

# Coborn Galaxy Ward



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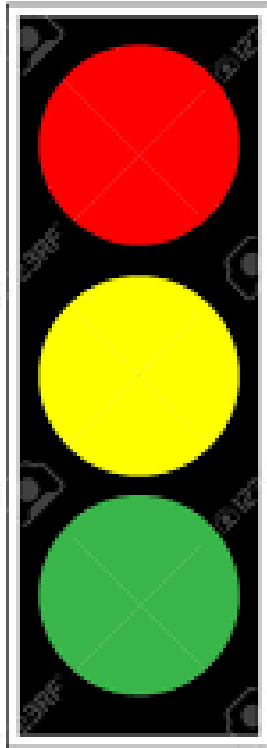
# Service Overview

- \* Adolescent Psychiatric Inpatient Unit
- \* >13 to <18 year olds
- \* Provisions
  - \* Day Service
  - \* General Adolescent Unit
  - \* Psychiatric Intensive Care Unit
    - \* Galaxy (12 beds)
    - \* PICU ward (4 beds)

# QI on Galaxy Ward

- \* Largest CAMHS PICU provision
- \* Opened in 2018
- \* Service commissioned for London
- \* Range of presentations including:
  - \* Psychoses
  - \* ID/ASD with challenging behaviour
  - \* Affective Disorders
  - \* Eating Disorders
  - \* Complex Trauma
  - \* Emotional Dysregulation
- \* High number of use of restrictive practice since opening

# Change Idea – RAG Rating



RED

AMBER

GREEN

# Change Idea – RAG Rating

- \* Background
  - \* 12 bedded ward
  - \* Concise and consistent information during handover
  - \* Need for clear plan when potential for use of RP escalates
- \* Participation
  - \* Focus Groups with young people
    - \* Individualised care plan
    - \* Advance directive
    - \* Easy to understand
  - \* Staff
    - \* Consistent prompt to invite MDT input in care planning/management
    - \* How to communicate to wide MDT the rationale for seeking input
    - \* A guide on how/when to implement any advance directive to support YP



# RAG Rating

- \* **RED**
  - \* High risk of requiring the use of restrictive practice to manage risk to self and/or others
  - \* Requiring urgent intervention/input
- \* **AMBER**
  - \* Moderate risk of requiring the use of restrictive practice
  - \* Requiring input to prevent risks escalating to **RED**
  - \* To support young person with a view to regrading the rating to **GREEN**
- \* **GREEN**
  - \* Young person working well with existing care plan
  - \* If consistent consider next steps from PICU

# RAG Rating (continued)

- \* RAG Rating
  - \* Introduced April 2019
  - \* RAG Rating “Roadshows”
  - \* Nurses’ Business Meetings
  - \* On the spot coaching
- \* RAG Support Plan
  - \* Devised by nursing team
  - \* Service user involvement throughout
  - \* Input from MDT

# RAG Rating (continued)

- \* Benefits

- \* Members of staff are confident in the allocation of RAG Rating
- \* Staff are feeling confident to encourage incentives based approach based on RAG Rating
- \* The cycle shows that the RAG Rating is consistently and correctly identifying the young people who are at risk of requiring the use of restrictive practice
- \* It shows that early identification is leading to more proactive planning from nursing team to reduce the need for restrictive practice
- \* Clear steer on the application of the RAG Support Plan

- \* Embedding

- \* Team seeking clarity on hard to judge ratings
- \* Initial prompts from QI team required for consistent application of RAG Rating
- \* Shift from nurses bringing in wider MDT to the RAG Rating serving as a prompt for MDT to actively offer input
- \* RAG Rating guidelines available on notice boards for quick reference
- \* Review to application of RAG Support Plan



# A promising start..

- \* Reduction in use of Physical Restraint
- \* Reduction in use of Rapid Tranquillisation
- \* No overall effect on Seclusion use .... So far

## Monitoring

- \* Monthly collection of RAG Rating data
- \* Comparing frequency of RP with shifts based on RAG Rating

# Our data

- \* Emily to add print screen of data once Galaxy have added June

# Next steps

- \* MDT “roadshows” for RAG Rating
- \* Review guidelines for RAG Rating based on feedback from nursing staff
- \* Collate feedback from YP regarding the use of RAG Rating and the RAG Support Plan
- \* To invite the input from family/carers into the RAG Support Plan where appropriate