



AGENDA ITEM

6.6

QUALITY & SAFETY COMMITTEE

DEEP DIVE INTO CAMHS REPORT

Date of meeting	24/01/23
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Lloyd Griffiths, Head of Nursing Lisa Davies, Clinical Service Group Manager, CAMHS
Presented by	Ana Llewellyn, Nurse Director – Primary Care, Community and Mental Health
Executive Lead	Executive Director of Nursing
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

CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CTMUHB	Cwm Taf Morgannwg University Health Board

EDOS	Eating Disorder Outreach Service
FACTS	Forensic Assessment and Consultation Team
HoN	Head of Nursing
ILG	Integrated Locality Group
LRI	Locally Reportable Incident
MHM	Mental Health Measure
NEST	Nuturing, Empowering, Safe and Trusted
NRI	Nationally Reportable Incident
PPF	Planning Performance and Finance Committee
SI	Serious Incident
SPOA	Single Point of Access
TL	Ty Llidiard, Tier 4 Inpatient Unit based in POW
WHSSC	Welsh Health Specialised Services Committee
WLI	Waiting List Initiative
YP	Young People/Person

1. SITUATION/BACKGROUND

- 1.1. The purpose of this report is to provide members with an update on quality, safety, risk and experience issues in CAMHS services within Cwm Taf Morgannwg University Health Board (CTMUHB).
- 1.2. The CAMH Clinical Service Group is made of up 3 main groups of services: Cwm Taf Morgannwg Community CAMHS; Swansea Bay Community CAMHS and Tier 4 National and Regional CAMH Services
- 1.3. The Cwm Taf Morgannwg Community CAMHS contains the following services:

- Single Point of Access team (SPOA)
- Primary CAMHS
- Secondary (Specialist) CAMHS
- Crisis Team
- CIIT (Community Intensive Interventions) Team
- Eating Disorder Team
- Schools In Reach Team
- Young Persons Drug and Alcohol Service (YPDAS)
- Learning Disability Service (Regional)

1.4. The Swansea Bay Community CAMHS contains the following services:

- Single Point of Access team (SPOA)
- MHM Part 1 Team – Assessment and Treatment Team
- MHM Part 2 Team which includes;
 - Secondary Specialist Team
 - Eating Disorder Team
 - Youth Offending and Forensic Team
- Crisis Team
- Schools In Reach Team

1.5. Tier 4 National/Regional Services contains the following services:

- The 15 bed Tier 4 General Admission Unit “Ty Llidiard” (TL) at Princess of Wales Hospital
- The All Wales FACTS team based in TL
- The South Wales EDOS team based at TL

1.6. Over the last year the CAMHS CSG has focused on implementing improvements in Ty Llidiard, Swansea Bay Community CAMHS and FACTS; as these services are now improving the leadership team focus is shifting to performance in CTM Community CAMHS. Performance against the MHM has been declining and this paper provides further information regarding the reasons for this but also the actions identified to support improvement.

1.7. This report to committee will provide an overview of progress for the key service areas but given that there is a separate report to committee on TL progress, that will not be covered in any detail in this report.

1.8. Committee members are reminded that MHM performance is reported via PPF committee. Given that access to services has potential consequences for quality, outcome and experience a detailed overview has been included in this report.

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

2.1. Internal Quality Assurance

2.1.1. CAMHS transitioned from Bridgend ILG to the Mental Health and Learning Disabilities Care Group in September 2022 as part of the CTM operating model changes. The ILG had been engaging in enhanced internal monitoring due to issues of culture, performance and quality across the service. Due to significant progress in Swansea CAMHS, TL and FACTS the service transitioned into the care group with routine internal monitoring.

2.1.2. The CAMHS leadership team attended their first care group integrated performance meeting on 4 January 2023.

2.2. Putting Things Right

2.2.1. Outside of the in-patient service, CAMHS report fewer than five incidents each month. There are no identifiable themes to note.

2.2.2. There were no LRI or NRIs reported during this period for community services. There is 1 open LRI, which is overdue but has been completed and awaiting final sign off.

2.2.3. The CAMH community services receive a small number of complaints ranging from none to 9 per month over the last year.

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22
Complaint response rate	100%	0%	0%	100%	67%	30%	30%
No of formal complaints open	3	0	3	5	8	4	2
Within 30 days	1	0	2	4	7	1	1
Over 30 days	2	0	1	1	1	3	1
Over 6 mths	0	0	0	0	0	0	0

Chart 1

- 2.2.4. Complaint response delays are either associated with the complexity of the concern or due to issues of quality assurance. The quality and safety team has identified a complaint response writing training need in CAMHS. This training has been delayed due to capacity within the quality and safety team but is planned to be delivered by the end of March 2023.
- 2.2.5. A small number of compliments are recorded on datix. However the leadership team have confidence that the number of compliments is much higher. In order to aid learning from what goes well, the CSG is working to promote all staff to share and report compliments.

Compliments	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Accum
Number received	1	1	3	4	2	2	4	17

Chart 2

- 2.2.6. An example of a compliments received by our CTM Schools In reach Emotional Wellbeing Service (Shine) is included here with consent from the school and the person receiving the compliment:

*"When I arrived at ***** High school this week, the Headmaster and a member of the Board of Governors were awaiting my arrival at reception. The Head teacher shook my hand and thanked me for the service we have provided to his school thus far through our Schools In reach Service. We chatted about the good feedback he had received from staff in regards to staff training we had developed and delivered at their recent inset day. The Governor further mentioned that he had ring-fenced some money to put some cover staff in place so that other staff could also have the opportunity to be released from their teaching duties to undertake our training."*

- 2.2.7. There are no current open ombudsman cases.
- 2.2.8. There are no current open claims or redress cases.

2.3. **Swansea Bay Community CAMHS Progress**

- 2.3.1. In late 2020 concerns were raised about the culture of Swansea Bay Community CAMHS which subsequently led to recruitment and performance issues.

- 2.3.2. In April 2022 Swansea Bay University Health Board (UHB) commissioned an independent review of Swansea Bay CAMHS and the commissioning arrangements for the service. This included input from colleagues within the Swansea Bay CAMH service. The review resulted in an options appraisal around the potential future commissioning and provision of Swansea Bay CAMH service. Swansea Bay UHB supported the preferred option of repatriating Swansea Bay CAMHS to be provided within the organisational structure of Swansea Bay UHB. This proposal has been agreed with CTM UHB and the service will transfer from the 1st April 2023.
- 2.3.3. The review reflected that there had been improvement in the leadership of the service more recently. Swansea Bay CAMHS has also implemented a new clinical model based around the functions of the MHM. There has been an improvement in recruitment and retention of the service.
- 2.3.4. Alongside the improvement in leadership and recruitment to the workforce there has been a significant improvement in performance against the MHM. The waiting list for first assessment has reduced from approx. 460 patients waiting longer than 6 months for appointments to a sustained approximately 100 patients in last few months with over 80% waiting less than 4 weeks for assessment. This is demonstrated in the following graph:

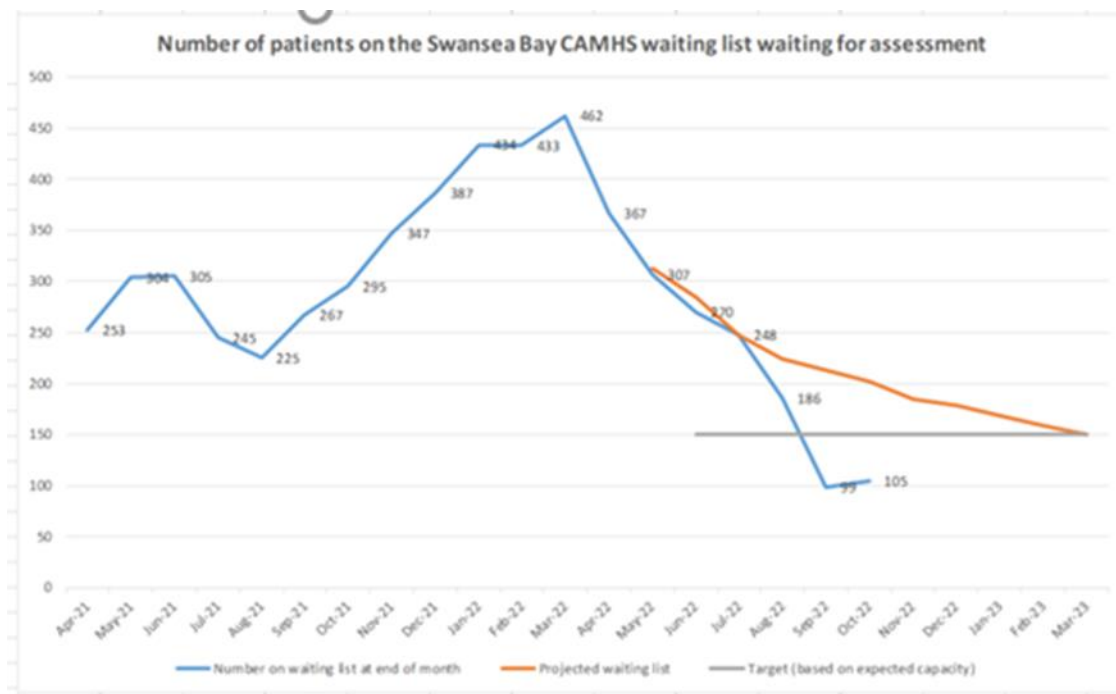


Chart 3

- 2.3.5. The CAMH service has implemented group therapy to support with those waiting for interventions, and this has used innovative approaches with art therapy as well as the development of parent courses. There has also been improved relationships and working with third sector organisations such as Platform. The service has implemented a referral system for those seen by the Crisis Team where they are automatically given an appointment within a week where appropriate for onward referral/support.
- 2.3.6. With the implementation of the new service model based around the functions of the MHM, there is a clear interface and approach for identifying patients that meet Part 2 of the measure. This has ensured that the service has maintained compliance with Part 2 of the MHM.
- 2.3.7. Swansea Bay CAMHS service are working collaboratively with their Primary Care stakeholders to develop the primary care liaison service. This will involve a CAMHS Practitioner working within the GP clusters to support GP's, families and YP with early intervention and appropriate signposting. It is anticipated this will help reduce the number of inappropriate referrals to SPOA. GP clusters are working closely with CAMHS to develop the pilot and the reporting systems.
- 2.3.8. Swansea Bay CAMHS has been working closely with Swansea Bay UHB and third sector services to develop a sanctuary service pilot to support YP in emotional crisis to aim to avoid admission to hospital. The aim for this is to be live around April 2023.
- 2.3.9. The Schools In-reach team produced a series of YouTube videos for World Mental Health day on "The Power of Positivity" and are planning to continue to use various social media channels to promote their service and offer help and advice to YP and their families.



The videos can be viewed here:
<https://www.youtube.com/channel/UCwBDb1VX80A0e91MNHT1MrA/videos>

2.4. Tier 4 National and Regional Services Progress

2.4.1. Ty Llidiard Update

2.4.1.1. There is a TL specific paper also being presented at this meeting, therefore TL will not be discussed in detail in this paper.

2.4.2. The All Wales FACTS Update

2.4.2.1. The FACT service provides an all Wales, highly specialist consultation and treatment service to CAMHS, with the care and treatment of children and young people who, in the context of mental disorders or significant adversity/trauma and related severe psychological difficulties, present a serious risk to others.

2.4.2.2. The service was placed into formal escalation arrangements with WHSSC in October 2020 due to concerns of service sustainability with recruitment and retention issues and a reported lack of access to resources.

2.4.2.3. Since the service was placed into escalation with WHSSC, there has been successful recruitment into psychology posts and more recently into a substantive consultant position. The CAMHS leadership team have reviewed the funding of the service and agreed some new posts into the service including developing a new role to support with the implementation of Enhanced Case management

2.4.2.4. The FACT service has been working with the Youth Justice Blueprint Board in the development and implementation of Enhanced Case

Management. This has been received positively with demand increasing across local youth offending teams. Youth Justice Teams in England are now looking to implement a similar approach to Enhanced Case Management.

2.4.2.5. The CAMHS leadership team have worked closely with WHSSC to develop the service specification for FACT. This is currently out to consultation.

2.4.2.6. Due to improvement in both recruitment and retention and access to resources, WHSSC have confirmed that FACTS has been deescalated in December 2022 and will no longer be subject to any additional monitoring.

2.4.3. **The South Wales EDOS team**

2.4.3.1. Alongside the quality improvement taken place in Ty Llidiard, the EDOS team has developed improved working relationships with the inpatient unit. This has resulted in EDOS supporting multi-therapy groups for patients and their families in the unit. There are plans to explore the use of space in the unit to run some of the community multi-therapy groups.

2.4.3.2. The team are currently recruiting into some new posts due to vacancies from team members getting promotion and retirement. This is also giving the service the opportunity to review and adapt the service provided, particularly as there has been increased investment in community eating disorder services in recent years.

2.4.3.3. Working alongside the Clinical Director for CAMHS, EDOS are scoping a proposal and potential business case for establishing a day unit for patients with eating disorders. This is in line with WHSSC strategy.

2.4.3.4. EDOS is hosting a South Wales Eating Disorder away day in February 2023.

2.4.4. **CTM Community CAMHS Progress**

2.4.4.1. CTM Community CAMHS has been working closely with the Whole Schools Approach and has used the NEST model to design and implement the CAMHS Schools In-reach service from September 2022. This initial implementation has involved piloting the service in 40 schools across the CTM UHB footprint. The service is receiving

positive feedback from the initial schools and plans to roll out to the next cohort of schools in early 2023.

- 2.4.4.2. There has been successful recruitment into a couple of CAMHS consultant posts in the last couple of months, which is an area that regionally has been difficult to recruit into.
- 2.4.4.3. Alongside improvement in recruiting into consultant positions, the Welsh Child and Adolescent Specialist Training Scheme has also received exceptional high scoring responses and we have been reported as an exceptional 'above outlier' for training for specialist trainees. The service has also seen improvement in the number of training positions filled.
- 2.4.4.4. The crisis team in CTM Community CAMHS has extended its hours to provide 24 hour service offer 5 days a week. The remaining 2 days will go 24 hours once there is recruitment into the remaining vacancy in the service.
- 2.4.4.5. The Clinical Lead for CAMHS has been working collaboratively with adult mental health teams to develop a transition policy to support a seamless approach to transition between CAMHS and adult mental health services.
- 2.4.4.6. Following funding from the Mental Health Service Improvement Funding 2023/24, the CAMH service has recruited into new primary care liaison roles to support with managing demand and providing additional support and consultation to primary care colleagues. Roadshows have started and engagement with primary care clusters. A professional contact line will be implemented by March 2023 alongside the use of consultant connect.
- 2.4.5. **Deep Dive into CTM CAMHS Performance against the Mental Health Measure (MHM)**
 - 2.4.5.1. Whilst the Clinical Service Group has made good improvements in a number of the services provided, it is acknowledged that performance against the MHM for CTM Community CAMHS has deteriorated over 2022. This is now the priority area for improvement for the service group.
 - 2.4.5.2. In 2021 a SPOA was developed for CTM CAMHS to ensure oversight of all referrals into the service. Whilst this has streamlined access for referrers it has resulted in the smaller number of children and

young people requiring secondary care mental health services being included in Part 1 performance data. There is further work for the service to do to clearly delineate service provision for children and young people once they have been assessed.

2.4.5.3. CTM CAMHS Performance for Part 1a of the MHM in November 2022 was 29% which has reduced compared to the previous month. The following graph shows the performance since April 2020 and shows variation between 20% and 40% on a monthly basis falling short of the performance target of 80%:

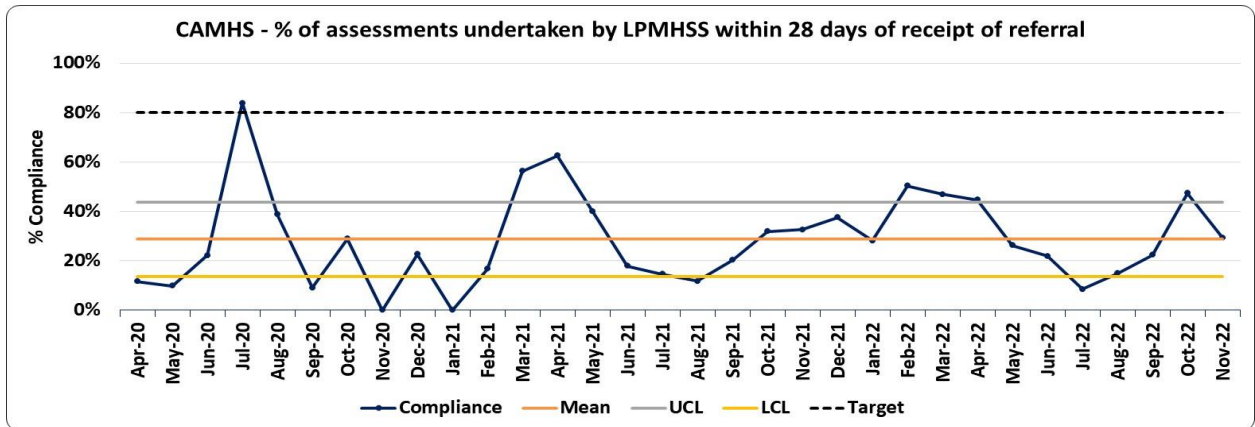


Chart 4

2.4.5.4. The poor compliance with Part 1a is linked to greater demand for CAMHS assessments compared to capacity and activity within the service. As a result there is a significant backlog of patients on the waiting list waiting longer than 28 days. All referrals received by the service are reported against Part 1 of the MHM.

2.4.5.5. The following graph shows the monthly referrals received against the assessment activity demonstrating the shortfall in capacity:

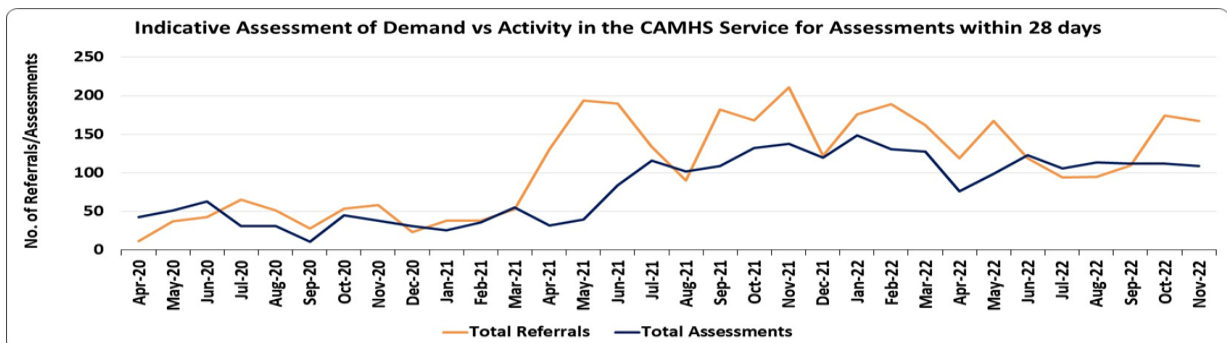


Chart 5

2.4.5.6. There was good progress over the summer period to provide more assessments than referrals received for the service, and the waiting list reduced to an average 3 week wait. However since the schools have started back there has been a sharp increase in referrals since October which has outstripped the capacity in the service and the overall waiting list has increased as a result as show in the following graph:

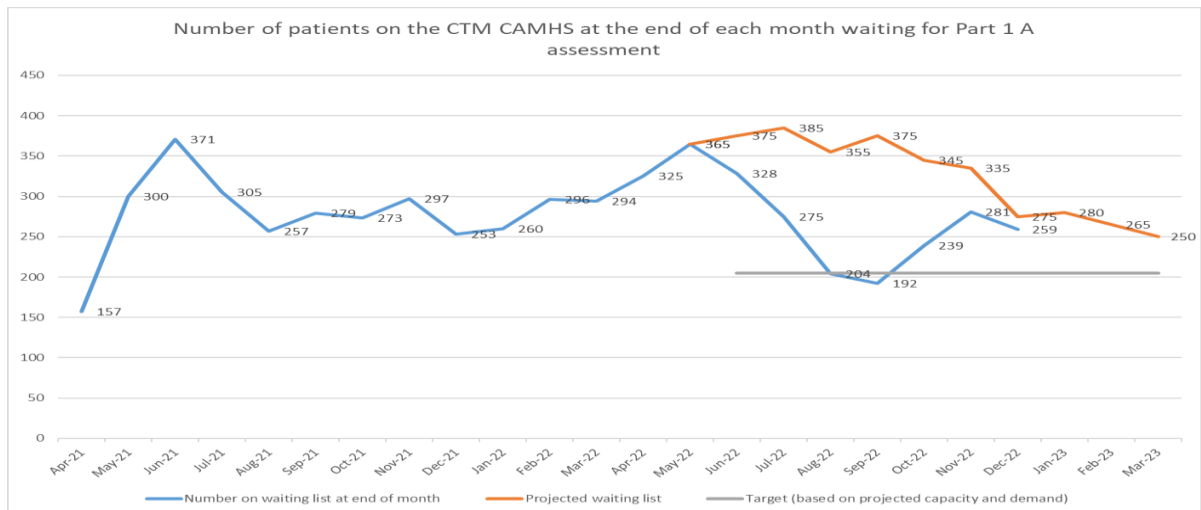


Chart 6

2.4.5.7. The longest wait for an assessment under Part 1A is 13 weeks.

2.4.5.8. It is anticipated that the implementation of the Whole School Approach and the Schools In-reach service will support the management of demand for CAMHS. As the service was only implemented in September 2022 and to a pilot of 40 schools it is recognised that it might be too early to benefit from this new service provision. Data is being collected to determine the impact of the service on wider CAMHS referrals and will continue to be monitored.

2.4.5.9. CTM CAMHS Performance for Part 1b of the MHM in November 2022 reduced to 22% which is the lowest reported performance over the last two years:

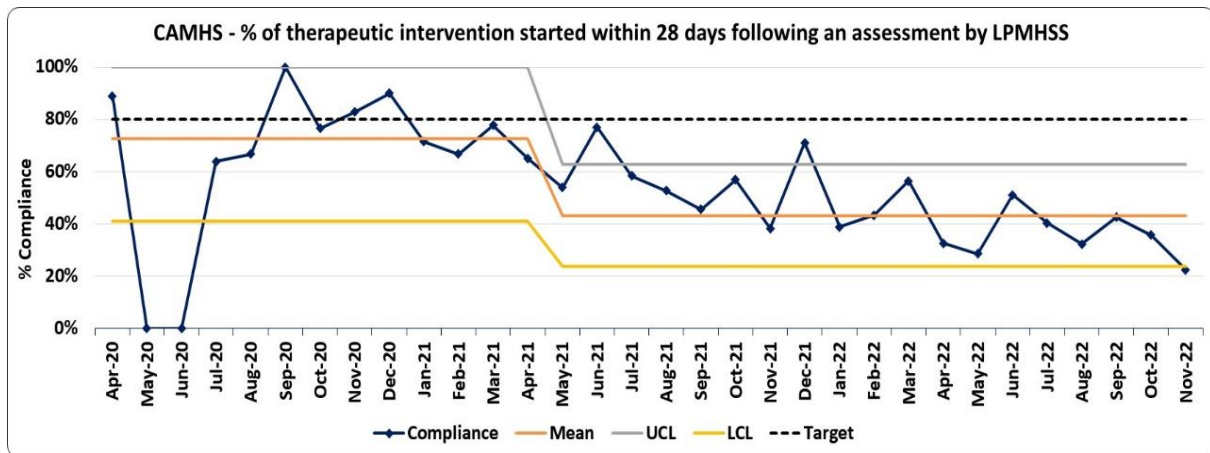


Chart 7

- 2.4.5.10. There has been a decline in Part 1b performance due to increasing complexity of children and young people in the service requiring more interventions and less capacity to start therapeutic interventions. There has also been vacancies and sickness within the service impacting on available capacity. As a result there has been an increase in patients waiting for interventions and the waiting times for interventions has exceeded 28 days.
- 2.4.5.11. The service has been focused on reducing the number of patients waiting for interventions in the last couple of months. The number of interventions started in November 2022 was slightly higher than previous months with a focus on increasing capacity to address overall waiting list for intervention and providing appointments for those waiting the longest. There has been a reduction in the number of patients waiting for intervention as a result from 225 in September 2022 to 188 at the end of November 2022.
- 2.4.5.12. The longest waiting time for intervention is 24 weeks. There are small numbers of young people waiting this length of time and these long waits will be addressed with the commencement of new group intervention and new staff commencing in post in one of the community teams.
- 2.4.5.13. An improvement action plan has been developed to support improvement in performance for both Part 1a and Part 1b and the service is currently reviewing the intended benefits of these actions to revise performance trajectories. The improvement action plan has been developed with the service team leads and senior nursing and therapy leads and is reviewed and discussed on a fortnightly basis.

2.4.5.14. The improvement action plan includes the following:

Action	Intended benefit	Timescale
Implement additional assessment capacity for Part 1a	Additional approx. 15 assessments available per month, reducing the gap between demand and capacity and overall backlog of patients waiting	From January-23
Additional assessment and intervention capacity for both Part 1a and Part 1b via WLIs	Confirmed additional approx. 9 additional assessments in January and February; additional WLIs being agreed to support interventions	In place and ongoing until Mar-23
Explore short term options for additional agency workers to provide additional assessment and intervention capacity	Provide additional capacity for assessments and interventions on a short term basis to address the backlog of patients waiting	In place and ongoing with agencies until Mar-23
Regular review of caseloads for all areas by senior nurse to support clinicians with discharge plans	Ensure balance of capacity for interventions	In place and ongoing
Demand and capacity training with the DU for team leads; senior nurses and admin leads	Provide the clinical team leads with the capacity	Jan-23
Implementation of text reminders to reduce DNAs and last minute cancellations for both assessments and interventions	Maximise the current capacity available to the service	To be confirmed by ICT timescales
Recruitment into new 3 x Band 5 and 3 x Band 3 posts from Service Improvement Funds 22/23 which will provide additional capacity to support roll out of courses/groups in each locality	Additional capacity to support implementation of new groups for interventions	Interviews taken place, awaiting start dates Re-advertising 2x Band 5 posts Expected timescale Apr-23
Review of current demand and capacity for therapies workforce	Understanding of any capacity gaps in the workforce and set capacity for each therapy intervention	Mar-23
Working with Mental Health Matters and Mind Cymru to implement group/courses to support with discharge pathways and primary mental health support	Additional capacity for interventions on a monthly basis. Each group could take approx. 8-12 patients and run for 6 weeks	Meetings taken place, awaiting confirmation from organisations on potential start dates expected by Feb 2023
Working with Silvercloud to refer patients waiting for intervention for online CBT programme	Additional capacity for interventions, currently scoping number of patients that could be referred on a monthly basis	Training being scheduled for Feb-23, aim for implementation in Mar-23

Action	Intended benefit	Timescale
Development of the new primary care liaison posts to provide consultation and advice to GPs to help manage demand into the service	Provide advice and consultation in primary care to reduce demand into the service	Work commencing in Jan-23 but impact of work is part of wider systemic work so benefit is anticipated into 23/24
Ongoing implementation of the Schools Inreach service rolling out to the next phase of schools across CTM UHB	Providing earlier intervention in schools and supporting the management of demand into CAMHS	Ongoing

Chart 8

2.4.5.15. Part 2 of the MHM ensures that people requiring secondary mental health services have a person-centred and outcome-focussed Care and Treatment Plan. CTM CAMHS Performance against Part 2 of the MHM continues to be below the target and declining, in November the performance dropped to 35%.

2.4.5.16. The decline in performance against Part 2 is linked to the significant increase in the number of patients identified for Part 2 since April 2022 from just over 200 to 460 in November 2022. This increase in patient numbers is as a result of quality improvement plan to providing education to improve awareness and understanding of the criteria for Part 2.

2.4.5.17. Whilst overall performance in Part 2 has declined the actual number of patients recorded as having a valid CTP has increased from 120 in April 2022 to 160 in November 2022.

2.4.5.18. The following graph shows the performance for Part 2:

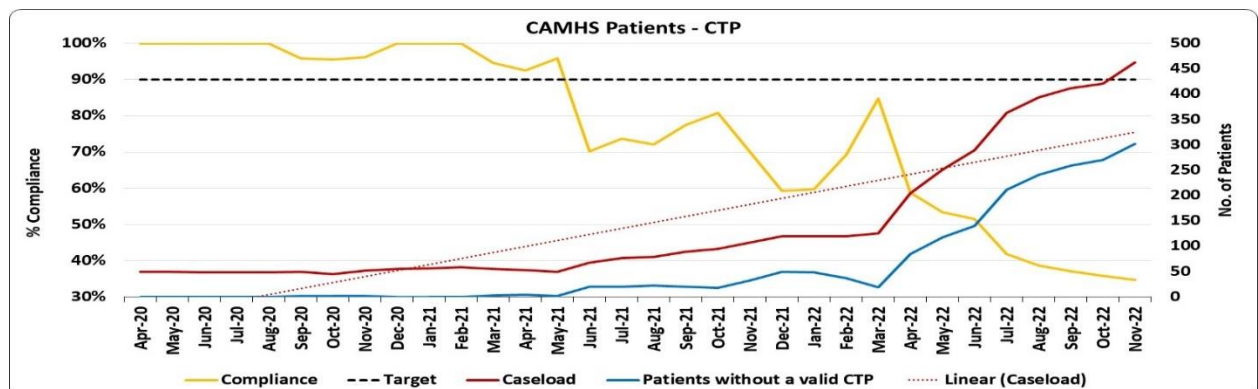


Chart 9

- 2.4.5.19. CTM CAMHS has implemented an improvement plan to support the improvement in performance with Part 2. This improvement plan initially focused on providing education to improve awareness and understanding of the criteria for Part 2. This work has led to the subsequent increase in patients being identified under Part 2. The improvement plans are now focused on ensuring the increased number of patients identified under Part 2 are reviewed as requiring Part 2 and have a valid CTP as well as ensuring the quality of the CTP.
- 2.4.5.20. Additional appointments have been identified during January, alongside a reduction in non-clinical meetings, in order to support the completion of CTPs for approximately 70 patients to support improvement in the compliance. It is anticipated with these appointments compliance should improve from 35% in November to approximately 65% in January 2023. There will be continued focus in February 2023 on the remaining patients to improve compliance by March 2023 to 90%.

3. KEY RISKS/MATTERS FOR ESCALATION

- 3.1. There has been poor performance against the Mental Health Measures for CTM CAMHS due to increasing demand outstripping capacity in the service. The waiting list for CAMHS is growing as a result and waiting times increasing. A detailed improvement action plan has been developed and there are regular fortnightly performance meetings with the clinical leads for the service to support improvement. It is anticipated due to the backlog of patients waiting and limited immediate additional capacity, improvement in performance for Part1a and Part 1b will take three to four months. Improvement in Part 2 is anticipated by the end of February 2023, with a clear focus in every area on ensuring patients CTPs are completed.
- 3.2. The CAMHS CSG Manager, who has overseen the improvements in performance in Swansea CAMHS has secured another position in the Health Board. This departure does pose some risk to the improvement plan for the CTM CAMHS Community service. The postholder will continue to work in the MHLD care group and in order to mitigate this risk will continue to provide support and coaching to the service.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	This report provides an overview of quality, safety and experience issues in CAMHS
Related Health and Care standard(s)	Choose an item.
	Governance, Leadership and Accountability Safe Care Dignified care Effective Care Individual 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 required in the box below.
	The Swansea community service will be delivered by Swansea Bay UHB from 1 st April 2023. The options appraisal and assessment of impact for their population has been undertaken by Swansea Bay UHB as the commissioner and reported to their Board.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The improvement plan for CTM Community CAMHS requires a review of workforce capacity and recruitment to new roles.
Link to Strategic Goals	Improving Health

5. RECOMMENDATION

- 5.1. Members are asked to **NOTE** this progress outlined in this report and **DISCUSS** the matters for escalation.