

[Final]

Learning from The Closure of Cygnet Godden Green

Kent Health Overview and Scrutiny Committee

22 June 2022

Purpose:

This report provides a summary of the themes and areas for learning following the closure of the Cygnet Godden Green Child and Adolescent Mental Health Service (CAMHS) providing a General Adolescent Unit (GAU) in 2020. The intention of this report is to inform the Kent Health Overview & Scrutiny Committee (HOSC).

Background Context:

Cygnet Hospital Godden Green in Sevenoaks was an acute CAMHS service for young people aged between 12 and 18 years with mental health conditions and requiring inpatient care, provided over two wards, Knole (15 General Adolescent beds) and Riverhill (5 General Adolescent beds). The service was provided under the national contract standard specification for CAMHS Tier 4 services.

The service permanently closed in Autumn 2020, having worked on embedding continuous quality improvement plans alongside commissioners and system partners. However, following a rise in incidents and quality issues, with formal action from the Care Quality Commission (CQC) following an unannounced visit (Further information can be found here: [CQC takes action at Kent mental health service | Care Quality Commission](#)), Cygnet Healthcare took the decision to close this service permanently.

Following the closure, a review meeting was convened between NHSE/I commissioning, quality and contracting leads with Kent & Sussex CAMHS Provider Collaborative (as shadow commissioner at the time) to reflect on the impact of the closure and identify learning for the future.

An independent investigation was also commissioned by NHS England and the Kent & Sussex CAMHS Provider Collaborative, regarding a serious incident which followed the [NHS National Serious Incident \(SI\) Framework](#). The investigation report published in March 2022, outlined recommendations which enable application for broader application to all CAMHS Tier 4 services alongside Cygnet Healthcare, which continues as a provider of these services for the NHS at locations elsewhere in the country.

The closure of Godden Green reduced the CAMHS T4 regional bed capacity from 204 to 184 beds. Currently there are 186 CAMHS T4 beds in the South East. More inpatient capacity to come on line 2022/23. Expanding Tier 4 capacity to include inpatient, day service, and alternatives to admission (hospital at home) – provider collaborative led, regionally driven. Continued CYP MH community and Tier 4 transformation and improvement programmes in line with NHS Long Term Plan deliverables.

Themes for Learning:

The following areas arising from both the review meeting and independent investigation describe specific areas for learning to improve the quality of specialist CAMHS services, with specific areas for action for Cygnet Healthcare as a continuing provider of these services.

Theme 1: Ensuring that risk assessment / mitigation and observation policies are embedded in daily practice.

The independent investigation highlighted the need to ensure that key policies on individual risk assessment and management, safe and supportive observation, safeguarding children and young people, incident reporting and management (including in particular, learning from incidents) are embedded in day to day practice and care of young people. This process of risk assessment and management is dynamic due to the often rapidly changing needs of young people and clear plans in place to mitigate risk should be both clearly documented and communicated to all staff involved to ensure safety plans are consistently translated into the care of each young person admitted to CAMHS Tier 4 services.

Theme 2: Ensuring that all staff working in CAMHS services are qualified, trained and skilled.

Learning from the independent investigation and the closure of Cygnet Godden Green identified a requirement to demonstrate that any person employed in the care of young people admitted to CAMHS, including locum and agency staff are qualified, trained and appropriately experienced and skilled for the specific role they are fulfilling and that training records are regularly updated and documented.

Theme 3: Service Closures and Repatriation Procedures

During the reflective meeting it was agreed that overall, the repatriation process of young people admitted to Cygnet Godden Green at the time of the service closure, generally went well. Preparatory visits were organised with exceptional packages of care implemented to support the young people transitioning to new placements. The views of young people were considered in their repatriation plans and communicated to stakeholders. Regular check in meetings were held with the provider to review the repatriation process and approach to support the young people impacted and their families.

Learning identified - What could have been better?

On service closure, the main aim and principles were to include the views of the young people impacted and their families in repatriation planning, ensuring they were engaged and supported throughout the process. It was recommended that as a minimum, 28 days would be a more appropriate timeframe for the closure of any CAMHS Tier 4 service. The timeframe for Godden Green was 14 days

As part of the closure procedure, a communications leadership group was implemented to ensure co-ordinated, timely communication with those involved, young people and their families in particular. A single point of contact to liaise with families was helpful to enable consistent messaging and avoid ambiguity at a challenging time. Establishing an accurate stakeholder list from the offset of significant service change or closure is critical, as well as agreed timescales for all forms of formal communications as well as approaches to keep young people and their families fully informed.

Specific to the timing of the closure of Godden Green, it was found that COVID-19 restrictions in place at that time, hindered the process through the prohibition of face to face meeting and limiting attendance at the site in person to visit with the young people admitted to Knole and Riverhill wards.

Application of Learning identified:

Following engagement with local system partners who were closely involved in the unit's closure, including the provider Cygnet Healthcare, alongside formal consideration of the independent investigation report into a serious incident in accordance with the NHS SI Framework, the following application of learning has now taken place or has already commenced:

1) Robust safety and repatriation planning, with clear and timely communication strategy.

- 2) A national learning event convened by Cygnet Healthcare to share opportunities for learning across all service lines, including training and policy direction for safety and risk mitigation.**
- 3) Planning for future CAMHS Tier 4 services for the children and young people of Kent.**

Sussex Partnership NHS Foundation Trust (SPFT), as lead provider for the Kent & Sussex CAMHS Provider Collaborative have already initiated plans to mobilise a range of services including alternatives to admission and improvements to high dependency care areas in addition to quality improvements within existing services. Additional services include:

- 3 GAU beds at Kent and Medway Adolescent Hospital and 3 short stay beds. The short stay beds will allow for a seamless pathway from crisis to inpatient and discharge back to the home/community setting.
- An eating disorder day service based in Sussex.
- Plans to increase Psychiatric Intensive Care capacity that will be accessible to the population of Kent ICS and other regions from 2023/4.

Since October 2021, when SPFT took over commissioning responsibility for CAMHS Tier 4 service provision in Kent, the following improvements have been demonstrated:

- Reduced numbers of young people who live in Kent admitted to out of area placements (in line with the continued commitment to ensure inpatient mental health care is provided closer to home).
- Reduced rates of admission for children and young people in Kent, in line with the NHS Long-Term Plan ambitions for those with Learning Disabilities and Autism and plans to enable effective alternatives to inpatient admission where possible.
- Reduced average lengths of stay, showing a general improvement in relation to the timely discharge of young people to a home or community setting.