



**AGENDA ITEM**

6.3

**QUALITY AND SAFETY COMMITTEE**

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

<b>Date of meeting</b>	20/09/2022
<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>Approving Executive Sponsor</b>	Executive Director of Therapies & Health Sciences
<b>Report purpose</b>	FOR NOTING

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
		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
PICU	Psychiatric Intensive Care Unit
WHSSC	Welsh Health Specialised Services Committee
NCCU	National Collaborative Commissioning Unit, part of WHSSC
SI	Serious Incident
NRI	Nationally Reportable Incident
LRI	Locally Reportable Incident

## **1. SITUATION/BACKGROUND**

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

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

- 2.1 TL remains in enhanced monitoring arrangements with Welsh Health Specialised Services Committee (WHSSC). The focus of the monitoring relates to concerns regarding the service specification and culture/leadership. Positive feedback has been received from WHSSC regarding recent changes to the visibility and oversight of improvements at Ty Llidiard, as well as reporting standards and progress being made.
- 2.2 TL continues to have high levels of referrals and admissions 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 continues to be a national shortage of CAMHS LSU and PICU beds which means that YP who are identified as needing a LSU or PICU by TL have to spend extended periods in TL on enhanced nursing observations. This can result in increases in patient safety



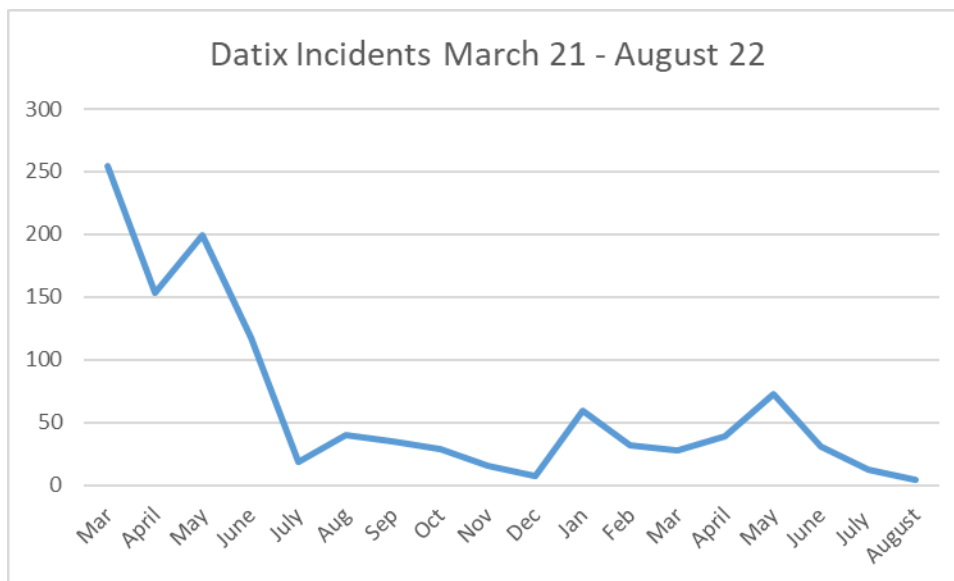
incidents, adverse effects on the overall therapeutic environment of the ward, and staffing challenges.

- 2.4 Ultimately these issues can inhibit our ability to admit YP in a timely manner and can lead to YP either spending prolonged periods in adult mental health beds or being placed in private units which are inevitably outside of Wales
- 2.5 There are a number of minor estates issues involving painting, cleaning, garden maintenance and security that need attention. The Executive Lead for TL and CSG Manager for CAMHS are escalating these matters with colleagues in Estates.

### 3. Quality Assurance

#### 3.1 Patient Safety Incidents

- 3.1.1 There were 16 incidents reported in July and August, compared to 104 in the last reporting period. Of these 16 incidents, 12 were reported in July and 4 in August. On investigation all of the incidents were graded as no or low harm.



- 3.1.2 There has been a significant decline in the number of incidents involving NG feeding under restraint at TL. There were 6 such incidents during this period (down from 75 in the last period); 6 occurred in July and 0 in August. Work is underway to understand

whether the decline is linked to changes in clinical practice, changes to patient presentation, or a combination of the two.

- 3.1.3 Young people with a diagnosis of eating disorder have consistently accounted for around 70% of all admissions to TL. The Head of Nursing for CAMHS is working with WHSCC to evaluate the use and impact of NG feeding over the past 12 months. This work is ongoing but early indications are that in nearly all cases, NG feeding is initiated prior to admission to TL.
- 3.1.4 Although occupancy levels and admission rates have remained relatively consistent, there has been a decrease in the number of incidents within TL.
- 3.1.5 In August, a small number of YP who were assessed as requiring a PICU bed were admitted to TL due to the fact that no PICU beds were available. These YP were assessed as being high risk to others and were detained under the Mental Health Act. Effective care planning, interventions, and increased staffing levels meant that these YP were managed without incident. The individuals have responded well during their time at TL and, at the time of writing this report, are nursed on normal levels of observations, are having leave, and are working towards discharge.
- 3.1.6 During this reporting period 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 Below is an extract from a letter received in July from the parents of a YP who had previously been admitted to TL, which included a photograph to show their progress and recovery:

*"Could you show staff members \*\*\*\*\* if possible, think you will all be happy to see how [their] recovery has gone. Thank you, thank you, thank you. We will be forever grateful for how you all cared for \*\*\*\*\*, much love."*



3.3.2 All compliments are shared with the team at Ty Llidiard. Work is underway to increase reporting and sharing of compliments received by the unit.

### 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 Head of Nursing (HoN) for CAMHS will engage with past and present service users and carers and form a Peoples Experience Group. Initial discussions have taken place with the Office of the Children's Commissioner in order to learn from their experience and access their expertise in this area.

4.2 The TL Social Worker has restarted the weekly community meetings to seek the views of our YP on what we do well and where we can improve. These meetings have proved popular with YP and colleagues alike and have resulted in valuable insights, including effective care planning and ward rounds.

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 co-produced TL service projects and recruitment processes following their successful discharge.

4.4 The HoN for CAMHS has contacted the family members of all our current inpatients to invite them to a virtual coffee morning. The aims are to listen to their experiences and invite feedback that we can use to continuously improve the experiences of our young people and their families.

4.5 A capital improvement proposal for WHSSC is being developed to address their suggested changes to the ward layout and environment



to enable us to fully meet the Service Specification. The YP have met with the architects in order to offer comment on the proposed changes and make further suggestions.

## **5. Improvement Board**

- 5.1 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 best outcomes and experiences for the children, young people and families we care for.
- 5.2 The DoTHS and Nurse Director for the ILG presented to the WHSSC Quality and Patient Safety Committee in August 2022. Assurance was provided of the visibility and oversight of the improvement programme within CTM. Positive feedback was received from the committee members regarding the improvement infrastructure and progress made to date. A further update on progress will be provided to the next WHSSC Quality and Patient Safety meeting in October.
- 5.3 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 positive feedback from WHSSC.
- 5.4 Appendix 1 provides an overview of progress made against the Integrated Improvement Plan developed 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 of our young people, their families, and our colleagues.

## **6. 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 are reassured by the progress being made by the service, the scale and nature of changes required will continue to require sustained support and focus.
- 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 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.

## 7. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below: Safe Care 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 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.
<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>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care

## 8. RECOMMENDATION

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



8.2 Members are asked to **ENDORSE** the progression of this report to the next Public Board meeting.

## **APPENDIX 1**

### **Progress against Integrated Improvement Plan**

*It should be noted that this table does not reflect all of the actions that were completed PRIOR to the development of the integrated action plan.*



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	3	3				
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		6			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	4			1	
To create a training strategy to support all colleague to provide safe and effective care delivery	1		1		2	
<b>Total</b>	<b>7</b>	<b>15</b>	<b>3</b>	<b>0</b>	<b>6</b>	
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	1	3				
To create an ethos of collective and calm leadership where everyone takes responsibility for delivering safe, reliable and effective care for patients		5				
To cultivate a culture of openness, transparency and confidence where our values and behaviours are a lived reality for everyone		4	1		1	
<b>Total</b>	<b>1</b>	<b>12</b>	<b>1</b>	<b>0</b>	<b>1</b>	
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		1				
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	
	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
<b>Summary of all actions in Ty Llid plan</b>	<b>8</b>	<b>28</b>	<b>4</b>	<b>0</b>	<b>7</b>	<b>47</b>