SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board held on 11th January 2023

Chief Executive's Report – Appendix 2

Your Health Partnership CQC Inspection Reports

1.1   Your Health Partnership (YHP) Primary Care Network joined the Trust in April 2020 and prior to the integration carried a 'requires improvement' (RI) CQC rating. The CQC carried out an announced comprehensive inspection of YHP between 11 and 28 October 2022 and the final outcome report was published on 19th December 2022. Overall, the practice retained an RI rating, although it should be acknowledged that they were rated as 'good' for caring. The CQC carried out this visit in line with their inspection priorities and to provide a rating for the service. The practice had not been inspected before, under the current provider (SWB) registration. This was a comprehensive inspection and included all 5 key questions, to see if safe, effective, caring, responsive and well-led services were being provided.

1.2   Great Bridge Health Centre had a separate announced comprehensive inspection between 11 and 28 October 2022 as it was a standalone Alternative Provider Medical Services (APMS) practice until April 2022. The outcome report published on the 19th December 2022 confirmed an overall inspection rating of RI, with 'good' for caring.

1.3   The CQC's improvement requirements for both YHP and Great Bridge Health Centre are identical. There are two 'must do' actions in view of breaching Regulations, which are as follows:

A. **Ensure care and treatment is provided in a safe way to patients (Regulation 12)** – there are specifics issues to address here such as improving control of infection oversight and complying with site specific health and safety safeguards

B. **Ensure effective systems and processes to ensure good governance in accordance with the fundamental standards of care (Regulation 17)** – there was a lack of safety net checks to ensure patients are being effectively monitored on long term treatment or medication

In response the following priority actions were implemented:

- **No suitable Infection control audits** - Tendable now in place for each site with scheduled audits, visibility of actions, upward reporting via Group Quality & Safety now in place

- **Drug safety searches** - now set up and in place with a system for alerting for patients requiring checks for medication

- **Staff dealing with medical emergencies** - training undertaken with all staff and a daily check in place by the daily site manager

- **Governance processes** - i.e. 2WW referral missed. Clinical administration now look daily at task lists to pick up any that are outstanding and look at all 'red' tasks to action

In addition to the 'must do' actions, there are several 'should dos' that will also take priority:

I. Continue to improve uptake with children's immunisations and cervical cancer screening.
II. Take action to improve policies such as management of clinical waste and prescription security and demonstrate they are working as intended.
III. Take steps to ensure all staff have access to safeguarding information as relevant for their role.
IV. Take action to review patients with long term conditions and/or learning disabilities where reviews are indicated, or records have been coded incorrectly.
V. Continue to monitor and respond to patient feedback to improve access.
VI. Take action to be fully compliant with the accessible information standard

1.4 Notable practice was called out in the two CQC reports, which can be found in the reading room, such as the willingness of the leadership team to improve and the clear benefits of integrated pathways resulting from being part of the wider Trust.

1.5 The 'requirement notices' issued necessitate a detailed action plan to be provided to the CQC for each practice by the 31stJanuary 2022, which the local team are in the process of completing. The final action plans will be presented to the Executive Quality Group and the Quality and Safety Committee for approval and assurance respectively, followed by quarterly progress reports.