

<b>REPORT TITLE:</b>	Great Barr Medical Centre CQC Final Report		
<b>SPONSORING EXECUTIVE:</b>	Daren Fradgley, Managing Director / Deputy Chief Executive Officer		
<b>REPORT AUTHOR:</b>	Tammy Davies, Deputy Chief Integration Officer		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	12 <sup>th</sup> July 2023

**1. Suggested discussion points** *[two or three issues you consider the Trust Board should focus on in discussion]*

On the 28<sup>th</sup> April 2023, Black Country ICB approached the Trust to step in as caretakers for Great Barr Medical Centre (GBMC) following an unannounced Inspection from the Care Quality Commission (CQC) which deemed the practice inadequate. The outcome of the inspection resulted in the GP partnership being suspended and the Trust were asked to provide interim General Practice to support the registered patient list.

Since this date we have deployed a team to continue providing General Practice and to address immediate safety concerns and commence robust governance processes. The details of the initial enforcement notice have previously been presented to the Quality and Safety Committee

On the 30<sup>th</sup> of June the final CQC report was published. The report details the vast and significant concerns validating the requirement to apply special measures to the practice. We will now ensure that our existing action plan is further adapted to ensure all areas are addressed in line with the timeline for re-inspection. It should be noted that public and media interest is likely to peak with a risk of reputational damage to the organisation through our association. A considered communications strategy is now being enacted.

We are working with the ICB to prepare for the end of the 6-month caretaking period. At this stage there is no definite decision regarding the future of the practice and the existing partnership.

**2. Alignment to our Vision** *[indicate with an 'X' which Strategic Objective[s] this paper supports]*

OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives	X

**3. Previous consideration** *[at which meeting[s] has this paper/matter been previously discussed?]*

Initial enforcement notice and action plan was presented to the Quality and Safety Committee and Trust Management Committee in May 2023

**4. Recommendation(s)**

The Public Trust Board is asked to:

**a. NOTE** the final CQC report for GBMC

<b>b.</b>	<b>TAKE ASSURANCE</b> from the on-going intervention from the Trust as caretakers to address quality and safety concerns and prepare for future re-inspection						
<b>c.</b>	<b>ACKNOWLEDGE</b> the potential for reputational damage to the Trust associated with the current and future CQC reports.						
<b>5.</b>	<b>Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>						
Board Assurance Framework Risk 01	x						<i>Deliver safe, high-quality care.</i>
Board Assurance Framework Risk 02							<i>Make best strategic use of its resources</i>
Board Assurance Framework Risk 03							<i>Deliver the MMUH benefits case</i>
Board Assurance Framework Risk 04							<i>Recruit, retain, train, and develop an engaged and effective workforce</i>
Board Assurance Framework Risk 05	x						<i>Deliver on its ambitions as an integrated care organisation</i>
Corporate Risk Register <small>[Safeguard Risk Nos]</small>							
Equality Impact Assessment	Is this required?	Y	x	N		If 'Y' date completed	June 2023
Quality Impact Assessment	Is this required?	Y	x	N		If 'Y' date completed	June 2023

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board on 12<sup>th</sup> July 2023

### Great Barr Medical Centre CQC Final Report

#### 1. Background

- 1.1 On the 28th of April 2023 the Trust were contacted by Black Country Integrated Care Board (ICB) to request consideration of acting as a **caretaker for Great Barr Medical Centre (GBMC)**. This followed an unannounced Care Quality Commission (CQC) inspection where considerable concerns regarding the safe and effective care of patients alongside a breakdown in the GP partnership were identified.
- 1.2 The risk to local people and the potential impact on urgent and emergency care demand resulting from a failure to provide adequate services were key drivers in the Trust agreeing to act as caretaker. In addition, as the host of the Place partnership in Sandwell, fulfilling corporate responsibility to partners and local people was a key consideration.
- 1.3 GBMC is part of Central Health Partnership Primary Care Network (PCN) and is located in Great Barr holding an approximate list size of 12000. The General Medical Services (GMS) contract for the practice is held by a partnership consisting of 3 GPs with additional staff including 2 Advanced Nurse Practitioners, 1 Practice Nurse, 1 Healthcare Assistant and 9 administrative staff. There is also support from PCN led additional roles.
- 1.4 **The Trust commenced as caretaker of GBMC on the 4th of May 2023 for a 6-month period** with a remit of providing adequate core contract services for the population and addressing any immediate quality and safety concerns.

#### 2. Care Quality Commission (CQC) initial findings.

- 2.1 The CQC undertook an unannounced inspection of the practice on the 26<sup>th</sup> and 27<sup>th</sup> April as a result of a whistle blowing concern relating to the safety of patients at the practice. **Findings of the inspection resulted and enforcement notice in suspension of CQC registration under section 31 of the Health and Social Care Act, 2008.**
- 2.2 The CQC enforcement notice identified significant safety concerns which have formed the basis of our initial action plan and targeted response. The details of the enforcement notice have been presented in confidence to the Quality and safety Committee in May 2023

#### 3. Action plan and delivery to date.

- 3.1 As an integrated organisation Sandwell and West Birmingham NHS Trust have a number of staff who have experience in managing General Practice as well as a team of Governance and Managerial colleagues. As such we were able to rapidly deploy a team to provide General Practice provision and address immediate and on-going quality and safety concerns.
- 3.2 The team entered the practice and commenced a three-pronged approach:
- Ensure sufficient clinical staff to deliver an ongoing service
  - Identify the backlog of clinical administrative work that needed addressing
  - Support the practice staff and communicate with patients.
- 3.3 The team also commenced implementing a short-, medium- and long-term action plan to improve overall care provision.
- 3.4 Priority safety concerns have been addressed with the following key actions:
- A team of locum GPs was quickly introduced that were able to ensure that patients could get access to care.
  - Practice staff were used to review the backlog of results and to see patients who needed follow up.
  - Experienced Practice management staff were deployed to ensure that processes are developed that are compliant with CQC expectations.
  - Additional GP time was deployed to review specific patient related risks that the CQC had identified. New processes have been put in place to ensure risks are identified and appropriately managed going forward.
  - The back log of referrals has been cleared.
  - Staff have been having supportive managerial conversations to help address the concerns, and a staff survey has been completed to assess and determine areas of focus to improve staff retention and wellbeing.
- 3.5 **The table in annex 1 outlines a summary of the key findings and mitigation to date.** The main objective has been maintaining service delivery and addressing immediate safety concerns. In addition, we will aim to prepare for the planned re-inspection from the CQC which is likely to take place in 6 months.
- 3.6 During the initial evaluation of service provision, several additional risks have been identified relating to operational delivery and potential patient safety breaches. All immediate risks have been addressed and additional longer-term mitigation has been included in the action plan.

#### 4. Final CQC report

- 4.1 **The final CQC report was published on the 30<sup>th</sup> June 2023 (report in annex 2).** The report lists several **‘must do’ actions** which have all been addressed through the action plan developed and enacted following the initial enforcement notice.
- 4.2 The **‘should do’ actions** are now being implemented with a focus on strengthening the clinical meetings which were commenced as part of our caretaking role and governance review. This will enable specific targeting of proactive patient management in areas such as immunisations, carer support and chronic disease management.
- 4.3 It is important to highlight the fact that the CQC report is from an inspection undertaken prior to the Trust’s involvement with the practice. However, as the Trust has taken on the role of caretaker, we have agreed accountability to fulfil the requirements of the report and ensure improved quality. There will be a **re-inspection in approximately 6 months** that will ultimately assess the work undertaken by the Trust in fulfilling this commitment.
- 4.4 Although, the Trust are undertaking a quality turnaround role to support the local community, there is a risk that the current CQC report and future inspections are linked to the Trust, **leading to reputational damage**. However, on balance the decision to act as caretaker should be seen as positive both for the local community and in further extending experience as a strong coordinator of Primary Care services.

## 5. **Current position**

- 5.1 The team have made significant progress in completing the most concerning and high-risk actions which are in line with the CQC ‘must do’ requirements. In addition, processes are now in place to ensure appropriate governance arrangements to support recovery and prevent further concerns.
- 5.2 The following are of note:
- An appropriately sized clinical team is now in place and offering a good level of service to the registered patients.
  - The CQC identified issues have been corrected and new processes are being embedded.
  - The majority of the backlog has been cleared
  - Working through such a backlog does create additional pressure on appointments as patients that need review are identified, this is driving the need for additional GP locum usage.
  - The remaining letters have all been reviewed by a clinician and scanned into the system but many still require attaching to specific records.

- 5.3 It should be note that we have been required to significantly bolster the staffing resource within the practice which has led to a several temporary clinical staff. This is challenging and poses a risk in regard to the vulnerability of retention.
- 5.4 In addition, the permanent practice staff are reporting concern for the future of the practice with the on-going uncertainty around the leadership following the 6-month caretaking tenure agreed by the Trust. This could lead to further attrition.

## 6. Recommendations

- 6.1 The Public Trust Board is asked to:
- a. **NOTE** the final CQC report.
  - b. **TAKE ASSURANCE** from the on-going intervention from the Trust as caretakers to address quality and safety concerns and prepare for future re-inspection.
  - c. **ACKNOWLEDGE** the potential for reputational damage to the Trust associated with the current and future CQC reports.

Tammy Davies  
Deputy Chief Integration Officer

July 2023

**Annex 1:** Action Plan

**Annex 2:** Final CQC report

**Summary of main risks and actions**

	Risk / Issue	Action	Due	Progress
Immediate (within 14 days)	Potential inability to deliver adequate GP sessions	All GP and ANP rotas amended with additional support and cover arranged by Trust GPs and locums		Complete
	Immediate patient safety concerns raised by the CQC	Clinical Lead for delivery has overseen a review of all identified patients with associated actions to address issues		Complete
	Backlog of results and investigations that have not been reviewed and / or actioned with a risk that patients may have untreated urgent symptoms	Clinical Lead for delivery has overseen a review of all identified patients and all outstanding results / investigations		Complete
	There is a risk to the health and wellbeing of existing practice staff resulting sickness / absence from work	Meetings and 1-1 support with all staff members. Offer Trust wellbeing offer to all staff.		Complete
	There is a risk that current staff do not have the appropriate level of competence and skill to deliver safe and effective care	All staff competence and skills to be reviewed by the clinical lead for delivery. This will also be supported by the professional leads within the ICB Professional registration verified		Complete
	There is a risk that IPC procedures are not in place or adequately followed, leading to potential harm	Review of all Infection Prevention Control procedures and compliance and address any immediate areas of non-compliance		Complete
Urgent (within 28 days)	Current processes within the practice are not robust and may lead to further patient safety risks	New Standard Operating Procedures for all processes relating to patient safety, e.g., processing and actioning test results.  Ensure adequate monitoring of patients on medications in line with national best practice policy		Complete

	There is a backlog of clinical letter with a risk that pertinent information and actions relating to patient safety will be missed resulting in harm	Additional administrative support to be employed (via temporary contracts / bank) to review and triage the backlog	1/6/23	Complete
	There is a risk that inadequate governance processes and procedures will lead to increased risk and harm	Undertake a review of all governance procedures and ensure adequate processes are in place and communicated and adhered to including complaints, HR and employment processes. Ensure appropriate incident reporting, risk recording and management. Commence an appropriate audit plan	1/6/23	Complete
Long term (within 3 months)	There is a risk that the lack of MDT meetings will prevent the delivery of safe and effective care	Commence MDT meetings with clear terms of reference and actions.	3/8/23	On track
	There are inadequate processes to ensure coding of patients to enable proactive monitoring of vulnerable and high-risk patients (including safeguarding concerns and palliative care)	Training of staff and defined standard operating procedures for coding and audit of registers.  Commenced clinical meetings and referral processes for monitoring of complex and high-risk patients.  Implement a regular audit cycle ( 3 monthly) to ensure adherence to processes and identify an areas of safety concern for specific patients	3/8/23	On track
	There is a risk that poor staff training and development will lead to substandard care and the high turnover of staff with further vacancies	Commence a programme of half day training sessions for practice staff. Undertake PDRs with all staff	3/8/23	On track
Long term (with 6 months)	There is a risk that the registered patients will have poor health outcomes due to poor immunisation rates	Develop process for monitoring patient vaccination rates and commence additional clinics to ensure adequate capacity.	30/9/23	On track