



AGENDA ITEM

6.2

QUALITY AND SAFETY COMMITTEE

TY LLIDIARD TIER 4 CAMHS INPATIENT UNIT REPORT

Date of meeting	15 th November 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Lloyd Griffiths, Head of Nursing for CAMHS
Presented by	Lauren Edwards, Director of Therapies and Health Science
Executive Sponsor	Lauren Edwards, Director of Therapies and Health Science
Report purpose	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, Liaison Service
TL	Ty Llidiard Tier 4 CAMHS Inpatient Unit
YP	Young People/Person



HoN	Head of Nursing
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
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 Ty Llidiard, as well as the reporting standards and progress being made.



3. Quality Assurance

3.1 Patient Safety Incidents (Sept 2022 data as October data incomplete due to reporting timeframes)

3.1.1 There were 19 incidents reported in September 2022. All 19 incidents involved a single young person (YP) and relate to nasogastric (NG) feeding under restraint (although 2 of the incidents have been categorised differently). This YP has been in TL for some time and there have been similar patterns of incidents in the past. The level of harm has been assessed as none/low as there is no resistance but the support required from the team is classified as restraint.

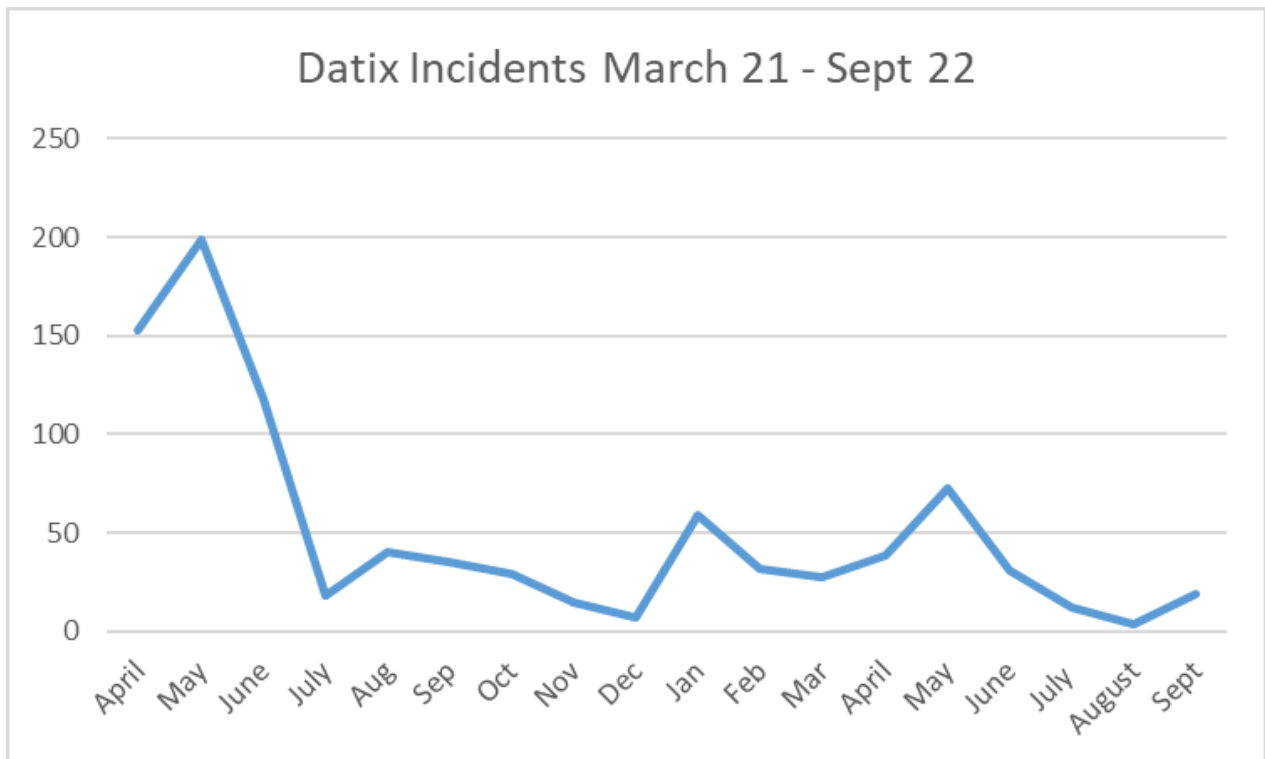




Table 1: Six month summary of incidents by sub-type, grouped by severity and date reported

		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Total	
None	Absconding or missing patient/service user	1	2	1	0	0	0	4	
	Aggressive/threatening behaviour	1	0	0	0	0	1	2	
	Anti social behaviour	0	0	0	0	0	0	0	
	Breach of patient / service user confidentiality	0	0	0	1	1	0	2	
	Inappropriate behaviour / attitude	2	1	0	0	0	0	3	
	Non-medical equipment	0	0	1	0	0	0	1	
	Patient clinically challenging behaviour	1	0	0	0	0	0	1	
	Patient/service user refuses / fails to take / discontinue the examination / treatment / medication.	3	3	1	0	0	0	7	
	Physical assault (physical contact)	0	0	0	0	0	0	0	
	Provision of diet (enteral)	5	15	3	2	0	0	25	
	Restrictive practices	10	38	12	4	0	17	81	
	Safeguarding - Child	1	0	0	0	0	0	1	
	Self-harm / self-injurious behaviour	8	0	3	0	0	0	11	
	Staffing	0	1	0	0	0	0	1	
	Treatment or procedure issues	0	2	0	0	0	0	2	
	Total		32	62	21	7	1	18	141
	Low	Aggressive/threatening behaviour	0	1	0	1	0	0	2
Harassment		0	0	0	1	0	0	1	
Healthcare Acquired Infection (community, primary care or hospital)		0	0	1	0	0	0	1	
Healthcare record		0	0	0	1	0	0	1	
Inappropriate behaviour / attitude		1	0	1	0	0	0	2	
Patient/service user refuses / fails to take / discontinue the examination / treatment / medication.		1	0	0	2	0	1	4	
Provision of diet (enteral)		0	1	0	0	0	0	1	
Restrictive practices		0	1	0	0	0	0	1	
Self-harm / self-injurious behaviour		5	8	7	0	0	0	20	
Struck against or by an object	0	0	0	0	1	0	1		
Total	7	11	9	5	1	1	34		
Moderate	Absconding or missing patient/service user	0	0	1	0	0	0	1	
	Aggressive/threatening behaviour	0	0	0	1	0	0	1	
	Clinical assessment, clinical diagnosis	0	0	0	0	1	0	1	
	Environmental hazards / issues	0	0	0	0	0	0	0	
	Safeguarding - Child	0	0	0	0	1	0	1	
Total	0	0	1	1	2	0	4		
Total	39	73	31	13	4	19	179		

3.1.2 During September 2022 there were no incidents reported with a severity classified above low.

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

3.2 Complaints

3.2.1 There were no open or new complaints during this reporting period.



3.3 Compliments

3.3.1 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.

3.3.2 Below is an extract received via the *Experience of Service* questionnaire, a feedback opportunity for all the YP and their parents/carers on discharge from TL:

"I would like to thank the reception staff, they were exceptional, professional and supportive. They always had a smile and kind words. They are an asset to your organisation."

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

3.4 Current open SIs (NRI or LRI)

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

3.5 Ombudsman complaints

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

3.6 Claims/redress cases

3.6.1 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 our YP on what we do well and where we can improve. These meetings continue to be well-attended by our YP and have resulted in valuable insights, including their experience



of ward rounds, suggestions on activities, and how we can improve mobile phone use.

4.2 During these meetings, suggestions have been made by the YP about the type of therapeutic activities they would like to see delivered at TL. This has led to the development of a co-produced Activities Timetable. This timetable is delivered by the newly created Activity Coordination team and therapies team. Our activity co-ordinators are now supernumerary and there is evening cover. This ensures that opportunities for meaningful activity are consistent and protected. The timetable changes regularly in response to individual needs and the requests of our YP.

ACTIVITY TIMETABLE

Weekdays	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends	Saturday	Sunday
8:30 - 9:15	Breakfast Club (Ingredients can be bought the day before)	Breakfast Club (Ingredients can be bought the day before)	Breakfast Club (Ingredients can be bought the day before)	Breakfast Club (Ingredients can be bought the day before)	Breakfast Club (Ingredients can be bought the day before)	8:30 - 9:15	Breakfast Club (Ingredients can be bought the day before)	Breakfast Club (Ingredients can be bought the day before)
9:15 - 9:30	Morning Meeting (YP plan the activities for the day)	Morning Meeting (YP plan the activities for the day)	Morning Meeting (YP plan the activities for the day)	Morning Meeting (YP plan the activities for the day)	Morning Meeting (YP plan the activities for the day)	9:15 - 9:30	Morning Meeting (YP plan the activities for the day)	Morning Meeting (YP plan the activities for the day)
9:30 - 10:45	Under 16 - Education Over 16 - Multi-purpose room, planning around vocational skills, cooking, Careers Wales	Under 16 - Education Over 16 - Multi-purpose room, planning around vocational skills, cooking, Careers Wales	Under 16 - Education Over 16 - Multi-purpose room, planning around vocational skills, cooking, Careers Wales	Under 16 - Education Over 16 - Multi-purpose room, planning around vocational skills, cooking, Careers Wales	Under 16 - Education Over 16 - Multi-purpose room, planning around vocational skills, cooking, Careers Wales			
11:00 - 11:15	Mindfulness in Sensory Room	Mindfulness in Sensory Room	Mindfulness in Sensory Room	Mindfulness in Sensory Room	Mindfulness in Sensory Room	10:00 - 12:30	Group 1 - Off Ward Activity Group 2 - Ward Activity	Group 1 - Off Ward Activity Group 2 - Ward Activity
11:15 - 12:15	Under 16 - Education Over 16 - Multi-purpose room or off ward activities focusing on agreed vocational or therapeutic aims	Under 16 - Education Over 16 - Multi-purpose room or off ward activities focusing on agreed vocational or therapeutic aims	Under 16 - Education Over 16 - Multi-purpose room or off ward activities focusing on agreed vocational or therapeutic aims	Under 16 - Education Over 16 - Multi-purpose room or off ward activities focusing on agreed vocational or therapeutic aims	Under 16 - Education Over 16 - Multi-purpose room or off ward activities focusing on agreed vocational or therapeutic aims			
1:30 - 3:00	Under 16 - Education Over 16 - Multi-purpose room or off ward activities focusing on agreed vocational or therapeutic aims	Under 16 - Education Over 16 - Multi-purpose room or off ward activities focusing on agreed vocational or therapeutic aims	Under 16 - Education Over 16 - Multi-purpose room or off ward activities focusing on agreed vocational or therapeutic aims	Under 16 - Education Over 16 - Multi-purpose room or off ward activities focusing on agreed vocational or therapeutic aims	Under 16 - Education Over 16 - Multi-purpose room or off ward activities focusing on agreed vocational or therapeutic aims			
3:00 - 3:15	Therapeutic Walk or engagement	Therapeutic Walk or engagement	Therapeutic Walk or engagement	Therapeutic Walk or engagement	Therapeutic Walk or engagement	2:30 - 5:00	Group 1 - Ward Activity Group 2 - Off Ward Activity	Group 1 - Ward Activity Group 2 - Off Ward Activity
3:30 - 5:00	On or off ward activities as chosen by the young people in the morning meeting	On or off ward activities as chosen by the young people in the morning meeting	On or off ward activities as chosen by the young people in the morning meeting	On or off ward activities as chosen by the young people in the morning meeting	On or off ward activities as chosen by the young people in the morning meeting			
6:00 - 7:00	Phone Time	Phone Time	Phone Time	Phone Time	Phone Time	6:00 - 7:00	Phone Time	Phone Time
7:00 - 7:30	Ping Pong	Activity Room	Board Games	Quiz	Pamper Evening	7:00 - 7:30	Kavaa	Weekly Catch up/ Goal Setting/ Gratitude
8:15 - 9:00	Relaxation/ Mindfulness	Relaxation/ Mindfulness	Relaxation/ Mindfulness	Relaxation/ Mindfulness	Relaxation/ Mindfulness	8:15 - 9:00	Relaxation/ Mindfulness	Relaxation/ Mindfulness

Other suggestions from our YP are visits by therapy pets, including dogs and alpacas. The TL team have arranged this and everyone is looking forward to the visits in the upcoming weeks.

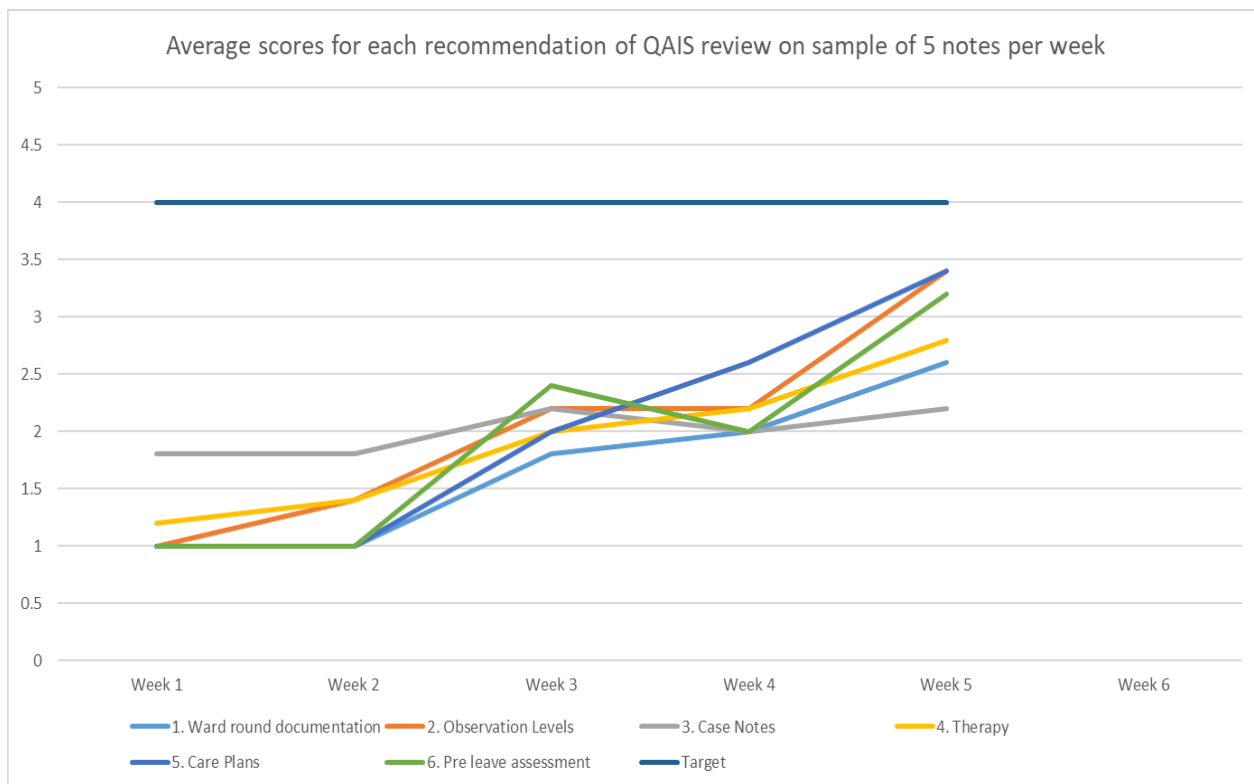


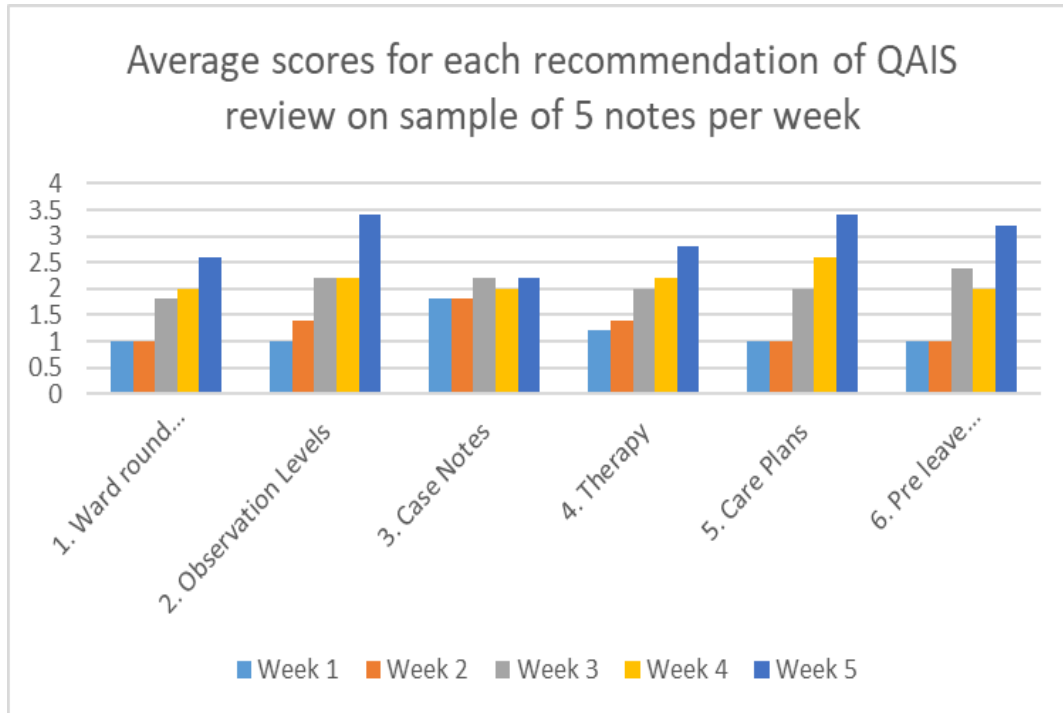
- 4.3 It is anticipated that positive experiences of engagement and co-production gained by the YP during their admission will result in them being more confident and willing to support future co-produced TL service projects and recruitment processes following their successful discharge.
- 4.4 The Head of Nursing (HoN) for CAMHS has contacted the family members of all the current inpatients and invited them to a virtual coffee morning to share their experiences and feedback. The feedback received from most people on this session was that individual rather than a group meeting was preferred. The majority of families have now met with the HoN and the feedback was largely positive, with some helpful suggestions for improvement that will be actioned.
- 4.5 Several family members have expressed an interest in joining a future group of people with lived experience to help with TL's improvement journey in a coproduced way. The feedback received was that they would prefer to be involved after their loved ones have been discharged from TL and so arrangements have been made to keep in touch.
- 4.6 The above progress represents an important development in Ty Llidiard's culture of openness, engagement and co-production.

5. Quality Improvement

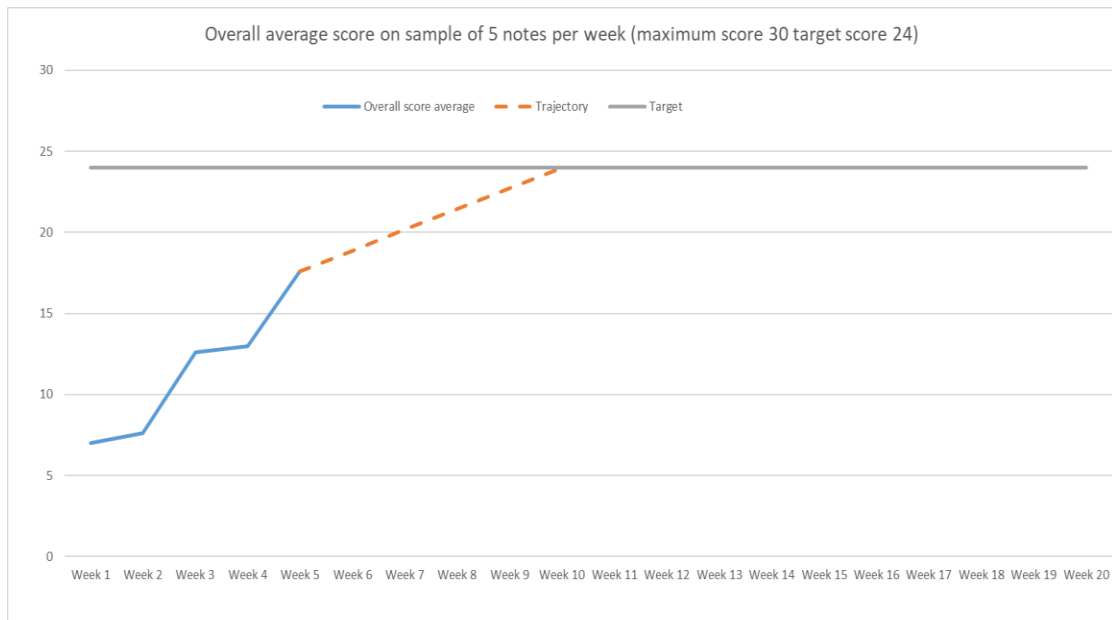
- 5.1 Since August 2022, a quality improvement group has been established to develop and monitor the various pieces of quality improvement work being undertaken in TL. The group meets every Monday to discuss and review the ongoing improvements and changes that have been made or are in progress.
- 5.2 Nurses on duty, the Ward Manager, the Quality Safety and Risk lead, Locality Manager, Specialist Social Worker, Consultant Psychiatrists and Therapists are encouraged to attend so that there is a multi-disciplinary approach to all decisions being made. It is through this group that many of the improvements now in place have been identified and implemented. The ideas and changes discussed in this group are then shared with the young people in their community meeting to seek feedback and input.

- 5.3 The improvements and initiatives that have been developed by the group are discussed and supported by the iCTM Team.
- 5.4 The TL quality improvement group has developed an audit tool to monitor the 6 main areas covered in both the HIW and the QAIS Supportive Review in March 2022.
- 5.5 The audit uses a 5 point Likert scale to assess the clinical documentation against the 6 recommendations. 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. A trajectory has been devised to achieve this by week 10 (currently in week 5). The audits will continue until there is adequate assurance that the improvements consistent are embedded in practice (minimum of 12 weeks after compliance).
- 5.6 The work has been well received by both WHSCC and QAIS, who we have invited to quality assure the findings in November 2022.
- 5.7 The average scores from the 5 sample sets of notes each week are outlined in the graph below





Below is a graph showing the trajectory for improvements.



5.8 Part of the improvement work required related to the individual ward management plans, which are in addition to the statutory Care and Treatment Plan (CTP) that every YP on the ward has. The quality of the ward management plans is assessed in the audit described above, but the TL team have also been asking the YP to feedback on



the changes. This is in the early stages but initial feedback has been positive.

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

6. Improvement Board

- 6.1 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.
- 6.2 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 plans for de-escalation being developed.
- 6.3 Appendix 1 provides an overview of progress made against the Integrated Improvement Plan for Ty Llidiard. This improvement plan contains actions relating to the escalation status with WHSSC along with wider improvements targets to ensure continuous service improvements for the benefit our young people, their families, and our colleagues.

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

- 6.1 TL remains in Level 4 escalation with WHSSC, who raised concerns in April 2022 regarding the Quality Assessment and Improvement Service (QAIS) report findings and progress in relation to the Escalation Action Plan. 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.



- 6.2 Changes to the clinical model within TL and improvements relating to leadership and culture within the unit have resulted in significant investment in clinical posts from a range of professional groups. Good progress continues against recruitment plans, but national shortages in some specialist areas pose an ongoing risk to recruitment.
- 6.3 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. Options have worked up with colleagues from Estates but costs are likely to be significant and conversations will be required with WHSSC regarding this, in the context of significantly restrained capital budgets within CTMUHB.

8. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
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 completed	No (Include further detail below) Not required as no change to service provision is articulated
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Estates work suggested by WHSSC/QAIS will be associated with significant capital requirements
Link to Strategic Goals	Improving Care

9. RECOMMENDATION

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



APPENDIX 1

Progress against Integrated Improvement Plan

Summary of progress and status of actions within the updated Integrated Improvement Plan from July

	Number of actions green and complete	Number of actions in progress and on target	Number of actions in progress, timescales have slipped but action plan in place	Limited progress and timescales have slipped with concerns in completing the action	Actions to start	Total
Summary of all actions in Ty Llid plan	13	18	12	0	6	49

Workstream theme: Caring and compassionate, safe and effective care

	Number of actions green and complete	Number of actions in progress and on target	Number of actions in progress, timescales have slipped but action plan in place	Limited progress and timescales have slipped with concerns in completing the action	Actions to start
To ensure there is a comprehensive and robust multi-disciplinary clinical leadership team who will lead a multi-disciplinary workforce to best meet the needs of the young people and to support good patient experience and outcomes	4	1			
To embed a whole system approach to care and treatment planning and risk assessment and ensure these are up to date, coproduced, individual and person centred and meet the best practice guidelines as set out in the Mental Health (Wales) Measure 2010.	1		5		2
To create an effective MDT infrastructure to support daily review of care and treatment planning and inform therapeutic interventions	1	2	2		1
To ensure there are appropriate processes and policies that support safe and effective care delivery	2	2	3		
To create a training strategy to support all colleague to provide safe and effective care delivery	1		1		2
Total	9	5	11	0	5

Work stream theme: Calm and Confident Leadership and Culture

	Number of actions green and complete	Number of actions in progress and on target	Number of actions in progress, timescales have slipped but action plan in place	Limited progress and timescales have slipped with concerns in completing the action	Actions to start
To create a psychologically safe environment where colleague feel that their voices are heard	2	2			
To create an ethos of collective and calm leadership where everyone takes responsibility for delivering safe, reliable and effective care for patients	1	4			
To cultivate a culture of openness, transparency and confidence where our values and behaviours are a lived reality for everyone	1	3	1		1
Total	4	9	1	0	1

Work stream theme: Environment fit for purpose

	Number of actions green and complete	Number of actions in progress and on target	Number of actions in progress, timescales have slipped but action plan in place	Limited progress and timescales have slipped with concerns in completing the action	Actions to start
The environment is safe for colleague and young people and is conducive to therapeutic care		4			
Total	0	4	0	0	0