Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report (Announced)

Neyland Health Centre, Hywel Dda University Health Board

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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

Contents

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Neyland Health Centre, Hywel Dda University Health Board on 23 January 2024.

Our team for the inspection comprised of two HIW Healthcare Inspectors, one general practitioner peer reviewer, one practice manager peer reviewer and one practice nurse peer reviewer. 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 290 questionnaires were completed by patients or their carers and six were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
The 290 responses received in the patient survey suggested that, in general, most patients were satisfied with the level of care and treatment they received and two thirds of the patients said the service was 'very good' or 'good'. However, there were some key areas that required improvement, those being general dissatisfaction with the phone system, some alterations to the way appointments were managed and reception training. Additionally, patient written feedback was mostly negative, mainly due to patient access issues.

Information was displayed on how patients could look after themselves and how they could engage with health promotion initiatives. This included signposting to services that support both adults and children's mental health.

Dignity and privacy of patients was also important to the practice and the patient survey results for this were positive. However, whilst the practice considered that they maintained the patients' equality and diversity, some patients believed that they had been discriminated against.

There were clearly a number of good processes within the practice to enhance patient experience. However, we found there was a lack of documentation available for staff to follow.

This is what we recommend the service can improve:

- Documenting the processes in procedures that are made known to staff
- Ensure that the policies and procedures are practice specific
- Addressing the patient feedback issues.

This is what the service did well:

- Maintaining patients' privacy and dignity
- Health promotion information was displayed
- Good processes in place at the practice.

Delivery of Safe and Effective Care

Overall summary:

Infection prevention and control (IPC) arrangements were generally good, with the action points from the last audit being addressed.

The clinical records were a high quality and supported the delivery of safe and effective care. This ensures that GPs have the right information available when clinical decisions are made.

There had been a number of initiatives introduced by the nursing staff which were to be commended including the spirometry and hypertension clinics.

There were cluster projects in place to avoid inappropriate hospital admission, such as the community resource team, a multi-disciplinary team for the practice and patients to keep them at home rather than in hospital.

This is what we recommend the service can improve:

- Need to have an up-to-date register of looked after children
- Staff need to be appropriately trained before they take on an additional work.

This is what the service did well:

- Cluster working initiatives
- IPC arrangements
- Recording of information on patient medical records.

Quality of Management and Leadership

Overall summary:
Staff responses to the questionnaire were generally positive. Staff agreed that care of patients was the practice's top priority and that overall, they were content with the efforts of this practice to keep staff and patients safe.

The practice was well managed with good governance, leadership and accountability.

Mandatory training levels were good, well controlled and reported to the health board. Concerns and complaints were also well managed. Most staff were aware of the duty of candour.

There had been a data security issue noted during the inspection.

This is what we recommend the service can improve:

- Documented policies and procedures specific to the practice, with better document control
- An induction programme for staff.

This is what the service did well:

- Management of the practice was good
- Good levels of mandatory training
- Control of concerns and complaints.

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

HIW issued a questionnaire to obtain patient views on the care at Neyland Health Centre for the inspection in January 2024. In total, we received 290 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 290 responses.

From the responses received, the survey suggested that, in general, most patients were satisfied with the level of care and treatment they received. However, there were some key areas that required improvement, those being general dissatisfaction with the phone system, some alterations to the way appointments were managed and reception training. Two thirds of respondents rated the service as 'very good' or 'good'. Some of the comments we received about the service and how it could improve are below:

> *"GP service is very good once an appointment is made. Using the phone to get initial contact is appalling..."*
>
> *"…All staff are very polite, friendly and efficient and I find the service very good."*
>
> *"If you get to see a doctor then they are usually good but there is no consistency with doctors anymore and you always see someone different which is shocking and uncomfortable as a patient. Reception staff deal with the fact that there are never any appointments, and you have to wait weeks or ring back and HOPE you get one when the next months 'book' opens! Impossible if you work or have a real need to see a doctor."*
>
> *"Getting a GP appointment is very stressful. It makes you feel that it is a waste of time and that you are a burden to the service."*
>
> *"Once you see a GP they are very nice but getting an appointment is almost impossible. Follow up after scans etc is non-existent and you have to chase them up several times."*

"Every time I call it's a different doctor answers and they have no idea why I'm on the medication I am on no one knows what long term illness I have I don't feel the care is good at all."

Person centred

Health Promotion
There was evidence at the practice that patients who used the service were able to access information to help promote their health, improve their health and lead a healthy lifestyle.

Health promotion initiatives such as healthy lifestyle (including smoking cessation) and breastfeeding support, were supported and promoted. These included cluster projects such as physiotherapy musculoskeletal for pain, referred by the practice. In addition to any information at the practice, there was information on the practice website and on their social networking page. There were health promotion initiatives, specific to mental health evident in the practice such as MIND and the Citizens Advice Bureau. There was also evidence of further engagement with partners such as Area 43, who provided information, support and training to young people aged 16-25 and counselling services to those aged 10-25. There was also a Pembrokeshire counselling service and a mental health youth project for children aged 8-14. Patients would be signposted by the care navigators. We also saw evidence of self-referral to weight management services.

For patients without access to online services, the GP used the iPLATO system, a communication platform, used during the flu campaign. The system provided lists of who could receive text messages and those who were excluded. They were then contacted initially by telephone and if that failed, a letter would be sent to the patient.

Staff we spoke to at the practice said that whilst they had a system in place to review patients who did not attend (DNAs) their practice appointments and hospital appointments, there were not many DNAs. The information on the website for the practice, based on the GP Activity Data January 2023, showed there was just under 6% DNAs. We were told that children screening and vaccination DNAs were chased up. However, there was not a policy in place to support the processes. Without this being documented, staff may not be operating the process correctly.

The health board must ensure that there is a documented policy, including the process to be followed, for DNAs at both the practice and for hospital appointments.

In total, 93% of patients who answered the questionnaire said that there was health promotion and patient information material on display.

All staff agreed in the questionnaire that the practice offered health promotion advice and information about chronic conditions to patients in a variety of mediums.

Dignified and respectful care
The environment and practices of the organisation supported the rights of patients to be treated with dignity and respect. Clinical rooms gave patients appropriate levels of privacy. The doors were noted to be closed during the inspection, with disposable privacy curtains to draw for patients to undress.

The reception area gave patients a level of privacy, with a notice displayed in reception, that there was an area available for a one-to-one conversation in private. In addition, the main reception desk was separated from the main reception area. However, patients could possibly still be overheard by patients in a queue.

There was level access to the practice, with limited dedicated parking spaces for patients outside the practice. There was also a disabled toilet in the practice.

Following a review into the number of failed calls into the practice, it was highlighted that there was a problem with the call system and we were told that this problem has been fixed. We were also told that the practice had carried out an exercise to educate patients that they may not be given an appointment with a GP, and about the use of eConsult on the practice website. Additionally, patients could book appointments in advance if the need allowed. Patients would always be passed to clinicians if there was a need. There was also telephone triage by a GP during the day.

There were notices throughout the practice informing patients about the availability of both male and female chaperones in all appropriate circumstances. There was not a practice chaperone policy, we were told that the practice used Welsh Government standards. Chaperones completed training on the electronic staff record system, available through the local health board (LHB). The practice believed that there were sufficient clinical staff available currently to chaperone. Consent to chaperones would be recorded in the patient notes.

The health board is required to ensure that a practice chaperone policy is written and made know to all staff.

All staff agreed in the questionnaire that patients were offered chaperones when appropriate, for example for intimate examinations. All staff also agreed that measures were taken to protect patient privacy and dignity, for example closed doors, drawn curtains or dignity covers.

Most patients who answered the questionnaire felt they were treated with dignity and respect and most of the patients who answered said measures were taken to protect their privacy. However, only 30% of patients said that they were able to talk to reception staff without being overheard. The majority of patients who answered the question said that they were offered a chaperone (for intimate examinations or procedures).

Many of the patients who answered felt the GP explained things well and answered their questions (75%) but fewer felt involved in decisions about their healthcare (41%). In all, 70% of patients who answered the question said they felt listened too, whilst only 53% said they were offered healthy lifestyle advice

Some comments we received about patient care were:

> *"The locum who dealt with me was polite and friendly making me feel good and not wasting her time."*
>
> *"When speaking to the Doctors/ Nurses they are good and supportive. The problem lies when you try and call and can be on hold for ages!.."*
>
> *"I have no problem with the Dr or nurses, they are very professional and very helpful, however the reception staff are very rude, are very late or do not pass information on to the Dr/nurse when asked and are very abrupt and ignorant and impatient..."*
>
> *"1 receptionist is particularly difficult and unhelpful, but the other receptionists are always helpful. The nursing staff are very helpful. Some locum doctors seemed disinterested, but the new doctor is courteous and excellent at explaining the medical condition he is treating. He has changed my whole opinion regarding the limitations of Neyland Health Centre. I can only hope that he is retained as a doctor at this surgery."*
>
> *"The high service continued even when there were no permanent GPS and the practice had to go under the management of the local health board. We are very grateful for the doctors and staff who have supported the practice and kept it running."*

"There has been many changes in our surgery, lots of old staff have left and not because of retirement reasons. The new staff are lovely (as we're the old,) but I always feel I have to explain my conditions every time I see a new person as they don't appear to have time to read my notes, this can be frustrating."

Timely

Timely Care

There were processes in place to ensure patients could access care via the appropriate channel in a timely way, with the most appropriate person. There were various arrangements for patients to access services, these included a mixture of urgent, on the day and pre-bookable appointments. Patients could also contact the practice through econsult. However, patients who answered the questionnaire were clearly not content with the access available to them to see a GP.

The process in place for deciding which patients were seen face-to face involved care navigation and there would be on the day triage. When there were no appointments available on the day and a patient telephoned requiring urgent help, in addition to there being GP triage, patients would be advised to contact the NHS 111 service. A new year-round nurse led walk-in centre, based at Tenby Cottage Hospital providing treatment for urgent minor illness and minor injuries had also been recently opened. However, staff said that children would always be given an urgent appointment.

Where patients required urgent mental health support or were in crisis, we were told that the patient could normally be assessed on the day by the community mental health team. In addition to NHS 111, there were also local third sector providers including "Silvercloud", for online therapy. The practice would be made aware when a patient had received crisis intervention for mental health needs.

Patients were informed of the different options available to them in terms of accessing appropriate advice from a health care professional, through details on the practice website, posters in the practices and social media. For patients who were digitally excluded, including older people, the services could be accessed via telephone or in person at the practice. However, there was not an in date agreed access policy in place, the policy supplied was in draft and considered to be incomplete.

The health board need to ensure that there are policies in place, suitable for local needs, which are regularly updated and version controlled. This needs to include an access policy.

The practice had a process in place to ensure that patients could contact the practice via the telephone, with a queue system in place on the phone. Staff had received face-to-face training on care navigation and had access to a clear pathway document for signposting. The non-clinical triaging staff had access to the duty doctor where they had any queries.

Staff described the arrangement in place for more vulnerable groups who may need a face-to-face appointment. Children would be allocated an appointment and the duty doctor would make decisions about the care for vulnerable patients if all appointment slots had been filled. The practice would signpost patients to the range of cluster project that were available which supported care.

Of those patients who answered the relevant question, they stated that:

- My appointment was on time - 62%
- My identity was checked – 83%
- My medical details were checked, such as allergies and long-term conditions, before medication was prescribed – 70%
- I was given enough time to explain my health needs – 72%.

However, regarding GP access, less than a third of the patients who answered were able to get a same-day appointment when they needed to see a GP urgently. Just over a third said they could get routine appointments when they need them. Only a quarter of the patients who answered said they were offered the option to choose the type of appointment they preferred. Some comments we received about accessing the GP are below:

> *"It's very difficult to explain your issues over the phone, it was difficult to hear the GP and telephone appointment always feels very rushed."*
>
> *"I'm always offered telephone appointment which doesn't help as the Dr cannot diagnose exactly what's wrong."*
>
> *"Since COVID it is very difficult to access the Doctor. Before COVID we had a superb service. To access a doctor everyone is asked to ring at, 8am!! If you are lucky you might get through by 8.30 am by which time all doctor appointments have been taken. On a positive note it is usually possible to access the nurse or nurse practitioner. The problem seems to be a shortage*

of doctors, very high demand and an inefficient change in the booking system."

Only 53% of patients were content with the type of appointment offered. There were 130 comments made to this question including:

"I'm being given tablets and medication with no face-to-face assessment."

"I needed two routine checks done in one appointment and i was not able to have this done."

"It's very difficult to explain your issues over the phone, it was difficult to hear the GP and telephone appointment always feels very rushed."

"Always different doctors most of them are rude and don't help at all if you can get an appointment."

"I had to be firm to get a face-to-face appointment which the Doc had requested me to have last time."

"Receptionist will insist on making phone appointments only even when a doctor has told you to make sure it's a face-to-face appointment."

"I've only been offered phone appointments, I need face to face appointments with a qualified GP as I have several ongoing medical issues that need urgent attention. Which is not available."

"I would prefer to be given an in-person appointment rather than having to wait for a phone call and then maybe getting an in-person appointment later that day or another day."

"I'm asthmatic & had this awful cough that's doing the rounds. I needed my chest listened too … it did not happen. I ended up in A&E and was so stressed I've been put on a heart monitor."

"Phoned with what I suspected was an abdominal hernia, got a call later that day from a paramedic who after listening to my symptoms said we will not see you but refer you for a hospital appointment."

"Severely disabled son !!! When poorly he needs to be seen or could deteriorate quickly!"

Of the patients who were offered an appointment, 40% were in person at the practice, and 59% were by telephone or text and 1% was a virtual appointment.

Regarding access to their GP, 82% of patients who completed the questionnaire said that they were satisfied with the opening hours of this practice. The majority (81%) said they knew how to access out of hours services if they needed medical advice or an appointment that could not wait until GP opening hours.

However, the percentages for the following questions relating to GP access from the patient questionnaire were lower:

- Able to contact their GP practice when they needed to (phone/ online booking system) – 41%
- Arrange a same-day appointment – 29%
- Arrange routine appointments when they needed them – 35%
- Able to access the regular support needed (if they had an ongoing medical condition) 'very easily' or 'easily' – 29%.

Almost all patients said the building was easily accessible and that there were enough seats in the waiting area. The majority said that there were toilet and hand washing facilities that suited their needs and that the practice was 'child friendly'.

All staff agreed that:

- Patients or their advocates were informed and involved in decisions about their care
- They were satisfied with the quality of care and support they gave to patients
- Care of patients was this practice's top priority
- Overall, they were content with the efforts of the practice to keep staff and patients safe.

Equitable

Communication and language

The service provided information to patients and communicated in a way that was clear, accessible and in a language and manner appropriate to their individual needs. This enabled them to make informed decisions about their care.

Staff told us that there were two learning disability locations within the practice area and that the patients were reviewed on a regular basis. The patient records would be flagged appropriately and the patient would be brought in at the end of the day if they needed an appointment. Patient records would also be annotated if patients had hearing or visual difficulties. However, we found several examples where the patients preferred language had not been documented in their records.

Whilst we were told that patient information was not available in alternative formats, the practice would look into this on request. Patients would receive information by telephone or letter if they did not have online or mobile phone access.

We were told that the practice informed patients by letter to every household when there was a change in practice owners from a GP partnership to being LHB managed.

Whilst there was a consent policy in place this was out of date as it was dated in 2017.

The health board must ensure that there is an in date documented consent policy made known to staff.

Patients on joining the practice would complete a questionnaire that included identifying if they had hearing or visual difficulties as well as if they were a carer.

Signage, posters and reading material throughout the practice was noted as being bilingual in both English and Welsh.

We noted one member of the practice team wore a ‘iaith gwaith’ badge to indicate they spoke Welsh. The practice received support from the LHB to implement the active offer through the provision of bilingual material, support with signage and translation services.

As part of the inspection, we viewed a sample of five test results and five outpatient letters. There was evidence of letters seen that were actioned on the patient record, this included evidence of discussion of the results and management of medication. Additionally, there was clear evidence that patients were notified if there was a need for a follow up. There was good evidence of actions completed

on hospital letters in the patient record and there was use of the tasks function and communicating with patients for follow up.

Telephone calls were recorded and this was included as part of the recorded message at the start of the telephone call. These are saved in the 'cloud' until deleted in line with the management of records.

The practice communicated messages to the appropriate people within the practice such as staff meetings, NHS account emails, tasks, patient record emails. The practice would ensure a communication had been read and acted upon through the patient records software. The task would not disappear until every user had read the communication. We were told that this was not currently followed up and neither was there a policy to document the process.

However, there was not a communication policy but senior staff said they had it on a list of actions needed to be completed.

The health board is to ensure that the communication policy is written and made known to all staff.

The practice process to requests home visits was described, involving the patient calling the practice to book a visit and the relevant clinician would visit the patient. There was also an advanced paramedic practitioner employed at the practice to visit patients at care homes.

The relevant information from incoming mail would be recorded in the patients' medical record, so that all clinical staff were aware of any new diagnosis or changes to a patient's condition. This would be completed through a workflow, with any diagnosis or changes to a patients' records, as well as DNA workflowed to a relevant GP. There was also a process to record consultations in the patient record, so that all clinical staff were aware of any new diagnoses or changes to a patient's condition. This included the filing, coding and passing the document to the GP. However, there was not a documented process in place for staff to follow.

The health board is to ensure that a documented process is written to cover the workflow of documents.

Where patients were seen by other doctors out of hours, senior staff explained the process for GPs to review this information and act upon it, which may include a follow up home visit.

Whilst senior staff were able to explain the system in place surrounding the practice being informed of patients being admitted to hospital or when patients passed away, the system was not documented.

The health board must ensure that a documented process is in place to ensure that the practice and all staff at the practice are aware:

- **When a patient is admitted to hospital**

- **When a patient passes away.**

The questionnaire completed by patients included questions relating to carer support, in all 44 carers answered the questionnaire saying that they provided care for someone with disabilities, long term care needs or a terminal illness. Only three of these carers stated they had been offered an assessment of their needs as a carer or said the practice had given them details of organisations or support networks that could provide information and support.

Staff were also asked in a questionnaire about how the practice identified and supported carers. Only four of the six staff who completed the questionnaire agreed that a register of carers was maintained (the other two were not sure) all staff stated that there was a carer's champion. Only two staff were sure that they offered carers an assessment of their needs and only four stated that the practice signposted carers to support organisations. All staff agreed that there were alerts on patient records that made staff aware of any communication difficulties.

Rights and Equality
Staff had access to various equality, diversity and inclusion resources through the LHB such as the health board policy, various staff networks and all staff received global emails on these issues. However, there was not a local specific policy on this subject.

The health board needs to ensure that there is an equality, diversity and inclusion policy written that is specific to the practice.

We saw the Equality Impact Assessment for the practice, the purpose was to eliminate discrimination and any other conduct prohibited under the Equality Act 2020. The proposals seek to improve conditions, promote equality, and have a positive impact for the practice team and patients.

There were a number of examples where reasonable adjustments had been put in place so that individuals with particular protected characteristics, could access and use services on an equal basis. These included disabled parking outside the

practice and staff parked in the street due to the limited parking available to ensure patients could easily access the practice. There was also level access and a handrail outside the practice main entrance.

We were told that the service ensured that transgender patients were appropriately placed upholding their equality rights. This was done by addressing patients by how they wished to be addressed and coding the patient record accordingly.

Whilst the practice had a number of processes in place to ensure equality, 17 respondents to the questionnaire felt that they had faced discrimination when accessing or using this health service. Some comments provided are shown below:

> *"When I phoned due to foot pain, the medical person automatically said it was due to my weight and it was weight related before seeing or assessing me."*
>
> *"I feel like I'm being treated differently due to my medical condition."*
>
> *"Age... because 'old people' don't get the respect or taken seriously concerning medical issues. Sex… because I'm a woman."*
>
> *"I can see that these questions are based on the Equality Act, but fail to address the issues around body size and the discrimination faced by people who are larger than the idealised average."*

Only just over half the patients who answered the question said they could access the right healthcare at the right time? (Regardless of your Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation) A total of 60 comments were made to this question, these included:

> *"Although surgery reluctant to prescribe usual medication preferring to issue generic item which does not suit me."*
>
> *"There is little information available on what is the available or required healthcare, either at a GP practice level, or at a local health board level (eg Hywel Dda Board). Although individual GPs and other staff are usually attentive, there is no "joined up" planning. Communication with patients and between healthcare departments and staff is poor (sometimes potentially catastrophic)."*

"Nurse appointments relatively easy to obtain as long as you visit surgery first."

"I feel I could be in better health if the surgery services were planned more professionally. There appears to have been many changes to surgery personnel over the past 15 months so consistency has been lost. Appointments not allocated for follow ups."

"I feel regardless to anything that this surgery fails to help patients in their time of need. When someone is in chronic pain and discomfort being told to take paracetamol instead of having the issue looked into, is failing the patient in my eyes."

"Have had to go A&E for certain immediate complaints because the Doctors take far too long when contacted to reply let alone see me."

"I am elderly and disabled. I cannot leave the house and my family find it very difficult to get the medical help I need."

"Due to lack of understanding for people who work who cannot take calls during the day. A booked appointment by phone say in an hour slot would surely be manageable?"

"I'm diabetic I haven't had a review in about two years because there's no diabetic nurse."

The health board must address the issues raised by patients in the questionnaire regarding discrimination and access to all patients to the practice, regardless of any protected characteristic.

Delivery of Safe and Effective Care

Safe

Risk Management
There were processes in place to protect the health, safety and wellbeing of all who used the service. The practice (including the clinical rooms) was clean, tidy and free of clutter. Staff were pleasant and welcoming; the practice had a good ambience and was in a good state of repair. The consulting and treatment rooms were all similar and well organised. Oxygen cylinders were appropriately marked and sharps containers were securely fixed and not overfilled.

Clinical staff we spoke with said that when a call was received for a home visit, this was triaged and assessed. If appropriate, the patient would then be put on a list for a home visit. Whilst there was no written risk assessment completed, staff said that they would have a specific discussion with the lead GP.

The health board need to ensure that a written risk assessment setting out the protocol and specific considerations for the practice and practice population must be documented for home visits and made known to staff.

Clinical staff stated that there had been issues with delays with the Welsh Ambulance Service Trust (WAST) responding to emergencies at the practice. These included patients being left in the practice following heart attacks, waiting over four hours.

The health board needs to ensure that WAST are prioritising services based on patient need.

Clinical staff we spoke with believed that, as the practice was managed by the LHB, they were using an inappropriate algorithm to determine clinical staffing at the practice. As a result, the LHB were underestimating the patient needs leading to delays in patient care, particularly regarding insufficient GP time.

The health board is to inform HIW of the actions taken to address the issue of delays in patient care.

The practice had a Business Continuity Plan (BCP), but this was considered to be out of date. We were told that the health board were currently working on a new BCP.

The health board is to inform HIW of the action taken to ensure that the business continuity plan is updated to reflect local needs.

The practice is a managed practice currently with reliance on salaried GPs and locum GPS.

We were told that there were specified members of staff who were responsible for receiving patient safety alerts.

There was a mechanism for calling help urgently within the practice through the red button on the software used. Staff were aware of the action to take if the alert was raised. There were also physical buttons in clinical rooms and a board in reception.

Staff we spoke with knew where the emergency equipment was kept and how to access the equipment.

Infection, Prevention, Control (IPC) and Decontamination
The environment, policies and procedures, staff training and governance arrangements upheld standards of IPC and protected patients, staff and visitors using the service.

Whilst the practice was visibly clean, tidy and clutter free, there were no elbow operated taps in clinical areas, but we were told they were on order from the health board estates. There was also a toilet noted without a sanitary bin, again we were told that these were on order from estates.

The health board is to inform HIW when these items will be replaced at the practice.

There were wipeable surfaces, examination couches and chairs, which were maintained to enable effective cleaning. In addition, there was appropriate signage regarding hand washing and other infection control issues around the practice. There was also a cleaning contract in place. When there was a risk of any healthcare associated infections, staff would wear personal protective equipment (PPE), which was readily available. Appropriate materials were available to clean any spills as well as facilities and equipment for decontamination and surface cleaning. The practice used the health board infection control policy that had been reviewed and was up to date.

The health board needs to ensure that there is a practice specific infection control policy written.

There was an appointed IPC lead in the practice and staff were aware of who the lead was. In addition to policies being available on the intranet, there was a paper copy of the relevant policies kept on a shelf in one of the treatment rooms, staff were aware of its location. The practice IPC lead had benefitted from spending time with the health board IPC lead, who we were told was available for assistance and very responsive to the practice needs.

There had been an IPC audit at the practice in October 2023 and the key issues identified included plans in place for the health board to replace the hand washing sinks without elbow operated taps.

The practice waste was stored outside the practice and the practice were awaiting the fitting of a securing chain. The waste was collected weekly. However, the clinical waste bags were not labelled to indicate the point of origin. The lead nurse was alerted of this and confirmed that cleaners would be instructed to label clinical waste bags correctly.

The health board is to confirm that all clinical waste bags are being labelled correctly.

We saw an in-date copy of the blood borne virus policy. There was a clear policy in place for needlestick injuries which we were told was well understood by all staff and included a flow chart of actions to take.

We were told that there was an emphasis on a culture of collective responsibility and individual accountability for ensuring effective infection control. There appeared to be a good level of understanding and valuing of effective infection control.

We asked a series of questions of patients relating to IPC and all bar one patient who answered thought the GP setting was ‘very clean’ or ‘clean’. A total of 90% of patients said that there were signs at the setting explaining what to do if they were contagious and 92% of patients said there were hand sanitizers available. In addition, 87% of patients said that healthcare staff washed their hands before and after treating them.

All staff agreed in the staff questionnaire relating to what extent did the following statements reflect their view on the organisation's approach to IPC

- My organisation implemented an effective infection control policy
- There was an effective cleaning schedule in place

- Appropriate PPE was supplied and used

- The environment allowed for effective infection control.

There were 55 patients who answered the questionnaire that they had an invasive procedure, this includes having bloods taken, injections and minor operations.

In all, 89% said that staff wore gloves during the procedure and all said that the syringe, needle or scalpel used was individually packaged or sanitised and 92% said that antibacterial wipes were used to clean the patients' skin before the procedure

Medicines Management
The practice generally ensured the safe prescribing of medication, this was noted through direct observation and an in-depth interview of the lead nurse. There was also a prescribing policy which was up to date. The process for patients to request medication was described, as well as how the requests were managed by the team.

There were dedicated clinical refrigerators in place that maintained temperature within the recommendations. These were annually inspected by a contractor. There had been a cold chain breach recently and the fridge was serviced and repaired following this. The fridge would be checked every morning, by nursing staff or the healthcare assistant. When the lead nurse became aware that there were occasions when daily checks were not recorded, the temperature check logbook was moved to a more visible location in the treatment room to address this.

The vaccines were stored correctly and according to guidelines in refrigerators of the right size to meet storage needs, there was sufficient space around the vaccine packages for air to circulate. Whilst each fridge only had one means of temperature monitoring, this had been identified as an issue and data-loggers had been ordered by the LHB and the practice were awaiting delivery.

The protocol that staff followed in the event of the refrigeration failing was discussed due to the recent cold chain breach. The health board pharmacist was contacted and the stock quarantined. Items were identified that could still be used and we were told a full disclosure was made to patients to obtain their informed consent.

There was a LHB policy noted in relation to cold chain products, which was currently under review.

The practice nurse checked the emergency drugs on a monthly basis, the practice were told that the check had to be made on a weekly basis. There were signs in each treatment room to notify staff of the location of the emergency drugs.

The health board is to ensure that the emergency drugs are checked on a weekly basis and a record of the check documented.

We noted one box of ten ampoules of adrenalin dated December 2023. There was also another box of ten ampoules, which were sealed and in date. The out-of-date stock was immediately removed and this is included in Appendix A.

The process followed by the practice for repeat prescriptions included through the local pharmacists, drop in the prescription to the practice and the NHS Wales application.

There was a policy for medication reviews as part of the prescribing reviews. The practice had the use of a pharmacist for 30 hours per week as well as a pharmacy technician. The pharmacist would carry out medication reviews in the first instance and they would pass any reviews not in their remit to the GP. The practice also employed an advanced paramedic who covered care home medication reviews. We were told that only a GP or pharmacist could re-authorise repeat prescription.

The standard at the practice of ensuring that medications were linked to conditions was variable and this should be an action undertaken at every medication review. On one occasion this meant that a young person on a treatment with an antidepressant had no recorded indication as to why this medication was required. These drugs increase the risk of suicide and impulsive activity in young people. It is imperative that all repeat prescriptions have a clear diagnosis and indication recorded in the linked medicines record and to ensure they are coded appropriately for monitoring.

The health board needs to ensure that the practice patient clinical records link medications to problems for repeat prescriptions.

Safeguarding of Children and Adults
Patients and staff were able to report safeguarding concerns. Safeguarding issues were appropriately investigated and action taken where necessary to protect the welfare of vulnerable children and adults. However, there were some issues that needed to be address.

There was an appointed practice safeguarding lead and staff we spoke with knew who the lead was. The safeguarding lead held biweekly meetings at the practice to

discuss safeguarding concerns. We were told this provided a robust discussion of any safeguarding issues and was an example of good practice in place to discuss and recognise patient need. The various methods used to identify adults at risk was also described.

There was a system in place to ensure children on the child protection register (together with their parents / carers and siblings) could be identified on the patient record, which involved alerts and pop ups. We were told there was not a register of looked after children.

The health board is to ensure that an up-to-date register of looked after children is held by the practice.

Staff had completed the appropriate level of safeguarding training through the LHB. The relevant staff at the practice had received level three training in child protection.

The safeguarding policy was out of date and needed to be updated.

The health board is to ensure that the safeguarding policy is updated.

All staff agreed in their questionnaire that they were up to date with safeguarding training (adult and child), they knew who the safeguarding lead was for the practice and they knew how to report any safeguarding concerns.

Management of Medical Devices and Equipment
The practice had processes in place to ensure all equipment was used in a safe way, this was noted through direct observation and an in-depth interview of the lead nurse. The lead nurse was responsible for checking medical devices and equipment, with the checks being documented. The equipment seen was in a good condition. We were told that the equipment was being maintained by the health board's estates department. The checking of clinical bags for off-site patient visits was the responsibility of each individual GP.

Resuscitation equipment was available at the practice and met the basic Primary Care equipment standards as outlined by the Resuscitation Council UK guidance. There was an automatic external defibrillator (AED) available with age appropriate and in date pads. The AED was charged and batteries were in date, with appropriate signage to show the location of the equipment.

Effective

Effective Care

The practice had processes in place to support safe, effective treatment and care and showed links with the wider primary care services.

If patients choose to ring the practice for emergency care rather than 999, there was a checklist in reception for staff to direct patients to the emergency department. The practice had also considered other life-threatening emergencies such as acute asthma and hypoglycaemia, as they had a Glucastop and nebuliser on site as part of the emergency equipment.

We were told that the majority of staff had completed basic life support training in September and October 2023.

The practice described the process for managing patient tests and results. When the clinician was not available to analyse the results, they went through to the duty doctor. However, there was not a clear policy in place to manage the workflow of results.

The health board must ensure that the workflow of results and letters in the practice is documented in a clear policy, so that all staff are aware of what is required and where to send the documents.

Patients who contacted the practice in crisis were signposted to the local crisis team. In addition, there was also a new service for teenagers, who could text for support. The practice received discharge summaries to inform them of patients referred to the crisis team. Patients could also self-refer to diabetic foot care, occupational therapy and physiotherapy. To avoid inappropriate hospital admissions, urgent on the day appointment slots were available.

Guidelines and examples of best practice were circulated to relevant members of staff through emails and in clinical and staff meetings. The system for reporting incidents and significant events included entering the event on Datix. We were told this included submitting Datix for pressure care issues in the home, to highlight a less recognised issue.

Urgent referrals for cancer were completed within 48 hours.

We were told that the practice did not discuss referral rates to identify where referrals were higher or lower than other practitioners in the area or cluster and the reasons for this.

The health board should ensure that the practice compare referral rates with other comparable practices.

Staff we spoke with described examples of responsive practice. There was a backlog on respiratory patients needing spirometry, post-COVID-19. Additional dedicated clinics were scheduled, which was clearing the backlog. We were told that the practice nurse had to push for these and met some resistance from the practice management. The benefits were evident and the management team were now more receptive. This also applied to other dedicated clinics that had now been established such as the well women clinic, diabetes, changing baby immunisations so that two nurses were working on tandem clinics for a shorter session which facilitated joint working and mutual aid. The practice nurse was also planning to start a hypertension clinic.

We were told that the lead nurse had been told they should proceed with providing NHS travel vaccinations without undertaking specific to role training. The lead nurse had asked for specific training for this role, which involved using National Travel Health Network and Centre (NaTHNaC) travel risk assessments.

Furthermore, it was suggested by staff we spoke with that they were not receiving sufficient protected time to undertake non patient facing duties. Protected time for non-clinical duties needs to be better managed as it was not currently. However, we were told that staff were given non-clinical time at the end of each session. Staff at all levels were encouraged to speak up when they had new ideas or concerns, which could be discussed individually or at team meetings.

The health board need to ensure that practice staff are supported in exploring new ways of working and are appropriately trained.

We were told about the multi-agency, multi-professional working and cooperation, including the community resource team that met bi-weekly. This meeting in addition to staff present there was also a frailty nurse, clinical psychologist and co-ordinator as well as an occupational therapist and a representative from the Pembrokeshire Association of Voluntary Service (PAVS). The practice was also a member of the Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT). This service was developed “to prevent hospital admissions, facilitate discharge arrangements and reduce the support required from statutory organisations”.

There were services available to provide efficient movement through care and treatment pathways.

Patient records

The clinical records were considered to be of a high quality, such that if a GP arriving to work as a locum viewed the records, they would quickly be able to come to an opinion about the patient care in the majority of cases. There was clear evidence of shared decision making and logical deductive reasoning. There was Read coding mostly evident with free text for context. There was also a good clinical standard noted for chronic disease management.

Whilst there was generally good record keeping with a good narrative on records showing a high quality of clinical care. There were two areas where the patient records could be improved relating to linking medications to problems for repeat prescriptions and to record the language of choice of patients.

The health board needs to ensure that the practice patient clinical records link medications to problems for repeat prescriptions and to record the language of choice of patients.

Quality of Management and Leadership

Staff feedback

Before our inspection we invited the practice staff to complete an online questionnaire to obtain their views of working for the practice. In total, we received six responses from staff at this practice. Some questions were skipped by some respondents, meaning not all questions had six responses. As only six responses were completed, this low number needs to be borne in mind when considering the responses.

Overall responses given by staff were generally positive, all respondents agreed with the questions relating to safeguarding and IPC at the practice. Additionally, all staff agreed that care of patients was the practice's top priority and that overall they were content with the efforts of this practice to keep staff and patients safe. However, whilst five out of the six staff believed that patients were able to access the services this GP surgery provided in a timely way, four of the staff believed there were not enough staff to allow them to do their job properly. There was one staff comment:

> *Nursing team are fantastic and have good structure. Clinicians - especially ANPs are unfairly loaded daily and are expected to do almost as much as the GP. Some GPs are less compassionate and have less patient care, personally I believe the oath taken by GPs means nothing to some of them. Some staff members make consistent errors and are not pulled aside for it. It is left to a few members of staff to almost 'catch up' on work the others are slacking on but it is never discussed with them and they're never challenged over it.*
>
> *There is an unfair bias in the surgery and some members of staff are treated better than others. Some people will be spoken too or challenged if they make certain mistakes however, a 'favourite' member of staff could do the same and nothing will be said or an excuse will be given.*
>
> *There is no structure for receptionists and the workload in reception needs to be spread out fairly.*
>
> *Patients on the whole are nice people when treated with respect but this is not always the case. I feel there are a few members of staff who really are the backbone of the surgery who work far harder than others and it's due to those staff members we manage to keep going.*

Leadership

Governance and leadership

There were some operational systems and processes in place to support effective governance, leadership and accountability to ensure sustainable delivery of safe and effective care. There were also some instances where this governance could be improved.

The practice appeared to be well managed and staff we spoke with were clear about their roles, responsibilities and reporting lines.

We saw evidence of regular monthly team meetings being held.

Policies and procedures were available of the practice shared drive but a number of policies were not practice specific and were LHB policies. Additionally, those policies that were practice specific were not version controlled, did not include a review date and who was responsible for the policy.

The health board must ensure that all policies are drafted to ensure they are practice specific, version controlled, dated, with a review date and who is responsible for the policy.

We were told that staff wellbeing and psychological services were available via email and phone, staff also had access to it and occupational health access.

Staff comments in the questionnaire were generally positive on health and wellbeing at work. All staff said they were aware of the occupational health and wellbeing support available. Additionally, five out of six staff agreed that, in general, their job was not detrimental to their health, that the practice took positive action on health and wellbeing and that their current working pattern allowed for a good work-life balance.

Senior staff we spoke with stated that the main challenges and pressures faced by the practice was becoming a managed practice, in November 2022, with different locums on a daily basis. This has now been addressed with a regular locum and two salaried GPs. We were told that the process had been unsettling for staff and the health board were still in the process of finding a GP owner.

There had been issues with access and demand. .In response to the challenges with patients access and demand, the practice introduced a number of new roles which included a pharmacist, pharmacy technician and an advanced paramedic practitioner.

Clinical staff believed there was a shortage of clinical staff at the practice. However, the health board were in the process of advertising for a salaried clinical lead GP.

There were designated leads for specific practice areas, such as IPC, carers and safeguarding. The locum clinical lead was responsible for clinical oversight in the practice. We were told that clinical information was shared in the practice through biweekly clinical meetings as well as emailing staff. Lessons learned from events would also take place at these meetings.

The clinical lead believed the main issues were that the practice was understaffed by the LHB, WAST delays and not enough GP clinical capacity. Overall, whilst the practice was well led by the clinical lead, there was a concern regarding the GP who was a locum and likely to leave shortly. Some staff stated that they were clinically pressured and there were not enough GP hours at the practice, with a reliance on other staff to cope.

Workforce

Skilled and enabled workforce
It was clear from patient and staff comments in the respective questionnaires that there was a need for more clinical staff to meet the needs of the patients. The practice was managed by the health board and regarding staffing levels, any request for additional staff had to be proposed and approved by them.

We were told there was an induction programme for new staff, included within a system called 'onboarding'. However, there was no localised induction programme documented for new staff, including locums.

The health board need to ensure that there is a localised induction programme documented for new staff, including locums.

With one exception all staff had over 90% compliance with all mandatory training including, IPC, health and safety, safeguarding and basic life support. Staff training needs were identified through the practice development plan or in response to audit, significant event as well as on appraisal. However, one clinical member of staff was out of date with their level two resuscitation training and this needed to be completed without delay.

The health board need to ensure that all staff are up to date with BLS and all clinical staff with level two resuscitation training.

There was a monitoring and reporting process in place for mandatory training, with the Business Manager of General Medical & Provider Services receiving information from practices as to what percentage completion rates were.

There were study days for staff to complete their continuous professional development time.

Senior managers were aware of the need to ensure that the needs of Welsh speaking patients were met. Staff had completed awareness sessions on the importance of the Welsh language in providing good healthcare.

Responsibilities for the management, administration, accountability and reporting structures within the team were clearly defined and understood by team members.

From speaking with nursing staff, it was apparent there was an appropriate balance between autonomy and service accessibility, with safe access to peer support, with ready access to the duty doctor as needed.

The practice nurse was seeking further training on NHS travel immunisations. The health board had agreed that the practice nurse could undertake leadership training within the next 6 months, to allow time for her to consolidate her transition into practice nursing.

The practice development plan included a section on workforce that stated that as a health board managed practice, workforce planning was done in conjunction with the primary care team. The drive had been to modernise and diversify the workforce to maximise the opportunity to recruit a highly skilled multi-disciplinary team.

We were told that whilst all clinical staff had the relevant hepatitis B vaccinations, this had not been offered to non-clinical staff.

The health board need to ensure that all staff are offered hepatitis B vaccinations and records are maintained at the practice.

The majority of staff disagreed with the statement in the staff questionnaire that there are enough staff to allow me to do my job properly. All bar one member of staff felt they had appropriate training to undertake their role, both mandatory and role specific training. Staff commented they would find the following training useful:

> *"Sign language and Spoken Welsh."*

"I would like to progress to healthcare support worker when the opportunity arises and be accepted onto the primary care diploma."

"Medical terminology and sign language."

Of the six staff who answered, only two said they had an appraisal, annual review or development review within the last 12 months.

One member of staff said they had been discriminated in work within the last 12 months. Staff comments on this included:

"I have not personally but have witnessed other members of staff being discriminated against."

Additionally, two members of staff said they did not have fair and equal access to workplace opportunities regardless of any protected characteristics. Similarly, one members of staff said that the workplace was not supportive of equality, diversity and inclusion, with one preferring not to say.

The health board need to inform HIW of the actions they will take to address any perceived issues relating to discriminations, fair and equal access and equality diversity and inclusion.

Culture

People engagement, feedback and learning
The practice management team were visible in the practice and the health board Business Manager of General Medical & Provider Services visited the practice once every other week but was available if required.

The primary care team at the health board also had regular online meetings with the practice. The GPs had bimonthly meetings with the clinical leads and the Associate Medical Director at the health board.

We were told that as the practice was currently health board managed, the Business Manager of General Medical and Provider Services had spoken to staff at to keep them up to date with any moves to change the management of the practice. The intention was to return the practice to being partner owned and led as an independent contractor.

Staff we spoke with appeared to be proud and happy to work at the practice. Practice staff stated that everybody cared about everyone else and staff were

encouraged to ask and to be open and honest, for example with any childcare issues.

The policies and procedures as listed elsewhere, needed to be updated, version control, with a date completed, date due review and who is responsible for the review as well as being practice specific.

Both formal and informal concerns or complaints would be recorded in the complaints folder. The information recorded included the process to follow, timescales, any sources of support and advocacy and any next steps if no resolution could be agreed. The list of complaints resolved on a cover sheet of the folder would benefit from including the reason for the complaint, so that any themes could be identified at a glance.

Patients were also signposted to Putting Things Right (PTR), which was clearly displayed at the practice, along with the complaints policy. Whilst the policy aligned to and referenced PTR, the policy needed to be updated and version controls applied.

The health board must ensure that the complaints protocol is document controlled, including the date completed, date due review, who is responsible.

The practice had taken part in the NHS national survey to gather patient feedback through three different mechanisms. Overall, the surgery received a score of 7.78 for rating overall experience. Due to the changeover of the practice to health board managed and the temporarily closure of the branch surgery in Johnston the practice were content with this score, but the expectation would be to increase this rating.

In the HIW patient survey, the vast majority of patients said that they had not been asked by the GP practice about their experience of the service they provided (86%). Over 52% of patients said they would not know how to complain about poor service, if they wanted to.

In the staff survey five out of six staff said that patient feedback was collected at the practice, the other one did not know.

The practice used the health board whistle blowing policy, we were told that staff were encouraged to raise concerns and made aware of procedures.

The practice used the health board duty of candour policy. Staff we spoke with were able to describe the Duty of Candour and knew their roles in meeting the duty. We saw the documentation used where the duty had been exercised

recently, this included informing all staff involved, speaking to the patient and apologising.

In the questionnaire, all staff agreed that their organisation encouraged them to raise concerns when something has gone wrong and to share this with the patient. However, whilst five staff agreed that they knew and understood the duty of candour and understood their role in meeting the duty standards, one member of staff strongly disagreed.

The health board needs to ensure that all staff at the practice understand the full implications of the duty of candour.

We asked staff a series of questions in the questionnaire relating to incidents and concerns. All staff agreed that the practice encouraged them to report errors, near misses or incidents, with five out of six staff agreeing that:

- The organisation treated staff involved in errors, near misses or incidents fairly
- The organisation took action to ensure that errors, near misses or incidents did not reoccur
- They were given feedback about changes made in response to reported errors, near misses and incidents.

Information

Information governance and digital technology

There were systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of data and information within a sound information governance framework. The Business Manager of General Medical & Provider Services was within the department of the information governance and data protection officer at the health board.

There were effective arrangements to ensure that data or notifications were submitted to external bodies as required. These included end of life packages through an SLA with a local hospice.

There were clear performance measures, which were reported and monitored such as the flu campaign. There were also periodic audits, including the bi-month quality and safety audits.

As a health board managed practice, the health board managed the data protection of the practice. The data protection officer (DPO) was provided by the health board. Information about how the practice had a clear process for handling

data, was listed on the website under privacy information. There was also a privacy notice and information governance policy for the practice, but these were not version controlled.

There was an issue noted relating to the secure storage and compliance with Data Protection Act 1998 / General Data Protection Regulation (GDPR), relating to the security of electronic and paper records and information shared with third parties. The room used by the inspection team had a post it note with patient record login details for a user, together with a password which allowed access to the patient record. This was reported to practice staff for immediate action. We were told that the user and password has been deleted and this was dealt with under Appendix A.

The health board must further ensure that all members of the practice are reminded of their responsibilities regarding the security of records and to not write down their password so that it can be used by another user.

The privacy notice and information governance policy need to be appropriately version controlled.

Learning, improvement and research

Quality improvement activities
Concerns and complaints were discussed in meetings to include any changes depending on the outcome.

The practice engaged in activities to continuously improve by developing and implementing innovative ways of delivering care. These included the work with the community resource team and PIVOT, to ensure patients were not hospitalised where care could be delivered from the home.

Whole system approach

Partnership working and development
The practice provided examples where they took account of the implications of their actions on other parts of the system. These included completed audits, discussions of significant events and in meeting regularly as clinical and whole teams. We saw evidence of multi-disciplinary team meetings that showed how the practice interact and engage with system partners.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We noted in the emergency medication one box of ten ampoules of adrenalin dated December 2023. There was also another box of ten ampoules, which were sealed and in date.	Out of date and ineffective medication being given to a patient in an emergency situation.	We informed the practice nurse immediately.	The out-of-date stock was immediately removed and was dealt with in Appendix A.
The room used by the inspection team had a post it note with patient record login details for a user, together with a password which allowed access to the patient record.	This was considered to be a data security issue and could allow unauthorised access to patient records.	This was reported to practice staff for immediate action.	We were told that the user and password has been deleted.

Appendix B - Immediate improvement plan

Service: Neyland Health Centre

Date of inspection: 23 January 2024

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 immediate improvement plans.				

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: Neyland Health Centre

Date of inspection: 23 January 2024

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
Policies and procedures were available of the practice shared drive a number of these policies were not practice specific and were health board policies. Additionally, those policies that were practice specific were not version controlled, did not include a review date and who was responsible for the policy.	The health board must ensure that all policies are drafted to ensure they are practice specific, version controlled, dated, with a review date and who is responsible for the policy. These include: • The process to be followed, for DNAs at both the practice and for hospital appointments. • A practice chaperone policy • Communication policy • The workflow of documents	To undertake a review of all policies listed, update as required and publish. Development of the outlined policies to recognise that they are Managed Practices and that they are establishment specific. Communication with Health Board Information Governance team as well as Clinical Supervisory teams (eg chaperone policy) in supporting development. Practices directly managed by Hywel Dda adopt already approved, All Wales Policies.	Practice Manager	31/05/2024

	• Consent policy • Patients being admitted to hospital or when patients passed away • Equality, diversity and inclusion policy • Practice specific infection control policy • Safeguarding policy • Complaints protocol • Privacy notice • Information governance policy.	An appendix will be added to localise already existing organisational Policies to make directly applicable to the practice and include future review dates, responsible owner of local update and why the policy/appendix is in place.		
Whilst the practice was visibly clean, tidy and clutter free, there were no elbow operated taps in clinical areas, but we were told they were on order	The health board is to inform HIW when these items will be replaced at the practice.	To further engage with Hywel Dda's Estates Team advising of this action identified by HIW and timescale expected for installation of 6 new elbow	Assistant Practice Manager	30/04/2024

from the health board estates. There was also a toilet noted without a sanitary bin, again we were told that these were on order from estates.		taps in 3 consultation rooms. An action has also been requested (previously requested 3/10/2023) of our Operations team to supply a sanitary bin.		
Comments by patients in the questionnaire	The health board must address the issues raised by patients in the questionnaire regarding discrimination and access to all patients to the practice, regardless of any protected characteristic.	• All staff to complete online Equality & Diversity training. COMPLETED • All staff to book a space on Making A Difference training supported by the Organisation Development Team • Practice Team to actively engage with OD team on developing Culture Change in the workplace. Staff meeting following finalising of this report to examine and discuss patient feedback to highlight areas of	Practice Manager	31/05/2024

		improvement regarding patient experience and discrimination.		
Clinical staff we spoke with said that when a call was received for a home visit, this was triaged and assessed. If appropriate, the patient would then be put on a list for a home visit. Whilst there was no written risk assessment completed, staff said that they would have a specific discussion with the lead GP.	The health board need to ensure that a written risk assessment setting out the protocol and specific considerations for the practice and practice population must be documented for home visits and made known to staff.	As part of the development of local policies and procedures a written protocol will be developed over the coming weeks and rolled out to all staff that carry out home visits for the practice to include a risk assessment.	Practice Manager & Clinical Lead GP	30/04/2024
Clinical staff stated that there have been issues with delays in the Welsh Ambulance Service Trust responding at the practice. These include patients being left in the practice following heart attacks, waiting over four hours.	The health board needs to ensure that WAST are prioritising services based on patient need.	As this is a recognised issue being experienced across Wales, the Practice will continue to DATIX all incidents of this nature and escalate to the Assistant Medical Director/WAST on each occasion. Our Assistant Medical Director has been informed of this HIW action.	Practice Manager	Complete

Clinical staff we spoke with believed that, as the practice was managed by the local health board (LHB), they were using an inappropriate algorithm to determine clinical staffing at the practice. As a result, the LHB were underestimating the patient needs leading to delays in patient care, particularly regarding insufficient GP time.	The health board is to inform HIW of the actions taken to address the issue of delays in patient care.	A review of clinical staffing and patient needs will be undertaken with the Assistant Medical Director and Business Manager of General Medical & Provider Services. Once complete actions from this review will be shared with HIW.	Business Manager of General Medical & Provider Services	30/04/2024
The practice had a Business Continuity Plan (BCP), but this was considered to be out of date. We were told that the health board were currently working on a new BCP.	The health board is to inform HIW of the action taken to ensure that the business continuity plan is updated to reflect local needs.	Contact has been made with Emergency Planning team who has supplied a template for the Practice to develop an up-to-date Business Continuity plan. The Emergency Planning officer will meet with the practice to review. Once complete this will be shared with HIW.	Practice Manager	

The practice nurse checked the emergency drugs on a monthly basis, the practice were told that the check had to be made on a weekly basis.	The health board is to ensure that the emergency drugs are checked on a weekly basis and a record of the check documented.	Practice Nurse now undertaking checks on a weekly basis and documenting.	Lead Practice Nurse.	**COMPLETE**
We were told there was not a register of looked after children (LAC).	The health board is to ensure that an up-to-date register of looked after children is held by the practice.	Data quality exercise to identify and Read-code all looked after children (flag in EMIS) and create an accurate LAC register.	Assistant Practice Manager & Clinical Lead GP.	30/04/2024
We were told that the practice did not discuss referral rates and identify where referrals were higher or lower than other practitioners in the area or cluster and the reasons for this.	The health board should ensure that the practice compare referral rates with other comparable practices.	Data comparison exercise using Health Board monthly statistics on all Hywel Dda practice referrals. Comparison of data for discussion at Hywel Dda Managed Practice Quality and Safety Meeting.	Sustainability Support Manager	30/06/2024
We were told that the practice nurse had to push for the additional spirometry dedicated	The health board need to ensure that practice staff are supported in exploring new ways of working and	Additional Spirometry clinics have been implemented.	Primary Care Nursing Team & Lead Practice	**COMPLETE**

clinics and met some resistance from the practice management. The benefits were evident and the management team were now more receptive. The lead nurse had been told they should proceed with providing NHS travel vaccinations without undertaking specific to role training. Furthermore, it was suggested by staff we spoke with that they were not receiving sufficient protected time to undertake non patient facing duties.	appropriately trained.	Additional time has been given to the nursing to carryout non patient facing duties. Additional training is being discussed with our Primary Care Nursing Team to identify potential skills gaps and support CPD. This includes further training (if required) for both Core and non-Core vaccinations.	Nurse	
There were two areas where the patient records could be improved relating to linking medications to problems for repeat prescriptions and to record the language of choice	The health board needs to ensure that the practice patient clinical records link medications to problems for repeat prescriptions and to record the language of choice of patients.	Carry out a mapping exercise to quantify medications and problems that are not linked. Reminding all clinicians when initiating a drug or do a repeat medication review that	Clinical Lead GP & Practice Pharmacist	30/06/2024

of patients.		the medication prescribed needs to be linked to a problem and recorded during the initial consultation.		
We were told there was an induction programme for new staff, included within a system called 'onboarding'. However, there was no localised induction programme documented for new staff, including locums. Whilst the GPs and locums were aware of the referrals process in the practice, there was not a locum induction pack. We were told that the practice were aware of this and was in the process of being actioned.	The health board need to ensure that there is a localised induction programme documented for new staff, including locums.	The Practice to produce a local (Practice specific) onboarding day-by-day induction pack for newly appointed substantive staff following their initial 2 days Corporate Induction. Hywel Dda's Corporate Induction Programme is a six-month long onboarding process giving new members of staff the skills to use new systems and how to access services within our organisation. The practice to produce a practice specific locum-pack for Locum GPs attending the practice to work.	Practice Manager	30/06/2024

However, one clinical member of staff was out of date with their level two resuscitation training and this needs to be carried out without delay.	The health board need to ensure that all staff are up to date with BLS and all clinical staff with level two resuscitation training.	Completed – ANP has now completed relevant training	Advanced Nurse Practitioner	**COMPLETED**
We were told that all clinical staff have had the relevant hepatitis B vaccinations.	The health board need to ensure that all staff are offered hepatitis B vaccinations and records are maintained at the practice.	The Practice to produce a HEP-B vaccination register.	Practice Manager	30/04/2024
One member of staff said they had been discriminated in work within the last 12 months. Additionally, two members of staff said they did not have fair and equal access to workplace opportunities regardless of any protected characteristics. Similarly, one member of staff said that the workplace was not supportive of equality, diversity and inclusion, with one	The health board need to inform HIW of the actions they will take to address any perceived issues relating to discriminations, fair and equal access and equality diversity and inclusion.	• All staff to complete online Equality & Diversity training. COMPLETED • Establish regular 1-2-1 meetings with all staff and Practice Manager to listen to concerns. Initiate pathway developed by OD which is being rolled out in the practice in improving workplace Relationships and Culture.	Practice Manager	31/05/2024

preferring not to say.				
In the questionnaire, whilst five staff agreed that they knew and understood the duty of candour and understood their role in meeting the duty standards, one member of staff strongly disagreed.	The health board needs to ensure that all staff at the practice understand the full implications of the duty of candour.	Ensure all staff know and understand how the Duty of Candour standards apply to their role. This will be added to the agenda for the next practice meeting for discussion and an offer made to all staff for further Duty of Candour support and training with Hywel Dda's Patient Safety and Assurance Manager.	Assistant Practice Manager	31/05/2024
There was an issue noted relating to the secure storage and compliance with Data Protection Act 1998 relating to the security of electronic and paper records and information shared with third parties.	The health board must further ensure that all members of the practice are reminded of their responsibilities regarding the security of records and to not write down their password so that it can be used by another user.	• Practice has recently completed their Annual Information Governance Toolkit submission. Completed and submitted. Staff will be reminded immediately about password security and future practice meeting.	Practice Manager Assistant Practice Manager	COMPLETED 30/04/2023

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): Matt McGivern

Job role: Business Manager of General Medical & Provider Services

Date: 28/03/2024