



AGENDA ITEM

4.3

QUALITY & SAFETY COMMITTEE

BRIDGEND ILG TY LLIDIARD UPDATE REPORT

Date of meeting

22/09/2021

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Approving Executive Sponsor

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Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

ILG Leadership Team

14/9/21

SUPPORTED

ACRONYMS

CTMUHB

Cwm Taf Morgannwg University Health Board



| | |
|-------|---------------------------------------------|
| ILG | Integrated Locality Group |
| CAMHS | Child and Adolescent Mental Health Services |
| CSG | Clinical Service Group |
| QSC | Quality and Safety Committee |
| HIW | Health Inspectorate Wales |
| QAIS | Quality Assurance Improvement Service |
| EIP | Early Intervention Psychosis |

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Quality & Safety Committee with robust assurance, and to escalate key risks, relating to the quality and safety of CAMHS services in CTMUHB.
- 1.2 The reporting period for this paper is June-August 2021. This report relates to the whole of the CAMH Service which is hosted by Bridgend ILG.

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

Internal Enhanced Monitoring and Support

- 2.1 Bridgend ILG placed CAMHS into Internal Enhanced Monitoring and Support in September 2020 due to concerns in relation to a number of serious incidents, culture and performance.
- 2.2 The ILG sought approval from Management Board to secure additional leadership posts to progress an improvement plan and this was initially agreed to October 2021. Management Board have more recently agreed an extension to October 2022 as it is recognised that the work will not be completed within the year. Going forward, the ILG's long-term plan is to create a formally constituted CAMHS CSG to recognise the importance of the service for our population and the longer term benefits and also recognising the complexity of the service that needs continued focus.



- 2.3 To support the service appropriately through this period of challenge Bridgend ILG introduced fortnightly enhanced monitoring sessions in December 2020 to review progress and gain assurance against required actions for improvement.
- 2.4 The work to date has focussed primarily in the Swansea community service for the organisational development work, the Rhondda Cynon Taf (RCT) and Merthyr community service for the performance improvement work and in Ty Llidiard for improvements linked to external reviews and serious incidents.
- 2.5 The impact of the organisational development work in Swansea is beginning to be realised. As an example of this, a staff member from Swansea was nominated by a colleague for the August Bridgend ILG Excellence Award.
- 2.6 As part of the wider CAMHS improvements the ILG is working with Workforce and Organisational Development colleagues to undertake an organisational health review of the entire CAMH service. Bespoke CAMHS surveys have been completed in order to inform the organisational development plan.
- 2.7 More recent triangulation of information through complaints, incidents, workforce absence, turnover and other soft intelligence has highlighted some staff experience, leadership and recruitment challenges within Ty Llidiard. As a consequence, a bespoke organisational development plan for this service, which includes leadership training.
- 2.8 During the ten months since the additional leadership team commenced in post there has been a specific focus on the performance in the RCT, Bridgend and MC part of the community service.
- 2.9 A single point of access has been introduced in this community service and the numbers of children waiting for intervention after assessment has been reduced from 500 to 100, with trajectories for further improvement in place.
- 2.10 The leadership team are now moving their performance focus to the Swansea community service with the intention of introducing a single point of access there also. The performance issue in Swansea is a much more recent concern and is associated with recent increased demand and workforce challenges.

- 2.11 Members are asked to note that CAMH community services have experienced a significant increase in demand as a consequence of the pandemic and are refining processes in order to meet the needs of children. There has been Welsh Government investment in community services and the service is progressing recruitment to new posts.
- 2.12 Working with education partners the service is progressing the Whole School Approach initiative which should result in young people having their emotional needs identified and ideally met within schools.

WHSSC Escalation

- 2.13 Welsh Health Specialised Services placed the Ty Llidiard in Level 3 escalation in March 2018 due to previous safety concerns and have been undertaking a close review and monitoring of service provision. An improvement plan was developed and significant progress has been made against the original actions.
- 2.14 WHSSC wrote to the Health Board in June 2021 to advise that the escalation status had been increased to Level 4. This decision was based on the failure of the unit to resolve its on-site emergency response arrangements and also new stakeholder feedback in relation to the culture and leadership on the unit. The Health Board is working in partnership with WHSSC. Three workstreams have been arranged: Leadership and Culture; Service Specification and Gap Analysis; and the Emergency Response.
- 2.15 The Health Board has reviewed its emergency response arrangements including a risk assessment against the options and submitted this information to WHSSC but a further multi-agency meeting is planned to finalise the Standing Operating Procedure. Welsh Government will also be in attendance.
- 2.16 The Forensic Assessment and Consultation Treatment Service (FACTS) which is a small Wales-wide service hosted by CTMUHB is also in escalation with WHSSC. This was due to the sustainability of the workforce in this very small service. A number of key posts have now been recruited to. The service met with WHSSC in September 2021 and were advised that due the progress made this service is nearing de-escalation. There are some minor medical workforce issues that require some resolution.

Healthcare Inspectorate Wales

- 2.17 An action plan was developed following Healthcare Inspectorate Wales 2019 annual inspection of CAMHS services which recommended that maintenance work should be undertaken on the unit's windows to promote privacy, cleanliness and safety. All bedroom windows have now been replaced with anti-ligature windows which have integral blinds.
- 2.18 The unit continues to make steady progress against the recommendations made by Healthcare Inspectorate Wales following their Tier 1 inspection. The report has been shared previously with members of the Committee.
- 2.19 Main outstanding actions from HIW action plans as below:
- HIW 2018 – Electronic notes – CTM has recently re-started meetings to progress a project plan for AMHS & CAMHS.
 - HIW 2020 – Community based CAMH Services to facilitate timely discharge from Tier 4. New WG funded posts will support this, as will national pathway work.
 - HIW 2020 – Improve mandatory training compliance up to 80%. 80% compliance achieved in Safeguarding and Resuscitation training and significant progress being made in all other areas. The ILG continues to monitor and promote this through the regular enhanced fortnightly meetings.

Other External Reviews

- 2.20 QAIS undertook a review of NHS Wales Tier 4 In-Patient Services and following this The National Collaborative Commissioner's Unit (NCCU) has published a document highlighting areas for improvement. These include urgent environmental changes, strengthening nursing leadership and specialist training, funding additional therapists as part of the multi-disciplinary teams, the implementation of an electronic record system and additional team building activities.
- 2.21 These recommendations have informed the improvement plan and will also inform the joint work streams with WHSSC.
- 2.22 Key to the improvements is a review of the skill-mix and workforce plan for Ty Llidiard. A number of therapist vacancies have been

appointed to, and the gap analysis workforce plan, aligned to the new service specification, will be considered by the commissioner.

- 2.23 The Health Board is awaiting the formal reports from a number of external reviews that have taken place: Peer Review of the Swansea Community CAMH Service in February 2021; The Delivery Unit reviews of CTMUHB Crisis and Liaison Services; and the Joint HIW CIW Safeguarding Multi-Agency Review in Swansea Bay health board area. The Health Board has received informal feedback for all of these reviews and there are no issues to escalate to Committee.

Quality Assurance

- 2.24 The committee is asked to note the quality metrics information in Appendix 1. The majority of **incidents** relate to the in-patient service. The highest number of incidents relate to aggressive, threatening and abusive behaviour.
- 2.25 There have been no Nationally Reportable Incidents (NRI) within this reporting period. There has been one Locally Reportable incident (LRI) within this reporting period.
- 2.26 There is one nationally reportable incident with a delayed investigation report. The draft report requires further review which in the absence of the Investigating office has been delayed, however this will be progressed urgently when the staff member returns to work.
- 2.27 As part of the CAMHS improvement work a thematic analysis of **complaints** over past 3 years has been completed to identify themes & trends. It is notable that the number of formal complaints for the Swansea Bay services have doubled. 97% of complaints in CAMHS were reported as no to low harm. The remainder reported as moderate were associated with delayed access to treatment, which reflects the performance challenges previously outlined.
- 2.28 There are three pending **inquests** involving care provision from CAMHS. Inquests have been delayed due to the pandemic. The Health Board is aware that the inquest for the death of a patient at Ty Llidiard in 2018 is due to be held in January 2022. There are no dates yet available for the other two pending inquests.



Quality Improvement

2.29 The Health Board is progressing a range of quality improvement initiatives:

- The CTM locality have 2 work streams underway working collaboratively with Paediatrics and the emergency departments to develop an eating disorder and crisis management pathway.
- Swansea Bay have recently had an away day developing a new service model maximizing the new WG funded posts.
- The CAMHS EIP has integrated with AMH as of 1st September 2021. This integrated team will provide EIP services to 14yrs-25yrs and will be in line with other Health Board areas and the **IRIS guidelines 2012**, which recommend: MDT skill mix – youth working, psycho-social and occupational skills, family work, service user posts, support workers, CAMHS, CDAT/dual diagnosis.
- The Tier 4 nursing leadership team are engaging with adult mental health on a joint QI project looking at the use of restrictive practices.

2.30 In addition CAMHS has identified a communications champion who is leading on the promotion of emotional wellbeing advice through the Health Board social media pages.

2.31 Recent Welsh Government investment will also see improvements to eating disorder and crisis services. The CAMHS leadership team are progressing with recruitment to new posts.

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

3.1 Ty Llidiard has seen a surge in Eating Disorder referrals and is currently balancing intensive eating disorder support with support for acute psychosis and high risk taking behaviours from a group of emotionally dysregulated patients. The increase in the number of patients with Eating disorders is being considered nationally.

3.2 In addition there are no low or medium secure beds in the United Kingdom. This is impacting on the ability to safely support high risk young people. The consequence of this is that there are risks to staff and patients in the contingencies that are put in place. WHSSC is responsible for the commissioning of these placements and the Health Board is working closely with them to seek to secure additional provision.



3.3 The CAMHS concerns are included on the organisational risk register with a risk score of **20**.

| Risk | Mitigation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>IF The Health Board continues to face challenges in the CAMHS Service</p> <p>THEN there could be an impact in maintaining a quality service</p> <p>RESULTING IN poor outcomes for children, issues with recruitment and retention of staff and reputational damage for the Health Board</p> | <p>The Bridgend ILG Leadership Team have placed the service into Internal Enhanced Monitoring and Support:</p> <ul style="list-style-type: none"> • Improvement Plan developed and agreed • Weekly Monitoring • Additional Leadership Support • OD intervention |

4. IMPACT ASSESSMENT

| | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quality/Safety/Patient Experience implications | Yes (Please see detail below) |
| Related Health and Care standard(s) | <p>Governance, Leadership and Accountability</p> <p>If more than one Healthcare Standard applies please list below: Safe Care Dignified Care Effective Care Individual Care</p> |
| Equality impact assessment completed | No (Include further detail below) |
| Legal implications / impact | <p>There are no specific legal implications related to the activity outlined in this report.</p> <p>There are some legal issues relating to the care of patients requiring low secure</p> |



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|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| | provision. Legal and risk services are providing advice to the Health Board. |
| Resource (Capital/Revenue £/Workforce) implications / Impact | There is no direct impact on resources as a result of the activity outlined in this report. |
| | The additional resource to support the CAMHS improvement team has been agreed by Management Board. |
| Link to Main Strategic Objective | To Improve Quality, Safety & Patient Experience |
| Link to Main WBFG Act Objective | Provide high quality care as locally as possible wherever it is safe and sustainable |

5. RECOMMENDATION

- 5.1 Members are asked to **NOTE** the progress and risks outlined in this report and **DISCUSS** the matters for escalation.



Appendix 1

| Indicator Description | Jan 2021 | Feb 2021 | March 2021 | April 2021 | May 2021 | June 2021 | July 2021 | Aug 2021 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|---------------|---------------|-------------|--------------|--------------|-------------|
| Number of never events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of serious incidents (SI) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total number of incidents reported | 32 | 48 | 146 | 159 | 207 | 125 | 27 | 42 |
| Incidents Reported <i>Self-Harm Category</i> | 0 | 0 | 42 | 33 | 25 | 28 | 3 | 0 |
| Incidents Reported <i>Consent for Treatment Category</i> | 19 | 17 | 61 | 102 | 156 | 85 | 3 | 8 |
| Incidents Reported <i>Aggressive/Threatening/Abuse Behavior</i> | 10 | 26 | 32 | 9 | 10 | 3 | 11 | 20 |
| Number of formal Complaints received per month and total number of formal complaints closed per month under PTR including compliance. **Rates of complaints and compliments are low and potentially identifiable.** | | | | | | | | |