



**AGENDA ITEM**

6.2

**QUALITY AND SAFETY COMMITTEE**

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

<b>Date of meeting</b>	16/03/2023
<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>	Ana Llewellyn, Nurse Director PCCMH
<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
PALS	Patient Advice 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
PCCMH	Primary Care, Community & Mental Health
NWAS	North Wales Adolescent Service

## 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 Lliard (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



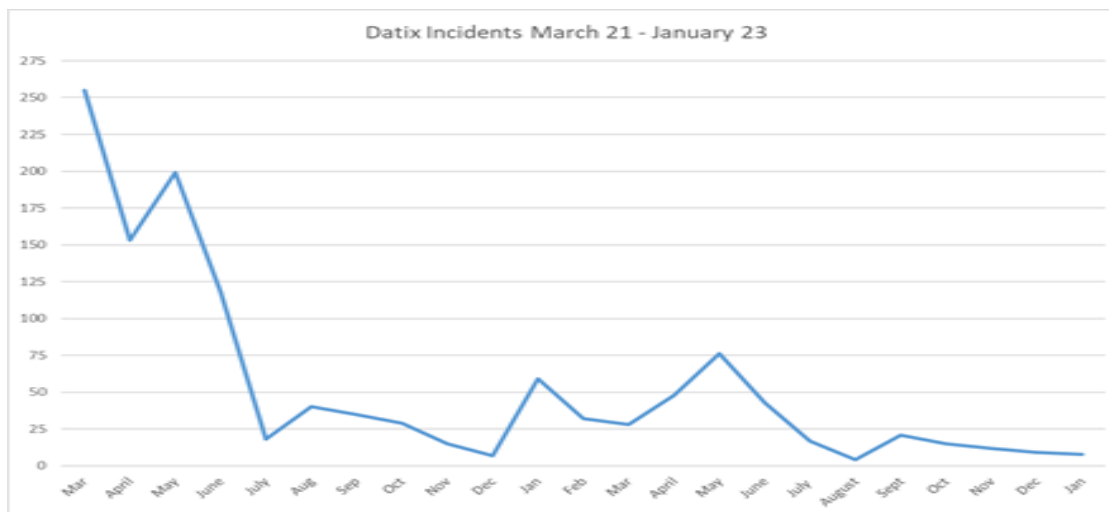
well as the reporting standards and progress being made. TL was de-escalated to Level 3 monitoring by WHSSC in December 2022.

- 2.2 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.
- 2.3 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.

### 3. QUALITY ASSURANCE

#### 3.1 Patient Safety Incidents (Jan 2023)

- 3.1.1 There were 8 incidents reported during January, compared to 9 in the previous month and 59 in the same period in 2022. One incident was initially assessed as moderate harm and relates to aggression towards staff. This was downgraded to no harm upon investigation. All other incidents were categorised as low or no harm.

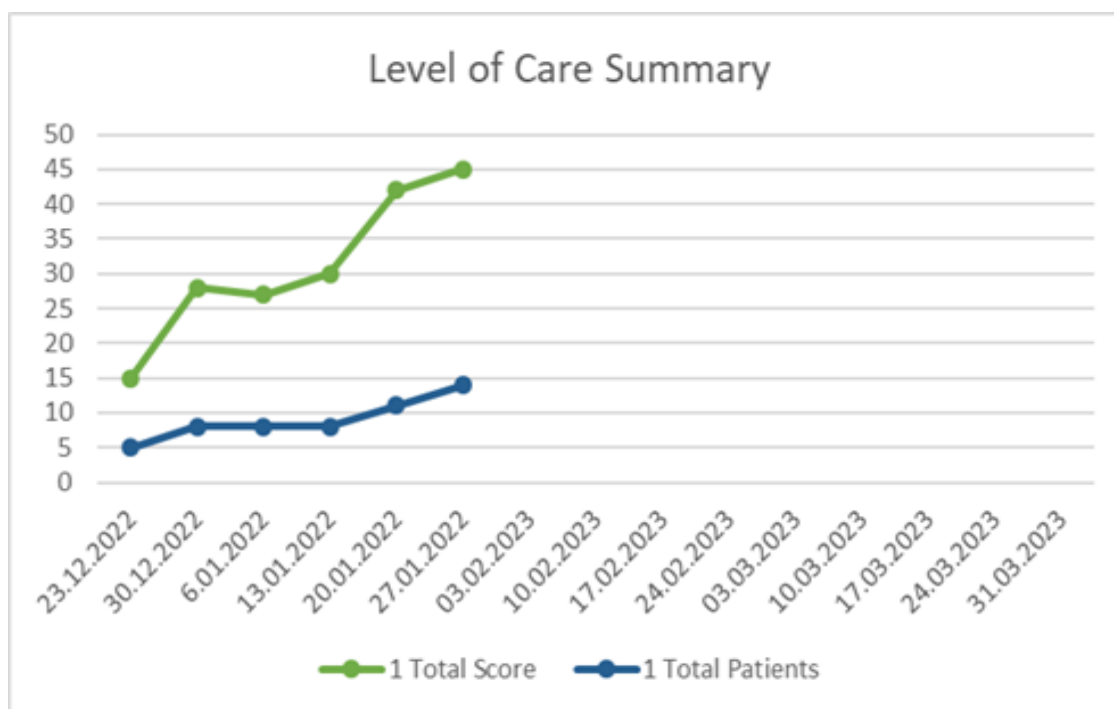


- 3.1.2 The sustained decrease in Datix reportable incidents in TL is not due to changes in reporting thresholds. The acuity within TL remains high, suggesting that the acuity is being managed more effectively. As with the reduction in NG related incidents, the team are exploring how best to evidence this.



3.1.3 'Levels of Care' recordings have been introduced to map the acuity and occupancy levels within Ty Llidiard. The rating scale was recommended by NCCU for TL and NWS in order to evaluate and compare the acuity and activity on the wards. Each YP is assessed and allocated a weekly level of between 0-5 (5 requiring the highest level of input) and the scores are then totalled to provide a picture of how the wards are running.

3.1.4 The higher levels of acuity reflect the Extra Care Area on Seren ward being in constant use from December to the present day, due to the ongoing national shortage of LSU beds.



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

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

## 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 recorded feedback month on month. The table below summarises the volume of written feedback received each month.

Ty Llidiard written compliments

2022-23												
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan
2	3	1	3	4	5	4	4	3	2	4	5	3

3.3.2 All feedback is shared with the team at Ty Llidiard. 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.

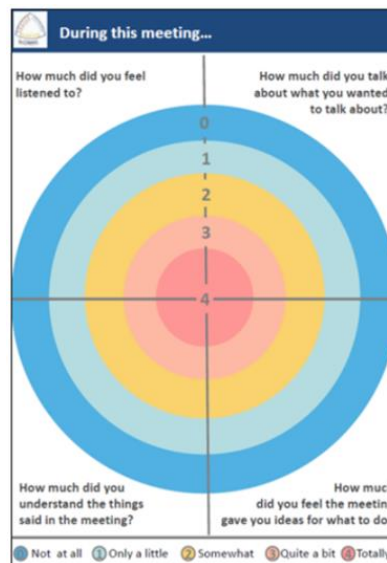
## 4 PEOPLE’S EXPERIENCE/CO-PRODUCTION

4.1 The HON has been engaging with ‘Parents Voices in Wales’ to create a forum where past services users and their loved ones can provide feedback and support co-produced improvement initiatives. Positive feedback has been received about the approach being taken and the commitment to listen to and work with people with lived experience. A survey has been sent out through the Parents Voices in Wales network to gauge interest from prospective participants.

4.2 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 result in valuable insights and improvements.

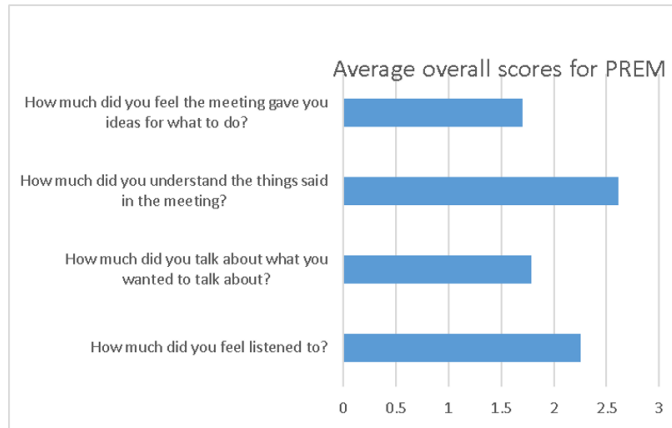
- 4.3 Over the last 4 months, our ST6 Psychiatry Trainee, with the support of our Quality Improvement group, has been working on a QI project to evaluate YP's experience of attending ward round. This has been done with a view to further increasing attendance, strengthening the voice of the YP, and improving their overall experience of attending ward rounds.
- 4.4 The project included the use of both Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS), as shown below.



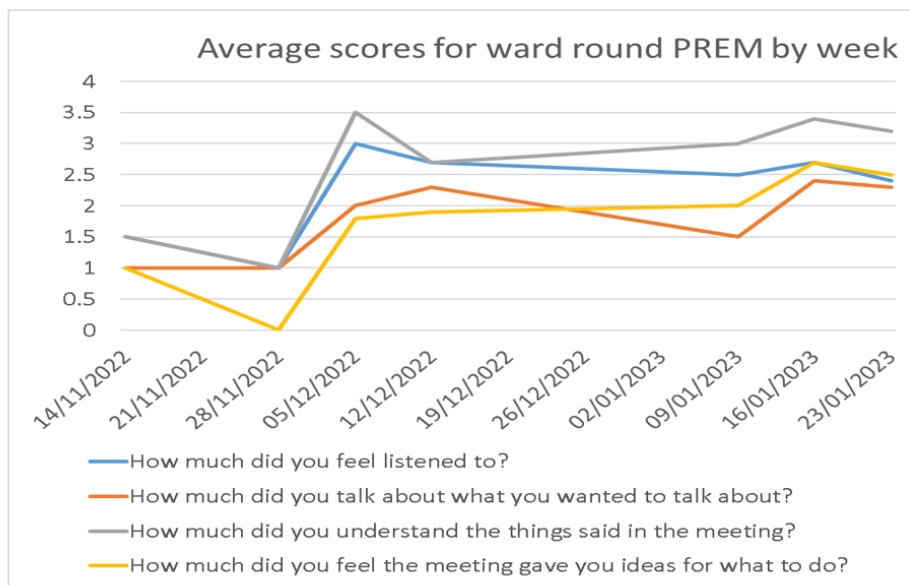
- 4.5 Attending a ward round with a large MDT can be a daunting prospect for a YP. The project was well received by the YP and the results will be used by the MDT and QI group as part of our continuous improvement journey.



## How do our YP feel about coming into WR?



## How consistent are these feelings?



4.6 The HON continues to invite the family members of the YP currently within TL to listen to their experiences, feedback and suggestions for improvement. One piece of feedback from families was that there was no dedicated car parking for TL which often led to people being late for appointments, causing anxiety and adversely affecting their experience of TL. In our commitment to 'You said, we did', we worked with the Facilities Department to create the spaces shown below, which has been positively received by families and visiting professionals.



## 5 VISUAL IDENTITY

- 5.1 The first phase of our new coproduced logo and 4Cs philosophy has been installed in the TL foyer and has been positively received by YP, families, staff and visitors.



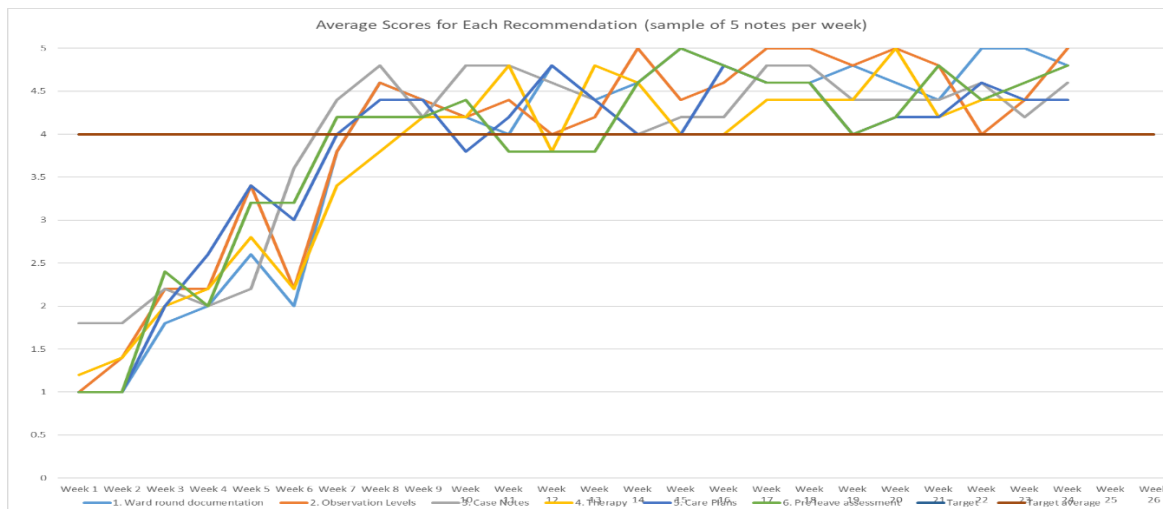
- 5.2 Funding for the rest of the work has been secured through the CEO's charitable funds. The orders have been placed and the work will begin soon and will feature large co-produced artwork being installed throughout the unit.

- 5.3 All staff in TL have had the 4Cs logo and their name embroidered onto the uniform which again has been positively received by all.



## 6 QUALITY IMPROVEMENT

- 6.1 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 weekly to review the ongoing improvements and changes that have been made or are in progress. The improvements and initiatives are supported by the iCTM Team.
- 6.2 The TL quality improvement group has developed a QI measurement tool to monitor the 6 main areas covered in both the HIW and the QAIS Supportive Review in March 2022. The tool uses a 5-point Likert scale to assess 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. We are currently in Week 24 and have seen a sustained improvement in all areas (see below). The improvement has been acknowledged and praised by both NCCU and WHSCC. The TL team are now confident that the improvements have been embedded into everyday practice and the monitoring of these areas will now move from weekly to monthly.



## 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.

**7.3** 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 of our young people, their families, and our colleagues.

## 8 STAFF EXPERIENCE

**8.1** Project Search is a supported internship programme. CTM proudly supports these 1-year work preparation programmes for young people with a learning difficulty, learning disability and/or autism.



8.2 Since January, TL has been privileged to have a Project Search Intern working alongside our excellent reception team. On 06/02/23, the Project Search Intern was awarded the 'Intern of the Week' award.

## **9 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES BENCHMARKING ANALYSIS FOR NHS WALES 2021/22**

9.1 In January 2023, the 10th Annual Wales Mental Health National Benchmarking Conference was held and the Child and Adolescent Mental Health Services Benchmarking Analysis for NHS Wales 2021/22 was released.

9.2 Full reports are available here <https://nccu.nhs.wales/qais/events/>

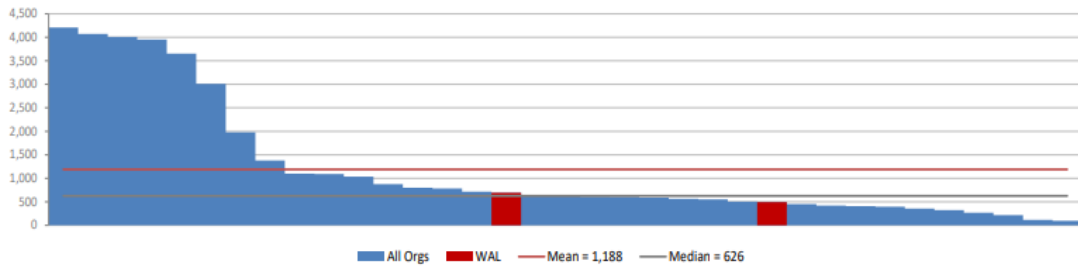
### **9.3 Use of Restraint**

9.3.1 In the UK there was a mean average of 1,188 (median = 626) uses of restraint per 10,000 bed days in 2021/22, an increase of 37% compared to 2020/2021.

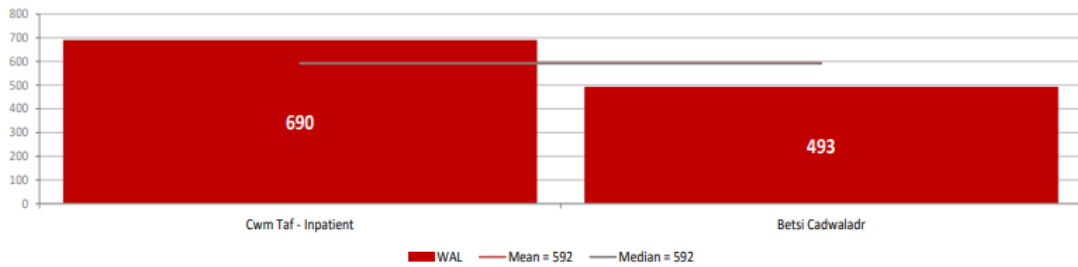
9.3.2 Wales (TL and NWAS) had a lower rate of use of restraint, at a mean average of 592 per 10,000 bed days. This is a 45% reduction from 2020/2021. As highlighted throughout these reports, TL anticipates a further significant reduction in 2022/23.



General Admission CYPMHS: Number of incidents of use of restraint in 2021/22 per 10,000 OBDs (excluding leave)



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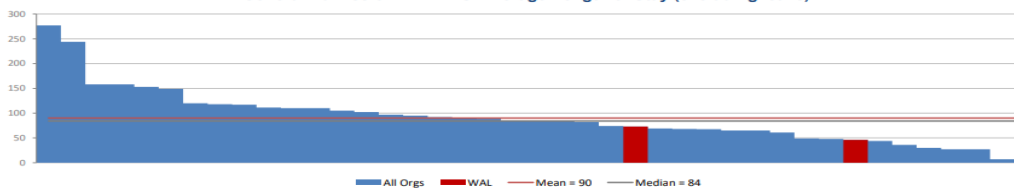


## 9.4 Length of Stay

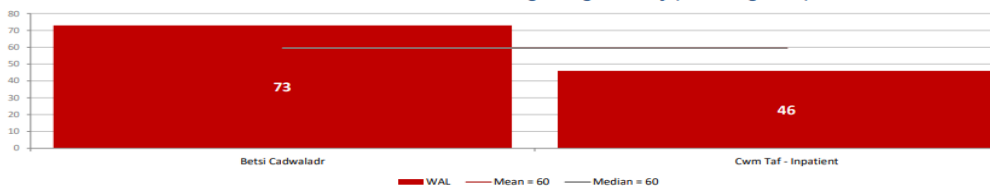
9.4.1 In the UK, the average length of stay in Children & Young People (CYP) general admission beds was 90 days (increased from 71 days in 2020/21).

9.4.2 The average length of stay in NWS was 73 days. In TL the average length of stay for 46 days. Overall the average was 60 days, a decrease from 65 days in 2020/21.

General Admission CYPMHS: Average Length of Stay (excluding leave)



General Admission CYPMHS: Average Length of Stay (excluding leave)





## 10 **KEY RISKS/MATTERS FOR ESCALATION TO BOARD/ COMMITTEE**

- 10.1 TL is in Level 3 escalation with WHSSC. Although WHSSC remain assured by the progress being made and de-escalation has been seen, the scale and nature of changes required continue to require sustained support and focus within CTMUHB.
- 10.2 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.
- 10.3 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.
- 10.4 Phase 1 has commenced and is progressing well with the impact on the YP and staff being well mitigated, it is due to be completed at the end of March 2023. Phase 2 has been designed and costed at circa £700k, a SON has been completed and submitted but is as yet unapproved.



## 11 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 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>	Not required as no changes to service provision articulated
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Link to Strategic Goals</b>	Yes (Include further detail below) Estates work suggested by WHSSC/QAIS will be associated with significant capital requirements
	Improving Care

## 12 RECOMMENDATION

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



## APPENDIX 1

### Progress against Integrated Improvement 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	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.	4		2		2
To create an effective MDT infrastructure to support daily review of care and treatment planning and inform therapeutic interventions	4	0	1		1
To ensure there are appropriate processes and policies that support safe and effective care delivery	5	1	1		
To create a training strategy to support all colleague to provide safe and effective care delivery	1		1		2
<b>Total</b>	<b>18</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>5</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	2	2			
To create an ethos of collective and calm leadership where everyone takes responsibility for delivering safe, reliable and effective care for patients	3	2			
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>9</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</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	2	2			
<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>