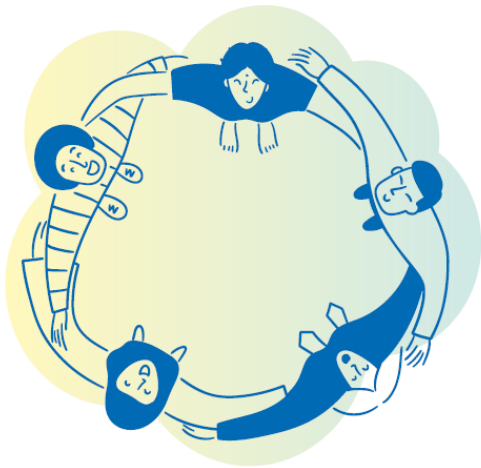




Tees, Esk and Wear Valleys
NHS Foundation Trust



Adults Wellbeing and Health Overview and Scrutiny Committee

08 February 2024

Beverley Murphy, Chief Nurse

CQC Core Service and Well-led Inspection 2023

AMH Acute and
PICU (14)
29/03/23-20/04/23

ALD Inpatient
wards (3)
18/04/23-21/04/23

AMH Community
Teams (15)
23/05/23-25/05/23

Draft report
received
31/07/23

Factual Accuracy
response
submitted
23/08/23

Final report
publication
25/10/23

CQC Inspection
commenced
29/03/23

MHSOP Inpatient
wards (10)
18/04/23-21/04/23

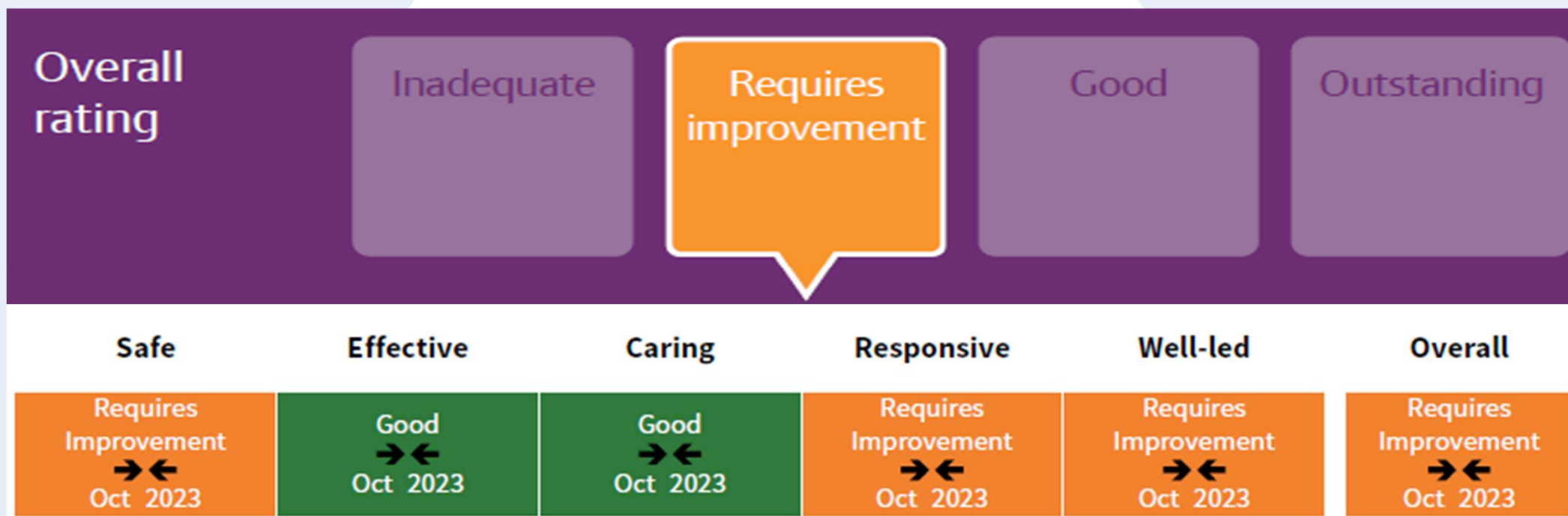
ALD Community
Teams (7)
25/04/23-26/04/23

Secure Inpatient
Services (14)
24/05/23-26/05/23

Factual Accuracy
period
31/07/23-23/08/23

Well-led
Inspection
24/05/23-26/05/23

CQC Core Service and Well-led Inspection 2023



The overall Trust rating remains as: **Requires Improvement**

CQC Core Services Inspected 2023



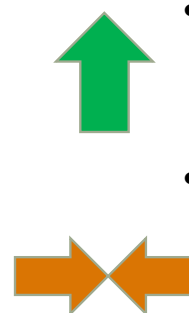
Tees, Esk and Wear Valleys

Core Service	Wards/ Teams			Dates of Inspections
Acute Adult Mental Health Wards and Psychiatric Intensive Care Wards	<ul style="list-style-type: none"> • Stockdale • Overdale • Farnham • Tunstall • Cedar PICU 	<ul style="list-style-type: none"> • Bedale PICU • Bransdale Maple • Elm • Esk 	<ul style="list-style-type: none"> • Danby • Bilsdale • Ebor • Minster 	29.03.23 – 20.04.23
Mental Health Services for Older People Wards	<ul style="list-style-type: none"> • Rowan Lea • Ceddesfeld • Wold View • Moor Croft 	<ul style="list-style-type: none"> • Westerdale North • Westerdale South • Springwood 	<ul style="list-style-type: none"> • Hamsterley • Roseberry • Oak 	18.04.23 – 21.04.23
Adult Learning Disability Wards/ Day Service	<ul style="list-style-type: none"> • Bankfields Court 	<ul style="list-style-type: none"> • Talbot 	<ul style="list-style-type: none"> • Aysgarth 	19.04.23 – 21.04.23
Community Adult Learning Disability Teams	<ul style="list-style-type: none"> • LD York Community Team • LD Scarborough, Whitby, Ryedale • LD Harrogate and Craven 	<ul style="list-style-type: none"> • Durham Integrated Learning Disabilities Team • The Orchard Day Service 	<ul style="list-style-type: none"> • LD Darlington • North Tees LD Community 	25.04.23 – 27.04.23
Community Adult Mental Health Teams	<ul style="list-style-type: none"> • AMH Central Community Team • AMH North Community Team • York and Selby Early Intervention in Psychosis • North Dales Community Mental Health Team • South Dales Community Mental Health Team 	<ul style="list-style-type: none"> • Whitby and Ryedale Integrated Community Team • York Outreach Recovery Team • Easington South • Easington North • Whitby and Ryedale Early Intervention in Psychosis 	<ul style="list-style-type: none"> • Scarborough Community Mental Health Team • West Community Mental Health Team • South Teesside Ryedale Early Intervention in Psychosis • Middlesbrough Access and Affective Disorders Team • Middlesbrough Psychosis 	23.05.23 – 26.05.23
Secure Inpatient Services	<ul style="list-style-type: none"> • Brambling • Ivy/ Clover • Lark • Mallard • Mandarin 	<ul style="list-style-type: none"> • Kestrel/ Kite • Linnet • Hawthorn/ Runswick • Merlin 	<ul style="list-style-type: none"> • Newtondale • Swift • Sandpiper • Eagle/ Osprey 	24.05.23 – 26.05.23

CQC Core Service and Well-led Inspection 2023

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Requires Improvement ↔ Oct 2023	Requires Improvement ↔ Oct 2023
Community-based mental health services of adults of working age	Requires Improvement ↓ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Requires Improvement ↔ Oct 2023	Good ↑ Oct 2023	Requires Improvement ↔ Oct 2023
Wards for older people with mental health problems	Requires Improvement ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Long stay or rehabilitation mental health wards for working age adults	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Community mental health services for people with a learning disability or autism	Requires Improvement ↓ Oct 2023	Good ↑ Oct 2023	Good ↓ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023
Forensic inpatient or secure wards	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Specialist community mental health services for children and young people	Requires improvement Sep 2022	Good Dec 2021	Good Dec 2021	Requires improvement Dec 2021	Requires improvement Dec 2021	Requires improvement Sep 2022
Community-based mental health services for older people	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Wards for people with a learning disability or autism	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Requires Improvement ↔ Oct 2023	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023
Specialist eating disorders service	Requires improvement Mar 2020	Outstanding Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Mental health crisis services and health-based places of safety	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021

Of the 6 Core Services inspected:



- **3** Overall Core Service ratings have improved (MHSOP, ALD Inpatient, and Secure Inpatient Services)
- **3** Overall Core Service ratings have remained the same (AMH Acute and PICU, AMH Community and ALD Community)
- There have been **12** CQC domains across the core services inspected that have improved, **15** which have remained the same, **3** where the rating has decreased.

CQC Core Service and Well-led Inspection 2023

Must and Should Do Actions

ACTION

Core Service	Must Do	Should Do	Total
ALD Community	1	3	4
ALD Inpatient	6	7	13
AMH Acute and PICU	5	7	12
AMH Community	2	3	5
MHSOP Inpatient	1	6	7
Secure Inpatient Services	6	16	22
Trust wide	17	14	31
Total	38	56	94

CQC Core Service and Well-led Inspection 2023

Positives

- ✓ Cultural changes
- ✓ Innovative practice
- ✓ Person-centred care
- ✓ Multi-disciplinary working
- ✓ Environmental changes
- ✓ Medication Management
- ✓ Risk Management
- ✓ Governance
- ✓ Clear Vision and Strategic Direction

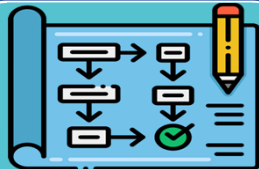
Learning Themes

- Staffing
- Mandatory/Statutory Training
- Complaints/PALs
- Supervision
- Waiting times
- Physical health monitoring
- Serious Incident processes (including Duty of Candour)

CQC Improvement Plan Reporting Framework

25 October 2023

- Formal publication of the Trust's CQC Inspection Report 2023



31 October, 01 November

Improvement Planning Events

03 November 2023

- Presentation to, and consideration of, Improvement Actions by the Strategic Fundamental Standards Group

22 November 2023

- Extraordinary QuAC received the Improvement Plan

27 November 2023

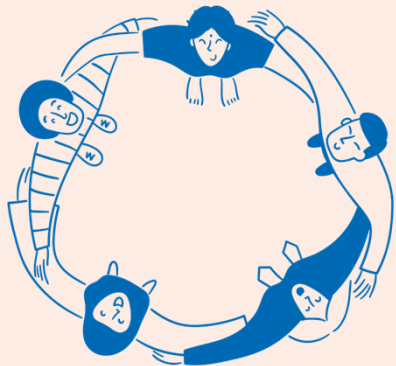
- Submission of Improvement Plan to the CQC



Improvement Plan Governance

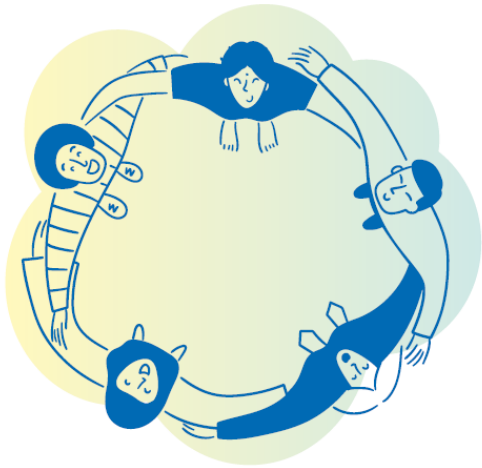


- Co-produced with operational, clinical and subject matter leaders
- Approved at Extraordinary Quality Assurance Meeting, 22 November 2023
- Submitted to the CQC 27 November 2023
- Reporting to EROQ, QuAC, NHSE Quality Board
- Regular progress and impact reporting to the Board of Directors
- May 2024 Quality Assurance Committee (QuAC) workshop planned to consider progress and impact





Tees, Esk and Wear Valleys
NHS Foundation Trust

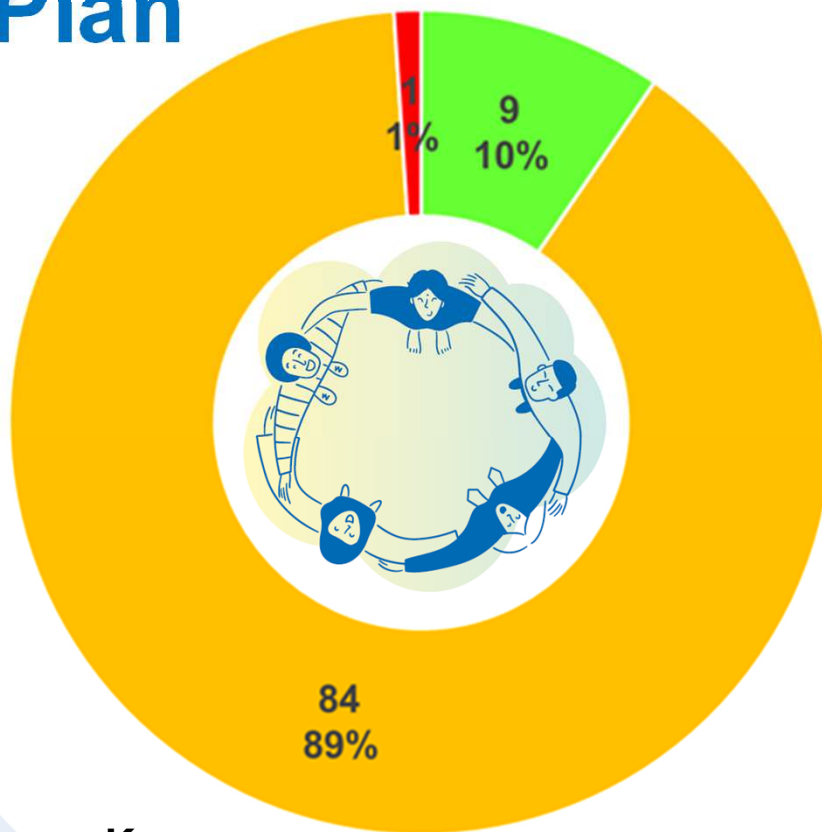


Delivering the Trust's CQC Improvement Plan



Delivering the Trust's CQC Improvement Plan

Following the Core Service and Well-led CQC inspection (published 25 October 2023), the CQC Improvement Plan was co-created in collaboration with Care Group colleagues, Specialty/ Directorate Leads and subject matter experts in response to the Must and Should Do recommendations. This forms a component of the Integrated Oversight Plan.



Progress of the CQC Improvement Plan by Must and Should Do Recommendation as of **19 January 2024**.

Key:

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

Improvement Action delivery

Service	Action No.	Must/Should Do	CQC Action Required
Trust wide	15	Must Do	The trust must ensure that it acts in accordance with the duty of candour regulation.

- ✓ The Duty of Candour Policy has been revised in line with National Standards.
- ✓ There is weekly reporting of Duty of Candour to Executive Directors Group and the Quality Assurance Committee to confirm compliance with the policy standards.



Improvement Action delivery

Service	Action No.	Must/Should Do	CQC Action Required
AMH Acute and PICU	26	Must Do	The trust must ensure that staff manage and mitigate the risks to service users when they are detained and are permitted to go on section 17 leave.



- ✓ We have reviewed, updated and implemented the Section 17 Leave Policy.
- ✓ The Mental Health Legislation Team have undertaken formal monitoring and checks in relation to completion of Section 17 leave documentation, ensuring that it is fully completed, and that staff are using the correct form. Feedback from these reviews has demonstrated improvements and has been reported to the Trust's Mental Health Legislation Committee.
- ✓ We have included monitoring of leave documentation in our Quality Assurance Schedule.
- ✓ We are continuing to quality assure until we are confident of embedded improvements.

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	18	Should Do	The trust should ensure that the blanket restrictions on Kestrel and Kite wards are individually assessed.

- ✓ We have reviewed all blanket restrictions on Kestrel/ Kite Ward to ensure that these are now individually assessed.
- ✓ These have been presented at the Reducing Restrictive Interventions Group.

Improvement Action delivery

Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	20	Should Do	The trust should ensure that appropriate food options are available for patients and food is stored in line with food safety requirements.



- ✓ We have reviewed the contract for the provision of patient food and a new Provider is now well established.
- ✓ We have held focus groups with patients to support the development of new ward menus.
- ✓ We have incorporated fridge checks by Ward Housekeepers into the daily workplan.

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	23	Should Do	The trust should ensure that actions from community meetings are actioned, and the outcome and update shared with patients.

- ✓ Ward managers have coproduce a system with service users for dissemination and storage of community meeting minutes which will document the outcomes of actions taken

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	25	Should Do	The trust should ensure that staff consider how they access the ward spaces and not use wards as a cut through.

- ✓ We have decommissioned the seclusion facility where this issue was observed.

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	29	Should Do	The trust should ensure that all lockable safes for patient use are in working order.

- ✓ Lockable safes will be checked on admission of new patients and at discharge to ensure that they are in good working order.

Improvement Action delivery



Service	Action No.	Must/ Should Do	CQC Action Required
MHSOP Inpatient	33	Should Do	The trust should ensure that the storage of gas cylinders is carried out in line with their own policy.
AMH Acute and PICU	41	Should Do	The trust should ensure that appropriate action is taken when medicine fridge temperatures are out of range and that oxygen is stored correctly.

- ✓ We have developed and undertaken an oxygen assessment against the policy assurance statements for the storage of oxygen.
- ✓ This was reported to the Care Group Quality Assurance and Improvement Group and the Executive Review of Quality Group.
- ✓ We have developed and implemented Fridge Temperature Assessments which covered a 30-day period and assessed practice against the policy assurance statements. Where improvements were required, action plans were agreed and followed up to provide assurance of completion. This was reported to the Care Group Governance Forums.
- ✓ We are continuing to quality assure until we are confident of embedded improvements.

Thank You