

Tees, Esk and Wear Valleys NHS Foundation Trust CQC Inspection Report and Improvement Plan update

Middlesbrough Council: People Scrutiny Panel
24 March 2025



Respect

Compassion

Responsibility

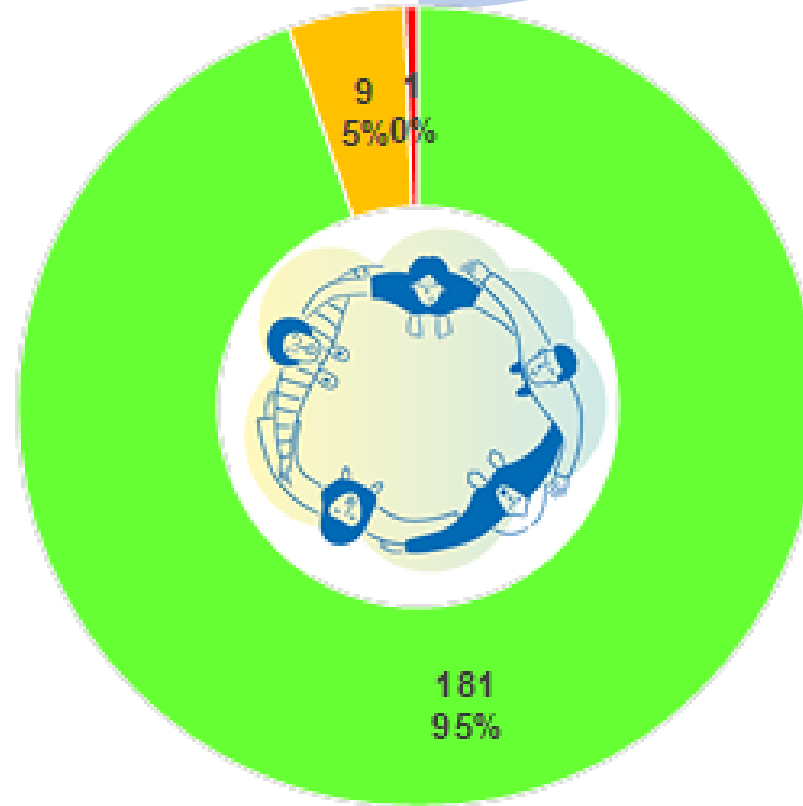


Delivering the Trust's CQC Improvement Plan



Progress of the CQC Improvement Plan from the CQC Inspection Report published October 2023 (position as at **18/02/2025**):

- **181** Improvement actions complete
- **9** actions in progress (within target)
- **1** recommendations in progress (behind target)



- Complete
- In Progress (within target date)
- In Progress (behind target date)

The **1** CQC Recommendation which is progressing however, has exceeded the target date for completion is:

- **Should Do 56)** The trust should ensure that they continue to embed the Harm Minimisation Policy:
 - ❖ The Harm Minimisation Policy has been fully reviewed and was published 15 October 2024 following extensive consultation. This is now the Safety and Risk Management Policy - this includes new terminology and the approach further strengthens the principles of personalising care planning and the assessment of risk. There have also been changes to clarify the expectations of staff to work collaboratively with the people who use our services in co-creating their care.
 - ❖ A full Training Plan has been developed and face to face training delivery commenced in November 2024 across all Specialties. Course data is not yet fully automated, and it is therefore not accessible via the Trust's Integrated Information Centre (IIC). Reporting mechanisms are being developed to ensure that training data can be appropriately reported in line with other training delivered.

CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

A targeted inspection of the Trust's AMH Crisis, Acute Liaison and Health Based Places of Safety (Section 136 Suites) Services, commenced 11 June 2024.

- This included on-site inspections of clinical teams, discussions with people who use services and their family/ carers and online Focus Groups with Trust Partners (including Commissioners, Local Authorities, GPs and the British Transport Police).
- A total of 132 information requests were also collated and submitted during the inspection.

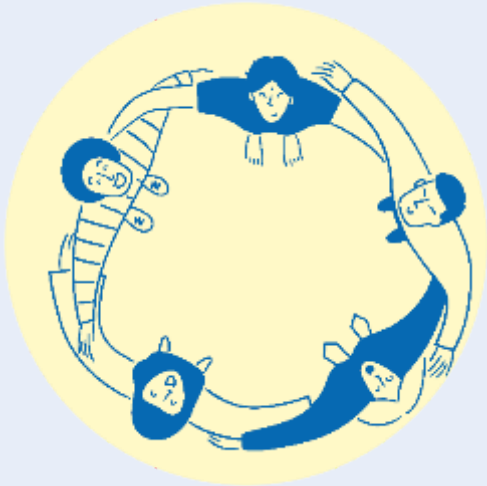
Initial feedback was received during the inspection and action was taken in the 6 months following the inspection to ensure timely improvements in service delivery. These included:

- Installation of fencing and movement of hatched police parking bays at the Cross Lane Hospital 136 Suite Entrance, to further improve privacy for patients.
- Installation of a new intercom within the Section 136 Suite to support two-way communication
- Medication management and storage at the Crisis Assessment Suite (CAS), at Roseberry Park Hospital - lockable cabinets were installed for patients to store medication whilst at the CAS, when not detained
- No reoccurrence of the SI Backlog and further work progressed to embed the PSIRF
- Overall, improvements achieved in mandatory and statutory training compliance



CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

- The draft inspection report was received by the Trust 05 November 2024 and went through a process of factual accuracy checks, with comments submitted back to the CQC 06 December 2024. Follow up queries and points of clarification were also shared during January 2025.
- Areas raised during the Factual Accuracy process focused on:
 - **Removal of inaccurate statements:** including references to services not commissioned by the Trust and one Local Authority advising that safeguarding referrals were low however, this had not been raised through external Safeguarding Adults/ Children's Boards and the Trust were able to demonstrate this.
 - **Proportionality:** including where small numbers of patients had advised the CQC that they did not receive a response to their complaint, however, the Trust had not been provided with the opportunity to validate this information and when information was shared, the Trust were able to demonstrate relevant complaints updates.
 - **Misinterpretation of Evidence:** including inaccurate calculation of bank/agency vacancy rates and additional home-based treatment teams being included during the inspection however, not all data being requested or considered for those teams.
- Scores for the safe, effective and well-led domains increased following FACAC.



The CQCs Rating

The CQC Inspection Report was published **6 February 2025** with a rating of **Good** being achieved.

Inspected and rated

Good



The report demonstrates our continuous improvement and the positive impact this has had on people's experience of our Trust. This is down to our committed and hardworking staff, working alongside our community partners, to provide mental health crisis support. This is against a national backdrop of increased demand for services and recruitment challenges across the NHS.

The inspection also took place during a period of change for the service, and for our teams, as we moved over to NHS 111.



Key Findings of the Inspection

The report highlights that staff **shared a vision and culture**, worked with **capable and compassionate leaders** and there were **sound structures in place for staff to speak up**.

- **People were treated as individuals** and offered independence, choice and control.
- There was evidence of a **good learning culture**, and people using the services told the CQC that they **felt safe**.
- **People were safeguarded** by the staff caring for them.
- People had their **needs assessed** and most people said they were involved in the planning of their care and that their **care was regularly reviewed**.
- The CQC saw **staff supporting people** with their mental health needs and the **physical health monitoring**.
- **People received evidenced based care and treatment** and there were regular multidisciplinary meetings where learning could be shared and staff at all levels attended various meetings.
- **People are included** in their care and treatment choices with **carers being involved** where appropriate.
- **People's preferences** were considered when deciding on appropriate treatment options.
- **Carers were included** at assessment stage and throughout.
- There was a **strong quality improvement culture**, and leaders were encouraged to develop themselves and the services.
- Staff told the CQC that the recent move to the 111 service was having a **positive impact**.



Analysis of the Inspection Findings

Domain	Previous Inspection Ratings 2021	Inspection Ratings January 2025
Safe	Good	Good (69% - 3)
Effective	Good	Good (71% - 3)
Caring	Good	Good (65% - 3)
Responsive	Good	Good (71% - 3)
Well-led	Good	Requires Improvement (62% - 3)
Overall	Good	Good

Analysis of the Inspection Findings

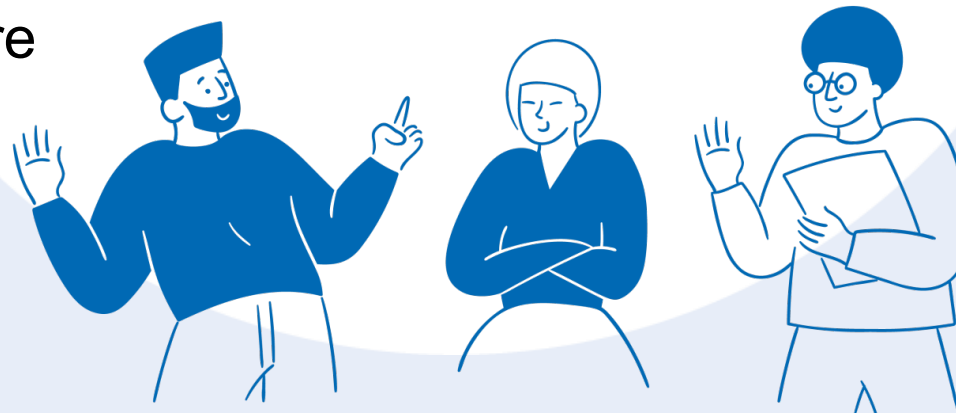
It should be noted that this is the first inspection where the CQC have inspected Acute Liaison Services as part of this core service.

Sustained Good Practice:

- Clear vision and strategic direction
- Culture
- Person-centred care
- Involvement of patients, families and carers
- Multi-disciplinary working
- Multi-agency working
- Holistic plans of care
- Risk Management
- Safeguarding
- Learning
- Environment

Repeat Issues / New Areas for Improvement:

- Mandatory and Statutory Training
- Supervision
- Medication Management
- Outcome measures
- Governance



CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

It is anticipated that improvement actions include:

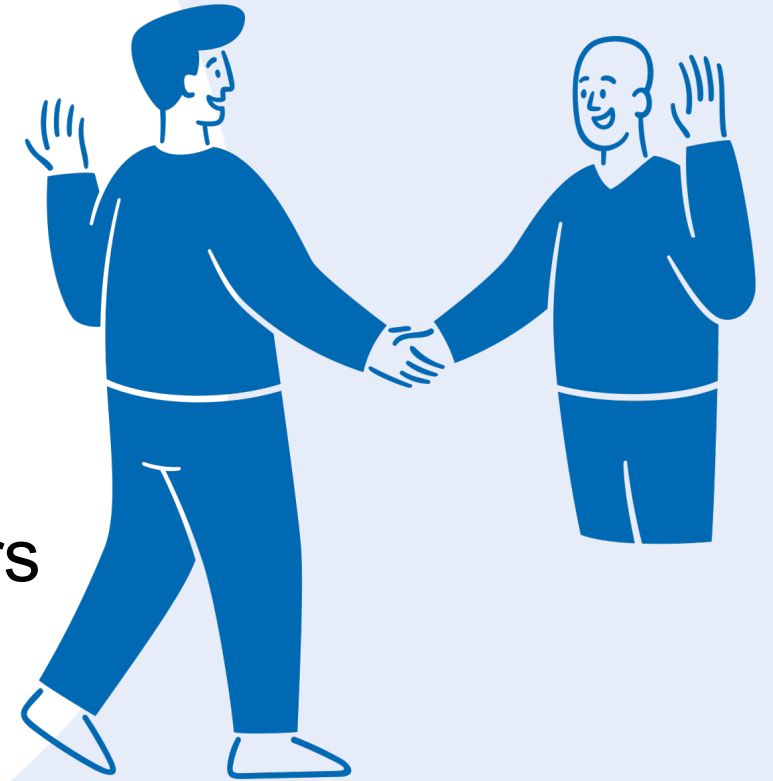


- Further improvements in mandatory and statutory training compliance
- Embedding systems and processes for supervision recording
- Improving clerking systems and processes for patients presenting to the Crisis Assessment Suite at Roseberry Park Hospital
- Consistent recording and reporting of patient outcome measures
- Measuring length of stay for informal patients presenting to the Crisis Assessment Suite
- Reducing inappropriate stays in a Section 136 Suite
- Improving people's experiences of future planning
- Working with Local Authorities to understand the number of safeguarding referrals that progress to a Section 42

CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

Next Steps:

- An Improvement Plan is being collaboratively developed to address improvement actions resulting from the inspection.
- There will be formal oversight and monitoring of the Improvement Plan by the Executive Directors Group and the Trust's Quality Assurance Committee.



Thank You