

The Quality Governance Team



Tees, Esk and Wear Valleys  
NHS Foundation Trust



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

Adults Wellbeing and Health Oversight Scrutiny  
Committee 17 March 2025

**Respect**

**Compassion**

**Responsibility**

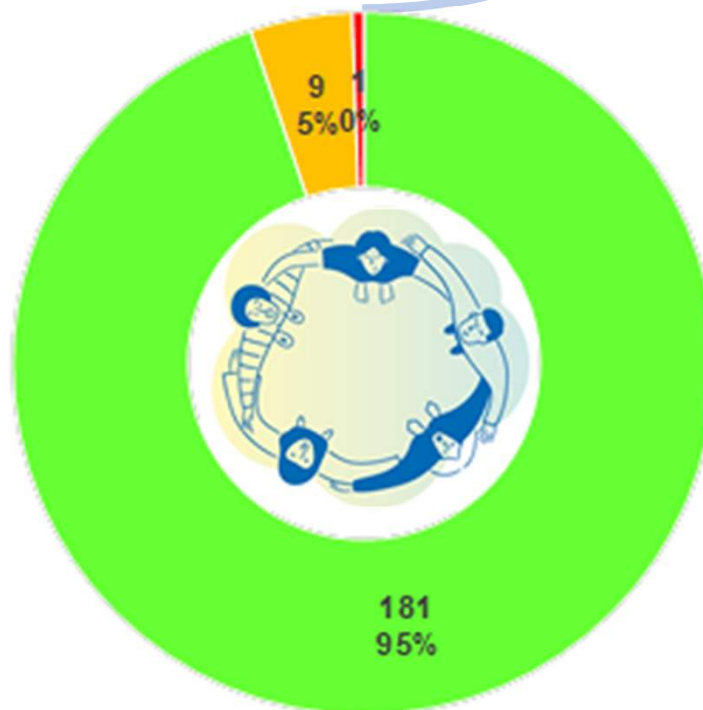


# Delivering the Trust's CQC Improvement Plan



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)



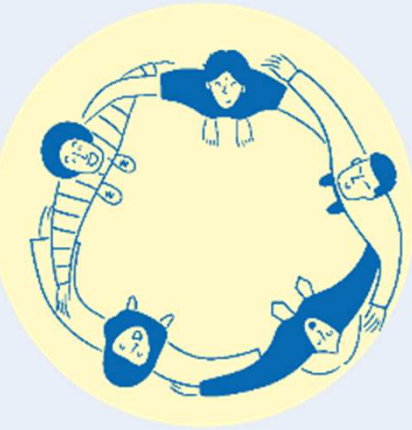
- Complete
- In Progress (within target date)
- In Progress (behind target date)

The **1** CQC Recommendation which are making progress but have exceeded their target date of completion include:

- **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 which provides updated terminology and encompasses the approach to better reflect the principles of personalising care planning and assessment of risk. There have also been changes to clarify expectations of staff to work collaboratively with the people who use our services in developing and devising their care.
  - ❖ A full Training Plan has been developed and face to face training delivery (commencing November 2024) is progressing 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 explored to ensure that training data can be appropriately reported.

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

- Targeted inspection of the Trust's AMH Crisis, Acute Liaison and Health Based Places of Safety (Section 136 Suites) Services, commenced 11 June 2024.
  - Inspection included on-site inspections with clinical teams, discussions with people who use services and their 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 has also been taken in the 6 months since the inspection to ensure timely improvements in service delivery including;
  - Installation of fencing and movement of the hatched police parking bays at 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 CAS Suite, 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

- Draft report 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.



# Outcomes of the Factual Accuracy Checks

Domain	Draft Report Overall Score Rating	Final Report Overall Score Rating	Overall Change in Sub Scores
Safe	Requires Improvement (56% - 2)	Good (69% - 3)	 8
Effective	Good (71% - 3)	Good (71% - 3)	 1
Caring	Good (65% - 3)	Good (65% - 3)	No change
Responsive	Good (71% - 3)	Good (71% - 3)	No change
Well-led	Requires Improvement (62% - 3)	Requires Improvement (62% - 3)	 1

# 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 will 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 will be 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**