

**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health and Learning Disabilities Clinical Care Group Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Caruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Liz Carroll, Service Director for the Mental Health and Learning Disabilities Clinical Care Group Becky Temple-Purcell, Assistant Director of Nursing, Quality, Patient Safety, Quality and Experience, Mental Health and Learning Disabilities Clinical Care Group

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 report details the quality governance arrangements within the Mental Health and Learning Disabilities (MHL) Clinical Care Group in relation to quality, safety and patient experience. It sets out achievements, progress and planned actions to meet our Duty of Quality, and is presented to the Quality, Safety and Experience Committee (QSEC) to provide assurance of the arrangements in place.

Cefndir / Background

The Clinical Care Group operates within the Health Board's quality governance framework and relevant legislation, including the Mental Health (Wales) Measure 2010, Mental Health Act 1983 and the Social Services and Well-being (Wales) Act 2014, underpinning a rights-based, person-centred approach aligned to principles of safe, timely, effective, efficient, equitable and person-centred (STEEEP) care.

There is strong local engagement with national policy direction, particularly the Welsh Government's Mental Health and Wellbeing (MH&W) Strategy (2024–2034) and the Suicide and Self-Harm Prevention Strategy. The Clinical Care Group is progressing demonstrator projects aligned to the Open Access Mental Health Support Model, with a strong emphasis on partnership working, system transformation and co-production with people who have lived experience. While initially led by the Health Board, these projects are being developed in collaboration with key stakeholders, with a clear ambition to strengthen shared ownership and oversight through the Dyfed Powys Partnership Board as the work evolves.

National frameworks, including the Quality Statement for Mental Health and Wellbeing and the National Mental Health Patient Safety Programme, are embedded within local governance and improvement activity to support consistent, high-quality care. In Learning Disabilities, services continue to align with the "Homes Not Hospitals" agenda, with an

established community-focused model that supports individuals to receive care closer to home wherever possible.

This context provides the foundation for the report, which goes on to outline how the Clinical Care Group is managing quality and safety, responding to current pressures, and delivering improvement across services.

Asesiad / Assessment

Quality Management System

The Clinical Care Group has now established and embedded its operational governance structures following the introduction of Clinical Care Groups.

This table summarises the key components of the MHL D Clinical Care Group’s quality management system, demonstrating how planning, improvement, control and assurance work together to deliver safe, effective and person-centred care.

Quality Planning	Quality Improvement
<ul style="list-style-type: none"> • Alignment to the National Quality Statement with focus on safe, person-centred care and co-production. • Delivery of MH&W Strategy (Vision 4 – open access) and Suicide & Self Harm Strategy. • Service models focused on accessible, community-based care. • Commissioning of third sector services (e.g. Sanctuaries, Individual Placement Support). • Use of feedback, patient stories and complaints to inform improvement. • Partnership planning via Mental Health Partnership Board and demonstrator projects (including lived experience workforce). 	<ul style="list-style-type: none"> • Enabling Quality Improvement in Practice (EQIIP) priorities: <ul style="list-style-type: none"> - Improving the patient experience within adult inpatient settings through nursing supported psychological interventions - Introducing One at a Time Approach in a rural Child & Adolescent Local Primary Mental Health Support Service - Reducing the amount of inappropriate Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions for adults with a Learning Disability within Hywel Dda <ul style="list-style-type: none"> • Participation in national improvement programmes for Neurodiversity, Dementia etc. • Delivery of National Patient Safety Programme. • Implementation of SAFEWARDS across adult acute wards.
Quality Control	Quality Assurance
<ul style="list-style-type: none"> • Oversight through MHL D governance groups aligned to Health Board structures. • Risk escalation and triangulation of data and intelligence. • Leadership Triumvirate site visits. • Implementation of national safety metrics. • Vanguard programme addressing out of area placements. • Clinical Audit & Effectiveness Framework with NICE benchmarking and audit plan. • Involvement in national discharge standards and inpatient safety guidance. 	<ul style="list-style-type: none"> • Assurance through Ward and Community Manager forums. • Patient Reported Outcome Measures (PROMs) (Recovering Quality of Life (RQoL)) informing outcomes and improvement. • Regular review of audits, incidents, complaints and risks. • Oversight through Mental Health Act Scrutiny Group and Mental Health Legislation Committee. • Serious Incident Learning Forum and audit framework. • Accreditation and external assurance processes.

Quality and Governance Areas of Escalation

Areas of ongoing focus and improvement, identified through the Health Boards escalation framework relate to three areas; complaints management, incident management and specifically the timeliness of review and closure of Nationally Reported Incidents (NRIs).

Complaints Management

The number of complaints received by MHL D services show expected month-to-month variation, with a notable reduction in overall complaint volumes since October 2025, alongside improved performance in complaints management over the past six months. A focus on early resolution approaches, alongside the adoption of principles within the People's Experience Framework, has contributed to a reduction in formal complaints since 1 April 2026, supporting a more responsive and person-centred approach to concerns.

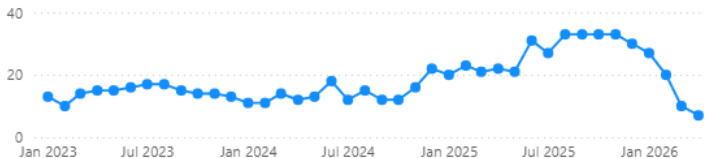
By month received



Number open complaints

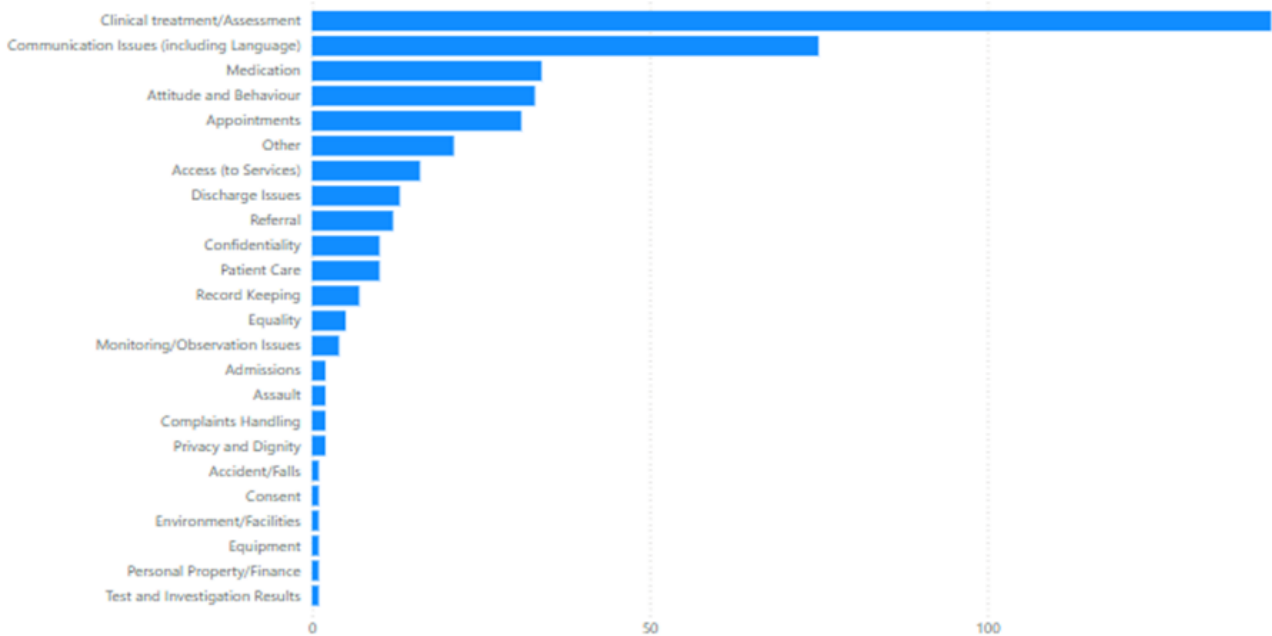


Number of overdue complaints



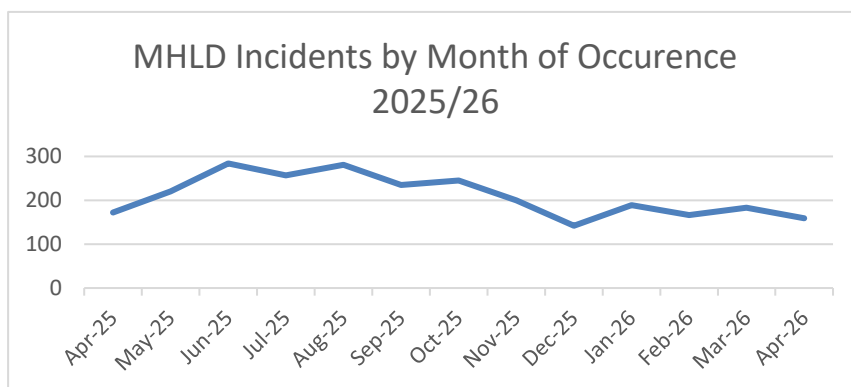
Longer open complaints are associated with cases linked to serious incidents, which involve a higher level of complexity and require detailed investigation. Extended timescales have been necessary to ensure thorough review, appropriate governance oversight, and alignment with parallel investigative processes.

Key themes remain consistent, primarily relating to communication, access and timeliness, care and treatment, and staff attitude. These reflect ongoing challenges within complex care pathways and continue to centre on patient experience rather than clinical safety concerns. Complaints are informing ongoing improvement activity, with emphasis on strengthening communication, managing expectations, and improving responsiveness.



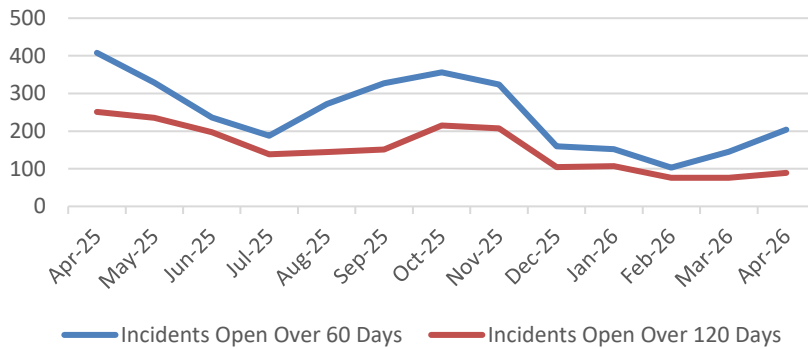
Incident Management

The chart below shows the last 12 months trends in numbers of incidents reported across the Clinical Care Group. The number of incidents reported has fluctuated throughout the period.



Work has been undertaken within the Clinical Care Group, in partnership with the Reducing Restrictive Practice Team, to refine how restrictive interventions are recorded. Restrictive interventions undertaken in response to an unexpected or unplanned incident are recorded as incidents on Datix. In contrast, planned restrictive interventions that form part of an individual’s care plan have not been recorded as incidents on Datix since April 2026; instead, they are documented in clinical records and captured within local logs for monitoring and audit. If a planned intervention escalates into an incident, such as where harm occurs, it is reported on Datix. This approach is expected to impact future incident data. The Clinical Care Group has also piloted a nationally developed Datix module for restrictive interventions, now being rolled out across Wales.

MHLD Open Incident Trends 2025/26



The number of open incidents has reduced overall across the year, with both >60-day and >120-day backlogs falling significantly from April 2025 to early 2026. After an initial decline, there was a mid-year increase peaking around October 2025, followed by a sharp improvement into February 2026. A slight increase is evident in the final months, however, levels remain significantly below the position recorded at the start of the period.

Nationally Reported Incidents (NRIs)

As at 22 May 2026, there are 18 open Nationally Reported Incidents (NRIs), three of these are completed and awaiting receipt of an outcome form and one is due to be downgraded. All NRI's require proportionate review, stakeholder engagement and comment, prior to final approval. The outcome form must be received and acknowledged by NHS Performance and Improvement before the Datix can be closed at monthly Incident Management Group (IMG), which can extend the length of time from the completion of the review and final closure. All NRI's have expected closure dates, with most progressing towards expected closure over the coming months. While many are scheduled for completion between May and July, a small number are experiencing delays due to outstanding closure information.

There are a further 61 serious untoward incidents that are not NRIs also under proportionate review, 11 of these were due for closure in May 2026.

Actions in place to support improvement with complaints and incident management:

- Introduction of a Head of Nursing role for MHLD to strengthen leadership capacity, with a clear focus on improving quality and patient safety, including oversight of incident management and learning.
- Regular meetings established with Heads of Service to monitor progress on incident review and closure, alongside oversight of complaints to ensure timely learning and resolution.
- Implementation of workforce stabilisation plans within inpatient services to release ward leadership capacity, enabling greater focus on incident review, learning and closure.
- Plan for expansion of the pool of Reviewing Officers across services, supported by Quality Assurance and Practice Development (QAPD) training and guidance, to increase capacity, reduce delays and strengthen cross-service learning.
- Work underway to secure protected time for Reviewing Officers and strengthen support arrangements, recognising that operational pressures and limited capacity are key contributors to delays in completing reviews.

Serious Incident Learning Forum

The Clinical Care Group has established a Serious Incident Learning Forum (SILF), to strengthen both oversight of serious incident review processes and the way learning is identified, shared and embedded in practice. Early work has identified recurring learning themes including variability in documentation and decision-making, gaps in discharge planning and follow-up, inconsistent risk recognition and escalation, challenges in coordinating care for people with co-occurring needs, and variability in inter-service and multi-agency communication. These themes are not unique to the Health Board and align with wider national learning. In response, a coordinated programme of improvement is underway, closely aligned with the national patient safety programme for mental health, including implementation of national discharge standards, development of a national ligature risk policy, rollout of SAFEWARDS, and work to establish a more evidence-based, distributed approach to safety. This is supported by the development of mental health safety metrics and the introduction of ReQoL as a consistent patient-reported outcome measure across Wales.

Alongside this, SILF is overseeing targeted action to improve the timeliness and quality of serious incident reviews, including increasing review capacity, strengthening training and mentoring, and enhancing governance and accountability. There is a clear shift towards a more open, learning-focused and compassionate culture, supported by the use of patient and carer stories to inform learning and improvement. While the immediate priority is to stabilise and strengthen the serious incident review process, the longer-term ambition is to extend SILF into a broader forum for learning from all quality and safety intelligence, supporting continuous improvement at a whole-system level.

Key Risks across the Mental Health and Learning Disabilities Clinical Care Group

The Clinical Care Group currently has 28 open risks on its risk register. An overview of risk scores can be found below:

Open risks	Risks overdue	% overdue	Open actions	Actions overdue	% overdue
28	0	0%	59	0	0%

Risk heatmap

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Impact	Catastrophic 5		1376 139 1811			
	Major 4			2021 1857 2010 839	971	2090 1032 1287 1290
	Moderate 3		1896 1781	2011 2012 1455 138 1392	2191 2269 1249 1525	
	Minor 2			1408 1365 1379	1375 1524	
	Negligible 1					

100% of risks were reviewed within timeframe and 100% of risk actions were completed within timeframe in April 2026.

The Clinical Care Group's five highest scoring risks predominantly relate to the risk of service users not receiving timely access to services, where demand and clinical need exceed available capacity, often driven by or compounded by workforce gaps. Separately, there is a financial risk relating to the Clinical Care Groups ability to remain within allocated budgets. This risk is largely driven by sustained use of medical agency staffing and use of private out-of-area placements for adult mental health patients, alongside increased placement costs. Collectively, these risks impact the safety, timeliness, efficiency and effectiveness of service delivery.

Impacted areas are:

- children and adults waiting for assessment and diagnosis of autism spectrum disorder (ASD).
- adults waiting for assessment, diagnosis and treatment of attention deficit hyperactivity disorder (ADHD).
- adults seeking access to mental health services in North Ceredigion through both the Community Mental Health Team and Crisis Resolution Home Treatment Team.
- overall impact of risk of failure to remain within budget, which may reduce financial flexibility and challenge delivery of savings targets, limiting reinvestment and longer-term sustainability.

Risk 2228 Risk of patient safety affected due to discontinuation of the electronic prescribing system 'Vision' for Outpatient Department (OPD) clinics and services

The MHL D Clinical Care Group is also impacted by Risk 2228 (score 25), currently held by the Medicines Management Operational Group, which relates to the potential loss of electronic prescribing functionality following the planned discontinuation of the Vision system without a replacement. Although not yet a corporate risk, it is under consideration for escalation due to its significant impact on MHL D and Community Paediatric services reliant on Vision. The absence of a digital prescribing system presents a substantial patient safety risk, with increased potential for delays, errors, and disruption to treatment, particularly for vulnerable groups. The Clinical Care Group is working closely with pharmacy colleagues to develop contingency arrangements for potential system outages, while Digital teams are progressing options to secure a replacement system.

Neurodevelopment Service Update

Waiting lists and demand for Neurodevelopmental Services remain a significant risk, with sustained increases in referrals for ASD diagnostic assessments across children and adult services, and for ADHD diagnostic assessments in adult services. In April 2026, referrals totalled 186 for children's ASD, 68 for adult ASD, and 180 for adult ADHD; however, current capacity remains insufficient, with adult ADHD services able to undertake approximately 10 assessments per month. Referral rates have risen significantly over the past five years, increasing by 125% for adult ASD and 492% for adult ADHD. While £567,000 of additional Welsh Government funding has been secured for children's ASD services, this will not fully address the backlog by 2026–27, and funding for adult services remains non-recurring.

In response, the service is progressing a range of developments, including demonstrations of digital platforms (Do-It Profiler, ThinkDivergent and Patient Knows Best) to support administrative efficiency and pre-assessment processes, plans to recommission outsourced assessment capacity, and implementation of an AI-supported documentation tool (Magic

Notes). Work is also underway with the Communications Team to improve public information and manage demand, alongside engagement with primary care to strengthen shared care arrangements for ADHD prescribing and collaboration with other Health Boards to review pathways and share learning.

Ceredigion Community Mental Health Service Update

The Ceredigion Mental Health Pathway is in the early phase of embedding following Public Board approval on 26 March 2026, which endorsed both its permanent implementation within Ceredigion and a phased rollout to Carmarthenshire and Pembrokeshire. While the pathway is now established, uptake of the revised referral process by Primary Care remains variable, with key access routes not yet consistently utilised. Notwithstanding this, there has been positive progress with recruitment to non-medical roles which has supported improved performance against Part 2 of the Mental Health (Wales) Measure. Whilst this remains below target, close monitoring is in place with oversight through the Mental Health Legislation Committee.

There continues to be a strong focus on building trust and confidence with patients, service users and partners through active engagement. This includes a well-attended, full-day workshop held on 19 March 2026 facilitated by West Wales Action for Mental Health, bringing together third sector partners and service users to promote awareness and use of NHS 111 Option 2, identify service improvements, and strengthen public confidence, with positive feedback received. Collaborative work has also commenced with primary care partners, with an initial focus on improving understanding and use of the pathway within Ceredigion, recognising that current utilisation is not yet optimal.

Referral activity has stabilised overall, although variation remains and the expected shift in referral patterns has not yet been fully realised. Monthly planning meetings are in place to support a phased rollout to Carmarthenshire and Pembrokeshire, with a measured approach to ensure the impact on NHS 111 Option 2 is closely monitored and that sufficient capacity is in place to respond to increased demand.

Out of Area Beds Update

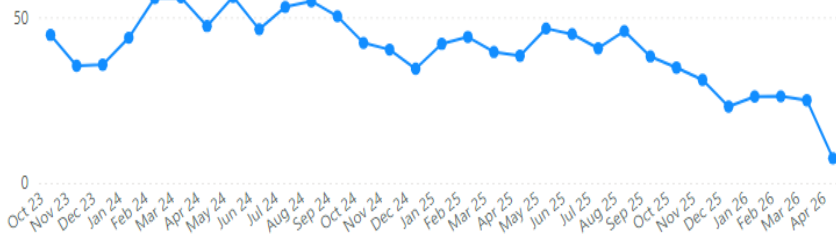
Local recovery and improvement actions within the Clinical Care Group has prioritised improving patient flow and reducing reliance on out of area placements. This includes a planned increase in bed capacity to support crisis admissions, alongside focused work to reduce delays in transfers of care and strengthen alternatives to admission through service redesign. These locally driven initiatives aim to support more timely, safe and effective pathways for patients.

This approach aligns with recent work led by the NHS Wales Performance and Improvement Team, which highlights variation in inpatient mental health provision across Wales and reinforces that out of area placements are a system-wide quality and safety issue, influenced by delayed discharges, workforce models and demand pressures rather than bed numbers alone. In response, a coordinated national programme is underway to improve flow, optimise use of existing capacity and strengthen community-based support which the Clinical Care Group is fully engaged with.

Inpatient Workforce Stabilisation

Revised staffing establishments have been approved and implemented across the majority of MHLD Inpatient areas, resulting in improved workforce stability and reduced reliance on temporary staffing. This has positively impacted continuity and quality of care delivery.

The chart below sets out the trend in combined agency and bank usage across the eight MHLD inpatient wards, expressed as whole-time equivalents (WTE), as at 12 April 2026.



While staffing levels have improved, they are currently operating at minimum accepted levels and therefore require ongoing monitoring to ensure sustainability. The changes have nevertheless enabled some strengthening of quality assurance processes, allowing clinical leads to increase focus on quality management system functions, although capacity remains constrained. This work represents progress in addressing historical staffing pressures and supports delivery of safer inpatient care.

Argymhelliad / Recommendation

The Committee is asked to TAKE ASSURANCE on the quality governance arrangements in place within the Mental Health and Learning Disabilities Clinical Care Group in relation to quality, safety and patient experience.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.10 Provide assurance to the Board in relation to its responsibilities for the quality and safety of mental health, primary and community care, public health, health promotion, prevention and health protection activities and interventions in line with the Health Board's strategies
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	All risks held on the Mental Health and Learning Disabilities Care Group risk register. Datix references contained within the main body of report.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	5 Mental health and CAHMS 1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the body of the report
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	MHLD Clinical Care Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	Initiatives described will promote more timely access to assessment.
Gweithlu: Workforce:	Initiatives described will promote staff wellbeing.
Risg: Risk:	Initiatives described will reduce documented risk.
Cyfreithiol: Legal:	No legal challenges anticipated.
Enw Da: Reputational:	N/A

Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A