

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 September 2016

Title and Author of Paper:

CQC Comprehensive Inspection Update

Anna Foster, Deputy Director of Commissioning & Quality Assurance

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

The CQC has this month published their findings of their comprehensive inspection of Trust services and the Trust has been rated “Outstanding” overall, becoming one of only eight* English NHS trusts and one of only two NHS mental health & disability providers to achieve this rating.

** N.B. at the time of writing this report there were seven outstanding Trusts which are described on page 3 of the report below, however an eighth (Liverpool Heart and Chest Hospital NHS Foundation Trust) was announced on 16.9.16.*

Risks Highlighted: Areas for improvement identified within the report

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required / Recommendations: N/A

Link to Policies and Strategies: N/A

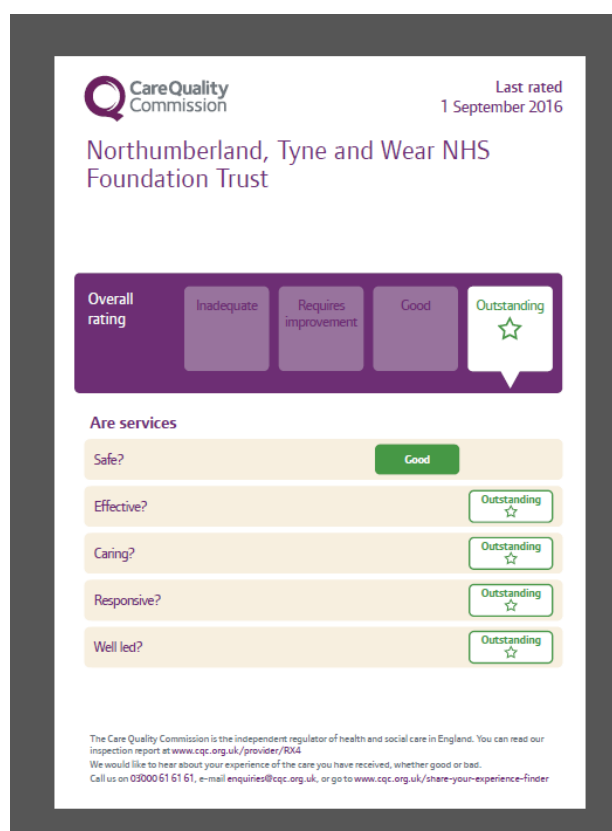
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CQC Comprehensive Inspection Findings

Executive Summary

- The CQC has recently concluded their programme of comprehensive inspections of all providers of NHS services. NTW's inspection was phased towards the end of this process because CQC considered the Trust to be relatively low risk as identified through their Intelligent Monitoring process.
- In June 2016 the CQC conducted their comprehensive inspection of NTW Trust services and published their findings on 1st September 2016.
- The Trust has been rated as "outstanding" overall, with the key questions of "caring", "responsive", "effective" and "well led" rated as "outstanding", and with "safe" "rated as "good".



- The inspection was arranged by 15 core services provided by the organisation, covering the majority of Trust services. Almost all inpatient wards and approximately one third of community teams were visited as part of the inspection process, with corroborating evidence requested by CQC before, during and after the inspection.
- All of the 15 core services inspected receive ratings and a report of findings alongside the Trust overall rating and report.

- All core services were rated as either “outstanding” or “good” overall:

NTW Overall	Outstanding
Acute Admissions and PICU for Adults of Working Age	Good
Older People's Wards	Good
Wards for people with LD and Autism	Outstanding ☆
Rehabilitation Long Stay Wards	Outstanding ☆
Crisis and HBPOB	Good
Community Mental Health Services for Working Age Adults	Outstanding ☆
Community Mental Health Services for Older People	Outstanding ☆
Community based services for people with LD or autism	Outstanding ☆
CAMHS Inpatient	Good
CAMHS Community	Outstanding ☆
Forensic and Secure Wards	Good
Acute Medical Care (Walkergate Park)	Outstanding ☆
Outpatients (Walkergate Park)	Outstanding ☆
Substance Misuse Services	Good
Adult Social Care (Easterfield Court)	Good

- Almost all of the key questions (are services safe / caring / effective / responsive / well led?) at core service level were also rated as either “outstanding” or “good”, with only two areas (from a total of 89 ratings) rated as “requires improvement” (see Appendix A for the full results).
- This result is an incredible achievement and is testament to the continuing efforts of all staff, the years of preparation that the organisation has undertaken to embrace CQC standards and approach to inspection, and the hard work undertaken by all this year to prepare for the inspection. Our “Outstanding” status is likely to bring many opportunities and benefits to the organisation, along with a few challenges, and we need to consider carefully how we will respond to these.
- The published CQC reports can be found at <http://www.cqc.org.uk/provider/RX4>.
- Note that the Trust was provided with an opportunity to check the reports prior to publication and a number of amendments were made during this process to ensure that they do not include any factual errors.

National Benchmarking

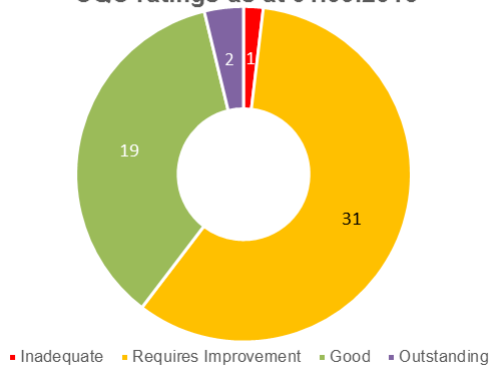
- One other NHS Mental Health & Disability Trust (East London NHS Foundation Trust) was also rated as “Outstanding” by the CQC on 1st September 2016.
- Therefore NTW is one of only two Trusts of this type to achieve “Outstanding” status.
- This brings the total number of English NHS providers (including acute trusts) who are rated “Outstanding” to seven. These are:

1. Northumberland, Tyne & Wear NHS Foundation Trust
2. East London NHS Foundation Trust
3. Newcastle Hospitals NHS Foundation NHS Trust
4. Northumbria Healthcare NHS Foundation Trust
5. Frimley Health NHS Foundation Trust
6. Salford Royal Hospitals NHS Foundation Trust
7. Western Sussex Hospitals NHS Foundation Trust



Note that there are only six pins on the above map as NTW and Newcastle Hospitals NHS Foundation NHS Trust headquarters are both based in Newcastle and therefore share a pin.

Mental Health & Disability Providers
CQC ratings as at 01.09.2016



- There are two "outstanding" MH & Disability trusts.
- 19 trusts (36%) are rated as "good"
- 31 trusts (58%) are rated as "requires improvement"
- One trust is rated as "inadequate".

- There are a number of key achievements to note when analysing the findings of all 53 inspections of NHS MH & Disability trusts ratings announced to 01.09.2016 (including NTW and ELFT), such as:

NTW are the **only** NHS MH & Disability Trust to receive:

- an "outstanding" rating for effective overall
- an "outstanding" rating for community services for adults of working age
- a "good" rating for substance misuse services overall

NTW are **one of only two** NHS MH & Disability trusts to receive:

- an "outstanding" rating overall
- an "outstanding" rating for responsive overall
- an "outstanding" rating for long stay/rehabilitation wards)
- an "outstanding" rating for community services for people with LD and autism services

Note that a list of further achievements are included in Appendix B.

Areas of good practice identified

At Trust level, outstanding practice identified includes:

The trust had a clear vision and values which were incorporated into all aspects of the trust's business	Staff were enthusiastic and generally very positive about working in the trust	The trust exceeded the majority of its internal targets
Assessment of patients' needs was holistic and identified potential risks	External stakeholders found the leadership within the trust to be proactive	The trust had systems in place to monitor its services against national guidance
Feedback from patients and carers regarding their care and treatment was consistently positive	The trust was open and transparent about safety and staff were encouraged to report incidents	The trust looks to work collaboratively in the delivery of all services
The trust supported the physical healthcare of patients	Governance within the trust was robust	The trust's 'Positive and Safe Strategy' aims to reduce the use of restrictive practices
Discharge planning started from the point of admission	The trust use values based recruitment	All wards and community team bases were found to be clean and mostly well maintained

Each core service report also highlights areas of good practice found, these are included in Appendix C.

Areas for improvement

- Each report also identifies areas for improvement, the majority of which are not classed as breaches of regulatory requirements. There are, however, two breaches of regulations identified, which are:
 1. Use of mechanical restraint in inpatient services for children and young people
 2. Lack of personalised care planning in inpatient wards for older people
- The CQC has requested formal action plans identifying actions taken to address these two very specific issues, to be submitted by 1st October 2016 and these are currently in development.
- There are a number of areas for improvement identified and these are listed in Appendix D.

Implications and next steps

- The final element of the CQC comprehensive inspection process is the “Quality Summit”, taking place 20th October 2016, which is a forum for CQC inspection managers to return to the Trust and meet with the Board, senior managers, governors, service user representatives and other stakeholders such as commissioners and local authority representatives to reflect on their findings.
- “Learning events” have taken place to reflect on any areas for improvement identified internally through the inspection process and also identified by the CQC. This learning and reflection is to continue through the speakeasy process in October 2016.
- Being one of only two NHS Mental Health & Disability providers rated as “outstanding” is likely to bring a number of benefits and opportunities to the organisation, along with other potential implications, such as:
 - Increased staff morale
 - Enhanced reputation
 - Increased expectations of service users, carers and other stakeholders
 - Recruitment opportunities
 - Networking & consultancy opportunities
 - Sharing good practice with other organisations
- The Trust Board has approved an additional day’s annual leave for all staff, to be taken in 2017/18, to reflect their gratitude for the hard work of all members of staff before and during the inspection process.

- The CQC has now concluded their programme of comprehensive inspections and in future will inspect services using a tailored approach driven by data gathered and service user feedback. They have indicated that they will re-inspect those services rated good and outstanding less often, and will focus inspections on specific areas rather than the whole provider, making more use of unannounced inspections in all sectors.
- In response to the CQC's change in inspection approach, the Trust approach to self-assessment against CQC standards (including the CQC Compliance Group and programme of mock inspections) is under review and will be discussed at Group Business Meeting later this month.

The Board of Directors are asked to note the information within this report.

Anna Foster
Deputy Director of Commissioning & Quality Assurance
September 2016

CQC Findings by Core Service

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Acute Admissions and PICU for Adults of Working Age	Good	Good	Good	Good	Good	Good
Older People's Wards	Good	Requires improvement	Good	Good	Good	Good
Wards for people with LD and Autism	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Rehabilitation Long Stay Wards	Good	Good	Good	Outstanding	Outstanding	Outstanding
Crisis and HBPoB	Good	Good	Good	Good	Good	Good
Community Mental Health Services for Working Age Adults	Good	Outstanding	Outstanding	Good	Good	Outstanding
Community Mental Health Services for Older People	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Community based LD Services	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
CAMHS Inpatient	Requires improvement	Good	Good	Good	Good	Good
CAMHS Community	Good	Outstanding	Outstanding	Good	Good	Outstanding
Forensic and Secure Wards	Good	Good	Good	Good	Good	Good
Acute Medical Care (Walkergate Park)	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Outpatients (Walkergate Park)	Good	Not rated	Outstanding	Outstanding	Outstanding	Outstanding
Substance Misuse Services	Good	Good	Good	Good	Good	Good
Adult Social Care (Easterfield Court)	Good	Good	Good	Good	Good	Good

National benchmarking – CQC Comprehensive Inspection Findings of all Providers of Mental Health & Disability Services.

Trust overall	Overall Rating	Safe	Effective	Caring	Responsive	Well Led
Outstanding	2	0	1	5	2	3
Good	19	7	23	48	30	26
Requires Improvement	31	41	29	0	21	23
Inadequate	1	5	0	0	0	1

Core Service	Inpatient						Community					Substance Misuse
	Adult Acute/ PICU	Long Stay/ Rehab	Forensic/ Secure	Child and Adolescent In-patient	Older Peoples In-patient	LD and Autism In-patient	Community Adult	Crisis and Health Based places of Safety	Specialist Community CYPS	Community Older People	Community LD and Autism	
Outstanding	3	2	3	2	2	3	1	2	3	4	2	0
Good	17	20	26	20	27	18	32	31	24	33	28	1
Requires Improvement	28	19	9	8	17	11	17	14	14	10	5	2
Inadequate	3	0	3	0	1	2	0	2	1	0	1	0

(nb the NTW ratings are highlighted in yellow)

Further benchmarking analysis

Nationally, of 53 inspections of NHS MH & Disability services announced to date (incl NTW):

One was rated as "inadequate", 31 (58%) were rated as "requires improvement", 19 (36%) were rated as "good" and two "outstanding"

We are the **only** NHS MH & Disability Trust to receive:

- ✓ an "outstanding" rating for effective overall
- ✓ an "outstanding" rating for community services for adults of working age
- ✓ a "good" rating for substance misuse services overall

We are **one of only two** NHS MH & Disability trusts to receive:

- ✓ an "outstanding" rating overall
- ✓ an "outstanding" rating for responsive overall
- ✓ an "outstanding" rating for long stay/rehabilitation wards (the other Trust is Cornwall Partnership)
- ✓ an "outstanding" rating for community services for people with LD and autism services (the other Trust is SLAM)

We are **one of only three** NHS MH & Disability trusts to receive:

- ✓ an "outstanding" rating for well led overall (the other Trusts are TEWV and ELFT)
- ✓ an "outstanding" rating for community children and young peoples services (the other Trusts are Lincolnshire Partnership and ELFT)
- ✓ an "outstanding" rating for inpatient services for people with LD and autism (the other Trusts are Cheshire & SLAM)

We are **one of only four** NHS MH & Disability trusts to receive:

- ✓ an "outstanding" rating for community services for older people

Also to note:

- ✓ We are one of only five NHS MH & disability trusts to receive an "outstanding" rating for caring overall
- ✓ We are one of only seven NHS MH & disability organisations to receive a "good" rating for safe overall – none have achieved "outstanding" for this key question
- ✓ We are one of only seven NHS MH & disability organisations with all of the key questions rated as either "good" or "outstanding"
- ✓ Just over half of our core services were rated as "outstanding" overall, the remainder were rated as "good".
- ✓ At core service & key question level, 32% were rated "outstanding" and 65% were rated as "good".
- ✓ We received two "must do's" (breach of regulations) and 50 "should do's". Every core service has some "should do's".

CQC Comprehensive Inspection 2016 Identified Areas of Good Practice:

Medical Care and Outpatients

A well-established service users and carers forum was in place and social activities for service users and their families had been established with the Headway Charity.

The hospital had established a brain injury group providing opportunities for discussion of a variety of issues such as brain injury and sleep monitoring.

The social therapeutic and recreational rehabilitation team had been developed to promote independence and increase the quality of life of patients through taking part in social and leisure activities.

The service had adopted best practice in support of the provision of care and treatment, for example 'Reducing the risk of deep vein thrombosis for patients in hospital', functional independence measure and functional assessment measure scores.

The establishment of a spasticity management clinic for individuals with spasticity following a neurological injury.

The North East Drive and Mobility Service had worked with a number of external agencies to develop the services to service users, for example the Driver and Licensing Authority and the local police.

Staff in outpatients had worked with a local university to develop a short course on the holistic management of spasticity and hypertonia. This was developed because a need for training was identified by staff.

The hand hygiene clinic was a service developed in response to patient need and research by the outpatients department. The development of this work had led to additional support services available for patients with hand hygiene and contributed to staff development in outpatients.

As part of the caring hands project, the trust had provided an additional two training sessions to home care managers and care staff in Newcastle. Information provided by the trust highlighted that they are developing the education programme further.

Acute Mental Health Wards and Psychiatric Intensive Care Units

On the wards at Hopewood Park the pharmacist, ward manager and consultant held a weekly meeting to look at prescriptions of patients. The object of the meetings was to remove any 'as required medication' that had not been used in 14 days, to review the anti-psychotic medication and if possible change it or reduce the dose. They also used the opportunity to look at general health and mental health pharmacy issues to ensure medications did not react with one another.

The ward manager from the psychiatric intensive care unit had implemented a “prevent” management of violence and aggression reflection group. This was a weekly meeting open to all staff on site. The meetings were an opportunity to discuss specific cases, incidents, and care plans for new patients. It was also an opportunity to reflect on practice and share lessons learned.

Rehabilitation and Long Stay

An electronic dashboard performance system enabled ward managers to manage performance on a daily basis and improved autonomy. Managers praised the tracker systems being piloted at Elm House, Brooke House, Willow View and Hopewood Park as these improved links with community care coordinators and led to discharge efficiencies.

Wards for people with learning disabilities and autism

Staff across the services had been involved in research and developing innovative practice. Staff on Alnwick ward had developed a discharge planning model to effectively engage patients on their discharge pathway. This had resulted in a reduction in the average length of stay on the ward, and reduced readmission rates.

Senior managers within the trust had developed effective relationships with commissioners. This positive relationship had resulted in funding being retained following the closure of a unit, to enable the development of a community transitions team. Staff in this team worked with patients on the wards prior to discharge and continued to support patients in community placements after discharge. This had positively impacted on community placements being successful. As part of this model, Responsible Clinician cover was routinely provided by the consultant psychologist or consultant psychiatrist up to six months after discharge from the ward. The team facilitated risk management workshops for stakeholder groups including community treatment provider and day service providers and gave advice and support for up to six months following discharge. This had resulted in sustainable community placements for patients and a reduction in readmission rates.

Staff within the trust had delivered presentations and workshops at national conferences on models they had developed. Staff also facilitated training workshops to staff from community teams to improve discharge pathways.

Specialist Community Services for Children and Young People

Two staff members from the South Tyneside and Sunderland children and young people’s service were piloting a new project delivering attention-deficit hyperactivity disorder awareness training to local schools.

This outreach project targeted education staff in school and was designed to raise awareness and understanding of the symptoms of attention-deficit hyperactivity disorder in children at school. The project aimed for increased early referrals of young people displaying symptoms of attention-deficit hyperactivity disorder from schools. The presentation was piloted at two schools and at the time of inspection staff were collating feedback and refining the presentation to be used in more schools.

Community Mental Health Services for Older People

Staff were proactive in reviewing the service they delivered and seeking opportunities to develop and improve. Staff in the South Tyneside and Sunderland services had undertaken a rapid process improvement workshop to develop a 'new ways of working' model. This enabled patients and carers to speak with a consultant at the time of their initial assessment to formulate a plan of care. The service was developing this further to include the use of skype in this process.

Staff across all services were heavily involved in research and innovative practice. The challenging behaviour team had developed a model to support family carers. This had been published in the Journal for Dementia Care and the staff had been asked to speak at national conferences about this. They also developed a risk management model, which had again been published and rolled out across the trust. The consultant psychiatrist in the memory assessment service was the dementia lead for the trust. He was a key contributor to a national research study looking at how a patient's progress through their initial assessments at memory assessment services was related to their subsequent outcome assessments and episodes of care.

Community Services for People with Learning Disabilities

There was a process in place to ensure that National Institute for Health and Care Excellence guidance was being followed in respect of the prescribing of medication. In Sunderland, the psychiatrist was supported by a nurse and a pharmacist when deciding whether to prescribe medication to a service user with learning disability or autism. The nurse led on what alternative interventions could be suggested and tried. The pharmacist supported the psychiatrist on how to minimise the dose of medication for a shorter period. There was a plan in place to review the effectiveness of the medication and reduce it in a timely manner if no positive change was noted. This model of prescribing was in the process of being introduced to other teams.

The Sunderland learning disability community team met on a daily basis to discuss service users who were at risk of relapse. The aim of the meeting was to alert all relevant agencies of any mental health or challenging behaviour crisis, to respond quickly and for all agencies to be well coordinated. There was a multidisciplinary approach to service user care and treatment which was holistic and comprehensive. All staff within the team as well as local authority social work teams, inpatient and crisis staff attended the meeting. Clinical advice and guidance was offered from occupational therapists, nurses with various specialisms, psychologists, speech and language therapists and psychiatrists. If necessary, extra support in the community could be offered to service users which was provided by the team. Other teams meet on a daily or weekly basis and mirrored this team approach.

Crisis and Health Based Places of Safety

The trust's street triage team had been operational since September 2014 and worked collaboratively with Northumbria Police. The service was based on national and local drivers to reduce the numbers of avoidable section 136 detentions. The service also aimed to improve the outcome for people who were detained and for those people who were cared for

in the community. Since implementation, detention levels had reduced by approximately 90% of their pre-street triage levels. The trust demonstrated excellent inter-agency working with the police. Staff, police and other stakeholders spoke overwhelmingly positively about the service.

Community Services for Working Age Adults

Patients' religious and spiritual needs were supported and included in their care and treatment. Sunderland South Community Treatment Team worked collaboratively with the trust chaplaincy service to link religion and spirituality into mental health recovery and treatment. Regular pathway meetings took place which the chaplaincy service attended.

A member of the chaplaincy team held a caseload and had dedicated time per week to work with patients who used community based mental health services in Sunderland South area. The chaplaincy worker continued their involvement through the community to inpatient and rehabilitation with people. The chaplaincy worker specifically worked with patients to promote religious and spiritual belief in mental health recovery.

Forensic Wards

Staff on Oswin ward had developed a formulation pathway for all patients. This involved input from all relevant professionals including probation, prison staff and the patient, ensuring the ward had a comprehensive risk profile for all patients.

The use of restraint and seclusion was generally low across the forensic service. The principles of relational security were embedded throughout the service and staff were able to use this to identify potential trigger points and deescalate situations before incidents arose. The service also held a weekly multidisciplinary single point of referral meeting with representation from NHS England to review all referrals.

Wards for Children and Young People

On Riding ward, staff used social stories to orientate patients to the ward. Riding ward's social stories included photographs of the unit and the patient's named nursing staff. Riding ward also had social stories for the taking of bloods and making amends after disagreements.

Wards used a pictorial seclusion and a restraint-debriefing document with patients following an incident of harm or restraint that considered the comprehension needs of the patients. The template explored why patients thought they were restrained or secluded and what triggered the situation, how they felt about the episode and what staff were most appropriate to be involved, how staff spoke to them, and their preferred restraint hold. The document also raised medication preferences and what the staff should do differently next time.

Fraser ward had developed a dietetic screening tool in the absence of anything available nationally and had an article published in the International Journal of Behavioural Support.

Appendix C continued (areas of good practice)

Child and adolescent mental health wards had developed a resource tool that enabled the multidisciplinary team to assess the needs of the current patient group in relation to the available staff resources of each ward nursing team. The tool enabled teams to review current and future pressures on the services and included a process where options were reviewed to ensure that practice was safely provided within current resources. Scores were allocated in respect to anticipated behaviour; patients were given a number that described their level of risk, need or responsivity and the numbers added to derive a 'resource level' number between 0 and 30.

Substance Misuse Services

Treatment naïve project. This began in January 2016 and has been delivered to 201 individuals in Northumberland who are new to the service. Research has shown that those who are new to addictions services are more likely to be successful in their treatment journey. Participants receive additional telephone recovery support. Phone calls are focused on listening to concerns and worries, encouraging changes, offering information, dispelling myths about treatment, harm reduction advice and inviting participants to support groups. Peer mentors also work on the project and share their experience with a view to instilling hope and positivity for change.

Employment support. Over the past three years over 60 clients have been supported into sustained employment. Clients receive support with CV writing, interview skills, application forms, job searching and covering letters. Clients may participate in a two week placement into the workplace with expenses for travel, uniform and lunches paid. Companies invest money into the scheme as part of their corporate social responsibility. We were told that 75% of clients attending a placement move onto employment within three months of completing their placement.

Recovery street film festival. This was in the planning stages by clients and staff to provide a pop up cinema tour in Durham in September 2016. The aim is to reduce stigma surrounding drug and alcohol problems by showing the public three short films of personal accounts of addiction and how clients lives have changed.

Following a five year review of incidents, focus groups and case note reviews, the service had developed an APP (software designed to run on a computer). This was updated each day and allowed staff to access the system and update their knowledge of incidents, the outcomes and any shared learning or changes to practice. This is a relatively new system and some of the staff we spoke to were not aware of it. We were told the application received 400 views in January 2016 but this had increased to 7000 views so far in June 2016. This demonstrated increased usage within the service. Due to the efficiency and take up of the system, it is being looked at for implementation trust wide.

CQC Comprehensive Inspection 2016 Identified Areas for Improvement:

Note – areas for improvement are classified as either a MUST do or SHOULD do. Any MUST do's are classed as breaches of regulations and the Trust must respond to these particular findings with a formal action plan.

The Trust:

- should review the use of mechanical restraint with its partner agencies to reduce its use during the transfer of patients between wards or when on transport to and from hospital.
- should review the physical environment of Alnwood to ensure it supports children and young peoples' recovery and reduce the high level of mechanical restraint.

Acute Wards for adults of working age and PICU:

- should review the use of mechanical restraint as an intervention in the management of violence and aggression in acute and psychiatric intensive care unit services.
- should review the use of prone restraint within their services and look at how they can bring their practice in to line with the MHA Code of Practice.
- should ensure that care plans are person centred.
- should ensure that oxygen cylinders are checked regularly.

Wards for older people:

- should ensure that staff individually assess patients to consider least restrictive options and remove restrictions imposed across full wards.
- should ensure all staff carry personal alarms whilst on duty.
- should ensure that staff explain a patient's rights to them on admission and routinely thereafter.

Long stay rehabilitation wards:

- should review the appropriateness of having controlled entry and exit via an airlock in a rehabilitation setting.
- should ensure that all care plans reflect the involvement of patients and include detailed and personalised information about the management of long-term physical health conditions.
- should ensure that staff monitor all patients receiving a high dose antipsychotic treatment in line with national guidance.

Forensic Inpatient Secure Wards:

- should ensure the recording of seclusion observations on the Bamburgh clinic meet the requirements of the Mental Health Act code of practice 26.124.
- should ensure the provision of seclusion facilities at the Bamburgh clinic meet the required standard.
- should consider providing all staff who work directly with patients full Prevention Management of Violence and Aggression training.
- should ensure all patient records contain detailed care plans which reflect the person centred support provided and that all observations are recorded in patients notes.
- should ensure staff have adequate time to facilitate a comprehensive verbal handover of each patient on each shift.

Wards for people with learning disabilities and autism:

- should review restrictive practices on the wards and take appropriate steps to address these.
- should consider how the quality of the food, particularly on the Northgate Hospital site, can be improved.
- should review the physical environment on the Kenneth Day unit, particularly in relation to how patients with mobility issues could be supported on the wards, and improvements to seclusion rooms.

Wards for children and young people:

- should review bank and agency use to create positive interactions with patients.
- should review handover duration.
- should ensure that staff have appropriate equipment and facilities to preserve the dignity of patients while performing searches.
- should ensure sufficient staff to enable patients to make use of outside spaces, staff to attend training and supervision sessions.
- should monitor the cancelling and changing of activities due to staff shortages.
- should engage with patients in relation to the quality of the food.

Walkergate Park (Inpatients and Outpatients):

- should ensure a consistent approach to displaying NHS safety thermometer data on wards at this hospital. This would assure patients that the hospital was improving practice, based on experience and information.
- should consider implementation of regular record audits within the outpatient department.
- should consider governance leads within the outpatients department.

Crisis and HBPOs:

- should review the procedures for medicines supply to ensure secondary dispensing does not occur.
- should review its mandatory training requirements for staff who co-ordinated the health based places of safety to ensure they were trained in intermediate life support
- should ensure its planned improvements to the health based places of safety at St George's Park and St Nicholas Hospital takes place
- should ensure that all staff are aware that a minimum of two staff would be available for police to hand over a detained person in the health based places of safety

Community services for adults of working age:

- should ensure that patients subject to community treatment orders are read their rights at regular intervals as outlined in the Mental Health Act and the Mental Health Act Code of Practice.
- should ensure that prescriptions for intramuscular or 'depot' medication are reviewed at least every six months as recommended by National Institute for Health and Care Excellence guidance.

Community services for people with learning disabilities and autism:

- should ensure that lone worker procedures are followed in all teams.
- should make all necessary leaflets available in easy-read format for people with learning disability or autism.

Community services for children and young people:

- should ensure that parking facilities at Benton House do not disrupt the delivery of effective care.
- should continue to work with external stakeholders to ensure that the specialist community mental health services for children and young people has the capacity to meet current and future demand.
- should ensure that individual staff caseloads in the specialist community mental health services for children and young people are within identified capacity as stated in the caseload tool used.
- should improve mandatory training in areas where it is not reaching compliance targets in the specialist community mental health services for children and young people.
- should have a waiting list protocol in place to assess risks to children and young people on waiting lists within the specialist community mental health services for children and young people.

Community services for older people:

- should ensure that staff caseload numbers are at a manageable level to enable staff to continue to provide quality care.
- should ensure that the number of administrative staff are sufficient to meet the demands of the service.
- should ensure they have a robust system in place to monitor the review of depot medication in line with best practice guidance.
- should ensure that staff know who the Mental Capacity Act Lead is and how to access them for support and guidance.

Substance Misuse Services:

- should ensure there is a robust system to ensure that medical equipment is checked on a regular basis and this should be recorded.
- should ensure that there is a system in place to ensure that regular stock checks on prescription forms are undertaken and where possible there is a separation of duties between ordering, receiving and stock checking the prescription forms.
- should ensure that all people can easily enter, exit and find their way around premises easily and independently.