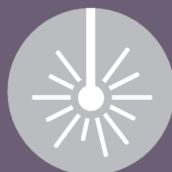
Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report (Announced)

Morfa Lane Surgery, Hywel Dda University Health Board

Inspection date: 14 November 2023

Publication date: 14 February 2024



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Digital ISBN 978-1-83577-603-2

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

Our purpose

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

Our values

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

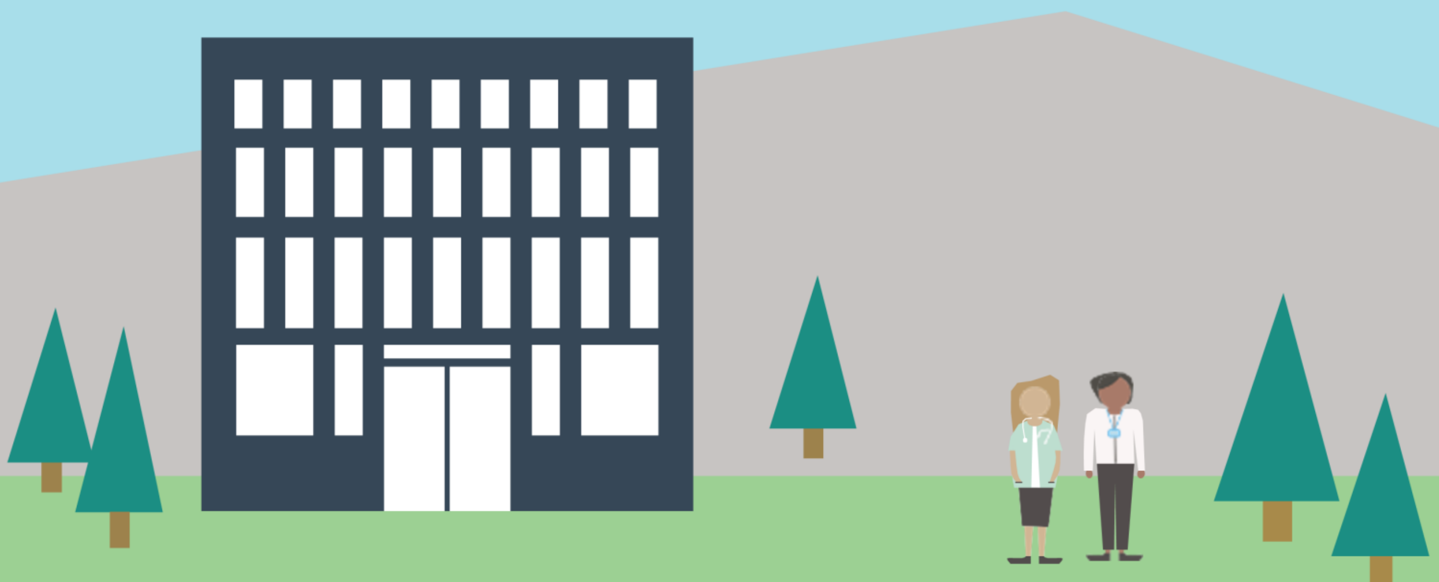
- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Morfa Lane Surgery, Hywel Dda University Health Board on 14 November 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors and two clinical peer reviewers. The inspection was led by a HIW Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 24 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
The findings from our patient questionnaires were very positive. This included all patients felt they were treated with dignity and respect. During our visit we witnessed staff speaking to patients and their carers in a polite and positive manner.

It was positive to find the practice was very proactive in ensuring individual patient needs were met. This included appointments for autistic people during quieter times, as it may be challenging to access when the practice is busy.

Good arrangements were in place for health promotion initiatives, which included a focus on mental health. This included a health and wellbeing coach, a social prescriber and wider cluster initiatives for mental health and suicide prevention in young adults.

This is what we recommend the service can improve:

- All bilingual staff to wear 'Iaith Gwaith' badges so that they are easily identifiable for Welsh speaking patients
- Practice Manager to review the equality and diversity policy to ensure all information is up to date.

This is what the service did well:

- The practice offered bilingual health promotion information for patients in the waiting area
- Staff worked hard to uphold patient's rights, ensuring preferred names and pronouns were used when treating transgender patients
- A range of communication methods were used to provide information to patients. This included sending letters, to patients who do not have access to a mobile phone for the text alerts.

Delivery of Safe and Effective Care

Overall summary:
We found that all clinical rooms at Morfa Lane Surgery were an appropriate size, and the practice was clean and tidy.

Good arrangements were in place for effective infection prevention and control (IPC) to keep patients safe. This included a comprehensive IPC policy and effective

cleaning schedules in place. We also found surfaces in clinical areas were smooth and wipeable, to facilitate effective cleaning.

Our review of staff records confirmed that all relevant staff members were up to date with Hepatitis B vaccinations.

This is what we recommend the service can improve:

- Practice manager to update the fire risk assessment to include the E-vac chair
- Practice manager to provide evidence of read codes being implemented for children and families at risk.

This is what the service did well:

- Comprehensive safeguarding policies and procedures were in place to protect vulnerable patients
- Our review of electronic patient records showed that they were maintained to a good standard.

Quality of Management and Leadership

Overall summary:
We found the staff were committed to providing a high standard of patient care. This included evidence that all staff had completed the necessary mandatory training, to help keep staff, patients and visitors safe.

Good governance arrangements were in place, to ensure the effective management of the practice. We saw evidence of regular staff meetings taking place and minutes being recorded. The practice also had a comprehensive register of policies in place.

This is what we recommend the service can improve:

- Senior staff to develop and implement a formal audit program for the practice
- Practice manager to develop a practice specific Duty of Candour policy.

This is what the service did well:

- We saw evidence of a clear management structure in place at the practice
- Our review of staff records highlighted that all staff were up to date with mandatory training.

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

3. What we found

Quality of Patient Experience

Patient Feedback

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

"Service always excellent."

"The family receive excellent care from the surgery, I call weekly about my husband's medication."

Person centred

Health Promotion

During our inspection, we saw a wide range of health promotion information available for patients in the waiting area and on the practice website. Information was provided by the local health board and third sector organisations.

We spoke to staff about the health promotion initiatives, specific to mental health, available at the practice. A health and wellbeing coach is available at the practice one afternoon a week and a social prescriber is also available for appointments fortnightly. Staff also provided us with information about 'Papyrus', a cluster initiative for mental health support and suicide prevention in young adults. Information for how to access this service was displayed in the practice waiting area.

19 of the 24 patients who completed a HIW questionnaire told us that they either 'agree' or 'strongly agree' that there is health promotion information on display at the practice. One patient selected 'not applicable' and the remaining four skipped this question.

The practice manager informed us of the process used to manage the winter vaccination program for this year. Flu vaccinations are ordered a year in advance and delivery date is set to coincide with the delivery of COVID-19 vaccination from the health board. We were told that a practice nurse worked every Thursday

throughout October to deliver vaccinations. They also carried out visits to give vaccinations to house bound and care home patients.

Dignified and respectful care

It was evident that clinical rooms gave patients appropriate levels of privacy. We witnessed doors being kept closed during appointments and privacy screens available in all surgeries. We also noted a sign clearly displayed in the waiting area, informing patients that they could speak to staff privately if needed.

The practice manager told us that all calls are answered at the reception desk. As a result of this, conversations can be overheard by any patients in the waiting area. **We recommend that the practice manager arrange for calls to be re directed to a location away from the reception desk and waiting area, to ensure confidentiality of calls.**

We noted that the practice offered a chaperone service for patients. However, although we saw evidence of some staff having completed chaperone training, not all providing this service had completed the training. **The practice manager confirmed this was ongoing. We asked that the practice manager provide us with evidence of all relevant staff having completed this training as soon as possible.**

All patients who answered felt they were treated with dignity and respect (23/23) and all but one of the patients who answered said measures were taken to protect their privacy (15/16). In both questions, the remaining questionnaire respondents did not answer these questions.

Timely

Timely Care

Morfa Lane Surgery is open between the hours of 8:00am to 6:30pm Monday to Friday. Patients can access appointments at the surgery via telephone, in person at the reception desk or via My Health online. Patients at Morfa Lane can also use E Consult to access healthcare advice and information.

All questionnaire respondents told us that they were satisfied with the opening hours of the practice. Most of the respondents told us that they were able to get a same-day appointment when they need to see a GP urgently (20/24). The remaining four respondents disagreed with this statement. Of the 24 patients who answered, 22 said they could get routine appointments when they need them. One patient disagreed with this and the other selected ‘not applicable’.

Equitable

Communication and language

We were informed of the methods of communication used to convey information to patients. As well as face-to-face, staff told us that they will text patients with specific information. Staff will also send letters to patients who do not have access to a mobile phone. The practice website was also kept up to date with relevant information for patients.

Our discussions with staff confirmed that they were proactive in ensuring individual patient's needs were met. We were told that patients with Autism Spectrum disorder (ASD) were offered appointments during quieter times. Individuals with additional needs were also clearly marked on the patient records system.

The waiting room displayed extensive bilingual patient information, as well as some information available in easy read format. The practice manager confirmed that there was a hearing loop in place at the practice and informed us that patients could request information in braille. We also saw a comprehensive sensory loss policy in place to help assist staff in supporting patients with sensory difficulties.

The practice had access to a translation service through the local health board.

Of the five questionnaire respondents who answered, one told us they that were actively offered the opportunity to speak Welsh whilst attending their appointment. Two patients felt this was sometimes offered to them and the remaining two stated they were not offered this. The majority of patients who answered felt the GP explained things well and answered their questions (23/24) and all patients felt listened to generally whilst at the practice (24/24).

Although it was confirmed that there were several Welsh speakers working at the practice, we did not witness anyone wearing 'Iaith Gwaith' badges for patients to identify the Welsh speaking staff. **We asked the practice manager to ensure the relevant individuals wear these badges going forward.**

Rights and Equality

Due to the location of the practice, there was no designated parking available for patients. However, the building itself offered good access, with a separate entrance available for wheelchair users, and ground floor surgeries and waiting area. The practice also had a disabled toilet available.

We saw evidence that all staff had completed equality and diversity training, the equality and diversity policy in place, however it had not been reviewed for six years. We asked the practice manager to review the policy and bring all information up to date as soon as possible.

The practice was proactive in upholding the rights of transgender patients. Staff confirmed that preferred pronouns and names were always used. The practice manager also told us that a GP recently employed at the practice is keen to start offering hormone treatments. The electronic record system flagged the preferred pronouns and names of transgender patients.

Although we saw evidence of some staff having completed chaperone training, not all providing this service had completed training. **The practice manager confirmed this was ongoing. We spoke to the practice manager about this and asked that they provide evidence of all relevant staff having completed chaperone training as soon as possible.**

Of the 24 HIW questionnaire respondents, 23 patients felt they could access the right healthcare at the right time.

Delivery of Safe and Effective Care

Safe

Risk Management
We found the practice premises to be generally clean, tidy and free from clutter. All of the patients who answered thought the GP setting was 'very clean' (18/20) or 'clean' (2/20).

During our tour of the setting, we noted that sharps boxes were not securely fixed to walls in the clinic rooms. **We recommended that senior staff arrange for brackets to be installed to secure sharps boxes as soon as possible.**

We also noted that the light pull cords in the patient toilet could pose a ligature risk. **We recommended the pull cords be replaced with suicide prevention strings.**

As part of our inspection, we reviewed the practice business continuity plan. Our review highlighted that there was no section covering partnership risk. **We asked the manager to update the document to include information regarding partnership risk.**

We reviewed the fire safety risk assessment for the practice and noted there was no mention of the evacuation chair. The chair was situated by the back door/ fire exit to assist in evacuation as the garden had three stone steps leading to the gate. **We asked the practice manager to update the fire risk assessment to include the E-vac chair.**

Even though we saw evidence of patient alerts being managed well at the setting, there was no formal protocol in place. **We recommended that senior staff develop a formal patient alerts protocol.**

Infection, Prevention, Control (IPC) and Decontamination
Of the patients that responded to our questionnaire, 20 told us that hand sanitizer was always available for them in the practice. In addition, 18 patients agreed that healthcare staff washed their hands before and after treating them, one patient disagreed and one responded with 'not applicable'. For both questions, the remaining four patients did not respond.

We confirmed that effective handwashing facilities were available in all bathrooms, as well as treatment and consulting rooms. It was also evident that the environment was furnished to allow for effective cleaning. All clinical areas were fitted with suitable, hard flooring and all surfaces were wipeable.

The practice had a comprehensive infection prevention and control (IPC) policy in place as well as effective cleaning schedules. We also saw evidence of an effective decontamination policy and sterilisation policy in place at the practice.

Morfa Lane surgery had appropriate waste management procedures in place. This included an effective protocol for the disposal, transport, storage and collection of healthcare waste.

Our review of staff records confirmed that all relevant staff members were up to date with Hepatitis B vaccinations.

During our tour of the setting, we saw that sharps boxes we not securely fixed to the walls in surgeries. **We raised this with senior staff and asked that they install brackets for sharps boxes to be securely fixed to walls.**

Medicines Management

We reviewed the arrangements in place to ensure prescription pads were stored securely. Senior staff confirmed that scripts are removed from printer trays overnight and stored safely. At the time of our inspection, the practice had no log in place to record where blank prescriptions are kept on the premises. However, since our visit, we have seen evidence of a log being created and implemented.

Staff informed us of the process for patients to request medication. Patients could make requests for medication via telephone, my health online, or by speaking directly to reception staff.

We confirmed that the practice had no specific policy in place for medicines management. **We raised this with senior staff and asked that a medicines management policy be developed imminently.**

Whilst reviewing the emergency medication kept at the practice, we noted that there was no diazepam available. However, during our visit, the practice manager ordered the required medication. **We asked the practice manager to provide us with evidence of receipt of Diazepam once received.**

Safeguarding of Children and Adults

We saw evidence of comprehensive safeguarding policies and procedures in place at the practice. These included contact details for the local safeguarding team and clearly identified the safeguarding lead at the practice. Our review of staff records also confirmed that all staff had received the appropriate level of safeguarding training for their role.

The practice had an effective system in place to monitor the patients who do not attend appointments. We were also provided with evidence of effective multi-disciplinary team (MDT) working.

We confirmed that all staff have access to the All-Wales Safeguarding Procedures.

Management of Medical Devices and Equipment

We confirmed that all medical equipment and devices at the practice were in good condition. Nursing staff confirmed that they were responsible for carrying out checks of medical devices and equipment and we saw evidence of logbooks being kept, recording these checks.

As part of our inspection, we reviewed the emergency drugs and equipment kept at the practice. We confirmed that all drugs were in date and appropriate checks being carried out for emergency drugs and the automatic external defibrillator (AED).

Effective

Effective Care

It was clear that the practice had a dedicated and caring staff team that strived to provide patients with safe and effective care.

The practice ensured staff were kept up to date with best practice, national and professional guidance, and new ways of working. Changes to guidance would be communicated to staff either via emails or staff meetings. The practice manager also confirmed that they attend fortnightly meetings with other practice managers in the cluster to share information and keep up to date with guidance.

Patient records

We reviewed a sample of ten electronic patient medical records. These were stored securely and protected from unauthorised access.

Our review indicated that patient records were clear and maintained to a good standard. They also contained sufficient information regarding the individual, including records of each contact with the patient, the date of each appointment and the type of treatment given, and any decisions made during each appointment.

Quality of Management and Leadership

Leadership

Governance and leadership
Morfa Lane Surgery is one of eight practices Tywi/Taf Cluster area and is a partner run practice. It was evident that all staff were clear about their roles, responsibilities and there were clear lines of accountability in place at the practice.

We saw evidence of staff meetings being held monthly and detailed minutes recorded. Information was also shared amongst staff, outside of team meetings via secure email.

The practice kept a comprehensive register of policy and procedures which were easily accessible to staff, both in physical copies and via a shared drive. The practice manager confirmed that any policy or procedural changes are communicated to staff via email and staff sign to confirm that have read any updated documents. We noted, however, that there was not yet a duty of candour policy in place at the setting. **We raised this with the practice manger and asked that one be developed as soon as possible.**

Workforce

Skilled and enabled workforce
We spoke with staff across a range of roles working at the practice. It was clear that they were all knowledgeable of their roles and responsibilities and committed to providing a quality service to patients. The practice manager provided evidence of a comprehensive induction pack and checklist for new starters.

Our review of staff records highlighted that all staff were up to date with mandatory training. We also reviewed DBS checks of staff members. All staff either had up-to-date checks in place or had completed and signed a DBS self-declaration form whilst their applications were in progress.

Staff told us that they felt comfortable in raising concerns. The practice had a whistleblowing policy in place that that was regularly reviewed and contained contact details for HIW.

Culture

People engagement, feedback and learning

We reviewed the practice’s complaints policy. The document clearly outlined the timescale for response and listed the practice manager as the person responsible for dealing with complaints. The policy was in line with the NHS Putting Things Right process, which was clearly displayed in the waiting area, both bilingually and in easy- read format.

The practice gained feedback from patients via a suggestion box which was clearly displayed on the reception desk. The practice manager informed us that patients can also provide feedback via email, online via google reviews and via e- consult.

Information

Information governance and digital technology

The practice had systems in place to ensure the effective collection, sharing and reporting of high-quality data and information. We were informed that one of the GP partners was the dedicated data protection officer for the practice.

We saw evidence of a records management policy in place. The practice also has a clear process in place for handling data. This was displayed in the waiting area and on the practice website.

Learning, improvement and research

Quality improvement activities

Although staff confirmed that ad hoc audits were carried out regularly out, the practice had no formal audit program in place. **We raised this with senior staff and asked that they develop and implement a formal audit program for the practice.**

Whole system approach

Partnership working and development

We were told that multi- disciplinary team meetings took place to ensure effective interaction and engagement with system partners. Staff confirmed that the practice works closely within the GP cluster to build a shared understanding of challenges within the system and the needs of the population.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No concerns identified			

Appendix B - Immediate improvement plan

Service: Morfa Lane Surgery

Date of inspection: 14/11/2023

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

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No improvements identified				

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):

Job role:

Date:

Appendix C - Improvement plan

Service: **Morfa Lane Surgery**

Date of inspection: **14/11/2023**

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

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Calls are currently being received by reception staff at the front desk. Such calls can be overheard by patients in the waiting room.	We recommend that the practice manager arranges for calls to be re directed to a location away from patients, in order to ensure confidentiality of calls.	This was discussed on the day of the visit and also in a Team Meeting in December. We pay a PPL licence each year to allow us to play music in the waiting area to limit patients overhearing conversations. The music on the day of the visit was not playing. Further discussion to move a receptionist upstairs would not be viable due to the size of the Practice Team, with only one receptionist working during the afternoons. We have a notice for patients to	Jodi Bateman	Ongoing. Further discussions to be held.

		ask if they wish to discuss any matter with a Receptionist in a confidential manner. Further discussions to be undertaken.		
Although there were Welsh speaking staff working at the surgery, none wore 'Iaith Gwaith' badges	We recommend all bilingual staff wear 'Iaith Gwaith' badges so that they are easily identifiable for Welsh speaking patients.	Badges have been received and worn by appropriate team members.	Jodi Bateman	Completed
The practice had an Equality and Diversity policy in place, however it had not been reviewed for six years	Practice Manager to review the equality and diversity policy to ensure all information is up to date.	Policy updated and included.	Jodi Bateman	November 2023
Although we saw evidence of some staff having completed chaperone training, not all providing this service had completed training yet. The practice manager confirmed this was ongoing.	Practice Manager to provide evidence of all relevant staff having completed chaperone training	Chaperone Training for one member of staff provided by an external provider, it was agreed at the visit that the presentation could be given to the other 2 members of staff by a Nurse Practitioner. Email to staff included.	Jodi Bateman	Completed by 12th January 2024

During our tour of the setting, we noted that the light pull cords in the patient toilet could pose a ligature risk	We recommended the pull cords be replaced with suicide prevention strings	Pull cord has been renewed, but this is not linked to an alarm. Could you advise if this has to be in place.	Jodi Bateman	Partially completed.
During our tour of the setting, we saw that sharps boxes we not securely fixed to the walls in surgeries	Senior staff to arrange for all sharps boxes to be securely fixed to walls	Email to confirm these have been ordered.	Jodi Bateman	Order in place, delivery 12.1.2024
The practice had an E-vac chair available for fire evacuations, however this was not mentioned in the fire risk assessment	Practice manager to update the fire risk assessment to include the E-vac chair	Discussion took place about the amount of times the E-vac chair has been used, with training and maintenance of the equipment needed, it was agreed to remove the E-vac from the surgery. Practice Manager also liaised with the Cluster to check if they all had one in place, they haven't.	Jodi Bateman	Completed
Even though we saw evidence of patient alerts being managed	Senior staff to develop formal patient alerts protocol	Patient alert management is included in the SEA Policy. Attached.	Jodi Bateman	Completed

well at the setting, there was no formal protocol in place				
Our review of the business continuity plan highlighted that there was no section covering partnership risk	Practice manager to update the business continuity plan to include information regarding partnership risk	Business Continuity Plan has been updated. Included.	Jodi Bateman	Completed
We noted that the surgery had no care navigation policy or pathway in place to support staff	Practice manager to develop care navigation policy and pathway for staff	This document has been put in place and is now in our Induction Pack for new Reception Staff. Included.	Jodi Bateman	Completed
We saw evidence that staff effectively managed patient test results. However there was no system in place to follow up with patients if additional tests were needed a few months down the line.	Senior staff to implement a process of monitoring for follow up testing and recommend developing a results policy	Protocol adopted, discussed, circulated. Included.	Jodi Bateman	Completed
Although ad hoc audits were carried out, the practice had no formal audit program in place	Senior staff to develop and implement a formal audit program for the practice	Ad-hoc audits carried out. Audit programme to be discussed and implemented. An agenda item for January's team meeting. Included.	Jodi Bateman	Completed

There was no practice specific policy in place for medicines management	Senior staff to develop a medicines management policy for the practice	Repeat Prescribing Policy in place. Included	Jodi Bateman/Team	February 2024
Whilst reviewing the emergency medication kept at the practice, we noted that there was no diazepam available. During our visit, the practice manager ordered the required medication.	Practice manager to provide us with evidence of receipt of Diazepam once received	Evidence of prescription of Diazepam was shown on the day, this is chased weekly as it is unavailable. Last chased 3.1.2024, delivered to the surgery 11.1.2024, photo attached.	Jodi Bateman	Completed
The practice did not have a Duty of Candour policy in place.	Practice manager to develop a practice specific Duty of Candour policy	Policy in place. Included	Jodi Bateman	Completed
			Jodi Bateman	Ongoing

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): Jodi Bateman

Job role: Practice Manager

Date: 11th January 2024