Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report (Announced)

West End Medical Centre

Betsi Cadwalader University Health Board

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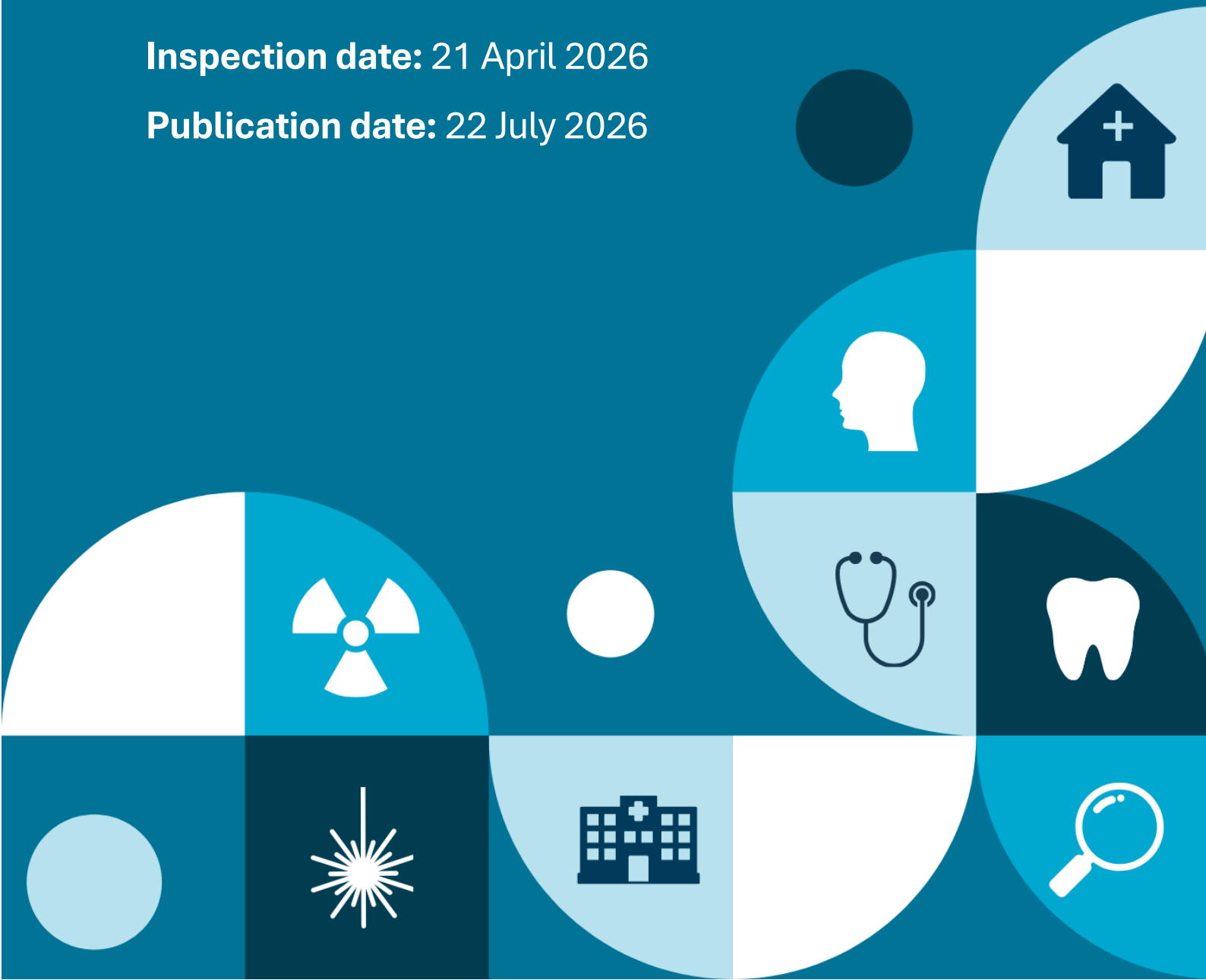

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Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

Our Purpose

We check the safety and quality of healthcare across Wales.

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 Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

Our Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued, and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.

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 West End Medical Centre, Betsi Cadwalader University Health Board on 21 April 2026.

Our team for the inspection comprised of one HIW healthcare inspector, two clinical peer reviewers and one practice manager 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 seven questionnaires were completed by patients or their carers and seven 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:
West End Medical Centre is a Betsi Cadwalader University Health Board (BCUHB) managed practice. The premises offered convenient access for all patients, including individuals with limited mobility and wheelchair users, with a step-free entry to the facilities. The patient waiting area is maintained to a high standard, remaining clean, orderly, and spacious at all times. Ample seating is provided, along with a designated quiet area for those who prefer a more tranquil environment.

Prior to entering the surgery, patients have access to a selection of useful telephone numbers and addresses, including information about opening hours, emergency contacts, and details regarding minor injuries units and their operating times. In addition, a comprehensive chart is available each month listing the names and addresses of pharmacies that operate outside of standard opening hours. This was also available on their website.

Consultation rooms were located on both the ground and first floors, with lift access available for individuals needing to reach the first-floor consultation rooms.

Whilst limited, patient feedback received was neutral, with some rating the service from ‘good’ to a small number of patients saying, ‘very poor’. Service users were provided with access to health promotion resources, wellbeing initiatives, and guidance on healthy lifestyle choices. Comprehensive patient information was available online via the practice website and through printed leaflets for those without digital access. The website offered an intuitive navigation experience, ensuring that information was readily accessible within three clicks, including access to the digital appointment booking platform.

The practice environment supported patient privacy and dignity, with staff demonstrating respect during telephone conversations and interactions at the reception desk. Confidentiality was maintained as conversations were not overheard, and staff avoided discussing patient-identifiable information. Appointment check-in was facilitated by a digital booking system; however, patients also had the option to speak directly with staff if preferred. It was reported that there was consistently at least

one staff member at reception available to assist in Welsh.

Effective processes were established to facilitate timely access to care via the appropriate channels and personnel. This was reported by patients as very useful and easy to use. We saw during our inspection that access to urgent care appointments was good and patients were seen on the same day. For non-urgent appointments we saw during our inspection that there appeared to be a considerable delay, this was confirmed in the patient feedback.

Communication with patients was clear, accessible, and tailored to individual needs, enabling them to make informed decisions about their care. While the use of Welsh was promoted, it was noted that relatively few patients in the area spoke Welsh. However, several staff members were learning Welsh and wore appropriate identification to actively inform patients of their language abilities.

The practice is a member of the BCUHB Academy which supports the training of our future medical professionals. There is clear notification within the practice and on the website indicating that the medical students would be present on occasion.

The practice cultivated an environment that promoted equality and diversity, designating specific champions within the workforce to help integrate these values into policy development and staff training programmes.

This is what we recommend the service can improve:

- The existing arrangements for accessing non-urgent appointments should be explored to identify if capacity can be strengthened

This is what the service did well:

- A robust care navigation system is implemented, incorporating pharmacy and common ailment scheme services
- The website provides comprehensive information, effectively preparing patients prior to their appointments.

Delivery of Safe and Effective Care

Overall summary:

There were appropriate processes in place at the practice to protect the health, safety and wellbeing of all service users. All areas were clean, tidy, clutter free and in a good state of repair. The outside of the building and surrounding area was well maintained and in a good state of repair. The gardens were also well maintained. We were told there were no outstanding estates concerns.

The practice environment, policies and procedures, staff training and governance arrangements supported the practice to deliver safe care. Appropriate handwashing facilities were available and handwashing technique notices present within each clinical room. Needlestick advice was also evident within each clinical area and well positioned close to the appropriately stored and positioned sharps boxes. Disposable privacy curtains were positioned in each clinical area and all were found to be clean and monitored change recorded.

There were portable oxygen cylinders available and ready to use at the practice and were stored appropriately. We saw that all clinical staff were trained in the use of delivery of oxygen therapy.

There was appropriate resuscitation equipment and emergency drugs in place to manage a patient emergency such as a cardiac arrest. These met the primary care equipment standards as outlined by the Resuscitation Council UK Guidance. Staff had completed appropriate training for medical emergencies, and all clinical staff had undertaken appropriate basic life support training.

There were processes in place to support safe and effective care, and the practice had links with the wider primary care services. The practice also ensured that patients requiring mental health support were well signposted and supported. The health board policies, procedures and culture ensured that people and staff were able to manage safeguarding concerns. The care navigation provided by the practice which included pharmacy services was to a very good standard.

Patient records were clear and written to a good standard and complete with appropriate information. They were contemporaneous and were easy to understand by other clinicians reviewing the records. They were stored securely and were password protected from unauthorised access.

This is what we recommend the service can improve:

- Ensure the work of the non-medical prescribing is supported and reviewed on a regular basis.

This is what the service did well:

- Good compliance with emergency equipment and training of all staff in its use.
- There was a good system in place which included all specialities within the practice to direct patients to the most appropriate healthcare professional.
- Good demonstration of effective safeguarding leadership, delegation and teamwork.

Quality of Management and Leadership

Overall summary:

Established processes supported effective governance, leadership, and accountability, facilitating the sustainable delivery of safe and high-quality care. Staff and management demonstrated clarity regarding their roles, responsibilities, reporting relationships and the necessity to operate within their defined scope of practice. However, there were limitations in some areas as the trust had implemented policy and protocol which did not apply to primary care.

The team consists of professionals from various disciplines and was an active host to the BCUHB Academy for medical training. Interdisciplinary meetings were held regularly to promote information exchange among senior staff and to ensure that updates were disseminated to those not present.

The practice maintained a strong team of staff members who possessed the necessary knowledge and skills to meet current demand. Staff were actively supported in completing training relevant to their roles and encouraged to pursue personal professional development. Mandatory training records indicated that staff were up to date with all relevant training.

Staff understood their responsibilities under the duty of candour policy and had received appropriate training.

The practice understood its responsibilities when processing information and demonstrated that personal data was managed in a safe and secure way. An information governance policy was in place.

This is what we recommend the service can improve:

- The health board should ensure policies and procedures effectively consider primary care and local practice needs when being developed and reviewed.

This is what the service did well:

- There was evidence of aspects of good leadership, governance, and staff demonstrated clarity regarding their roles and responsibilities.
- The practice supported the multi professional development team as part of the BCUHB Academy

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to gather patients' views on the care provided at West End Medical Centre as part of the inspection undertaken in April 2026. In total, HIW received seven responses from patients at this service. Feedback should be considered in context of the low response rate.

In general, respondents expressed dissatisfaction with the practice's opening hours and their ability to contact the GP practice as needed. The majority indicated that urgent, same-day, and routine appointments were typically accessible, although some noted ongoing challenges in securing appointments which were non urgent. Among those living with ongoing conditions, most reported they could obtain support when required. Additionally, all respondents demonstrated awareness of how to access out-of-hours services. All respondents were aware of how to log a complaint.

Patient comments included:

> *"The sad thing is there is now an accepted situation within the local community that this is the norm, when people do manage to get through to a receptionist, they are often told that their complaint is not urgent and they cannot be seen, and this is a long-term issue. Locally the consensus is that we have been forgotten about, no one cares and that it is a crime to be unwell. One of the questions you have asked is 'do you feel listened to', the strong consensus locally is an outstanding No."*
>
> *"Too difficult to get through on the phone lines and often the online form is not available. "*
>
> *" Just thinking it's short staffing that's causing the issues with appointments."*

The practice should ensure that patients are kept appropriately informed. Clear communication should be in place to reassure patients that feedback is both heard and acted upon. Adopting a "you said, we did" approach, shared with all patients, can help demonstrate how feedback has informed service improvements.

Person-Centred

Health promotion

Patients who responded to our survey said they were uncertain how to obtain information that supported their health and wellbeing, as well as tools for maintaining a healthy lifestyle.

Despite this during our inspection we saw a variety of resources promoting healthy living, displayed including materials on smoking cessation and balanced nutrition. Both waiting areas featured information boards showcasing public health campaigns, such as those related to influenza, respiratory viruses, and shingles. Additional guidance was accessible via the practice website, offering advice on asthma management, domestic abuse, and mental health support.

Several initiatives have been implemented, including physiotherapy referrals and the establishment of specialist clinics focused on nutrition and diabetes within the practice. Designated clinical champions have been appointed with specific responsibility for LGBT patients. Staff reported that the health board delivers immunisation services to all eligible individuals, contacting patients by email, letter, or telephone according to their preferred communication method or requirements.

Dignified and respectful care

The environment supported the patients right to be treated with dignity and respect. Clinical rooms provided appropriate levels of privacy, with lockable doors. Disposable privacy curtains were also available within examination rooms. We noted that all telephone conversations with patients were held in a room away from the reception area and could not be overheard. Most respondents stated they were able to speak to reception staff in private when required and reported that appropriate privacy measures were in place during consultations.

We saw several confidential and charitable helplines available in the reception area for a number of services, including mental health, bereavement, child loss and suicide.

Timely

Timely care

All patients who responded to our questionnaire suggested restrictions on the choice of appointment type for example, face-to-face, telephone or virtual. All respondents who answered this question stated they were unhappy with the appointment type offered. Most respondents reported their most recent appointment was face-to-face, with a small number reporting a telephone appointment.

There were processes in place to support patients to access care via an appropriate channel, in a timely manner, and from the most suitable healthcare professional. However, we noted that although access to emergency appointments was reportedly good there was a delay for those who required non urgent appointments of over 3 weeks at the time of the inspection. This was noted from the responses from the patient survey.

The practice should evaluate the booking system to ensure that non-urgent appointments are scheduled promptly.

The practice access policy was available on the practice website. Most appointments were arranged electronically or by telephone. Trained reception staff used an agreed list of conditions to support signposting to other appropriate healthcare professionals where relevant, for example directing patients to pharmacy for minor ailments and a dentist for dental problems.

Staff told us that children and vulnerable patients were always seen face-to-face on the same day.

Staff described the arrangements in place for patients requiring urgent mental health support. Where a patient was in crisis and required an urgent mental health assessment, staff told us they would be assessed by the duty doctor, or patients could contact NHS 111 Wales, option 2 (mental health support line), as required. Staff stated that this service could also be accessed directly by patients who required urgent support, or by people seeking advice on behalf of someone else. Staff told us that children with mental health issues would be referred urgently to Child and Adolescent Mental Health Services (CAMHS) and could also contact NHS 111 Wales, option 2.

Equitable

Communicating and language

The practice provided information to patients and communicated in a clear accessible manner using language appropriate to individual need. This supported patients to make informed decisions about their care.

All patients who completed our questionnaire reported that staff checked their identity and that they were given sufficient time during their appointment. Respondents stated that the GP explained matters clearly, listened to them and treated them with dignity and respect. All respondents reported being involved in decisions about their care.

A hearing loop was available at main reception.

Staff told us that if appointments were running late, patients waiting would be informed by reception staff. This was confirmed in our patient survey feedback, however most said their appointments were on time.

Staff told us there was several Welsh speaking staff at the practice and several members of staff who were learning to speak Welsh. When asked, staff were aware of the 'Active Offer' and we noted that all signage was in Welsh and English. We saw use of the 'Iaith Gwaith' badge being worn, and the practice confirmed that a Welsh speaking member of staff was always allocated to the reception desk.

Rights and equality

Respondents reported that the premises were accessible, with sufficient seating and appropriate toilet facilities. Respondents also considered the practice to be child-friendly and stated that health promotion information was displayed.

Accessible parking was provided at the practice and entry to the main entrance was straightforward. All facilities, including the reception desk, waiting area, patient restroom and consultation rooms, were situated on the ground floor. Some clinics were held on the first-floor suite of consultation rooms and these were accessed by a lift or staircase.

Delivery of Safe and Effective Care

Safe

Risk management

The building was in a good state of repair and there were no outstanding maintenance issues. The rear of the building was listed and was also in a good state of repair. A current Business Continuity Plan (BCP) was out of date however we saw evidence that the updated version was awaiting final approval. This was effectively outlining procedures for addressing major health emergencies as well as managing long-term GP absences.

A designated staff members was assigned to receive and distribute patient safety alerts, with designated team members stepping in as needed during their absence.

It was reported that significant events, including those impacting patient safety, were discussed at meetings across all organisational levels. There was a clear understanding that such events would be examined to identify any required changes. Documentation was provided demonstrating discussion, escalation, and learning resulting from these meetings.

The emergency equipment required in the event of a serious cardiac event was housed in the reception area. This was well-equipped and regularly checked. We noted the audit processes in place for checking and that all staff members were up to date with their mandatory training an administration of oxygen therapy.

Infection prevention and control (IPC) and decontamination

Respondents to our questionnaire indicated that information pertaining to infectious conditions was visibly displayed, and hand sanitiser was accessible within the practice. Respondents typically reported that staff performed hand hygiene before and after administering care or treatment. Among those who experienced invasive procedures, respondents noted that staff utilised gloves, employed sterile equipment, and cleansed the skin prior to intervention.

An infection control policy was established and subject to annual review, with the Lead Practice Nurse serving as the IPC Lead. Documentation confirmed that all staff had reviewed the health board's policy and any relevant updates as required.

The entire practice was maintained to a high standard of cleanliness, and staff were equipped with personal protective equipment such as gloves and disposable plastic aprons to minimise the risk of cross-infection.

Hand sanitisers were accessible throughout the practice, and handwashing and drying amenities were provided in both clinical areas and restrooms. Documentation reviewed confirmed that water temperature was consistently monitored and maintained, and that cleaning schedules for the premises were regularly upheld.

IPC was part of the practice mandatory training programme. Training records reviewed confirmed that all clinical and non-clinical staff had completed training, at a level appropriate to their role.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

Medicines management

Established policies and procedures ensured the proper storage and administration of medication, supported by comprehensive documentation demonstrating effective integration of medication and repeat prescriptions with diagnoses.

We looked at the Patient Group Directives in use at the practice and found that all were in date and had been appropriately signed and authorised.

Emergency medications were safely stored in tamper-evident containers. The temperature of the medication storage refrigerator was consistently monitored electronically, with records maintained in accordance with requirements. All other medications and related equipment were securely stored by the practice.

Portable oxygen cylinders were readily available, properly stored in designated canister holders. All staff received comprehensive education on oxygen therapy and its safe administration, in line with health board policy, through British Oxygen Company (BOC) online training.

Safeguarding of children and adults

There were clear and robust channels of responsibility in place for safeguarding from

leadership with a named clinician supported by a practice nurse, policy and protocol was in place.

Policies and procedures were established to promote and safeguard the welfare and safety of children and adults considered vulnerable or at risk. The practice had designated both a safeguarding GP lead and a lead safeguarding nurse. The adopted system was found to be effective, providing a framework that accommodated all staff members and delivered positive outcomes for patients. We saw that the safeguarding team regularly engaged with multi professional external agencies to address any concerns.

Where a child did not attend an appointment at the practice or other healthcare practice the case would be followed up appropriately.

Staff had completed safeguarding training that aligned with their responsibilities.

Individuals subject to safeguarding concerns, including children and family members, were readily identified within the electronic record system.

Management of medical devices and equipment

We found that portable electrical appliances were safety tested on a regular basis.

It was confirmed that disposable single use clinical equipment was used where appropriate. The annual check and calibration on all items of medical equipment was in date and subject to regular annual checks. We saw that there was a system in place to address any breakdown issues and all equipment and servicing would be undertaken quickly.

Effective

Effective care

We found effective processes in place for the receipt, distribution and management of patient correspondence and documents. Information received from secondary care was recorded and acted upon appropriately, including all discharge information and test results.

There was clear workflow for clinicians to review incoming correspondence supported

by an up-to-date policy. Administration staff had been trained to process documents, and we reviewed an audit trail which found these were appropriately managed.
Staff communicated internally using EMIS tasks within the electronic patient record system. Outstanding actions were monitored by the practice manager for assurance.
Any paper documentation received is scanned into the EMIS system.
Based on our conversations with staff and review of patient records, we determined that patients received care that was both safe and clinically effective. The patient records reviewed demonstrated a high standard of documentation and follow-up. Furthermore, evidence indicated that a holistic, person-centred approach was employed in the delivery of care.
A comprehensive set of written clinical policies and procedures was maintained to facilitate the effective operation of the practice.
It was observed that staff members had undergone thorough training in the identification and management of sepsis, and relevant information was consistently disseminated within the practice to assist patients in recognising its signs and symptoms.

Patient records

Records for ten patients were reviewed, and all entries were made contemporaneously, with clarity and legibility. Documentation provided a comprehensive narrative of patient presentation and clinical assessment, the rationale behind clinical decisions, and any advice given. Appropriate recording of actions, such as investigations ordered, referrals initiated, medications prescribed, and safety-netting measures, was observed; evidence of follow-up arrangements was included where applicable. Patient consent, when required, was consistently documented in alignment with best practice standards, ensuring clear assurance that consent was both obtained and recorded. The records demonstrated a high level of detail, effectively supporting continuity of care by allowing other clinicians to easily understand each patient's history and management. Further, clinicians robustly documented occasions when patients provided verbal consent for examinations or treatments and the provision of a chaperone for these consultations.

Quality of Management and Leadership

Staff Feedback

HIW issued a questionnaire to obtain staff views on the care at West End Medical Centre for the inspection in April 2026. In total, we received seven responses from staff at this service.

Staff comments included:

> *" There seems to be a heavy reliance on Locum GPs which is detrimental to continuity of care and also team cohesion. Communication from management is poor."*
>
> *"The practice is heavily reliant on locum staff to meet demand for appointments and there aren't enough admin staff. This results in poor continuity of care."*
>
> *"It feels like we are perpetually in 'firefighting' mode rather than planning forward, this makes it quite a stressful place to work at times. I don't feel the higher management at the health board understands or appreciates this."*

The health board must make every effort to ensure staffing numbers and skill mix are appropriate for the services provided.

Leadership

Governance and leadership

Established processes facilitated effective governance, leadership, and accountability. Staff demonstrated clarity regarding their roles, responsibilities, and reporting structures, as well as the necessity of adhering to their scope of practice. The team maintained a positive working environment, indicating that the practice was a desirable workplace during our inspection. However, this was not consistently reflected in the staff survey.

The practice established a systematic approach for disseminating information to staff, including updates to policies or procedures. All relevant documents were maintained on the shared drive, and staff members were notified of any modifications during tailored team meetings. A comprehensive array of policies and procedures was available. Whilst these documents underwent regular review and revision. Certain

policies, applied broadly across the health board, did not consistently align with the specific activities undertaken within primary care. There is a need for the health board to ensure policies and procedures effectively consider primary care and local practice needs when being developed and reviewed.

There is a need for the health board to ensure policies and procedures effectively consider primary care and local practice needs when being developed and reviewed.

Management affirmed the implementation of an open-door policy, encouraging staff to communicate any concerns or ideas regarding the practice.

Clinical meetings, including multidisciplinary team meetings, were documented according to formal procedures and conducted at consistent intervals. Minutes and actions were maintained and observed areas for improvement were implemented.

Staff told us they felt involved in decisions that affected their work and were comfortable in suggesting improvements.

Workforce

Skilled and enabled workforce

We interviewed staff members representing various positions. All demonstrated a thorough understanding of their roles and responsibilities and expressed a strong commitment to delivering high-quality patient care.

The majority of staff indicated they had received suitable training for their positions, and all confirmed having completed an appraisal or development review within the past 12 months. Additionally, we observed the implementation of an induction program for new employees.

There were appropriate health board recruitment policies and procedures in place, and the practice manager described suitable pre-employment checks undertaken by the health board for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks appropriate to their role, and Hepatitis B vaccination status. However, once employed by the health board no details were held by the practice itself. This risks limiting the ability of the practice to put any individual risk assessments in place for

staff, where considered necessary.

The health board should provide assurance that practices are communicated with regarding employee healthcare and workplace clearance to ensure that relevant risk assessments and / or workplace adjustments are considered.

Management demonstrated effective oversight of mandatory training compliance, ensuring staff-maintained competency in safely and appropriately fulfilling their responsibilities. The ESR training matrix provided visibility into both strong and weak compliance across all staff groups and issued alerts one month prior to renewal dates for specific topics. Compliance percentages were deemed satisfactory.

Staff told us they generally felt they had sufficient resources, including equipment and information communication technology (ICT) systems.

Overall, staff described a positive work-life balance and awareness of occupational health support. The team had been through difficult times at the sudden loss of a colleague and wellbeing support was offered by the health board and continued to offer support as they felt was needed.

Culture

People engagement, feedback and learning

We saw evidence displayed in the waiting area indicating how patients could submit feedback. We also found evidence to demonstrate that patient feedback was routinely used by the practice to learn and inform service improvement. However, based on staff and patient survey feedback this is an area that could be strengthened.

The practice was required to use the health boards patient complaints policy; this was aligned to the NHS Wales Putting Things Right and recently implemented Listening to People processes.. The practice manager was responsible for managing all complaints and would have regular contact with the relevant team within the health board for any outstanding concerns or untoward events.

Discussions were held with staff regarding the arrangements in place to ensure adherence to the Duty of Candour. A Duty of Candour policy was implemented, and the records examined confirmed that staff had completed relevant training. Furthermore, staff members demonstrated comprehensive knowledge of the subject when engaged

in conversation.

Staff expressed confidence that effective measures exist to safeguard patient confidentiality, privacy, and dignity, including the provision of chaperones as needed. The majority reported no incidents of discrimination and regarded the practice as supportive of equality, diversity, and inclusion.

Information

Information governance and digital technology

The practice understood its responsibility when processing information and demonstrated that data was managed in a safe and secure way. A current information governance policy was in place to support this and we saw evidence that all staff had completed training on this topic.

The practice's process for handling patient data was available for review and on the website and on the health boards website.

Our review of training records confirmed that staff had received information governance training.

Learning, improvement and research

Quality improvement activities

Learning was disseminated throughout the practice via regular group staff meetings aimed at driving improvements. Evidence demonstrated ongoing clinical audits across multiple topics, conducted collaboratively by several staff members. Data sharing was observed in various clinical areas, including infection control, safeguarding and LGBT patient care. Additionally, we discussed the BCUHB Academy, along with its resources and support for quality improvement initiatives.

Whole-systems approach

Partnership working and development

During our inspection, we had the opportunity to speak with students from the BCUHB Academy. These discussions provided valuable insight into how the students would integrate with the daily operations of the busy practice. The students outlined their role

within the practice, demonstrating an understanding of how their presence would support routine activities and contribute to the overall workflow. Through their engagement, it was evident that the Academy students were well-prepared to adapt to the demands of a dynamic healthcare environment, ensuring their involvement complemented the practice's ongoing commitments to quality and efficiency including work undertaken with the cluster group.

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
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: **West End Medical Centre**

Date of inspection: **21 April 2026**

The table below includes any immediate non-compliance 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.

	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	There are NO immediate noncompliance issues identified during this inspection.				
Findings:					

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: **West End Medical Centre**

Date of inspection: **21 April 2026**

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1a.	From the staff and patient feedback survey there were a number of concerns raised.	Staff: The health board management team should ensure that the primary care team is kept regularly informed of any changes. Board-to-floor sessions would provide a valuable opportunity to understand and address the concerns of primary care staff.	Health and Care Standards (2023): Workforce; Communication.	Continue structured engagement through existing forums (monthly staff, management, governance and quality meetings). Implement a standard communication summary following key meetings to ensure consistent dissemination of updates to all staff. Formalise "Board to Floor" engagement (minimum quarterly visits), with documented feedback themes and actions. Measure staff impact through regular staff pulse surveys, working to over 85% staff report feeling informed re changes	Practice Management Team Senior Practice Manager IHC Primary Care Management Team Deputy Practice Manager	Already In place 30.06.26 31.07.26 30.09.26

1b.	From the staff and patient feedback survey there were a number of concerns raised.	Patients: The practice should ensure that patients are kept appropriately informed. Clear communication should be in place to reassure patients that feedback is both heard and acted upon. Adopting a “you said, we did” approach, shared with all patients, can help demonstrate how feedback has informed service improvements.	Health and Care Standards (2023): Workforce; Communication.	Patients: Implement a standardised “You said, we did” approach, published on practice website, in waiting areas and social media Provide clear updates on service changes (e.g. access arrangements) across multiple communication channels. Measure: Reduction in complaints relating to communication Evidence of actions arising from feedback as part of annual Access Standards Return	Senior Practice Manager	01.09.26 30.09.26 31.03.27

2.	We found that the availability of non-urgent appointments was poor.	The health board is responsible for maintaining adequate staffing levels to ensure that patients receive care promptly.	Health and Care Standards (2023): Timeliness of care.	Complete recruitment of additional 2 wte GP and 2 wte additional administrative staff (commenced March 2026). Interviews already held and recruitment checks being undertaken. Continue to undertake and publicise data on demand, appointment utilisation, DNA rates Quarterly review of appointment system to align appointment types (urgent / routine / telephone / digital) to demand profile Implement Access Improvement Plan Monitor impact through planned Access surveys to record reduction of unmet demand.	Head of Service Practice Management Team IHC Primary Care Management Team	Staff in post by: 30.08.26 Data collection in place Impact evidenced by: 31.10.26

3.	Staff told us that recruitment and retention of staff was a considerable and ongoing issue. Recruitment can take up to 9months in some cases.	The health board must make every effort to ensure staffing numbers and skill mix are appropriate for the services provided. A managed practice in the same area has fewer patients with more staff. Comparison workload should be undertaken and shortfalls addressed.	Health and Care Quality Standards (2023) – Workforce	Complete recruitment of additional 2 wte GP and 2 wte additional administrative staff (commenced March 2026). Currently undertaking recruitment checks. Benchmark staffing levels with comparable practices and make recommendations in line with outcome. Review rota design to optimise staffing allocation in line with patient demand. Work with Recruitment team to identify and implement more streamlined recruitment processes and address any delays promptly. Measure: maintain vacancy rate below 10%	Head of Service Practice Management Team Head of People Services	30.09.26

4.	A range of health board policies and procedures were in place. Some of the policies and procedures were not permitted to be adapted for bespoke primary care use and as a result inappropriate.	The health board must review their policies and procedures to ensure they: • are specific to the practice where appropriate i.e. primary care • are up to date and contain document control information	Health and Care Quality Standards (2023) – Efficient	All of the health Board's twelve Managed Practices must follow the Health Board's Policies and Procedures. A small number have already been adapted to reflect the needs of a GP Practice setting. Action will be taken to: • Undertake prioritised review of policies: • Phase 1: high-risk (clinical, safeguarding, infection control) • Adapt policies to primary care context where required • Introduce SoP to document Practice Team and Primary Care Team responsibility for leadership against priority policies. Measures • 100% of priority policies reviewed and updated by 30 September 2026 • 100% of policies include version control and review dates • Cyclical Audit demonstrating policy compliance across Health Board Practices	Heads of Service Primary Care Governance Team Directors of Nursing	Policy review and recommended changes: 30.09.26 Revised priority policies by 30.12.26 Audit cycle from 01.04.27

5.	Hepatitis B levels are held by Occupational Health (OH). However, once the staff member has gone through health board recruitment process, it was reported that there is no further communication with the practice from OH	The health board should provide assurance that practices are communicated with regarding employee healthcare and workplace clearance to ensure that relevant risk assessments and / or workplace adjustments are considered.	Health and Care Quality Standards (2023) – Safe	Agree and implement standard operating procedure (SOP) with Occupational Health Continue to ensure all new staff clearance outcomes are communicated to the practice prior to start Maintain local record of staff clearance and adjustments Measures • 100% of new staff have documented OH clearance confirmation before start date • SOP agreed and implemented across services	Head of Service Head of Nursing, Primary and Community Care Senior Occupational Health Lead Senior Workforce Lead	31.08.26

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: D. Thomas

Name (print): Darryn Thomas

Job role: Head of Service, Health Board Practices, Central Area **Date: 08/06/2026**