



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 February 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Review of Operational Governance Arrangements Mental Health and Learning Disabilities (MHLD) – Management Response Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Liz Carroll, Director MHLD Rebecca Temple-Purcell, Assistant Director of Nursing MHLD

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This paper provides the Audit and Risk Assurance Committee with an update on progress against the recommendations made by Audit Wales (AW) in:

- Review of Operational Governance Arrangements Mental Health and Learning Disabilities (MHLD) – the review took place during audit year 2019/2020, with the report being issued to the Health Board in February 2023

Cefndir / Background

The Health Board has continued to focus on improving governance with one area of specific focus having been the Mental Health and Learning Disabilities Directorate (the Directorate). The Directorate had been subject to external inspections from Healthcare Inspectorate Wales (HIW), which had raised concerns around service provision and the quality of the healthcare environment. There had been Health Board reports highlighting concerns in relation to mental health performance and quality, with increased complexity and co-morbidity in mental health referrals.

In October 2021, Internal Audit published their review of the Mental Health and Learning Disabilities Directorate Governance. Whilst this report gave reasonable assurance, it did highlight the need to improve risk management, governance reporting and identification of financial savings schemes.

The Audit Wales governance review sought to build on the work of Internal Audit and HIW. The key focus of the work has been on assessing whether the Directorate has effective governance arrangements to enable it to carry out its role efficiently and effectively to ensure delivery of high-quality services. In undertaking the work, we have tested the flows of assurance from floor to board.

Overall, Audit Wales found that there are generally good governance arrangements at a Directorate level with reasonable oversight at Board level. Flows of information including thresholds for escalation however needed improving, and further work was needed to strengthen relationships and engender a more open learning culture.

Recommendations arising from this audit are detailed in Appendix 1 along with the management response and action plan that the Directorate put in place as a response.

Asesiad / Assessment

Below is a summary of the progress to date against the recommendations. Due to operational and capacity challenges, some of the dates for completion have had to be revised. The Directorate is working with the Risk and Assurance team to regularly review and update the tracker.

Recommendation	Original Completion Date	RAG status as of 26/01/2024
R1.a (Review BPPAG TORs)	September 2023	Completed
R1.b (BPPAG- Escalating matters of concern)	September 2023	Completed
R2. (Escalation and de-escalation of risks)	December 2023	Completed
R3. (Operational risk management arrangements)	July 2023	Completed
R4.a (Directorate audit framework and plan)	December 2023	Behind schedule (Revised completion date April 2024)
R4.b (Training of relevant staff for AMAT)	December 2023	Completed
R4.c (Engage frontline staff)	December 2023	Completed
R4.c (Update reports to MHL D QSE)	March 2024	On schedule
R5.a (Staff engagement- strengthening dialogue)	March 2024	On schedule
R5.b (Staff engagement- senior management visibility)	June 2023	Behind schedule (Revised completion date March 2024)
R5.c (Staff engagement- culture change)	March 2024	On schedule
R6 (Recruitment)	December 2023	Behind schedule (Revised completion date July 2024)

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to discuss and to consider the progress made in respect of the recommendations from the Audit Wales review of the operational governance arrangements in MHL D.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit,

	External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Audit Wales – Review of Operational Governance Arrangements – MHL D
Rhestr Termau: Glossary of Terms:	Included in the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	All owners of the recommendations provide the updates to their respective actions.

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from this report.
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Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from this report.
Gweithlu: Workforce:	No direct impacts from this report.
Risg: Risk:	No direct impacts from this report.
Cyfreithiol: Legal:	No direct impacts from this report.
Enw Da: Reputational:	No direct impacts from this report.
Gyfrinachedd: Privacy:	No direct impacts from this report.
Cydraddoldeb: Equality:	No direct impacts from this report.

Appendix 2

Organisational response

[Exhibit 3 will be completed once the report and organisational response have been considered by the relevant committee.]

Exhibit 3: organisational response.

Recommendation	Management response	Completion date	Responsible officer	Progress as at 25 January 2024
<p>R1 Business Planning and Performance Group</p> <p>The Business Planning and Performance Group (BPPAG), although operating well, has a very full agenda. In addition, there is a lack of clarity around how information from this group is escalated to the Board. The Health Board and Directorate should:</p> <p>a) Critically review the contents of the BPPAG agenda to ensure it is manageable within the time; and</p> <p>b) Clarify the route of escalation of information from the BPPAG to the Board and its committees, ensuring that reporting requirements are streamlined and reduce duplication.</p>	<p>a) To undertake a review of the BPPAG Terms of Reference (TOR), and establish sub-groups where appropriate, who will provide Exception Reports to BPPAG, ensuring the relevant escalation of key operational matters to be discussed within the forum.</p> <p>To undertake annual reviews of the planned BPPAG agendas, ensuring that strategic and operational plans are discussed and monitored at the appropriate time</p>	<p>September 2023</p> <p>September 2023</p>	<p>Director of Mental Health and Learning Disabilities</p> <p>Director of Mental Health and Learning Disabilities</p>	<p>Complete-</p> <p>Complete</p>

	<p>To ensure that updates to the Table of Actions (TOAs) arising from previous BPPAG meetings are provided in writing in advance of the meeting to ensure appropriate time management of meetings.</p>	September 2023	Director of Mental Health and Learning Disabilities	Complete
	<p>b) Matters of concern raised in BPPAG are escalated to the Director of Operations' Senior Operational Business (SOB) meetings, which are held monthly. Matters requiring the attention of Board or its committees can be discussed in this forum, and advised on the appropriate escalation route required.</p> <p>Matters of concern are also discussed via the recently implemented Improving Together sessions, which are attended by Executives and Directorate Senior Management.</p>			Complete

Recommendation	Management response	Completion date	Responsible officer	Progress as at 25 January 2024
Understanding of escalation and de-escalation of risks R2 There is uncertainty within the Directorate of the thresholds for escalation of risks and issues, which could affect the ability of the Board to be assured. The Health Board should work with the Directorate to improve its understanding of the escalation and deescalation of risks.	The Directorate is supported by the Assurance and Risk Team in the formal processes and procedures in terms of the escalation and de-escalation of risks by providing training to relevant staff within the Directorate, and providing regular risk updates to both BPPAG and QSE meetings.			
	Directorate to define thresholds and/or performance metrics in order to assist in the escalation and de-escalation of risks	September 2023	Triumvirate Management / MHLD Assistant Directors	Complete
	Directorate to implement the defined thresholds and/or performance metrics in order to assist in the escalation and de-escalation of risks, with training to be provided to relevant staff, supported by the Assurance and Risk Team.	December 2023	Triumvirate Management / MHLD Assistant Directors	Complete

Operational risk management arrangements R3 The Directorate has acted upon previous reviews and made progress in improving its risk management arrangements, however, the quality of information contained on the risk register needs improving. The Directorate should ensure the Directorate risk register contains clear mitigating actions, milestones and expected outcomes.	Risks are reviewed monthly by Heads of Service within the Directorate, supported by their Business Managers, and are reported at every BPPAG and QSE meeting within the Directorate. Risks are also discussed and challenged by the recently-implemented Improving Together sessions, which are attended by Executives and Directorate Senior Management.			
	Directorate to hold a “risk workshop” in order to review and challenge where necessary the existing risks on the risk register to ensure mitigating actions, milestones and expected outcomes are clearly articulated.	July 2023	Triumvirate Management / MHLD Assistant Directors	Complete-
Clinical audit activity				

Review of Mental Health and Learning Disabilities Directorate Governance Arrangements

Recommendation	Management response	Completion date	Responsible officer	Progress as at 25 January 2024

R4	The clinical audit programme has been impacted by the pandemic and changes in leadership. The Directorate should ensure that a full clinical audit programme is reinstated and operational.	Develop a Directorate audit framework and plan, with the support of the Clinical Audit Team, that reflects local ward/team based audits and wider Health Board requirements	December 2023 Revised completion date April 2024	Associate Medical Director, Mental Health and Learning Disabilities	Behind schedule-
		Training of relevant staff to be provided in order to utilise Audit and Management and Tracking (AMaT) once clinical audit programme has been agreed.	December 2023	Consultant Nurse, MHL D	Complete-
		Develop a plan to engage frontline staff on the delivery and contribution of the clinical audit programme.	December 2023	Consultant Nurse, MHL D	Complete-
		Update reports on progress of the clinical audit programme to be provided to MHL D QSE in order to provide oversight on outcomes.	March 2024	Consultant Nurse, MHL D	On schedule-

Staff engagement				
<p>R5 Staff feel that there are poor relationships with senior management (both within the Directorate and at an Executive level), with a perception that mental health and learning disabilities are not a priority, and a sense of staff not being listened to or valued. The Health Board should work with the Directorate to:</p> <ul style="list-style-type: none"> a) ensure mechanisms to listen to staff and encourage dialogue are strengthened, and having the desired effect on improving staff engagement; b) increase senior management visibility across the Directorate; and c) include engagement and culture change as part of the Directorate's organisational development work. 	<p>a) The Health Board routinely conducts staff surveys. The Directorate to undertake Directorate-specific surveys in order to inform future staff engagement plans, and to highlight any concerns which staff may have requiring the attention of Directorate senior management.</p>	December 2023	Triumvirate Management / MHL D Assistant Directors	Complete-
	<p>Develop a Directorate Staff Engagement and Organisational and Development Plan, supported by colleagues from Workforce to identify effective communication mechanisms</p>	March 2024	Triumvirate Management	On schedule-
	<p>b) Continue to promote on a regular basis a regular approach to leadership visibility and engagement visits across clinical areas as early as possible</p>	June 2023 Revised completion date June 2024	Triumvirate Management	Behind schedule-
	<p>c) Engagement and culture change to be included while developing the Directorate Staff Engagement and Organisational and Development Plan</p>	March 2024	Triumvirate Management	On schedule-

Recruitment				
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Review of Mental Health and Learning Disabilities Directorate Governance Arrangements

Recommendation	Management response	Completion date	Responsible officer	Progress as at 25 January 2024
R6 There are significant vacancies within the Directorate which are affecting the ability of the service to meet demand in a timely fashion. Although the Directorate has developed an embryonic workforce management group, there needs to be a more formal approach. The Directorate should develop a formal and targeted approach to address recruitment hotspots and ensure sustainability.	<p>Work has been undertaken by each service within the Directorate to identify significant vacancies. These findings are to inform the development of an overarching Directorate Recruitment and Retention Plan, which will be aligned to wider Health Board strategic objectives and wider national priorities.</p> <p>The development of the Recruitment and Retention Plan will be completed and overseen by the MHLD Workforce Group, which is attended by Heads of Service and Professional Leads monthly</p>	<p>December 2023</p> <p>Revised completion date July 2024</p>	Assistant Director of Nursing, MHLD	Behind schedule-

Review of Mental Health and Learning Disabilities Directorate Governance Arrangements - Hywel Dda University Health Board

Audit year: 2019-20

Date issued: February 2023

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This document is also available in Welsh.

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's examination of the governance arrangements within the Mental Health and Learning Disabilities Directorate as part of the programme of performance audit work at Hywel Dda University Health Board (the Health Board). This review forms part of the wider work programme being undertaken to satisfy the Auditor General that the Health Board has proper arrangements to secure the efficient, effective, and economical use of resources, as required by Section 61 of the Public Audit Wales Act 2004.
- 2 In October 2021, we completed a review of the Health Board's quality governance arrangements. The audit examined whether the organisation's governance arrangements supported the delivery of high quality, safe and effective services. This audit drew on the findings from a previous 2019 local review of operational quality and safety arrangements. Our previous work found that while corporate structures and resources provided effective support for quality governance and improvement, inconsistencies in operational arrangements and weaknesses in operational risk management limited the provision of assurance. Our subsequent Structured Assessment work, focusing on the Health Board's corporate governance and financial management arrangements, also found that operational arrangements for risk and quality governance have posed some risks, although improvement action was being put in place during 2022.
- 3 The Health Board has continued to focus on improving governance with one area of specific focus having been the Mental Health and Learning Disabilities Directorate (the Directorate). The Directorate has been subject to external inspections from Healthcare Inspectorate Wales (HIW), which have raised concerns around service provision and the quality of the healthcare environment. Health Board reports have highlighted concerns in relation to mental health performance and quality, with increased complexity and co-morbidity in mental health referrals. In October 2021, Internal Audit published their review of the Mental Health and Learning Disabilities Directorate Governance. Whilst this report gave reasonable assurance, it did highlight the need to improve risk management, governance reporting and identification of financial savings schemes.
- 4 Our work sought to build on the work of Internal Audit and HIW. The key focus of the work has been on assessing whether the Directorate has effective governance arrangements to enable it to carry out its role efficiently and effectively to ensure delivery of high-quality services. In undertaking the work, we have tested the flows of assurance from floor to board using the learning disabilities service as a tracer. Our audit methods used for this work are set out in **Appendix 1**.

Key messages

- 5 Overall, we found that **there are generally good governance arrangements at a Directorate level with oversight at Board level. Flows of information however need improving, and further work is needed to strengthen relationships and engender a more open learning culture.**
- 6 There is good oversight of the performance and quality of mental health and learning disabilities at Board, with consideration of issues relevant to the Directorate routinely discussed across all committees. Performance reporting is in place, and this is being monitored routinely. Work by the Health Board to improve its performance has resulted in a de-escalation of performance within the Child & Adolescent Mental Health Service (CAMHS) from enhanced monitoring by Welsh Government, which demonstrates the impact that is being achieved. However, mental health and learning disabilities services remain under pressure with staff issues, including recruitment and sickness, affecting the delivery of timely services. There also remains considerable issues with the quality of the estate where the Directorate's services are delivered.
- 7 Governance arrangements within the Directorate are clear and appear to be working well, with arrangements in place to provide assurance on the management of risk, performance, and quality. Governance arrangements for the learning disabilities service have also been improved, albeit that they remained on a temporary basis at the time of our review. But there is scope to improve flows of information between the Directorate and the Board, streamline agendas for Directorate meetings, reduce duplication of reporting, improve understanding of escalation of risks and provide greater clarity of mitigating actions being put in place. Clinical audit activity has also been affected by COVID-19 and needs to be restarted to support service improvements. Despite positive action being taken, there is also a need to strengthen relationships and rebuild trust within the Directorate, and between the Directorate and the executive, with some staff reporting poor relationships with senior management (both within the Directorate and at an Executive level), and a concern they are not listened to or valued.
- 8 The Health Board has a clear strategy in place for mental health. The strategy sets out the Health Board's contribution to the wider system, with partners and local people, to tackle the causes of ill-health through promotion of health and well-being, prevention and early intervention including for mental health and learning disabilities services. Plans are also in place to develop strategies for learning disabilities and other specialist areas, although there is a perception from staff that learning disabilities can sometimes be overlooked.
- 9 The Directorate has documented financial controls to support financial management but there remain significant workforce challenges and uncertainty around Welsh Government funding which are impacting on the ability to manage the finances. Historically the vacancies within the Directorate have been a major contributing factor to underspends, recruitment remains very challenging and there

is a need for a more formal and targeted approach to address recruitment hotspots and ensure sustainability.

Recommendations

- 10 Recommendations arising from this audit are detailed in **Exhibit 1**. The Health Board's organisational response to these recommendations is summarised in **Appendix 2**.

Exhibit 1: recommendations.

Recommendations	
Business Planning and Performance Group	
R1	<p>The Business Planning and Performance Group (BPPAG), although operating well, has a very full agenda. In addition, there is a lack of clarity around how information from this group is escalated to the Board. The Health Board and the Directorate should:</p> <ul style="list-style-type: none">a) Critically review the contents of the BPPAG agenda to ensure it is manageable within the time; andb) Clarify the route of escalation of information from the BPPAG to the Board and its committees, ensuring that reporting requirements are streamlined and reduce duplication.
Understanding of escalation and de-escalation of risks	
R2	<p>There is uncertainty within the Directorate of the thresholds for escalation of risks and issues, which could affect the ability of the Board to be assured. The Health Board should work with the Directorate to improve its understanding of the escalation and de-escalation of risks.</p>
Operational risk management arrangements	
R3	<p>The Directorate has acted upon previous reviews and made progress in improving its risk management arrangements, however, the quality of information contained on the risk register needs improving. The Directorate should ensure the Directorate risk register contains clear mitigating actions, milestones and expected outcomes.</p>

Recommendations

Clinical audit activity

- R4 The clinical audit programme has been impacted by the pandemic and changes in leadership. The Directorate should ensure that a full clinical audit programme is reinstated and operational.
-

Staff engagement

- R5 Staff feel that there are poor relationships with senior management (both within the Directorate and at an Executive level), with a perception that mental health and learning disabilities are not a priority, and a sense of staff not being listened to or valued. The Health Board should work with the Directorate to:
- a) ensure mechanisms to listen to staff and encourage dialogue are strengthened, and having the desired effect on improving staff engagement;
 - b) increase senior management visibility across the Directorate; and
 - c) include engagement and culture change as part of the Directorate's organisational development work.
-

Recruitment

- R6 There are significant vacancies within the Directorate which are affecting the ability of the service to meet demand in a timely fashion. Although the Directorate has developed an embryonic workforce management group, there needs to be a more formal approach. The Directorate should develop a formal and targeted approach to address recruitment hotspots and ensure sustainability.

Detailed report

Board oversight

- 11 We found that **overall, there is good oversight of the performance and quality of mental health and learning disabilities at Board.**
- 12 The Board has a good level of oversight of the performance and quality of services provided by the Directorate. Board has oversight of the quality and safety of mental health and learning disabilities through the Health Board's Quality and Safety Experience Committee (QSEC) via the Operational Quality, Safety and Experience Sub-Committee (Ops QSESC) update reports. These reports are received at every meeting and set out a specific update on key issues within the Directorate. The Directorate provide exception reports to Ops QSEC, and highlights include concise progress updates on key service areas. For example, the September 2022 exception report included an update on estates work at a learning disabilities facility, which has remained closed since a HIW review. A revised service improvement programme for the learning disabilities service was reported to be in development and the proposal was reported during November 2022. Furthermore, an update was provided on the programme change for the learning disability outreach team, which will provide early intervention and crisis support and clinically manage all admissions to inpatient units.
- 13 The corporate risk register also contains a risk relating to the length of waits for treatment and assessment in the Directorate. The risk is considered at Board and monitored through the QSEC. Staff shortages, vacancy gaps, staff retention, staff sickness and carry over of annual leave from the pandemic have all impacted on delivery. These continue to impact on capacity to see and treat patients across the Health Board. This was further compounded by less staff available during the summer months to cover overtime shifts. The Board receive regular assurance updates from the Directorate on resource challenges.
- 14 The Mental Health Legislation Committee reports directly to the Board, providing regular updates on the use of the legislation. The committee reviews the risk register in detail bi-annually, to ensure that risks relating to compliance with mental health legislation are appropriately managed by the Mental Health Legislation Scrutiny Group, which is overseen by the Directorate. The Mental Health (Wales) Measure 2010 is being reported to the group on a quarterly basis to provide assurance that activity is closely monitored, and that practice is compliant with the requirements of The Code of Practice. When observed however, the Committee meeting finished early, and the risks were only covered through a verbal update, noting that no risks are formally aligned to the Committee.
- 15 Board oversight of the performance of mental health and learning disabilities is through the Health Board's Integrated Performance Assurance Report (IPAR) which is discussed both at Board, and in more detail in the Strategic Development and Operational Delivery Committee (SDODC). Furthermore, performance is highlighted through the operational updates provided by the Director of Operations, which is informed by the Operational Planning and Delivery Programme meeting. This is chaired by the Director of Operations and brings together the senior management teams from all the operational Directorates to discuss challenges and agree appropriate actions. Specific updates on performance are also reported to the Board and the SDODC where relevant on key areas. At the time of our work, the Health Board's escalation status was at enhanced monitoring, in part due to its compliance with Part 1 of the Mental Health (Wales) Measure 2010 for Child & Adolescent Mental Health Services (CAMHS). Updates on the targeted recovery plan that was put in place have been provided with good progress made. This has resulted in the subsequent de-escalation of this issue by the Welsh Government.

- 16 Progress against the relevant aspects of the Health Board's operational plan relating to mental health and learning disabilities are reported through to the Board via the quarterly updates, with delivery of the specific priorities monitored more closely also through the SDODC. The financial position of the Directorate is reported within the finance reports to Board and the Sustainable Resources Committee and monitored and scrutinised more closely through the Committee. Issues and risks associated with the Directorate's workforce are reported and considered in detail at the People, Organisational Development and Culture Committee.

Leadership and governance

- 17 We found that **there are clear governance arrangements in place which appear to be working well overall, but clarity is needed to ensure issues are escalated appropriately, and more work is also required to improve the culture of openness and trust within the Directorate.**

Governance arrangements

- 18 We found **that the Directorate has clearly set out governance arrangements which appear to be working well, but there is scope to improve flows of information, streamline agendas and reduce duplication of reporting.**
- 19 The Directorate has clear governance arrangements. The arrangements are well documented with roles, responsibilities, and accountabilities for governance arrangements within the Directorate at both operational and strategic levels clearly set out. The Directorate's senior management team have undertaken several changes over the past three years to strengthen roles, responsibilities, and accountabilities for governance. This has included changes in responsibilities to rebalance portfolios and allow capacity for senior teams to give the necessary attention to areas that required improvement. At the time of our review, it was too early to comment on whether the changes were having a positive impact.
- 20 Within the Directorate, there are two main governance groups – the Quality, Safety and Experience Group (QSEG) and the Business Planning and Performance Assurance Group (BPPAG). Most of the Directorate's operational groups report to either the QSEG or BPPAG. The only exceptions being those that report directly to the Board's committees such as those reporting to the Mental Health Legislation Committee.
- 21 The Directorate's groups are generally working well. As part of our work, we observed several groups including the QSEG and BPPAG. The QSEG meets bi-monthly and is well attended. All key areas that we would expect to be considered are being considered by the group, although we noted very full agendas with very detailed papers. In 2019, the Directorate's QSEG was changed from being a sub-committee of the QSEC, to an operational group within the Directorate reporting to the Ops QSESC. At that time, an Independent Member was a member of the group. This change followed our 2019 review, when the quality governance structures were reviewed and streamlined. Some staff expressed a strong perception of a loss of voice and visibility through to the Board when the group was no longer reporting directly to QSEC but instead reporting into the Ops QSESC. This was in part because they no longer had direct access to an Independent Member, although at that time, no other directorate had direct access to an Independent Member. An Independent Member however attends the Ops QSESC, where

quality and safety within the directorate is now discussed alongside other directorates as part of more cohesive approach.

- 22 The BPPAG meeting agenda includes finance, performance, workforce, and risk. Our observation of BPPAG again noted a very full agenda. The BPPAG meets monthly with every second meeting including a deep dive into a key service area. Meetings are reasonably well attended, with good representation from all the departments. The meeting contained a lot of detailed information but may have benefited from a more focused approach around key issues of concern that could include more streamlined meeting agendas, dashboards, and reporting (**Recommendation 1a**). The deep dive into learning disabilities was observed and provided comprehensive updates.
- 23 While the Directorate QSEG reports directly to the Ops QSESC, it is less clear how BPPAG maps on to the Health Board's governance structures and specifically how and when information of concern from the group is escalated to Board. Interviewees appeared unable to clearly articulate information flows from BPPAG and views varied, with concerns raised relating to the overburden of reporting requirements and a lack of a co-ordinated approach to information requests. This would suggest improved line-of-sight between BPPAG and Board would be helpful, with clear reporting lines of information to reduce unnecessary duplication (**Recommendation 1b**).
- 24 Specifically focused on learning disabilities, we found that **the governance arrangements have been strengthened but these changes remained temporary at the time of this review.**
- 25 The Directorate has strengthened its arrangements for the governance and management of learning disabilities. Previously there was a combined portfolio for learning disabilities and older adult mental health services. In October 2020, this was split to allow more dedicated time for the learning disabilities service, to address staff and culture issues that had arisen in the department. The new arrangement was meant to be for nine months initially with separate heads of service for older adult mental health services and learning disabilities. A substantive head of service for older adult mental health was appointed in September 2021, but at the time of our review, the head of service post for learning disabilities remained on a temporary basis. The Director of Mental Health and Learning Disabilities noted that learning disabilities needed more time and resource to cover supervision requirements within the service, and consequently the Assistant Director for the Directorate has also been overseeing the department since March 2022.

Systems of assurance

- 26 We found that **arrangements are in place to provide assurance on the management of risk, performance, and quality within the Directorate although understanding of escalation of risks and clarity of mitigating actions need to be strengthened.**
- 27 Oversight and awareness of issues relating to mental health and learning disabilities ultimately rely on a clear process for escalation. From our work, we identified uncertainty within the Directorate around thresholds as to when to escalate issues. This links to communication, relationships and to some extent trust between the Directorate and the Board. Furthermore, members of the Directorate's management team have reported escalating matters on the risk register to executives and Independent Members (IMs) in one forum, only to be told by different executives or IMs that matters have not been raised in another forum. Further work is required to improve understanding of thresholds for escalation of concerns, thereby ensuring a more coordinated response between the Directorate and Board (**Recommendation 2**).

- 28 A secondary issue raised was about the understanding of risks that are being reported and who holds that risk. Our work found that there was a risk management framework in place at Board level with a well-developed Board Assurance Framework (BAF) that continues to be updated. The Directorate report to Ops QSESC captures the operational quality risks and mitigating actions. Members receive an overview of the highest operational risks and actions for mitigation. At the time of our review, the Directorate risk register had 38 risks, with five of those risks identified as 'extreme' risks. However, several directorate-level managers and staff felt escalated risks were bounced back to the Directorate with a request for further action, often despite all actions being exhausted by the Directorate. Since our review, the Health Board has started to roll out its Improving Together Framework¹ which will give an increased focus on risks above tolerance, alongside a more rounded approach to performance, finance, and planning.
- 29 However, within the Directorate there are issues with risk management. Within the Directorate, there has been good progress strengthening risk management processes following earlier audit reports and action plans, and our review found that the Directorate was more attuned to its key risks. However, the quality of information contained on the risk register needs improving to ensure that there are clear mitigating actions, milestones and expected outcomes (**Recommendation 3**).
- 30 The condition of the Directorate estate is a key risk for the Health Board. During our work, several staff however reported that estates issues had not tended to be escalated to the same extent as workforce issues, with a view that estates was lower in the priority list. Concerns however had coalesced around the three bedded unit that had been closed following a HIW inspection. HIW had significant concerns regarding the risk to immediate patient safety at one setting that was in a state of disrepair, and this appeared to have been tolerated for some considerable time. These concerns were raised immediately with the Health Board to undertake remedial actions to address the most concerning issues and tackle the areas of highest risk without delay. Updates have since been provided to the Ops QSESC and concerns around fitness for purpose of the Directorate estate is now firmly on the agenda.
- 31 The Directorate uses its performance dashboard to maintain oversight of an expansive range of key indicators. As a general point, timeliness of data was noted as a current challenge for the Directorate which was set to improve once the rollout of the Welsh Patient Administration System (WPAS) was complete. This was noted as having the potential to providing a welcome shift from 'point in time' data to 'near real time' reporting and to contribute to improved waiting list management. The Directorate is one of the first directorates to roll out the Health Board's Improving Together Framework. The framework is the Health Board's new approach to embedding performance improvement through the governance structures.
- 32 The Directorate's clinical quality structures and framework appear to be reasonably robust, noting the context of ongoing operational service pressures and the Directorate's recognition that ongoing improvement is required. The Directorate has a Quality Assurance Practice Development Team (QAPD) and a lead Nurse. Healthy ward checks are undertaken, and monthly key clinical indicators including, for example, serious incidents and complaints, are shared with operational teams. A consultant nurse leads the Directorate's Professional Nurse Forum, and there are named clinical leads for all service areas including medical, nursing, occupational therapy, psychology, physiotherapy and speech and language

¹ Improving Together is the Health Board's approach to embedding performance improvement through its governance arrangements.

therapy. A Written Control Document Group oversees the development of operational procedures that underpin policies and ensure that these are up to date. At the time of our review, clinical audit was being strengthened within the QAPD team through the building of a dashboard of measures linked to audit tools. The clinical audit programme had stalled, initially due to the pandemic, and then because of the departure of the Directorate's clinical audit lead clinician in 2022. A new clinical audit lead clinician was recently appointed, and the Directorate now needs to make sure it maximises the use of its clinical audit programme (**Recommendation 4**).

Culture

- 33 We found that **despite positive action being taken, there is a need to strengthen relationships and rebuild trust within the Directorate, and between the Directorate and the executive.**
- 34 Our review identified that there is a staff perception that issues relating to mental health and learning disabilities are getting lost at Board and committee level amongst other immediate service pressures, including urgent and emergency care. More concerning is that some staff also felt that senior management, both within the Directorate and at a corporate level, did not fully understand the challenges being faced by front-line staff delivering services. Staff also reported poor communication of decisions, concerns that ideas were not listened to, feelings of being unheard and undervalued, and overall poor relationships between senior management and front-line staff. There were also concerns that learning disabilities was seen as a lesser priority than mental health, and following the HIW review, a sense of staff feeling bruised and over scrutinised.
- 35 The Directorate's management team are working hard to engage and listen to staff. This includes managerial changes, a programme of organisational development work and the establishment of 'freedom to speak up' champions and relationship managers. Further work however is still required to increase senior management visibility, to rebuild trust both within the Directorate, and with the executive, thereby developing a more open, learning culture (**Recommendation 5a, 5b & 5c**).

Vision and strategic objectives

- 36 We found that **there is a clear strategic direction for mental health, and plans are in place to develop strategies for learning disabilities and other specialist areas, although there is a perception that mental health is the main focus.**
- 37 The Health Board's long-term strategy, set out in A Healthier Mid and West Wales, clearly sets out the Health Board's contribution to the wider system, with partners and local people, to tackle the causes of ill-health. This is through promotion of health and well-being, prevention, and early intervention, including for mental health and learning disabilities.
- 38 The Health Board's strategy is informed by the Transforming Mental Health programme, which commenced following a period of public consultation in 2017. The programme sets out the strategy for mental health services and good progress is being made to implement a co-designed model for mental health. Progress to align existing Transforming Mental Health plans with the development of plans for the community model are ongoing. This includes plans to co-locate community mental health centres with the health and well-being centres where appropriate.

- 39 For learning disabilities, the ambition is to promote independence in community environments including contributing to a multi-stakeholder transformation programme which will set out the strategy for learning disabilities. This aims to further modernise the Health Board's approach to the care and support of people with a learning disability, led by local authority partners. The vision sets out integrated community networks which will cover the whole spectrum including physical health and well-being, mental health and learning disabilities. These networks will build strong relationships with their communities and will continuously engage with their populations both face-to-face and through digital platforms.
- 40 When asked, staff generally felt that while the pandemic had had an impact on progress, there was a strong consensus that the Transforming Mental Health programme is well established, sets out the strategic direction and is clear around workforce models and addressing community-based approaches. However, the learning disabilities strategy is regarded as more a work in progress with staff feeling the sense of learning disabilities being in the shadow of mental health at times. This was also one of the emergent themes arising from our focus group discussions.
- 41 Progress against the strategies is being monitored through the Health Board's governance arrangements for monitoring delivery of the Health Board's operational plan, and key elements are being achieved. The quarterly returns set out the intention, under planning objective 5G, to implement the remaining elements of the Transforming Mental Health programme and develop and implement a Transforming Learning Disabilities strategy in line with "Improving Lives, Improving Care" over the next three years. The returns also note the plan to develop and implement a plan for Transforming Specialist Child and Adolescent Mental Health Services (S-CAMHS) and autistic spectrum disorder and ADHD, and implementation of the mental health single point of contact via the national 111 service. Progress against the plan is on track with the single point of contact implemented in December 2022.

Managing finances

- 42 We found that **the Directorate has documented financial controls to support financial management but there remain significant workforce challenges and uncertainty around Welsh Government funding which are impacting on the ability to manage the finances.**
- 43 Our work found that there are documented financial controls in place across the Directorate with regular monthly reporting noted. The BPPAG has a central role, with the BPPAG deep dive for learning disabilities demonstrating a good level of scrutiny around financial and performance issues.
- 44 The role of the finance business partners was flagged as an important development by Directorate staff. The challenges around recruitment and vacancies, and resultant underspends were also noted along with a perception that the Directorate had been the default option for providing savings due to historic underspends (£1.9 million surplus reported in 2021-22). The piecemeal distribution of money from Welsh Government relating to mental health and learning disabilities, and short timescales in which to spend it, was also flagged as a challenge impacting on sound financial planning and control.
- 45 The financial position for the Directorate in 2022-23 is challenging. However, arrangements for accurate and timely oversight and scrutiny of financial performance appear to be satisfactory. The Directorate was £1.5 million under-budget in Month 1 of the current financial year, moving to £1.3 million over-budget in Month 6. At Month 8, the position had improved to £0.3 million under-budget with a year-end forecast position of £1.6 million surplus. Welsh Government funding was anticipated to improve the

position in Month 7 and a decision on whether £1.8 million held in reserves for CHC uplift costs could have improved the position further. The movement in funds however is creating a degree of uncertainty on the Directorate's financial position and their ability to manage the budget. The significant shifts from underspends to overspends is requiring the Directorate to consider its resource use to better understand and improve the Directorate's financial position.

- 46 However, both recruitment and sickness and absence have improved in three out of the four community mental health team areas. They have worsened in one area, in respect of care coordinators. In older adult mental health services, significant workforce vacancies and staff sickness were also noted as an ongoing challenge. Demand continues to outstrip service capacity with four of the top five Directorate risks listed as waiting lists; assessment and diagnostic waits for the autism service, waits for integrated psychological therapy services and internal treatment waits for specialist CAMHS.
- 47 Vacancies have previously been a major contributory factor to underspends. Medical workforce has remained particularly challenging although some progress has been made outside of medical workforce recruitment. Around 48-50 WTE staff have been recruited into CAMHS, learning disabilities, and neurodevelopmental services. There is a need for a more formal and targeted approach to address all recruitment hotspots. The Directorate has pulled together an embryonic Workforce Management Group to bring all workforce and organisational development issues together. This can also enable a more focused approach to addressing workforce risks, including vacancies, sickness rates and retention to create increased sustainability (**Recommendation 6**).

Appendix 1

Audit methods

Exhibit 2 sets out the audit methods we adopted to undertake this review.

Exhibit 2: audit methods.

Element of audit methods	Description
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Director of Nursing, Quality and Patient Experience• Director of Operations• Vice Chair• Director of Mental Health and Learning Disabilities• Assistant Director of Nursing, Mental Health and Learning Disabilities• Assistant Director of Mental Health and Learning Disabilities• Associate Medical Director and Clinical Director of Mental Health and Learning Disabilities• Head of Service, Learning Disabilities• Chair of QSEC
Observations	<p>We observed the following:</p> <ul style="list-style-type: none">• Mental Health Legislation Committee• Business Planning and Performance Assurance Group• Quality, Safety and Experience Group• Learning Disability Nurse Community of Practice• Business and Administration Managers Meeting
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Minutes and papers from relevant committees and meeting, including the Directorate's Business Planning and Performance Group (BPPAG) and Quality, Safety and Experience Group (QSEG)• Final Terms of Reference for all operational groups within the Directorate including but not limited to BPPAG and QSEG• Final Terms of Reference and minutes and papers from the Learning Disability Business and Performance Meeting• Documented governance framework• Healthcare Inspectorate Wales reviews

Element of audit methods	Description
	<ul style="list-style-type: none"> • Current Directorate organisational structure • Risk registers for both Mental Health and Learning Disabilities Directorate, and the Learning Disabilities Service • Recent patient feedback reports for the Learning Disabilities Service
Focus groups	<p>We undertook focus groups with:</p> <ul style="list-style-type: none"> • Staff within the learning disabilities service • Staff within the wider directorate, including adult mental health services, psychology services, CAMHS and older adult mental health services.
Survey	<p>We ran an online survey available to all staff within the Mental Health and Learning Disabilities Directorate.</p>

Appendix 2

Organisational response

[Exhibit 3 will be completed once the report and organisational response have been considered by the relevant committee.]

Exhibit 3: organisational response.

Recommendation	Management response	Completion date	Responsible officer
<p>Business Planning and Performance Group</p> <p>R1 The Business Planning and Performance Group (BPPAG), although operating well, has a very full agenda. In addition, there is a lack of clarity around how information from this group is escalated to the Board. The Health Board and Directorate should:</p> <ul style="list-style-type: none">a) Critically review the contents of the BPPAG agenda to ensure it is manageable within the time; andb) Clarify the route of escalation of information from the BPPAG to the Board and its committees, ensuring that reporting requirements are streamlined and reduce duplication.			

Recommendation	Management response	Completion date	Responsible officer
<p>Understanding of escalation and de-escalation of risks</p> <p>R2 There is uncertainty within the Directorate of the thresholds for escalation of risks and issues, which could affect the ability of the Board to be assured. The Health Board should work with the Directorate to improve its understanding of the escalation and de-escalation of risks.</p>			
<p>Operational risk management arrangements</p> <p>R3 The Directorate has acted upon previous reviews and made progress in improving its risk management arrangements, however, the quality of information contained on the risk register needs improving. The Directorate should ensure the Directorate risk register contains clear mitigating actions, milestones and expected outcomes.</p>			
<p>Clinical audit activity</p>			

Recommendation	Management response	Completion date	Responsible officer
R4 The clinical audit programme has been impacted by the pandemic and changes in leadership. The Directorate should ensure that a full clinical audit programme is reinstated and operational.			
Staff engagement R5 Staff feel that there are poor relationships with senior management (both within the Directorate and at an Executive level), with a perception that mental health and learning disabilities are not a priority, and a sense of staff not being listened to or valued. The Health Board should work with the Directorate to: <ul style="list-style-type: none"> a) ensure mechanisms to listen to staff and encourage dialogue are strengthened, and having the desired effect on improving staff engagement; b) increase senior management visibility across the Directorate; and c) include engagement and culture change as part of the Directorate's organisational development work. 			
Recruitment			

Recommendation	Management response	Completion date	Responsible officer
<p>R6 There are significant vacancies within the Directorate which are affecting the ability of the service to meet demand in a timely fashion. Although the Directorate has developed an embryonic workforce management group, there needs to be a more formal approach. The Directorate should develop a formal and targeted approach to address recruitment hotspots and ensure sustainability.</p>			



Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff CF10 4BZ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
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