

AGENDA ITEM

4.4

MENTAL HEALTH ACT MONITORING COMMITTEE
HIW REPORT ON CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) – ACTION PLAN AND PROGRESS REPORT

Date of meeting	(07/12/2022)
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FOI Status	Open/Public
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If closed please indicate reason	Choose an item.
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Prepared by	Lisa Davies, Clinical Service Group Manager
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Presented by	Dr Krishna Menon, Clinical Director
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Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
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Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

HIW	Healthcare Inspectorate Wales
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1. SITUATION/BACKGROUND

- 1.1 Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Ty Llidiard within Cwm Taf Morgannwg University Health Board on 08 – 11 November 2021.
- 1.2 Ty Llidiard consists of two wards, the Enfys Ward and Seren Ward. Care is predominately provided to patients on the larger Enfys Ward, and the smaller Seren Ward is used to provide short periods of acute

care to patients who may require it. This inspection focused solely on the Enfys Ward.

1.3 During this inspection, HIW reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act. HIW also considered how the service complies with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

1.4 HIW made two recommendations for improvement in relation to the application of the use of the Mental Health Act and monitoring of the Mental Health Measure.

1.5 The first recommendation for improvement was in relation to Section 17 leave forms with the following reported:

“We saw that Section 17 leave was suitably risk assessed for each patient. However, we noted that the leave forms did not:

- Describe the intended outcome or purpose of the leave, or review how it went upon the patient’s return
- Contain a section for the patient to sign to indicate their involvement and agreement to their leave
- Contain a photograph or description of the patient to enable safe return if the patient fails to return from their leave.”

1.6 The second recommendation for improvement was in relation to care planning noting the need to co-produce these plans with young people with the following reported:

“we found that the care plans we reviewed:

- Appeared to be developed from a generic and standardised template; the patient’s views and contribution to their own care plans was not evident, and therefore the patient’s voice was not visible
- in one care plan, the name of the patient was not mentioned throughout, and in another, the name of a different patient was incorrectly included in one section
- Were not written using child friendly language that reflected the voice of the patient
- Did not have consideration of the eight areas of a person’s life as set out in the Mental Health (Wales) Measure 2010
- Were not signed by the patient to evidence that they had agreed to it and received a copy



- Did not contain evidence to show whether patients had been assessed for capacity for a range of needs during their stay at the unit, for example, use of their mobile phone or handling their finances.

1.7 A monthly Ty Llidiard Improvement Board has been established since July 2022. This Board is chaired by the Executive Director of Therapies and Health Science (DoTHS). An integrated improvement plan has been developed incorporating the action plans and recommendations from reviews of the service, including the improvement actions outlined by HIW. The Board oversees the progress of the improvement plan.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

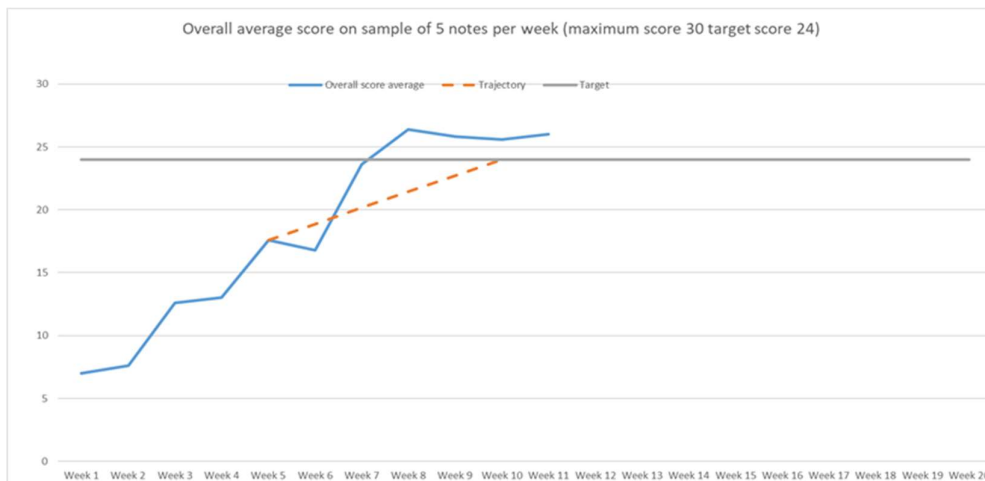
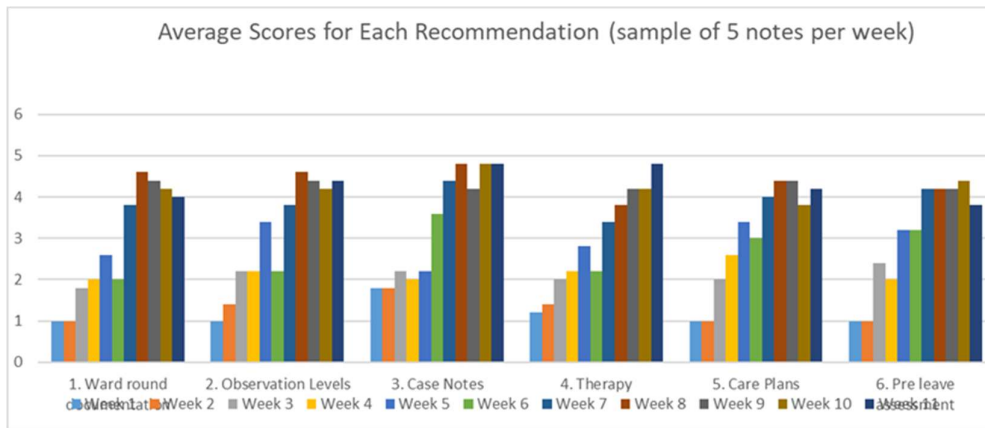
2.1 **Appendix 1** outlines the two areas for improvement in relation to the application of the Mental Health Act and monitoring of the Mental Health Measure and the actions taken by the service. The service reported back to HIW in June 2022 and these two actions have been assessed and reported as completed.

2.2 The actions taken in relation to implementation of the recommendations for Section 17 leave forms include the Clinical Lead ensuring the medical staff in the unit are aware of the requirements and the need to include the purpose of the leave and expected outcomes, and where appropriate these forms need to be signed by the young person.

2.3 The actions taken in relation to ensuring the ward care planning documentation reflect the voice of the young person and are co-produced have included training and awareness with staff; alongside benchmarking with other units and ongoing audit and development of the care plans. The clinical team have met with the young people on a weekly basis to develop the approach to the ward care planning and documentation. The current ward care plan has been co-produced with the young people.

2.4 To support the progress of the integrated improvement plan in Ty Llidiard and improvement in the quality of the ward management plans, a weekly audit has been implemented and this reviews the quality of the Section 17 forms as well as the ward management plans.

- 2.5 The target is to achieve an average score of 4 out of 5 for each of the 6 categories, and an average total score of 24 out of 30. The audits will continue until there is adequate assurance that the improvements consistent are embedded in practice (minimum of 12 weeks after compliance).
- 2.6 The following graphs demonstrate the improvement in the average scores for each area including care planning and pre leave assessment (incorporating section 17):



- 2.7 To ensure that the improvement work for the individual ward management plans continues to reflect the input of our young people, the clinical team have also been asking the young people to assess their plan. This is in the early stages but initial feedback has been positive as shown below.



Initial feedback from the YP

YP	Ward Management Plan	New Care Plan
1	2/5	5/5
2	2/5	4/5
3	1/5	3/5
4	n/a	5/5

Scale

Are you happy with your care plan?

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no risks for escalation to the Committee in relation to the improvement work in Ty Llidiard. The actions identified from the unannounced HIW inspection in November 2021 have been assessed and reported as completed. To ensure the improvements are embedded and sustained a quality improvement programme is in place to monitor the quality of the clinical documentation.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below: Safe Care Dignified care Effective Care Individual Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required as no changes to service provision articulated.



Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 Members are asked to **NOTE** the progress outlined in this report