



AGENDA ITEM

6.4

QUALITY AND SAFETY COMMITTEE

TY LLIDIARD TIER 4 CAMHS INPATIENT UNIT REPORT

Date of meeting	19/07/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Lloyd Griffiths, Head of Nursing
Presented by	Lauren Edwards, Director of Therapies and Health Science
Approving Executive Sponsor	Executive 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
ILG	Integrated Locality Group
PALS	Patient Advice Liaison Service
TL	Ty Llidiard Tier 4 CAMHS Inpatient Unit
YP	Young People/Person



LSU	Low Secure Unit
NG	Nasogastric
PMVA	Prevention and Management of Violence and Aggression
WHSSC	Welsh Health Specialised Services Committee
NCCU	National Collaborative Commissioning Unit
QAIS	Quality Assessment and Improvement Service, a division of NCCU

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide members with an update on quality, safety and experience in Ty Llidiard Tier 4 CAMHS Inpatient Unit

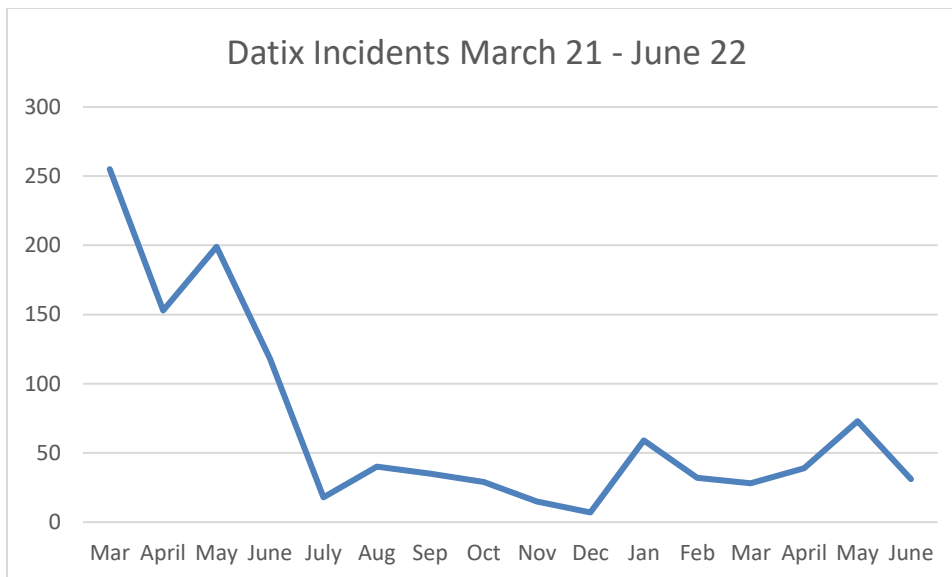
2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Ty Llidiard (TL) remains in enhanced monitoring arrangements with Welsh Health Specialised Services Committee (WHSSC).
- 2.2 Ty Llidiard continues to have high levels of referrals and admission of young people who have a diagnosis of eating disorder or disordered eating. A high proportion of these young people require NG feeding.
- 2.3 There is a national shortage of CAMHS LSU beds, which means YP who are identified as needing a LSU by TL have to spend extended periods in TL which, despite enhanced nursing observations, leads to an increase in patient safety incidents, adversely effects the overall therapeutic environment of the ward, and causes staffing challenges. These issues can inhibit our ability to admit YP in a timely manner and lead to YP being placed in private units, which are often inevitably outside of Wales.
- 2.4 There appears to be an emerging trend where TL is being asked to re-admit YP previously transferred to private LSU through WHSCC because they cannot be safely managed in the LSU. If this occurs the situation described above will apply.

3. Quality Assurance

3.1 Patient Safety Incidents

3.1.1 There were 104 incidents reported in May and June, compared to 67 in the last reporting period.

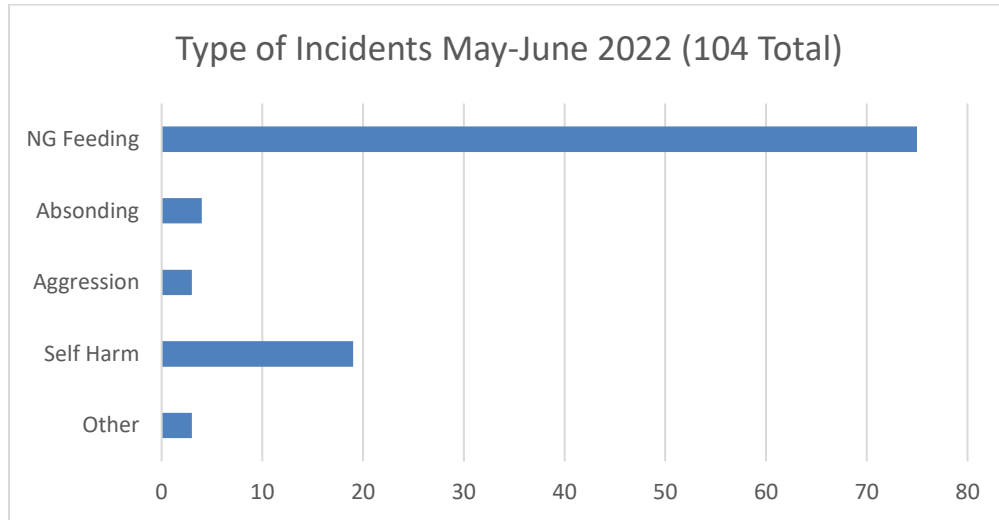


3.1.2 Of these 104 incidents, 73 were reported in May and 31 in June. Of the 73 incident in May, 59 (81%) relate to NG feeding under restraint. All 59 of these incidents relate to two YP and they are the only incidents relating to these YP. The clinical team are using the data to inform clinical decision-making and, as a result, we have seen a decline in incidents in June.

3.1.3 Young people with a diagnosis of Eating Disorder have consistently accounted for around 70% of all admissions to Ty Llidiard. We are working with WHSCC to evaluate the use and impact of NG feeding over the past 12 months. The work is ongoing but early indications show that in nearly all cases, NG feeding is initiated prior to admission to Ty Llidiard.

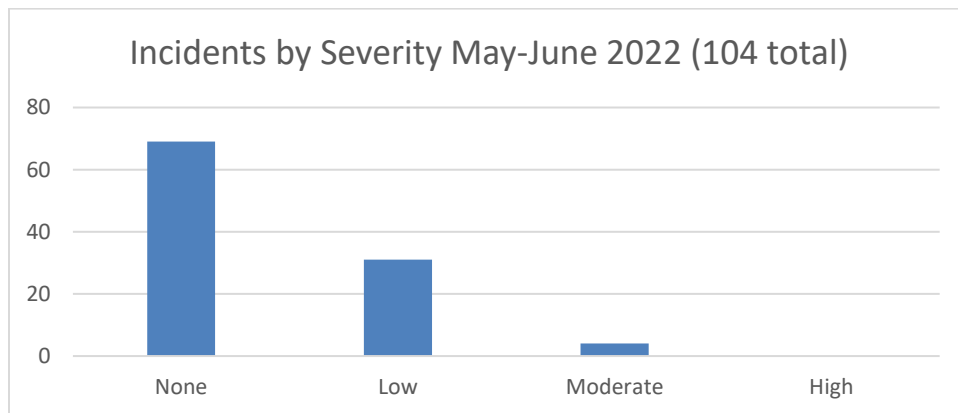


Type of Incidents



3.1.4 There were 4 incidents involving absconding during this period. One was an attempted absconson and 3 involved a single young person. Of these three incidents, one was reported in May and two occurred in quick succession in June. These incidents were reported to CTM Execs and WHSCC via a rapid SBAR investigation and Early Warning notification, respectively. The investigation swiftly identified that the incidents in June had resulted from human error and enhanced procedures have since been implemented. The young person remains in Ty Llidiard with updated risk assessment/care planning in place and has not been involved in any further incidents of any type.

Incidents by Severity





3.1.5 There have been no Locally or Nationally Reportable Incidents during this reporting period.

Current open SIs

There is one open Serious Incident for TL, the report has been completed and has been submitted for approval.

Ref	Name	Incident Date	Investigating officer	Speciality	Sub-speciality	Category	Synopsis of incident:	LRI Notification Submitted to Central Team	outcome dec with Bridged ILG for Quality check	Investigation Report dec with Bridged ILG	Today's Date	Current Stage	Gov Team Actions	CSG Actions	Severity	
W167221	ADA	15.05.2021	Tina Morgan	CAMHS - Tier 4 In-patient (Ty Llidiard)	CAMHS - Tier 4 In-patient (Ty Llidiard)	Misuse of Mental health Act	The patient concerned had recently been discharged from a detention under the MHA and was being treated informally at Ty Llidiard. On a period of leave with their parent the patient absconded from their care.	09.07.2021	21.07.2021	29.09.2021	07/07/2022	05.07.2022 Revised LRI closure bundle submitted to GC from CM				No Harm

3.2 Complaints

There were no complaints received during this reporting period and at the time of reporting there are no complaints regarding Ty Lydiard.

3.3 Compliments

Below is a letter received in June from a YP who had previously been admitted to TL.

Hi!

My name is [REDACTED]. I was a patient at Ty Lliard about 2 years ago. I'm sorry I haven't been able to send this earlier.

I wanted to thank all of the staff at Ty Lliard for helping me recover from my anorexia and self-harm. You changed my life and I wish I could repay you for all that you've done.

When I arrived at Ty Lliard, I was so, so ill. Now, I'm happy, I'm healthy, I have a job (at a bakery), I'm in sixth form, I got 11 A*s for my GCSEs, and I'm hoping to apply to medical school this year.

I wish I could truly express how grateful I am. The work you do is truly amazing. Not only have you changed my life, but you've changed so many other people's lives too. You are all truly amazing people, and I hope you are proud of the work you do.

I cannot thank you all enough. You are wonderful, amazing, incredible, caring people, and if I can ever become even a fraction as wonderful as you, I ~~will~~ know I have done good in life.

Thank you SO much. You are the reason I'm still here today. ♡

3.4 Ombudsman complaints

There are no Ombudsman cases presently within the CSG.

3.5 Claims/redress cases – including reference number

There are currently no Claims/redress cases within the CSG



4 People's Experience

- 4.1 Once in post, the Head of Nursing will prioritise engagement with past and present patients and families to establish a People's Experience Group. Initial discussions have taken place with the Office of the Children's Commissioner to see how we can learn from their experience and expertise to successfully establish such a group. Planning is underway to secure the valuable input of patients and families to upcoming recruitment processes.
- 4.2 The Deputy Minister for Mental Health and Wellbeing and the CEO of NHS Wales visited Ty Llidiard on 16/06/2022. One of the young people led a tour of Ty Llidiard and spoke honestly and positively about his experience, as well as sharing his ideas on what could be improved. Both visitors shared positive feedback on their visit.

5 Update on Consultation Event

- 5.1 We held a consultation event on 27/04/22 in Ty Llidiard to seek the opinions of our stakeholders on the areas in which we can improve and to give feedback on our proposed philosophy and visual identity.
- 5.2 The day was split into 3 sessions:
- Former patients and their families, along with external stakeholders
 - The young people who were admitted at the time
 - The TL staff
- 5.3 Over 70 people attended on the day, with further 50 providing feedback electronically and through feedback forms and box that were left in the TL foyer for 6 weeks after the event.
- 5.4 The main themes coming from the young people were reducing boredom through engagement and activities. The main theme coming from colleagues was regarding communication and support. The full results are being collated into a report with planned actions.
- 5.5 Over 100 people voted on the visual identity/logo, with almost 70% voting for the design below.



6 Improvement Board

- 6.1 Following a letter of concern from WHSSC, an Improvement Board has been established to oversee the implementation of changes required to support and enable colleagues to consistently deliver high quality care and best outcomes and experiences for the children, young people and families we care for.
- 6.2 The group is chaired by the Executive Director of Therapies and Health Science (DoTHS), and meets monthly, with the first meeting being held in June. The group has combined the various TL action plans into a single integrated action plan to drive, monitor and evaluate TL's improvement journey and provide executive input to addressing challenges at pace.
- 6.3 The DoTHS meets on a 1:1 basis with the WHSSC Executive Lead for Ty Llidiard at least twice monthly, ensuring effective communication and information sharing. The DoTHS, ILG leaders and CAMHS senior leaders attend the monthly escalation meeting with WHSSC, providing assurance of progress. The DoTHS and ILG Director of Nursing have offered to present to the WHSSC Quality and Patient Safety Group and this has been arranged for August 2022.

7 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 7.1 Ty Llidiard 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 are reassured by the development of an Improvement Board and an Integrated Action Plan, along with increased visibility within CTM, the scale and nature of changes required will require sustained support and focus.



- 7.2 Changes to the clinical model within Ty Llidiard 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 is now being made with recruitment, with social media and site visits being utilised to encourage interest and applications, but national shortages in some specialist areas pose a potential risk to recruitment.
- 7.3 As part of the improvement work within Ty Llidiard, changes to the layout of the unit have been suggested. The senior leadership team have met with the Director of Quality and Mental Health/Learning Disabilities from the National Collaborative Commissioning Unit (NCCU) to explore what such changes could look like. Options are being 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 CTM.

8 IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability Safe Care Effective 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.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications /	Yes (Include further detail below)



Impact	Costings for environmental changes are awaited Increased investment in Therapies structure have been agreed by WHSSC
Link to Strategic Goals	Improving Care

RECOMMENDATION

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

Members are asked to **CONSIDER** the format/focus of future reports regarding progress at Ty Llidiard.