Coborn Galaxy Ward

Clíodhna Gillespie – Senior Occupational Therapist
Dr Ravi Patel – Consultant Child and Adolescent Psychiatrist
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
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
* **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
* 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