. This has required the need for locum GP coverage to provide the designated level of services necessary. The health board is proactively

attempting to recruit permanent GPs and this is ongoing. Due to these reasons, continuity of care for patients is not at an optimum level. This has placed considerable pressures on certain staff working at the practice.

Staff were positive about the working environment and told us that they felt well respected and supported by their colleagues at the practice. However, some staff told us that they feel unsupported clinically due to the lack of clinical leadership support. As mentioned above, the practice is reliant on locum GP coverage and this situation can be very difficult for the practice team to manage. The practice manager ensures some consistency by securing one regular locum GP at the practice for two days per week. However, we were informed by staff that some days the practice will remain open to patients with no clinical leadership support on site. We discussed our concerns regarding the lack of clinical support with the health board. We were informed that clinical support is made available and contact / referral details are held at the practice. However, in light of the feedback we received from staff, we recommend that the health board reviews its current process ensuring all staff working at the practice are fully aware of these arrangements and what clinical support is available.

There was a whistleblowing policy in place and staff told us they felt able to raise concerns with the practice manager.

Staff had access to the health board's policies and procedures to guide them in their day to day work.

A local cluster group<sup>13</sup> meeting is held by the health board where all the local GP practices who are managed by the health board are brought together to share any learning. We were informed by the health board that the engagement with the cluster group was reported as being very good and working well together. We recommend that any learning and actions from the cluster meeting is shared with the practice staff.

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<sup>13</sup> A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally. Clusters are determined by individual NHS Wales Local Health Boards (LHB's).

### Improvement needed

The practice must continue with efforts to recruit permanent clinicians to reduce the reliance on locums and to ensure the continuity of care to patients.

The health board to review and improve clinical support at the practice.

The health board to share any learning and actions from the cluster meetings with all staff at the practice.

## Staff and resources

### Workforce

The practice had an established reception and administration team in place. Discussions with staff, and a review of a sample of staff records, indicated that staff, generally, had the right skills and knowledge to fulfil their identified roles within the practice. However, it was highlighted that some job descriptions were outdated and required to be reviewed as some of the staff roles and responsibilities had changed since the practice was taken over by the health board.

The health board confirmed that all staff had completed mandatory training and this is being monitored by the health board. All staff we spoke with confirmed they had opportunities to attend relevant training and received an annual staff appraisal by the practice manager.

We reviewed a sample of staff files. No information was kept locally at the practice to evidence that staff had a Disclosure and Barring Service (DBS) check to the required level demonstrating they were suitable to work at the practice. We were informed by the health board that they have responsibility for undertaking DBS checks. We recommend that the health board ensures all staff working at the practice receive a DBS check relevant to their role, including administrative staff who have access to patient information.

### Improvement needed

The practice must ensure that all staff have a job description which reflects their current work duties

Ensure all staff working at the practice have received a DBS check relevant to their role.

## 6. What next?

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 when and how the findings identified will be addressed, including timescales
- 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.

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.



## 7. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within GP practices.

Further detail about how HIW inspects the [GP practices](#) and the [NHS](#) can be found on our 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   |
|---|--|--|--|
| <p>In reviewing the emergency drugs kit, we found that the following items were not available.</p> <ul style="list-style-type: none"> <li>• Benzylpenicillin</li> <li>• Cefotaxime</li> <li>• Chlorphenamine</li> </ul> | <p>Patient could be put at risk in an emergency situation.</p> | <p>We brought this to the attention of the health board during our inspection.</p> | <p>The health board immediately arranged for these items to be replaced within the emergency drugs kit during our visit.</p> |

## Appendix B – Immediate improvement plan

**Service:** Meddygfa Gyffin

**Date of inspection:** 12 September 2019

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.

| Immediate improvement needed  | Standard  | Service action  | Responsible officer | Timescale                      |
|---|---|---|---------------------|--------------------------------|
| <p>Finding:</p> <p>We found some equipment, as highlighted below, which had past its expiry date in Consultation room 5. This poses a risk to patient safety, in relation to infection prevention and control.</p> <p>Urinalysis test strips</p> <p>Minor surgery packs</p> <p>Non-woven swabs</p> <p>Improvement needed:</p> | Health and Care Standard 2.6 Medicines Management           | Replacement of all equipment past its expiry date in consultation room 5                            | Practice Manager    | Immediate -16/9/19 (completed) |
|   |   | Review of equipment & consumables in all clinical rooms   | Practice Manager    | 18/9/19 (completed)            |
|   | Health and Care Standard 2.9 Medical devices, equipment and | List of equipment/consumables required in each consulting room confirmed with Area Medical Director | Head of Service     | 18/09/2019 (completed)         |

| Immediate improvement needed   | Standard   | Service action  | Responsible officer   | Timescale  |
|--|--|---|---|--|
| <p>The health board must ensure that any equipment used to treat patients remains viable for use and is not past its expiry date. The health board must ensure that there are adequate systems in place to monitor equipment across all consulting room.</p>   | <p>diagnostic systems</p>  | <p>All equipment stock to be checked on a weekly basis, using specified list, recorded and signed each time.</p>  | <p>Healthcare Assistant (supported by practice manager)</p>   | <p>Commenced 18/09/2019 then ongoing weekly.</p>           |
| <p>Finding:</p> <p>We found some equipment held in consultation room 5 which had not been calibrated in line with the manufacturer's recommendations.</p> <ul style="list-style-type: none"> <li>• Two Medication fridges</li> <li>• Blood pressure gauge</li> </ul> <p>Improvement needed:</p> <p>The health board must ensure that all equipment which require annual calibration, is completed promptly, and systems are implemented to ensure this is completed as applicable and without delay.</p> | <p>Health and Care Standards<br/>2.9 Medical devices, equipment and diagnostic systems;<br/>2.6 Medicines Management</p> | <p>Place order for all equipment in the Practice to be calibrated where this is not in line with manufacturer's recommendations.</p> <p>A record of all relevant equipment and renewal dates to be kept with testing booked prior to expiry</p> | <p>Managed Practices Estates Officer</p> <p>Practice Manager and Managed Practice Estates Officer</p> | <p>30/09/2019 (booked &amp; confirmed)</p> <p>30/09/19</p> |

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): Clare Darlington**

**Job role: Assistant Area Director – Primary Care**

**Date: 19th September 2019**

## Appendix C – Improvement plan

**Service:** Meddygfa Gyffin

**Date of inspection:** 12 September 2019

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   | Service action   | Responsible officer                | Timescale          |
|---|--|--|------------------------------------|--------------------|
| <b>Quality of the patient experience</b>  |  |  |                                    |                    |
| Information displayed on the waiting room television monitor to be presented bilingually. | 1.1 Health promotion, protection and improvement | As most of the information given for the screens is from Public Health England, Public Health Wales have been contacted and asked for Bilingual information for the screens. Public Health have provided some bilingual information which is currently being uploaded to the information screen after training on the equipment. | Business Graduate Student          | 16th December 2019 |
| The health board must ensure that all chaperones receives formal training.                | 4.1 Dignified Care                               | Chaperone training is currently online, set up by the Executive Director of Primary and Community Care. All staff will be asked if they want the training, those who wish to Chaperone will be   | Head of Service / Practice Manager | 28th February 2020 |

| Improvement needed   | Standard                      | Service action   | Responsible officer | Timescale |
|--|-------------------------------|--|---------------------|-----------|
|  |                               | completing this course in accordance with the Chaperone Policy for Managed Practices.  |                     |           |
| Ensure all notices displayed at the rear of the toilet doors are removed to aid successful cleaning and hygiene. | 4.2 Patient Information       | Notices have been removed; the area is clear and consistent with infection control policies.   | Practice Manager    | Completed |
| Ensure the laith Gwaith poster is displayed by reception and waiting area.                                       | 3.2 Communicating effectively | Poster is now displayed by reception and waiting area.   | Practice Manager    | Completed |
| The health board must ensure that locum GPs working at the practice are aware of referrals outcomes.             | 5.1 Timely access             | Processes have been put in place to allow follow up information / auditing on referrals to be documented by the Secretary and information passed to the relevant clinician, including locums. This is in the form of a spreadsheet which is updated daily by the secretary and kept on the shared drive for Gyffin surgery so that all the clinicians can access this to check referrals. The Secretary will highlight any issues directly with the referring GP when updating the | Practice Manager    | Completed |

| Improvement needed   | Standard                                  | Service action   | Responsible officer                 | Timescale          |
|--|---|--|-------------------------------------|--------------------|
|  |   | spreadsheet to ensure consistency and reduce any delay.  |                                     |                    |
| The health board must ensure that the ramp from the car park to the main entrance is adequately lit.   | 6.1 Planning Care to promote independence | Outside lighting has been reported to BCU Estates Department and assessed on 18th November 2019. It was recommended that further lighting is needed and quotes are now being collected for the work to be complete with an expected completion date of 31st December 2019.   | BCU Estates Team                    | 31st December 2019 |
| The health board must consider the steepness of the car park and ramp for patients with limited mobility and wheelchair users in any future refurbishment plans. |   | This has been documented through this report and the risk assessment for Gyffin surgery regarding the ramp, discussed through conversation and email correspondence with BCU Estates Team who assessed on 18th November 2019. There are no immediate steps available to take place due to the location of the building and the car park being considerably lower to this. The ramp stretches around the building allowing best possible access at present and will | BCU Estates Team / Practice Manager | Completed          |



| Improvement needed  | Standard | Service action   | Responsible officer          | Timescale  |
|---|----------|--|------------------------------|--|
|   |          | <p>be part of future development plans for Gyffin Surgery.</p> <p>Plans are currently in discussion regarding relocation of Conwy Practices; a business case for a new capital development will be developed over the next 12 months for consideration by the Health Board and WG.</p>   |                              |  |
| <p>The health board to consider installing automated doors at the entrance in any future refurbishment plans.</p> |          | <p>Discussions have been held with BCU Estates who are be speaking to the Landlord of the building with a number of issues including the Fire Risk Assessment. A meeting is currently being organised with a date yet to be confirmed due to availability. As this is a consideration, it has been added to the risk assessment for Gyffin Surgery</p> <p>Plans are currently in discussion regarding relocation of Conwy Practices; a business case for a new capital development will be developed over the next 12 months for consideration by the Health Board and WG.</p> | <p>BCU Team      Estates</p> | <p>Awaiting confirmation of meeting date; by 31st January 2020</p> |

| Improvement needed   | Standard  | Service action  | Responsible officer | Timescale         |
|--|---|---|---------------------|-------------------|
| Ensure ample comment cards and pens are available for patients to provide feedback.  | 6.3 Listening and Learning from feedback          | Comment cards and pens are now available for providing feedback   | Practice Manager    | Completed         |
| Ensure general information is freely available to all patients on 'Putting Things Right', the NHS Wales process for raising a concern / complaint.                                     |   | Posters and leaflets are displayed in the waiting area and on reception.  | Practice Manager    | Completed         |
| Ensure that the practice complaint leaflet contains the correct timescales in line with the NHS Putting Things Right and is clearly displayed and available for patients to take away. |   | As the Practice is directly managed by BCUHB, NHS Putting Things Right is the policy used for patient concerns. This information is displayed throughout reception and available to all patients.   | Practice Manager    | Completed         |
| Delivery of safe and effective care  |   |   |                     |                   |
| The health board should consider enhancing the security within the building by provision of a suitable lock on the door leading to the staff area on the first floor.                  | 2.1 Managing risk and promoting health and safety | There is a lock on the first floor door to prevent access to all rooms. Discussions have been had with BCU Estates to bring this lock down to the ground floor door for increase security. Awaiting work to be done at this point. In the meantime, the lock remains on the top access door which is closed and locked throughout the day, with only staff knowing this code. | BCU Estates Team    | 31st January 2020 |

| Improvement needed  | Standard | Service action  | Responsible officer                         | Timescale                              |
|---|----------|---|---|--|
|   |          | As this door prevents access to the upper rooms, risk is minimal at present.  |   |  |
| The health board must ensure that all identified actions from the fire risk assessment are investigated and implemented.                  |          | The Fire Risk Assessment has been forwarded to BCU Estates team on 24th October 2019 to action all points raised. This is currently being reviewed between BCU Estates Team and the Landlord of the building and dates for meeting are being proposed in relation to reviewing the actions highlighted on the Fire Risk Assessment. Structural assessment and work will need to be completed.   | BCU Estates Team / Landlord of the building | Awaiting confirmation of meeting date. |
| The health board to review the portable electrical appliance report to ensure all appliances are tested within the recommended timeframe. |          | Calibration of equipment is now complete and scheduled for every 12 months in accordance with the Service Provider policies. Delays were due to a current tender process to provide calibration across all BCU Managed Practices which has now been put on hold until the new financial year when a tender will go out for one overall company to take this on board. Current service providers | BCU Estates Team                            | Completed                              |

| Improvement needed  | Standard   | Service action   | Responsible officer                    | Timescale |
|---|--|--|--|-----------|
|   |  | continue to service the equipment at present.  |  |           |
| The health board must ensure that any apron dispensers at the practice are regularly replenished and all PPE equipment stored in clinical areas are within their expiry date. | 2.4 Infection Prevention and Control (IPC) and Decontamination | All stock is now replenished where needed and expiry dates checked on a weekly basis by the clinical staff members using each room. Any dispensers no longer used have now been removed. Infection Prevention Team are aware that an assessment needs to take place and has been organised for Wednesday 27th November 2019. | Practice Manager / Practice Nurse      | Completed |
| The health board must ensure that the practice have adequate processes in place to monitor the PPE equipment, such as disposable gloves to ensure they remain in date.        |  | Weekly checks of all items in rooms have been implemented. The Health Care Assistant checks all perishable items in all rooms each week and disposes/replaces of any item out of date. Stock no longer used has to be disposed of.   | Practice Nurse / Health Care Assistant | Completed |
| The health board must ensure any tears or rips on chairs located within any clinical area is repaired or replaced to aid effective cleaning.                                  |  | Practice Manager and BCU Estates Team have assessed the chairs on 18th November 2019. The Practice Manager is currently obtaining quotes for this work   | Practice Manager                       | Completed |

| Improvement needed   | Standard | Service action   | Responsible officer                          | Timescale          |
|--|----------|--|--|--------------------|
|  |          | to be completed in accordance with procurement procedures. Once pricing has been confirmed. This will then be addressed and completed.                   |  |                    |
| The health board must ensure that the missing floor tiles under the desk in the treatment room are replaced to aid effective cleaning.   |          | BCU Estates have assessed the area on 18th November 2019 and are in the process of getting the tiles replaced; completion expected by 6th December 2019. | Practice Manager                             | 6th December 2019  |
| The health board should considers replacing any cotton curtains with disposable curtains.  |          | Disposable curtains are now being ordered and will be replaced once they arrive.   | Practice Manager                             | 31st December 2019 |
| The health board should ensure all open bins in the patients' toilet facilities are replaced with foot operated bins and an appropriate waste bin provided in the baby changing room facility. |          | Foot operated bins have been ordered and will replace the current bins once received.  | Practice Manager                             | 14th December 2019 |
| The health board must ensure a local infection control policy is devised and implemented at the practice.  |          | Infection Prevention Team have been contacted and will be attending Gyffin Surgery on Wednesday 27th November 2019. All staff are aware of infection     | Practice Manager / Infection Prevention Team | 31st December 2019 |

| Improvement needed  | Standard                 | Service action  | Responsible officer   | Timescale                                |
|---|--------------------------|---|---|--|
|   |                          | prevention controls and mandatory training is up to date.   |   |  |
| The health board must ensure that an infection prevention and control audit is undertaken at the practice and an action plan put in place.    |                          | Infection Prevention Team have been contacted and will be attending Gyffin Surgery on Wednesday 27th November to undertake an audit and produce an action plan to be implemented by the practice manager.   | Practice Manager / Infection Prevention Team                                | 31st January 2020                        |
| The health board should review the selection of toys made available to children as part of their infection prevention and control audit.      |                          | Toys have been reduced significantly to only allow ones that are easily cleaned on a regular basis. Infection Prevention Team are expected to perform a full assessment, including toys on 27th November 2019 to ensure the remaining toys do not form an infection risk. | Practice Manager / Infection Prevention Team                                | 30th November 2019                       |
| The health board must ensure that regular case reviews and prescribing audits are undertaken and outcomes communicated to all clinical staff. | 2.6 Medicines Management | Lead for Clinical Reference Group (CRG) proactively provides regular case reviews and audits through the Clinical Reference Group. The Clinical Reference Group at present discuss case reviews across the Conwy  | Appointed Lead for Clinical Reference Group / Pharmacist / Practice Manager | Continual Audits<br>Monthly CRG meetings |

| Improvement needed  | Standard  | Service action   | Responsible officer     | Timescale                 |
|---|---|--|-------------------------|---------------------------|
|   |   | <p>Practices. Information is collected in-house and from Datix.</p> <p>Prescribing audits are taking place at present which include Hydroxycobalamin prescribing, anti-psychotic prescribing, Dementia prescribing and safety audits.</p> <p>Audits will be shared with the Area Quality &amp; Safety group and more widely via the Quality &amp; Safety reporting mechanisms.</p> |                         |                           |
| <p>The health board must ensure that the GP locum pack includes details of local safeguarding procedures at the practice along with reference to the All Wales Child Protection Procedures.</p> | <p>2.7 Safeguarding children and adults at risk</p> | <p>All Managed Practice use the BCUHB Safeguarding policy found on the intranet. Locums are made aware of the policy and where to find this when starting. The locum pack is currently being updated for future use including BCUHB Safeguarding policies, which cover Health Board GP practices.</p>  | <p>Practice Manager</p> | <p>31st December 2019</p> |
| <p>The health board must ensure a robust system is put in place for the monitoring of emergency drugs and equipment to ensure any used or expired items are replaced.</p>                       | <p>2.9 Medical devices, equipment and</p>           | <p>Processes are in place to ensure weekly monitoring of all emergency equipment and drugs which is documented on a checklist for auditing also. The Practice Nurse checks the emergency drugs and</p>   | <p>Practice Manager</p> | <p>Completed</p>          |

| Improvement needed   | Standard                               | Service action   | Responsible officer | Timescale            |
|--|--|--|---------------------|----------------------|
|  | diagnostic systems                     | equipment weekly. All drugs will be replaced when expiry dates are within 4 months as per BCUHB Managed Practice Protocol on Emergency Drug Checking.  |                     |                      |
| The health board must ensure that the resuscitation guidelines are clearly visible for staff to view and ensure any recommended drug dosage sheets are easily to hand in an emergency situation. |  | <p>Drug dosing sheets are displayed directly above the area where they are kept, this is the resuscitation trolley behind reception. All clinical staff are made aware of this when starting. The drug dosing information is also clearly displayed on the drug box.</p> <p>Resuscitation guidelines are kept on the resuscitation trolley behind reception and all staff are aware of location.</p> | Practice Manager    | Completed            |
| The health board must ensure that any learning from significant events meetings are summarised and discussed with the practice team.   | 3.1 Safe and Clinically Effective care | Clinical Reference Group meetings are held monthly with all three Conwy Area Managed Practices. Significant events recorded in-house and via Datix are discussed. These will be cascaded to the Practice Team.   | Practice Manager    | Continuous - Monthly |



| Improvement needed   | Standard                                  | Service action   | Responsible officer                                | Timescale                      |
|--|---|--|--|--------------------------------|
| The health board must ensure that an agreed set of READ coding is implemented at the practice.   | 3.5 Record keeping                        | Implementation of standardised READ codes across all managed practices is currently underway. Appropriate READ coding to allow auditing/claiming is being gathered, after discussions with READ coders and clinicians, to be added to one template. This template will sit within the clinical system and will allow structure across practices whilst also capturing the correct data.          | Practice Manager / Clinical Lead / Head of Service | 31st March 2020                |
| <b>Quality of management and leadership</b>  |   |  |  |                                |
| The practice must continue with efforts to recruit permanent clinicians to reduce the reliance on locums and to ensure the continuity of care to patients. | Governance, Leadership and Accountability | Recruitment drives are ongoing throughout the year with vacancies available on NHS jobs. Further advertisement has been sought through Train/Work/Live and Primary Care Conferences. Promotion of the surgery is given to any potential GP. Development of the North Wales Primary Care Academy is also supporting GP recruitment drives across North Wales. This information is fed back to the | Head of Service / Practice Manager                 | Continuous recruitment drives. |

| Improvement needed   | Standard | Service action  | Responsible officer  | Timescale   |
|--|----------|---|--|---|
| The health board to review and improve clinical support at the practice.                                     |          | Governance and Accountability Group for Managed Practices.  |  |   |
|  |          | Clinical staffing availability can be difficult at times and every effort made to provide the correct number of clinical staff on a daily basis. The new model of primary care workforce is progressing across managed practices with a number of professionals now part of the team e.g. ANPs, primary care nurse consultants, advanced physiotherapist, pharmacists. This again falls in with the difficulty in recruitment. We are continuing to try to recruit a clinical lead through advertising and discussions with salaried GP's already employed across the Area. In the interim, support is provided by the Area Medical Director. | Area Medical Director / Head of Service / Practice Manager | Continuous recruitment drives and workforce development |
| The health board to share any learning and actions from the cluster meetings with all staff at the practice. |          | Representatives from the practice attend the cluster meetings, which are held 5 times per year. Relevant feedback and learning from Cluster meetings will be documented and shared with all staff.  | Practice Manager   | After each Cluster Meeting                              |

| Improvement needed  | Standard      | Service action  | Responsible officer                | Timescale     |
|---|---------------|---|------------------------------------|---------------|
| The practice must ensure that all staff have a job description which reflects their current work duties | 7.1 Workforce | All staff have job descriptions from the previous employer, these have been honoured as part of the TUPE process. Staff duties have not changed since the transition to the Health Board but these will be reviewed. Work is ongoing across all managed practices in relation to offering Agenda for Change terms and conditions. Workforce are aware of this request and it is discussed in the Governance and Accountability meeting for Managed Practices, held every 2 months. Actions currently are identifying staff, whilst also standardising Job Descriptions for future changes. This process has taken some time and continued work is being done by all Heads of Service and Workforce to achieve this. | Head of Service / Practice Manager | 1st July 2020 |
| Ensure all staff working at the practice have received a DBS check relevant to their role.              |               | All staff have had DBS checks during the transition period to which the Human Resources team identified the staff   | Practice Manager                   | Completed     |

| Improvement needed | Standard | Service action  | Responsible officer | Timescale |
|--------------------|----------|---|---------------------|-----------|
|                    |          | needing DBS checks and completed these. Human Resources and the Practice Manager recorded the relevant information. |                     |           |

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): Darryn Thomas**

**Job role: Head of Service, Central Area BCUHB Managed Practices**

**Date: 19th November 2019**