

# General Practice Inspection Report (Announced)

Argyle Street Surgery, Argyle Medical  
Group, 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.



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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 Argyle Street Surgery, part of Argyle Medical Group, Hywel Dda University Health Board on 22 May 2025.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 615 questionnaires were completed by patients or their carers and 23 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:

Overall, the inspection at Argyle Street Surgery was generally positive, and there were many examples of good practice, including a positive patient environment, strong team dynamics, and a commitment to quality improvement. The inspection also identified some areas for improvement, which are set out in the report.

Argyle Street Surgery within the Argyle Medical Group, is part of the south Pembrokeshire cluster, serving a local population over 22,000 people. Despite this high number, the surgery only has nine GPs, leading to a high patient to GP ratio in comparison to other practices in Wales. This has led to patients finding it challenging at times to access GP appointments across the group practice.

As part of our inspection process, we distributed patient surveys to gain an understanding of their experience using the practice. For this inspection, there was heightened public interest from the local population, and a significant response to our patient survey, which generated 615 responses. The key negative theme in the feedback related to timely access to services. Difficulty with access to GP services is not unique to Argyle Street, and it is a recurring theme in most of our GP inspection findings throughout Wales. In addition, it is widely reported that practices in rural Wales face difficulties attracting and retaining GPs for several reasons, which is highlighted in the report.

We found that the practice was modern and welcoming, and we observed friendly and caring interactions between staff and patients. It offers access to a breadth of clinical services, provided by a wide-ranging team of healthcare professionals. This includes close liaison with several community and voluntary sector services to help promote people's health, wellbeing and social needs within the community, in a timely and effective manner.

It was positive to find processes in place to ensure that vulnerable patient groups, such as children and those on palliative care pathways received timely appointments. There was, however, a negative view expressed by most patients in our survey regarding appointment access and access to their preferred healthcare professional, namely GPs.

Whilst GP workforce challenges are a national issue, which is more pronounced in rural areas, the practice must explore options and opportunities to improve timely access and the overall experience of patients.

This is what we recommend the service can improve:

- Consider patient feedback relating to being overheard in the reception area
- Ensure chaperone training is provided and that patients are aware of this provision
- Consider options and opportunities to improve the overall timely access to GP services and its appointment system.

This is what the service did well:

- A wide range of clinics for the management of chronic conditions and additional services were available, with good links to other healthcare professionals
- The practice was modern and welcoming
- We observed friendly and caring interactions between staff and patients.

## **Delivery of Safe and Effective Care**

Overall summary:

We reviewed a sample of patient records and found the contents to be overall clinically sound and of good quality. There were good processes in place to support the effective treatment and care of patients, including multidisciplinary team working and engagement with other healthcare professionals.

The practice environment was fit for purpose and well maintained in all staff and patient areas. This was well managed by a dedicated maintenance staff member and through use of external contractors.

Infection control arrangements were of a good standard, and all clinical areas were visibly clean. However, there were some omissions in IPC training records, which requires strengthening, monitoring and oversight.

There were appropriate processes for the management of vaccines and other medication. This included management of emergency drugs, equipment and processes to respond to a medical emergency.

Staff we spoke with were aware of processes to follow in the event of any safeguarding concerns, and there were appropriate processes in place to support this. However, staff told us in our survey that this is an area of knowledge that could be strengthened.

This is what we recommend the service can improve:

- Ensure that there are no omissions in IPC and safeguarding training and strengthen monitoring and oversight arrangements.

This is what the service did well:

- Patient records we found to be overall clinically sound and of good quality
- The practice was visible clean, with good IPC arrangements
- There were good processes for ensuring health, safety and estates matters were routinely reviewed and acted upon, including responding to medical emergencies.

## Quality of Management and Leadership

Overall summary:

Despite being new to practice management, the joint practice management team were experienced in general practice and demonstrated a good degree of knowledge. Clinical staff at all levels were clear on their roles and responsibilities.

The practice evidenced a good approach towards quality improvement and there was evidence of good cluster working to meet the needs of the local population. This included an emphasis on supporting young people in schools, links with child and adolescent mental health services, and a musculoskeletal specialist for those with joint and muscle pain.

We reviewed a sample of staff files and found suitable checks completed on staff to ensure their suitability for employment. However, we recommended that occupational health screening is considered alongside existing induction practices for new employees and as needed for existing employees.

It was positive to see that staff are encouraged to attend training relevant to their duties and professional interests, and most staff felt they had appropriate training to undertake their roles. There is a need, however, for the practice to establish what mandatory training is required for each staff group and ensure there are systems in place to monitor its completion.

We spoke with one of the GP trainers, who was passionate about their role in supporting GP trainees to fulfil their role. Positively, GP trainees that we spoke with were content with the level of supervision, workload and protected time available to them.

This is what we recommend the service can improve:

- Consider the need for occupational health screening alongside its existing onboarding practices for new employees.
- Strengthen monitoring and oversight arrangements for mandatory training.

This is what the service did well:



- All staff were clear on their roles and responsibilities
- Staff are encouraged to attend training relevant to their duties and professional interests
- There was evidence of a good approach towards quality improvement and cluster working

## 3. What we found

### Quality of Patient Experience

Argyle Street Surgery within the Argyle Medical Group, is part of the south Pembrokeshire cluster, serving a local population over 22,000 people. Despite serving over 22,000 people, the surgery only has nine GPs, leading to a high patient to GP ratio in comparison to other practices in Wales. This has led to patients registered at the practice finding it challenging at times to access GP appointments across the group practice.

As part of our inspection process, we distributed patient surveys to gain an understanding of their experience using the practice. We promoted the survey through our social media channels and received a substantial response. For this inspection, there was heightened public interest from the local population, and a significant response to our patient survey, which generated 615 responses. The key theme in the feedback related to timely access to services.

Difficulty with access to GP services is not unique to Argyle Street Surgery, and it is a recurring theme in most of our GP inspection findings throughout Wales. However, the volume of responses to this inspection survey and the concerns raised regarding access to this practice is significant. The group practice has featured in local media coverage regarding long waits to access appointments, people missing appointments, therefore wasting a valuable appointment slot, and the difficulties with recruiting GPs due to the rural location. Despite these challenges, the recruitment and retention of GPs in rural areas of Wales is a well-documented issue.

Written patient responses to the survey were reflective of the challenges set out in the timely care section of this report. Clear and notable themes identified from these responses included concerns regarding appointment access, often reportedly due to appointments all being allocated shortly after telephone lines had opened each morning, and the inability to book routine appointments with GPs.

#### Person-centred

##### Health promotion

There was a range of health promotion advice displayed throughout the practice. This included information on common illnesses, screening campaigns, mental

health, dementia, carer, and veterans support. Information was of good quality and up-to-date.

The practice provided a wide range of clinics for the management of chronic conditions and additional services. These services were delivered by General Practitioners (GPs), a large nursing team which included nurse practitioners and practice nurses, as well as healthcare assistants, phlebotomists, and pharmacists.

The practice maintained close relationships with a range of health board professionals to support access for the local population. This includes district nursing teams, health visitors and midwives. Schools outreach and cluster-wide roles, such as a young people's mental health worker, also helped the practice to support a wide range of population needs.

It was positive to see the practice has obtained the silver Carers Award under the GP accreditation scheme. This includes supporting patients and carers in accessing community services and provides them with a dedicated point of contact within the practice.

#### **Dignified and respectful care**

The practice was modern, visibly clean and welcoming. We observed friendly and caring interactions between staff and patients at all times, and both surgery and clinic doors were always closed whilst consultation and treatments were provided. When asked if they were treated with dignity and respect, over two thirds of patients agreed.

The waiting area partially enabled conversations to be held in private between reception staff and patients, but over two thirds of patients disagreed when asked in our survey. Telephone calls for appointments and triage were taken in a private office away from public areas.

**The practice should ensure that patients are made aware through signage that conversations can be held in private, if requested.**

We confirmed through our patient records review that the offer and uptake of a chaperone, such as for when intimate examination take place, was recorded in the relevant patient records. However, the practice should ensure that the availability of a chaperone is displayed in visible areas of the practice, and that chaperone training is provided to those staff who are routinely expected to act in that capacity.

The practice must ensure that chaperone training is provided to relevant staff, and that availability of this provision is indicated in visible areas of the practice.

## Timely

### Timely care

The practice provides access to a breadth of clinical services, provided by a wide-ranging team of healthcare professionals. This includes close liaison with several community and voluntary sector services to help promote people's health, wellbeing and social needs within the community in a timely and effective manner.

It was positive to find processes in place to ensure that vulnerable patient groups, such as children and those on palliative care pathways received timely appointments. There was, however, a robustly negative view expressed by patients in our survey regarding appointment access, and access to their preferred healthcare professional, namely GPs:

- When asked if they can contact the practice when they need to make an appointment, 87% of patients disagreed
- In relation to making same-day or routine appointments, 96% and 90% respectively disagreed that they could obtain one
- When asked if they can access their preferred appointment type, 71% of patients stated no
- Overall, when asked if they can access the support that is needed to manage an on-going health condition, 80% of patients disagreed.

Whilst GP workforce challenges are a national issue, which is more pronounced in rural areas, the practice must explore options and opportunities to improve timely access and the overall experience of patients.

**The practice must consider options and opportunities to improve the overall timely access to GP services and its appointment system.**

The practice had recently experienced a high number of patients who had failed to attend appointment, which undoubtedly has a significant impact on other patients seeking appointments. It was positive, however, that the practice has a dedicated cancellation telephone line. We would advise the continued promotion of this through its social media and website channels and continue to explore what options are available to remind patients of their appointment time.

## Equitable

### Communication and language

Bilingual signage and patient information were available. There was some provision for Welsh speakers at the practice, and language needs were recorded on patient records to help staff to provide an 'Active Offer' wherever possible.

For non-Welsh or English speakers, staff told us that they would support any known language or communication needs and were familiar with services, such as Language Line to support the need for translation.

# Delivery of Safe and Effective Care

## Safe

### **Risk management**

The practice environment was fit for purpose and well maintained in all staff and patient areas. It was accessible, with step free access, and a separate ambulance entrance for emergency use.

Fire detection equipment, serviced extinguishers, signage and lighting was in place. Electrical items were regularly PAT tested to ensure their on-going safety and effectiveness. Regular water flushing of seldom used water outlets was undertaken and recorded.

Staff were able to request emergency assistance, such as in the event of a patient collapse, from each surgery and clinic. When asked, staff were familiar with this process and how to respond.

### **Infection, prevention and control (IPC) and decontamination**

The practice was visibly clean and free of clutter. This was facilitated by an external cleaning company and a well-maintained building which enabled effective IPC management.

Clinical waste, including sharps items, was appropriately segregated and stored. These were securely stored away from publicly accessible areas, and contracts were in place for the disposal of hazardous materials.

Most patients who told us that they underwent an invasive procedure confirmed that staff wore gloves, that items were individually packaged, and that their skin was cleaned using an antibacterial wipe prior to the procedure.

We recommended that the nursing team implemented their own end of day cleaning and disinfection schedules for each clinic. In addition, we advised that a needlestick injury flowchart should be displayed in each clinic. Both matters were immediately addressed during the inspection.

There was evidence that staff had received IPC training appropriate to their roles and responsibilities. However, there were some omissions in training records. The practice must ensure that they have adequate oversight of IPC and other core mandatory training compliance.

**The practice must ensure that all staff have completed IPC training to the appropriate level for their role and responsibility, and that evidence of this is kept on file.**

#### **Medicines management**

There were appropriate processes in place for the management of vaccines and other medication. This included the ordering, stock and fridge temperature checking, including an awareness of what actions to take in the event of fridge mechanical failure.

There were sound processes in place to respond to medical emergencies, including use of the emergency trolley. Weekly checks were completed on this equipment to ensure it remains fully stocked and in-date, but we advised the practice to include expiry dates to the checklist for ease when completing checks.

No controlled drugs were stored on the premises.

#### **Safeguarding of children and adults**

Staff were aware of the process to follow for reporting any safeguarding concerns. This was supported by an appropriate safeguarding policy and process. However, staff indicated in our survey that more could be done to meet safeguarding training needs, awareness of who the safeguarding lead is, and how to report any concern.

Details of patients who were not taken to, or did not attend primary and secondary care appointments were regularly reviewed by the practice. This included review at safeguarding MDT meetings, when necessary. Whilst there was a flow chart for practice staff to follow, a 'Was Not Brought' or 'Did Not Attend' policy should be developed and implemented.

**The practice must ensure that a Was Not Brought / Did Not Attend policy is developed and implemented to accompany the process flowchart.**

Whilst we were assured that staff had received safeguarding training appropriate to their roles and responsibilities, evidence of this was not immediately accessible therefore, oversight of safeguarding training must be strengthened.

**The practice must ensure that all staff have completed safeguarding training to the appropriate level for their role and responsibility, and that evidence of this is kept on file.**

### **Management of medical devices and equipment**

Medical devices and equipment were found to be in good working order. There was evidence of good oversight and record keeping, including evidence of calibration and replacement of faulty equipment through contracts with relevant manufacturers and suppliers.

## **Effective**

### **Effective care**

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

We found a timely and auditable process for dealing with referrals and other correspondence in and out of the practice for secondary care and/or other professionals. However, the practice should consider the use of electronic triage forms rather than the current paper process of conveying information between call takers and GP staff, to minimise the risk of information loss.

**The practice should consider use of its electronic system for triage processes, such as conveying information between call takers and GP staff.**

Staff had clearly identified roles and responsibilities, and there were processes to review and learn from incidents and clinical updates. This included serious incident reviews and consideration of Duty of Candour, where necessary.

### **Patient records**

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

The records were easy to navigate, appropriately Read coded, and sufficiently detailed to enable continuity of care, for example, in the event of consultation by a new or locum general practitioner. Chronic disease management and medication reviews were found to be handled appropriately, including effective liaison with internal nursing and pharmacy teams, and external community and secondary care teams.

Whilst aspects of record keeping for GP registrars expectedly required some overall strengthening, there were good processes in place to reflect and act upon any learning, including use of hot reviews.



# Quality of Management and Leadership

## Staff feedback

We received 23 staff responses to our survey. Responses provided by staff were generally positive, with most respondents telling us they feel able to make suggestions to improve services and the workplace. However, less feel involved in decisions that affect their work.

Whilst most staff felt there is an appropriate skill mix at the practice, only half felt there is enough staff employed at the service. Positively and despite this, all but one staff member stated they are satisfied with the quality of care and support given to patients, with the majority agreeing that patient care is practices top priority.

Staff comments included:

*“Communication is the biggest struggle in the practice. Decisions are often made but not well communicated so that not everybody is aware. With the recent change in management, it is obvious that an effort is being made to address this. The monthly bulletin for staff is maybe a little brief but is a clear and welcomed effort to improve communication channels. I really hope that this continues, or is even expanded on, in the future.”*

*“Need more GP’s.”*

## Leadership

### Governance and leadership

Despite being new to practice management, the joint practice management team were experienced in general practice and demonstrated a good degree of knowledge. Clinical staff at all levels were clear on their roles and responsibilities.

There was evidence of various meetings and forums to discuss clinical, practice wide and staffing matters.

A breadth of policies and procedures were in place to support the effective running of the practice.

## Workforce

### **Skilled and enabled workforce**

We reviewed a sample of staff files and found suitable pre-employment checks completed on staff to ensure their suitability for employment. This included employment histories, references from previous employers, evidence of professional registration and indemnity, and disclosure and barring service (DBS) checks. However, we recommend that occupational health screening is considered alongside existing induction practices for new employees and as needed for existing employees.

**The practice should consider the need for occupational health screening alongside its existing induction practices for new employees.**

It was positive to see that staff are encouraged to attend training relevant to their duties and professional interests, and most staff felt they had appropriate training to undertake their roles. However, as indicated elsewhere in this report, we reviewed a sample of staff files and found there to be omissions in core mandatory training subjects. We recommend that the practice establishes what training is required for each staff group and for those with specialist responsibilities and then creating a training matrix to ensure sufficient monitoring and oversight of training compliance.

**The practice must ensure that staff complete mandatory training according to their roles and responsibilities, and that there is a system in place to record and monitor compliance.**

We spoke with one of the GP trainers, who was passionate about their role in supporting GP trainees to fulfil their role. Positively, GP trainees that we spoke with were content with the level of supervision, workload and protected time available to them. This was supported by induction and orientation processes.

## Culture

### **People engagement, feedback and learning**

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

We reviewed a sample of formal complaints. These had been acknowledged within the appropriate timeframe, and were monitored by the practice management team to ensure full responses are provided in a timely manner. Where responses took longer than anticipated to respond to, patients were kept informed.

## Information

### Information governance and digital technology

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

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

## Learning, improvement and research

### Quality improvement activities

The practice evidenced a good approach towards quality improvement. This included clinical audit activity that was aligned with professional interests and specialisms of GPs and GP trainees.

This also included mechanisms for seeking and responding to patient feedback, including formal complaints. There were regular MDT and clinical forums to sharing clinical updates, learning and to review incidents.

## Whole-systems approach

### Partnership working and development

There was evidence of good cluster working to meet the needs of the local population. This included an emphasis on supporting young people in schools, links with child and adolescent mental health services, and a musculoskeletal specialist for those with joint and muscle pain.

## 4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's [website](#).

# Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved

## Appendix B - Immediate improvement plan

**Service:**

**Date of inspection:**

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Not applicable					
2.						
3.						
4.						

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):**

## Appendix C - Improvement plan

**Service:** Argyle Medical Group - Argyle Street

**Date of inspection:** 22 May 2025

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	See main body of report  Page 10	The practice should ensure that patients are made aware through signage that conversations can be held in private, if requested.	Health and Care Quality Standards  Person centred	Signs have been developed which have been placed in our waiting rooms at both Argyle Street Surgery, Pembroke Dock and St Oswald's Surgery, Pembroke. The sign, in both English and Welsh, states that if a patient would prefer to speak in private, they can speak to a member of our reception team who would be happy to help with their request	Ceri Ralph Practice Management Team	Completed 22 <sup>nd</sup> July 2025

2.	Page 10	The practice must ensure that chaperone training is provided to relevant staff, and that availability of this provision is indicated in visible areas of the practice.	<p>Person centred</p> <p>GMC Guidance on 'Intimate examinations and chaperones'</p>	Signs have been developed which have been placed in our waiting rooms at both Argyle Street Surgery, Pembroke Dock and St Oswald's Surgery, Pembroke. The sign in both English and Welsh makes patients aware that they have the right to request a chaperone during any consultation, examination or procedure. The practice has identified someone who can offer training to the staff that require it, and dates are being arranged for this to take place.	Ceri Ralph Practice Management Team	<p>31<sup>st</sup> October 2025</p> <p>Signs already displayed Completed 24<sup>th</sup> July 2025</p>
3.	Page 11	The practice must consider options and opportunities to improve the overall timely	Crosscutting multiple standards	The practice has been reviewing different options for offering a	Ceri Ralph	31 <sup>st</sup> December 2025



	access to GP services and its appointment system.		total triage solution to the patients to improve access. The current preferred choice is Anima which has almost been signed off by EMIS for use in Wales. The practice is in regular contact with DHCW, EMIS and Anima for updates about when this may become available and recent communication suggests this may be within the next two months. The practice is keen to wait for this to become available to us as we feel that a total change in system would be beneficial. In the meantime, a small step towards improvement has happened because the practice has restructured its triage	Practice Management Team	
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				system for same day concerns which has increased capacity as the process is quicker.		
4.	Page 13	The practice must ensure that all staff have completed IPC training to the appropriate level for their role and responsibility, and that evidence of this is kept on file.	Safe / Workforce	An email has already been sent to all staff asking them to complete IPC training and to let the management team know when the last one was completed (if still in date) and when the next one is due. The practice is also considering using the free library section of Practice Index to record training and notify staff when their next training is due.	Ceri Ralph Practice Management Team	31 <sup>st</sup> October 2025
	Page 13	The practice must ensure that a Was Not Brought / Did Not Attend policy is developed and implemented	Safe	The practice has begun developing a policy and will complete by the date stated.		30 <sup>th</sup> September 2025

		to accompany the process flowchart.				
5.	Page 13	The practice must ensure that all staff have completed safeguarding training to the appropriate level for their role and responsibility, and that evidence of this is kept on file.	Safe / Workforce	An email has already been sent to all staff asking them to complete safeguarding training and to let the management team know when the last one was completed (if still in date) and when the next one is due. The practice is also considering using the free library section of Practice Index to record training and notify staff when their next training is due. In addition all staff have been made aware of where the safeguarding SOP is located for information on the safeguarding lead and the policies and	Ceri Ralph Practice Management Team	31 <sup>st</sup> October 2025

				procedures that the practice follows.		
6.	Page 14	The practice should consider use of its electronic system for triage processes, such as conveying information between call takers and GP staff.	Information / Safe	Following the HIW inspection the practice implemented an on-screen triage list within EMIS which records all request from patients that need to be viewed by the LEAD GP. The lead GP then reviews this request and updates the patient record accordingly. A member of the reception team monitors this list and carries out any requests from the LEAD GP and liaises with the patient where necessary. Since implementing this process in May 2025 the practice has grown it to include any email queries and any	Shona Hay/Jane Gammon Practice Management Team	Completed 30 <sup>th</sup> May 2025 but ongoing review of system is occurring

				queries from the nurse/HCA/Phlebotomy Team.		
7.	Page 16	The practice should consider the need for occupational health screening alongside its existing induction practices for new employees.	Workforce	The practice is considering the need for occupational health screening and will source and speak to companies who can provide this. It will make up part of the induction process for new staff	Jane Gammon Practice Management Team	31 <sup>st</sup> December 2025
8.	Page 16	The practice must ensure that staff complete mandatory training according to their roles and responsibilities, and that there is a system in place to record and monitor compliance.	Leadership / Safe	The practice does not have a formal induction process for new members of staff but has begun working on this for the different teams. Part of this induction will include the mandatory training needs dependant on their role. This information will be stored in their personnel files and any	Ceri Ralph Practice Management Team	31 <sup>st</sup> December 2025

			training undertaken will also be added to the library so alerts can be created		
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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):** Ceri Ralph

**Job role:** Practice Management Team

**Date:** 25<sup>th</sup> July 2025