



## AGENDA ITEM

6.2

### QUALITY AND SAFETY COMMITTEE

#### TY LLIDIARD TIER 4 CAMHS INPATIENT UNIT REPORT

<b>Date of meeting</b>	24/05/2023
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Lloyd Griffiths, Head of Nursing for CAMHS
<b>Presented by</b>	Lauren Edwards, Director of Therapies and Health Science
<b>Report purpose</b>	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
		Choose an item.

#### ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
PALS	Patient Advice and Liaison Service
TL	Ty Llidiard Tier 4 CAMHS Inpatient Unit
YP	Young People/Person
HoN	Head of Nursing for CAMHS
iCTM	Improvement and Innovation CTM (Cwm Taf Morgannwg)
LSU	Low Secure Unit
NG	Nasogastric
PMVA	Prevention and Management of Violence and Aggression



PICU	Psychiatric Intensive Care Unit
WHSSC	Welsh Health Specialised Services Committee
NCCU	National Collaborative Commissioning Unit, part of WHSSC
HIW	Healthcare Inspectorate Wales
QAIS	Quality Assurance and Improvement Service
QI	Quality Improvement
SI	Serious Incident
NRI	Nationally Reportable Incident
LRI	Locally Reportable Incident

## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide committee members with an update on quality, safety and experience matters in Ty Llidiard (TL), the Tier 4 CAMHS Inpatient Unit within Cwm Taf Morgannwg University Health Board (CTMUHB).

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

- 2.1 TL is in enhanced monitoring arrangements with WHSSC. The focus of the monitoring relates to concerns regarding the service specification and culture/leadership. Positive feedback continues to be received from WHSSC regarding the visibility and oversight of improvements at TL, as well as the reporting standards and progress being made and sustained. TL was de-escalated to Level 3 monitoring by WHSSC in December 2022 and conversations regarding further de-escalation are ongoing.

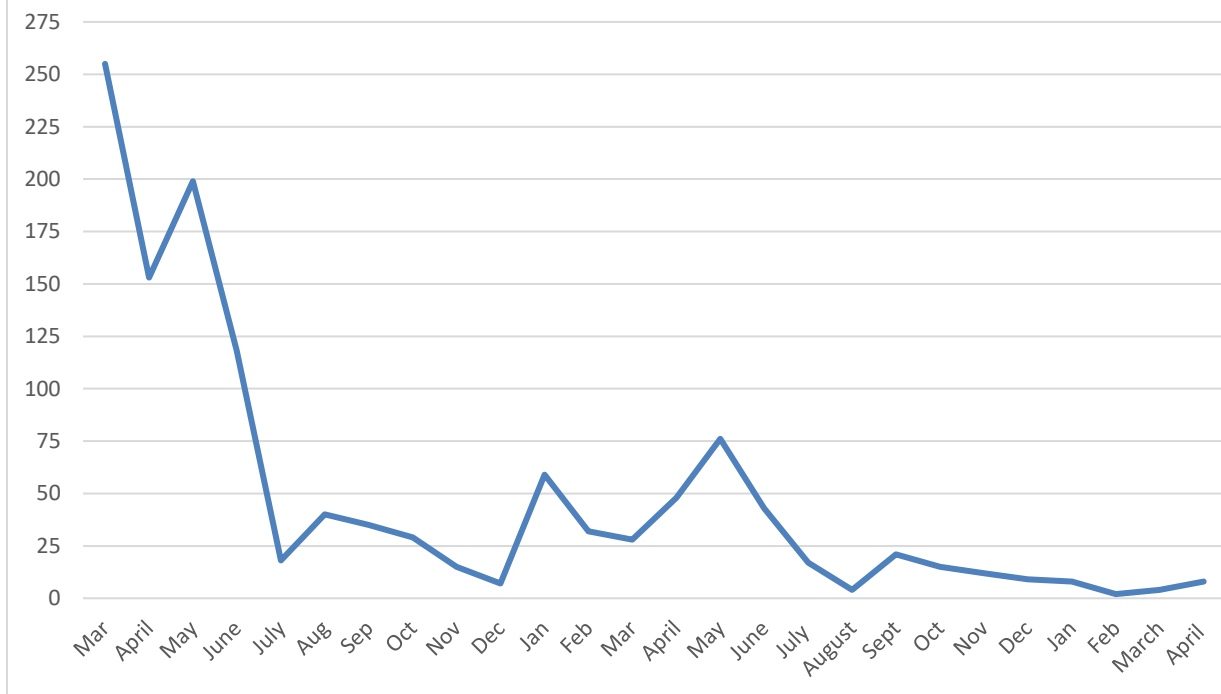
## 3. Quality Assurance

### 3.1 Patient Safety Incidents (Feb-April 2023)

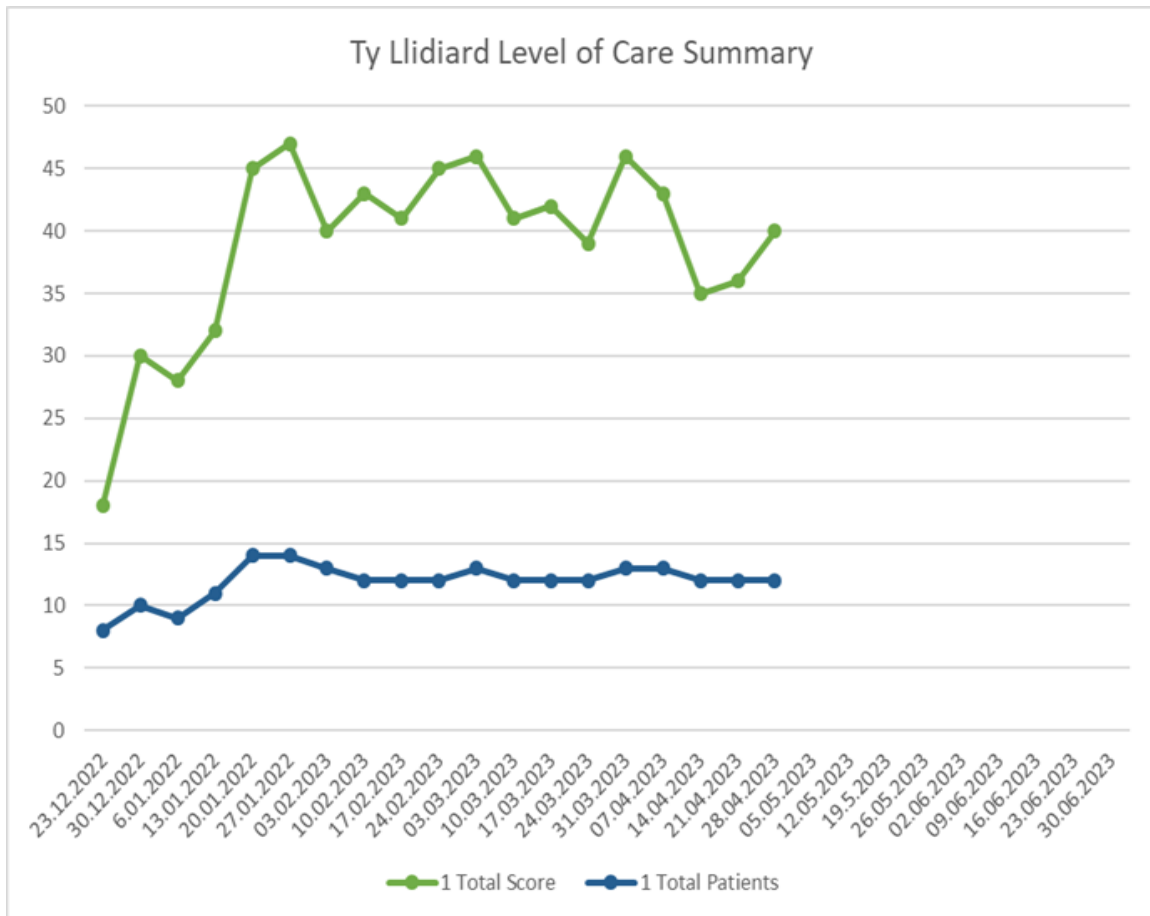
There were 15 incidents reported during this period (3 in February, 4 in March and 8 in April), compared to 108 in the same period in 2022. All incidents classified as low or no harm.



Datix Incidents March 21 - April 23



The acuity and occupancy levels are demonstrated by the graph below which is a summary of the *Level of Care* results. Level of Care is a rating scale recommended by NCCU, which TL and NWAS are using to evaluate and compare the acuity and activity on the wards. Every week, each YP is assessed and allocated a level of between 0-5 (5 needing the highest input) the scores are then totalled to give a picture of how the ward is running. The report shows consistently high acuity levels combined with high occupancy levels. It is also important to point out that these high levels of acuity and occupancy are at a time when the ward has also been managing the ongoing building work.

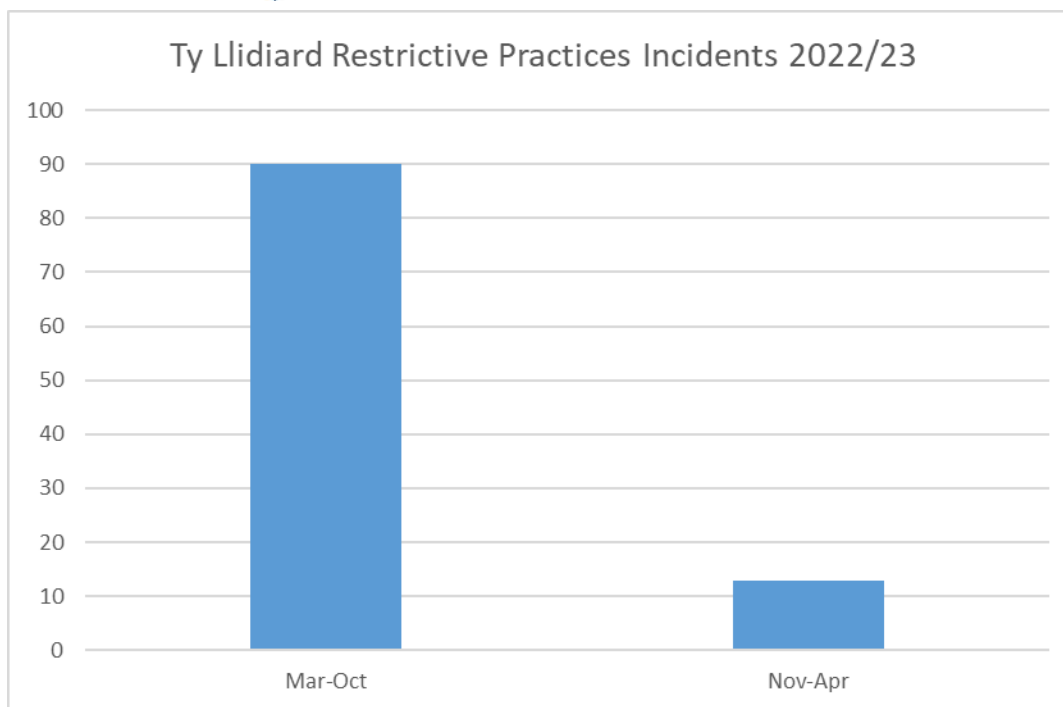


### 3.2 Reducing Restrictive Practices

One of the most discussed topics of the TL Quality Improvement meeting is reducing restrictive practices, particularly the use of naso-gastric feeding under restraint, which historically has been a very challenging area.

In the past 6 months, there have been 13 Datix incidents involving restrictive practices. This is a significant decrease compared to 90 incidents in the previous 6 months and historical levels that were also much higher.

This has been achieved through changes in clinical practice, supported by an MDT who are committed to reflect, learn and improve the quality of care and support provided to YP.



### 3.3 Patient Stories and Case Studies

The Ty Lliard team have started to use patient stories and case studies to show their progress and to demonstrate how they support individuals with complex needs with care and compassion in a more calm and confident manner. Reporting improvements in this way allows the team to evidence improved experience and outcomes for patients and families.

There were no incidents involving absconding from TL (actual or attempted).

There are no incidents which are overdue in terms of investigation or closure.

### 3.4 Complaints

There was one formal complaint during this period from a parent concerned that their child had been detained under the MHA. This complaint has now been resolved.



### 3.5 Compliments

Understanding the experiences of our YP and their families during their admission to TL is an important source of learning and the team are striving to increase feedback month on month.

#### Ty Llidiard Written Compliments

2022											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
2	3	1	3	4	5	4	4	3	2	4	4
2023											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
3	5	6									

All compliments are shared with the team at Ty Llidiard. There is a board in the staff room where compliments are shared. The team are in the process of developing a monthly newsletter for colleagues, which will include a compliments section.

In February we received the compliment below from a member of our therapy team who moved on to a new position in CAMHS. It has been shared with permission and is included as an example of the improvements in culture and MDT working.

*Hi all,*

*Thought I would leave some feedback in terms of the nursing staff whom I feel have really helped me during my short time here. The nursing staff (nurses, HCAs and the kitchen staff whom are all based on the wards) have all gone above and beyond in supporting, guiding and shown me so much kindness. Even if this was a short bittersweet time – they took time to answer all my questions I had, gave me advice, made me laugh, and helped me settle back into working on the wards after working in the community with so much support. Nothing was ever too much for them, they always checked in how I was and so much more and I am really grateful for all this. It meant a lot. They are all awesome 😊*

### 3.6 Current open SIs (NRI or LRI)

There were no new or open LRIs or NRIs during this reporting period.

### 3.7 Ombudsman complaints

There were no new or open Ombudsman cases during this reporting period.

### 3.8 Claims/redress cases

There were no new or open claims/redress cases during this reporting period.

## 4. People's Experience/co-production

- 4.1 The TL team facilitate weekly community meetings (open to all YP on the ward) to seek the views of the YP on what is done well and what can be improved. These meetings continue to be well-attended by the YP and have resulted in valuable insights.
- 4.2 Pet therapy is one of the suggestions that came out of these meetings and we continue to be visited by our Alpacas and therapy dog, Cody. Following another suggestion later this month we have arranged a visit from a reptile expert who will be bringing snakes and lizards for the YP to handle.
- 4.3 As part of the capital works programme that has been going on since New Year we have had to partition off the area where the new ward office will be whilst the building work is completed. The YP have taken the opportunity to decorate this area. This has led to a request for a more permanent area of the ward which they would like to be able to draw on and personalise, therefore using slippage from the capital scheme we will be creating a permanent Graffiti Wall next to the new ward office.





## 5. Visual Identity

- 5.1 The second phase of our new coproduced logo and 4Cs philosophy, Caring, Compassionate, Calm and Confident, has been installed in staff and patient areas and has been positively received by YP, families, staff and visitors. This phase was funded through CTM charitable funds

*Dining Room Corridor*



*MDT Meeting Room*







### Ward Entrance



- 5.2 The third and fourth (final) stages will be completed soon and will see a large external sign installed and the new ward office wrapped in 4Cs themed graphics.

## 6. Quality Improvement

- 6.1 Our quality improvement group is well established and meets weekly, this group is highly valued and well attended by all members of Team Ty Llidiard. The improvements and initiatives that have been developed by the group are discussed and supported by the iCTM Team.

## 7. Improvement Board

- 7.1 A monthly Improvement Board chaired by the Executive Director of Therapies and Health Science (DoTHS) continues to oversee the implementation of changes required to enable colleagues to consistently deliver high quality care and the best outcomes and experiences for the YP and families we care for.
- 7.2 Monthly escalation meetings continue with colleagues from WHSSC, in addition to regular meetings between the CTMUHB and WHSSC executive leads for TL. Significant improvements have been made to the reporting format for the escalation meetings, resulting in ongoing

positive feedback from WHSSC and de-escalation from level 4 to level 3 in December 2022.

## 8. Staff Experience

- 8.1 During our staff engagement events we received feedback on the importance of saying “thank you” to colleagues and the pride people now feel about working in TL. As a thank you to ALL colleagues for their work on the improvements made and as a welcome gift to new starters, we have produced a pack of branded items, including a tote bag, water bottle, pen and notepad. These were presented at an informal Thank You event held in April and have been extremely well received.



## 9. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 9.1 TL remains in Level 3 escalation with WHSSC. Although WHSSC remain assured by the progress being made, the scale and nature of changes required continue to require sustained support and focus within CTMUHB.
- 9.2 As part of the improvement work within TL, changes to the layout of the unit have been suggested by the National Collaborative Commissioning Unit (NCCU). The senior leadership team have met with the Director of

Quality and Mental Health/Learning Disabilities from the NCCU to explore what such changes could look like.

- 9.3 Phase 1 is near completion. Phase 2 has been designed and costed at circa £700k. A SON has been completed and submitted. Phase 2 mainly consists of the creation of an Extra Care Area and Disability Discrimination Act friendly bedroom, ensuring Ty Llidiard meets the WHSSC service specification.

## 10. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Safe Care
	If more than one Healthcare Standard applies please list below: Dignified care Effective Care Individual Care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail 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
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Estates work suggested by WHSSC/QAIS will be associated with significant capital requirements
<b>Link to Strategic Goals</b>	Improving Care

## 11. RECOMMENDATION

- 11.1 Members are asked to **NOTE** the progress outlined in this report and the key risks identified.