



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health and Learning Disabilities Deep Dive
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

The purpose of this paper is to provide a deep dive into current quality matters being managed within the Mental Health and Learning Disabilities Clinical Care Group and to provide assurance of its quality management system in place to meet the needs of the population and continuously improve the care and experience of service users. It outlines the key components of the system, including the processes, practices and frameworks in place to promote high quality care to individuals with mental health and learning disabilities.

The Mental Health and Learning Disabilities Clinical Care Group is currently at Level 3 escalation for both quality and governance domains. As part of the escalation process, focused efforts are being made to address areas with action plans aimed at improving both the quality of care provided and robustness of governance mechanisms to meet expected standards. This report provides detailed insights into performance trends, highlighting areas that require improvement and actions in place to support this.

Cefndir / Background

The Mental Health and Learning Disabilities Clinical Care Group works within the Health Boards quality governance frameworks and national guidelines for practice. Central to these policies is the commitment to ensuring that individuals with mental health and learning disabilities receive person centred, high quality and equitable care. The Mental Health (Wales) Measure 2010 and the Learning Disabilities (Wales) Act 2015 are instrumental in shaping the delivery of services, promoting a rights-based approach to care that ensures accessibility, dignity and empowerment.

National strategies affecting delivery of both mental health and learning disabilities services are currently under review.

In 2024 Welsh Government published new draft strategies for public consultation, of which final versions are expected to be published in April 2025 along with detailed delivery plans:-

- Mental Health and Wellbeing Strategy (2024- 2034) to replace the previous ten year strategy Together for Mental Health
- Suicide and Self-Harm Prevention Strategy, to replace Talk to me 2: the suicide and self-harm prevention strategy for 2015-2022

The current Learning Disability Strategic Action Plan for Wales 2022-2026, which is nearing completion, guides provision aiming to ensure that people with learning disabilities lead fulfilling lives in their communities.

As part of the national strategic programme for Mental Health, a national Patient Safety Programme has been introduced to adult inpatient wards across Wales. The Mental Health and Learning Disabilities Clinical Care Group is fully engaged with this work, has three wards within the scope of programme activities (Bryngofal, St Caradog and Morlais) and provides the chair and leadership for one of the programme workstreams.

The programme recognises existing positive practice across ward settings, despite significant pressures and challenges and commits to increasing support for wards by working closely with teams, to collaboratively make further progress for the benefit of both patients and staff. The programme has four priority areas for improvement within patient safety:

1. Procedural Safety - Drawing together existing procedures and policies surrounding restrictions and working to understand and realise opportunities for improvement.
2. Relational Safety - Continuing to embed the Person-Centred Safety Planning Programme, working to enhance and standardise multi-disciplinary team support to wards, delivering an evidence review around risk formulation and piloting Safe Wards.
3. Environments of Care - Reviewing ligature risk assessments, developing and implementing an all Wales ligature assessment and management process, and publishing an all Wales training package.
4. Safe Discharge - Co-designing a broad set of discharge standards with patients, families and carers, and developing and implementing a standardised approach to 72-hour follow up.

This strategic context is relevant to the local quality management system as it provides the foundational policies, principles and legislative frameworks that guide the delivery of mental health and learning disability services. By embedding these national strategies into quality management, the Clinical Care Group will better meet regulatory standards, enhance patient outcomes and ensure that care is responsive to the evolving needs of the population.

Asesiad / Assessment

Quality Management System

The Clinical Care Group is reviewing its operational governance structures in line with the Health Boards restructure and introduction of Clinical Care Groups. Examples are provided below of the current structures and processes in place, underpinning the quality management system across the Mental Health and Learning Disabilities Clinical Care Group.

Quality Planning	Quality Improvement
<p>Planning Objectives and priorities.</p> <p>Development and review of service specifications.</p> <p>Commissioning of 3rd Sector organisations to deliver local mental health support for example Sanctuary's and Individual Placement Support.</p> <p>Development of feedback sources and use of Civica for example in the Admiral Nurse Service.</p> <p>Patient stories – current development of the story of a family bereaved by suicide.</p> <p>Thematic review of complaints through Heads of Service Reports.</p> <p>Staff feedback from Discovery workshops leading to culture and organisational development plan.</p> <p>Local strategic leadership and partnership approaches through the Mental Health Partnership Board.</p> <p>Involvement with Strategic Programme for Mental Health and Clinical Networks.</p> <p>Mental Health and Wellbeing Strategy.</p> <p>Suicide Prevention and Self Harm Strategy.</p>	<p>Current EQIIP projects:</p> <p>Embedding Person Centred Safety Planning</p> <p>Reducing risk of harm associated with the use of Antipsychotic medication to improve outcomes for people living with dementia under the care of Older Adult Community Mental Health Teams.</p> <p>QI approach planned with annual plan priorities.</p> <p>Engagement with national improvement programmes eg Dementia, Neuro Development.</p> <p>Co production of National Patient Safety Programme for Mental Health.</p>
Quality Control	Quality Assurance
<p>Oversight of quality, safety and experience through Mental Health and Learning Disabilities internal groups and forums that report into Health Board wide Groups and Committees. For example Quality, Safety and Experience Group, Workforce Management Group, Business Planning and Performance Assurance Group.</p> <p>Risk escalation processes.</p> <p>Regular schedule of Leadership Triumvirate site visits.</p> <p>Active use of 'Our Data' for monitoring and triangulation.</p>	<p>Team level assurance through Ward Manager and Community Manager Forums.</p> <p>Implementation of national PREMS / PROMS.</p> <p>Staffing Reviews.</p> <p>Weekly/Monthly Care Group review meetings of:</p> <ul style="list-style-type: none"> - Audit and Inspection Tracker - Incident Management Groups/Closure Group - Complaints - Risk Register

Planned development of a Health Board Mental Health and Learning Disabilities Quality Dashboard to track for example levels of compliance with 72 hour follow up after discharge, point of ligature assessments and incidents of restrictive practice.

Mental Health and Learning Disabilities Written Control Document Group.

Mental Health Scrutiny Group and Legislation Committee to assure on compliance with mental health legislation.

Recent establishment of the Mental Health and Learning Disabilities Clinical Audit and Effectiveness Framework.

Serious Incident Learning Forum.

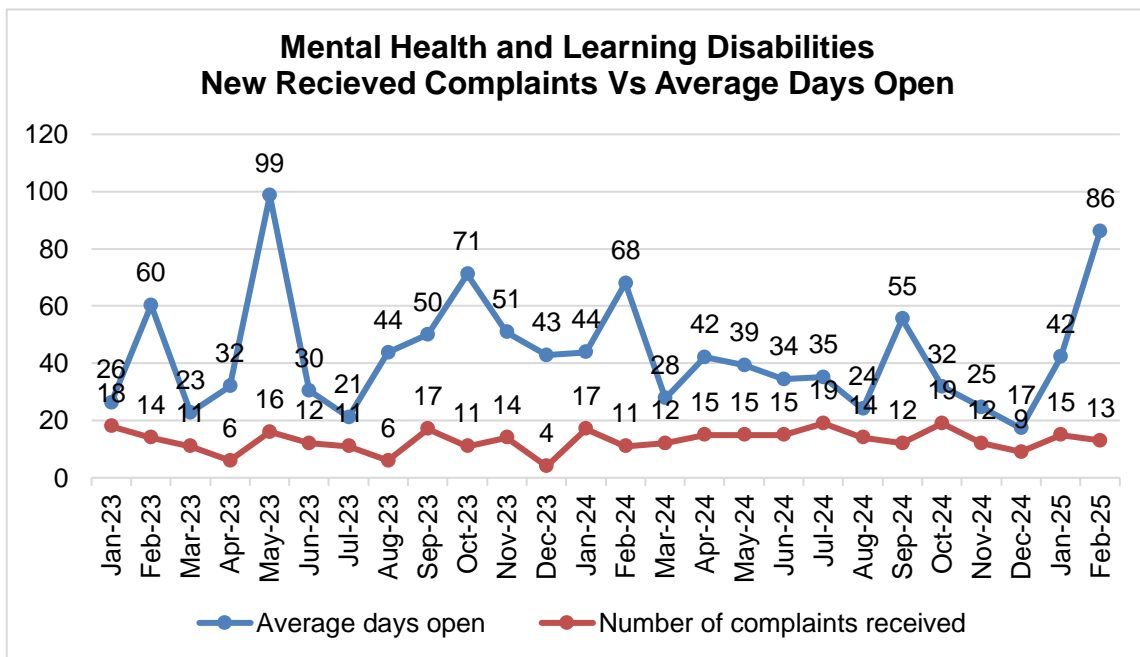
Accreditation processes.

Quality and Governance Areas of Escalation

Areas for improvement identified through the Health Boards escalation framework relate to 3 areas; complaints management, incident management and closure of overdue actions from a range of audit, inspection and peer review reports that apply to the Clinical Care Group.

Complaints Management

The number of complaints received across the Clinical Care Group remains stable with an average of 13 new complaints received each month. The trend graph below shows the variation in new complaints received each month versus the average number of days complaints remain open.



As of the 26th March there are 31 open complaints across the Clinical Care Group.

Of these 5 have been opened for over 6 months and a further 7 have been open between 3-6 months. A number of these are linked to complex serious untoward incident cases where concurrent proportionate reviews are also being undertaken to review service delivery and identify areas of learning. The table below shows where each of these cases are within the complaints review process. All of the cases open over 6 months are now at final stages of the

process which sit with the patient experience team. There are 4 cases that have been open between 3-6 months which the Clinical Care Group is actively working to review and provide information to enable a response.

Duration Open	With Patient Experience Team			With services within the Clinical Care Group
	Final Sign Off	Quality Assurance	Response being drafted	
Open over 6 months	1	2	2	0
Open 3-6 months	1	1	1	4
Total	2	3	3	4

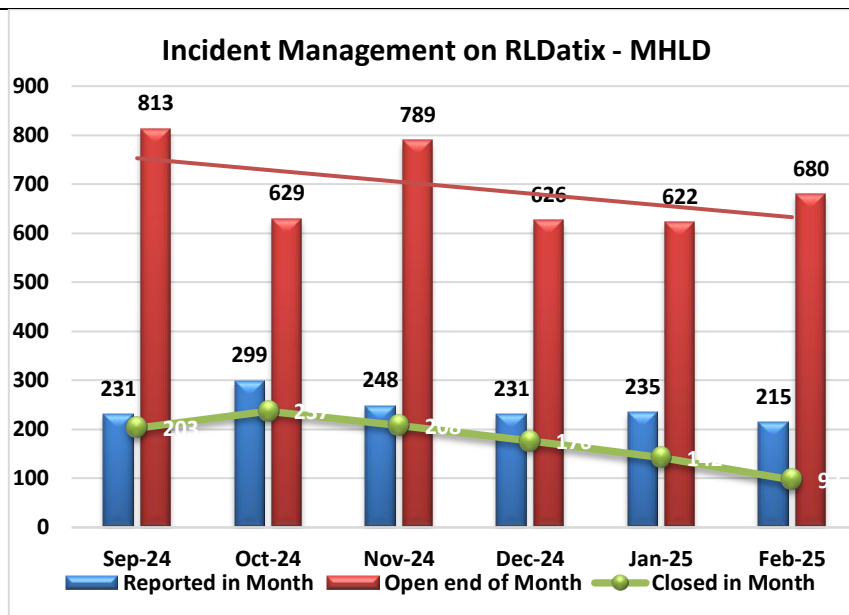
Actions in place to support improvement:

- Weekly complaints reports are generated and shared widely across the Clinical Care Group to enable frequent review of the position with cases.
- A monthly Complaints Review meeting has been instigated with Heads of Service and the Patient Experience Team, chaired by the Assistant Director of Nursing, Patient Safety, Quality and Patient Experience, to review blockers to progress, share updates and information between services and the Patient Safety Team and to ensure oversight of cases.
- Heads of Service are required to provide service level information in Service Reports to Mental Health Quality, Safety and Experience Group to support thematic review.

Incident Management

The chart below shows the last 6 months trends in numbers of incidents reported across the Clinical Care Group, alongside monthly closures throughout the same period and the overall numbers of incidents that remain open. The number of incidents reported has fluctuated throughout the period.

Whilst the overall number of open incidents has reduced from 813 to 680 over the period, the rate of closures on a monthly basis has also reduced which is a deteriorating position.



A high proportion of open incidents sit with inpatient services where there are much higher rates of reporting due to being 24 hour 7 day services and its purpose for providing inpatient care to individuals with highest levels of clinical risk and need. This is illustrated in the data below, including the snapshot of open incidents where it can be seen that the main type of incidents are related to behaviours including violence and aggression which are predominantly reported by inpatient services. Further work is planned for more detail analysis of incidents of violence and aggression and the Clinical Care Group is working with colleagues in informatics and patient safety teams to develop a bespoke quality dashboard which will include a wider range of quality metrics and more targeted breakdown of incident categories, pertinent to mental health and learning disabilities

Inpatient services are currently highlighted as fragile due to workforce challenges which are noted in a later section of this report. Action planned to stabilise the workforce across inpatient areas will support releasing time within ward leadership teams to focus on timely closure of incidents.

Service	Number Open Incidents	Days of Longest Open Incident
CMHT - Llanelli	6	734
CMHT - North Ceredigion	7	545
Older Adult Mental Health / OACMHT - Carmarthenshire	4	493
Acute care & In-patient Services	309	465
Adult ADHD Service	3	459
Liaison Service - Ceredigion	1	424
Older Adult Mental Health	30	423
Liaison Service - Carmarthenshire	37	420
Mental Health Management Team	4	403
CRHTT - Carmarthen	3	362
CMHT - Carmarthen	3	326
Child & Adolescent Mental Health Services	16	309
CDAT - Carmarthen	5	286
Liaison Service - Pembrokeshire	9	285

Learning Disabilities / CTLD - Carmarthen	7	278
CMHT - South Ceredigion	8	273
Learning Disabilities / CTLD - Pembrokeshire	4	255
CRHTT- Llanelli	4	227
Learning Disabilities / CTLD - Ceredigion	1	207
CMHT - North Pembs	3	172
Older Adult Mental Health / OACMHT - Ceredigion	3	161
CMHT - Ammanford	1	156
Older Adult Mental Health / Inpatient Services	32	141
Older Adult Mental Health / Dementia Wellbeing Service	3	132
Learning Disabilities	2	125
CMHT - South Pembs	1	117
Mental Health Act Department	4	114
Mental Health Commissioning Team	4	114
Learning Disabilities / Intensive Support Team	1	103
CDAT - Ceredigion	2	76
CRHTT - Pembrokeshire	1	54
Learning Disabilities / Learning Disability Residential Service	5	35
Psychology Services	1	30
CDAT - Pembrokeshire	2	26
111 Single Point of Contact	1	18
Integrated Autism Service	1	13
Older Adult Mental Health / Memory Clinic	1	11
Learning Disabilities / CTLD - Llanelli	1	6
CRHTT - Carmarthenshire	2	5
CRHTT- Ceredigion	1	4
Older Adult Mental Health / OACMHT - Llanelli	1	2
Older Adult Mental Health / OACMHT - Pembrokeshire	1	2

Snapshot of open incidents across the Clinical Care Group as of 28th February 2025



Actions in place to support improvement:

- Monthly incident trend reports to be provided to the Clinical Care Group moving forwards by the patient safety team, to be added to monthly Incident Management Meetings.
- Incidents over 120 days added to Clinical Care Group deep dive dashboards scrutinised through internal operational governance structures.
- The Quality Assurance Practice Development team continue to liaise with relevant operational leads and raise at Ward Manager and Community Manager Forums to address older cases to expedite reviews and move to closure.
- Plans to approve and implement workforce stabilisation plans for inpatients during quarter 1 2025/26 which will support releasing ward leadership capacity to address incident closure.

Closure of overdue actions (external audit, review, inspection and peer review reports)

The Clinical Care Group currently has 9 open improvement plans, in response to recommendations generated from a range of external audit, review, inspection and peer review reports. Details of these are provided in the table that follows.

The 2 most recent improvement plans are in response to:-

- HIW Inspection of Bryngolau Ward (40 recommendations) added November 2024
- Children and Young Peoples Mental Health Review (9 recommendations) added February 2025

A total of 61 recommendations have been closed since September 2024.

During December 2024, all open reports were scrutinised and peer reviewed by colleagues from Quality and Assurance Teams informing recommended approaches to reach completion with revised timescales, to be reviewed for approval by Execs.

Acknowledgement received that comprehensive work is being undertaken and that actions are delayed due to:

- Capacity – several overdue actions relate to strategic, directorate wide developments that have been delayed due to the need to be responsive to competing priorities or are impacted by workforce gaps.
- Some of the actions are superseded by national work to develop discharge standards for mental health through the national patient safety programme which the directorate is actively engaged in. This is reflected on AMaT.

The directorate continues to hold monthly meetings to operationally review progress with actions and identify escalation of actions held by other Health Board departments outside of the Clinical Care Group.

Regular reports are received from the Assurance and Risk Team to Clinical Care Group operational meetings to ensure governance and oversight of this work.

A regular report on Estates owned actions has been instigated to report into the Clinical Care Groups Accommodation Steering Group to support escalation of estates led overdue actions.

Status of Open Improvement Plans generated in response to recommendations from external audit, review, inspection and peer review reports

Financial Year	Report issued by	Report Title	Status of Report	Lead Service/Directorate	Lead Officer	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	September 2024			March 2025			Total recs closed since Sep 24
										Red (behind schedule)	Amber (on schedule)	Green (complete)	Red (behind schedule)	Amber (on schedule)	Green (complete)	
2022/23	Audit Wales	Review of Mental Health and Learning Disabilities Directorate Governance Arrangements	Open	Mental Health & Learning Disabilities	Director of Mental Health and Learning Disabilities	Chief Operating Officer	Mar-24	Oct-24	6	3	0	3	2	0	4	1
2023/24	HW	St Non, St Caradog, Canolfan Bro Ceryn WGH	Open	Mental Health & Learning Disabilities	Liz Carroll	Chief Operating Officer	Oct-24	Oct-24	19	5	0	14	2	0	17	3
2023/24	HW	Mental Health Discharge Review	Open	Mental Health & Learning Disabilities	Assistant Director of Nursing Mental Health & Learning Disabilities	Director of Nursing, Quality and Patient Experience	Mar-24	Apr-24 Dec-24	40	34	0	6	25	0	15	9
2023/24	NHS Wales Executive	Children and Young Person's Neurodevelopmental Services All Wales Review	Open	Mental Health & Learning Disabilities	Angela Lodwick	Chief Operating Officer	Nov-24	Nov-24	9	1	1	7	3	0	6	6
2023/24	NHS Wales Executive	Review of Psychology & Psychological Interventions for Children and Young People	Open	Mental Health & Learning Disabilities	Liz Carroll	Chief Operating Officer	Dec-24	Dec-24	9	5	2	2	6	0	3	1
2023/24	Peer Review	Peer Review (external review) of Hywel Dda University Health Board (HDUHB) of care delivery to people with epilepsy and learning disability	Open	Mental Health & Learning Disabilities	Liz Carroll	Chief Operating Officer	Jun-24	Jun-24 N/K	16	5	0	11	3	0	13	2
2024/25	HW	Olangwili Hospital - Morlais Ward	Open	Mental Health & Learning Disabilities	Rebecca Temple-Purcell	Chief Operating Officer	Mar-25	Mar-25	9	1	6	2	2	0	7	5
2024/25	HW	Bryngolau Ward, Prince Philip Hospital September 2024	Open	Mental Health & Learning Disabilities	Rebecca Temple-Purcell	Chief Operating Officer	Aug-25	Aug-25	40	1	39	0	4	2	34	34
2024/25	HW	Children and Young People Mental Health Review	Open	Mental Health & Learning Disabilities	Rebecca Temple-Purcell	Chief Operating Officer	Feb-25	Feb-25	9	0	9	0	0	9	0	0
									Total	55	57	45	47	11	99	61

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

The Clinical Care Group currently has 34 open risks on its risk register. An overview of risk scores can be found below:

Risk overview

Open risks	Risks overdue	% overdue	Open actions	Actions overdue	% overdue
34	2	6%	93	2	2%

Risk heatmap

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Impact	Catastrophic 5		1376 139 1811	2011 2012	2010	
	Major 4		1634	2021 1971 1926 971 839	1553 1912	1032 1290 1612 1813 1287
	Moderate 3		1582 1291 1781	1857 1896 1379 138 1455 1392	1249 1525	
	Minor 2			1408 1365	1375 1524	
	Negligible 1					

The Clinical Care Groups five highest scoring risks all relate to a risk of service users not receiving timely access to services due to clinical needs/volume of service demand being higher than the services capacity, either as a result of, or compounded by workforce gaps. The risks affect 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 waiting for access to psychological therapies
- adults seeking access to mental health services in North Ceredigion through both the Community Mental Health Team and Crisis Resolution Home Treatment Team.

The Clinical Care Group is taking action to both mitigate current risk and to develop transformational approaches that aim to sustainably improve services. These areas of improvement can be cross referenced to priorities and objectives described within the Clinical Care Groups annual plan.

Further detail specific to Childrens ASD waiting times and a temporary change to GP referral pathways for mental health assessments in Ceredigion are contained in reports to be presented to board on 27th March 2025 which can be found here with linked Quality Impact Assessments.

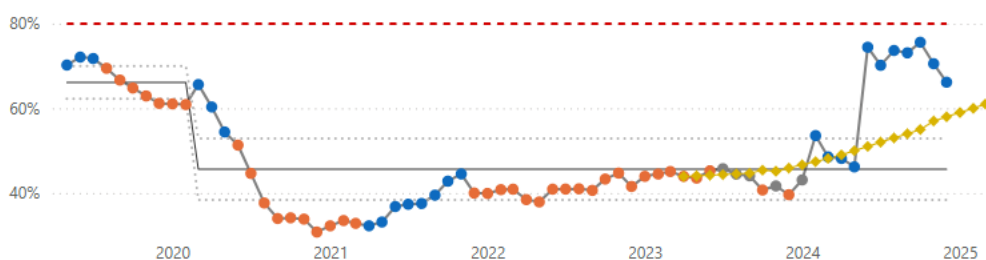
[Measures to Improve Children's ASD service performance Board 27 March 2025](#)

Temporary change to the GP Referral Pathway for Mental Health Assessments within Ceredigion.

[Mental Health Service Change Temporary Ceredigion Board 27 March 2025](#)

Standards relating to adults access to psychological therapies are defined within Part 1 of the Mental Health Measure (Wales) 2010. The Health Boards performance to ensure that 80% of adults referred for psychological therapy begin treatment within 26 weeks remains below target however above the current improvement trajectory agreed with Welsh Government.

% adults waiting <26 weeks to start a psychological therapy



Recent progress has included stronger waiting list monitoring, more group-based interventions, and development of a Patient Access Policy to ensure timely, consistent provision of care. Further work is planned for 2025/26 with the aim of reaching target by August 2025. Plans to support this include reviewing job plans to embed a stepped model of interventions to maintain resilience when workforce gaps emerge. The Health Board is about to participate in a national knowledge exchange to share and receive improvement knowledge and learning in this area of practice. It will also pilot implementation of a set of nationally identified patient-reported outcome and experience measures (PROMs and PREMs) to monitor the effectiveness of services and enable more informed benchmarking with other services.

<https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work1/mental-health/outcome-measures/introductory-documentation/information-poster/>

A formal evaluation of the stepped model will take place in 2025/26 and will inform finalisation of a service specification. The Clinical Care Groups quality management system will continue to monitor and report performance and quality impacts.

Quality Improvement Spotlight - Person Centred Safety Planning

Following participation in a nationally coordinated pilot of person-centred safety planning where Morlais Ward piloted this approach, the Clinical Care Group is now using the EQliP model to further scale and spread practice. The aim of this work is that all patients admitted to a mental health ward who are at risk of self-harm or suicide, are offered the opportunity to co-produce a person-centred safety plan. The approach is informed by NICE guidelines and evidence that indicates the approach improves outcomes through enhanced engagement, tailored interventions and a collaborative approach to safety. Preparation has been done with staff and managers to share principles of person-centred safety planning and to remove barriers to embedding into practice. Time has been given to reflect on practice to build confidence and skills in talking about suicidal thoughts with patients in a way that focuses on safety rather than risk. Positive feedback has been received from staff

and patients about the impact of this approach through the pilot and the EQliP project seeks to develop more systematic feedback to further evaluate the approach.

Learning Disabilities Service Improvement Programme

An updated learning disabilities service model has been developed, shaped by staff and public engagement, aligned to the values of safety and inclusivity defined in national strategy. The model, clarifies clinical pathways, reconfigures community and inpatient services, and introduces a Lead Nurse role, now in post, to oversee professional practice. Workforce structures to deliver the model have been approved by executives and plans for recruitment are now being made. Implementation will be further strengthened by the launch of a digitised Health Equality Framework (HEF) in 2025/26 to enable the Board to better track outcomes for people using LD services. By the end of 2025/26, the goal is to reduce vacancies and progress towards 80% of individuals open to secondary learning disability services having a valid HEF, boosting accountability and quality of care.

Inpatient Workforce Stabilisation

A review of nurse staffing levels across Inpatient Mental Health Wards is in final stages of scrutiny ahead of final consideration for approval by the Executive Team. The review is in response to sustained staffing challenges due to establishments being insufficient to deliver standard care needs for inpatient episodes of care resulting in high dependency on temporary staff. This can impact continuity and quality of care delivery. Additionally, the reliance on overtime and extra hours places additional strain on the existing workforce operating with already suboptimal levels, risking burnout and decreased job satisfaction. Addressing the staffing establishment deficit is crucial for ensuring that Inpatient-Services can consistently provide safer, more effective, values-based care. This action will also impact on the effectiveness of quality assurance processes, releasing time currently required by clinical leads to manage rosters and provide direct care in covering roster gaps, to focus on quality management system functions. This piece of work is expected to conclude in quarter 1 of 2025/26.

Argymhelliad / Recommendation

The Committee is asked to:

Take ASSURANCE from the information presented in this report regarding the effectiveness and ongoing development of the quality management system in the Mental Health and Learning Disabilities Care Group. The report outlines measure in place to promote high standards of care, safety and service delivery for people with mental health and learning disabilities. The committee is encouraged to take confidence in the commitment to improving standards and provide further recommendations for strengthening these.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
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	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
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:	
Rhestr Termiau: Glossary of Terms:	ADHD – Attention Deficit Hyperactivity Disorder AMaT – Audit Management and Tracking system ASD – Autism Spectrum Disorder EQIIP – Enabling Quality Improvement in Practice HEF – Health Equalities Framework HIW – Health Inspectorate Wales NICE – National Institute for Care Excellence
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable (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

Duty of Quality

Quality-driven decision-making tool



Part 1 - Quality Impact Assessment Toolkit

Overview & Guidance

This initial assessment should be completed to quantify potential impacts on quality or safety aspects (either positive, negative, or neutral/no impact), from any strategic decisions e.g. policy decisions, business cases, service improvements and changes, or efficiency savings projects that will affect operational services.

When completing the checklist consider the impact that the change will bring about in the long term. Also consider any impacts that might occur whilst the change is being implemented. For example, the project may be to introduce a new clinical pathway into an existing team, this will reduce waiting times for patients and result in smaller caseloads which are both long-term positive impacts. However, to introduce the new pathway staff working arrangement will need to change which may increase staff turnover resulting in patient waiting times for treatment increasing both are short term negative impacts. The QIA should reflect both the short-term and long-term impacts.

For the approval process and to ensure you are using the current version of the tool, please visit the QIA SharePoint page https://nhs.wales365.sharepoint.com/sites/HDD_Nursing-assurance-and-safety/SitePages/Quality-Impact-Assessment.aspx

The tool once approved by the Directorate Triumvirate should be submitted to patient.safety@wales.nhs.uk for consideration at the QIA Panel

Strategic Decision / Organisational Activity / Project Title:	Measures to improve Children's Autism Spectrum Disorder (ASD) service performance
Name and role of lead:	Liz Carroll Director of Mental Health and Learning Disabilities
Executive sponsor:	James Severs, Executive Director of Allied Health Professionals and Health Sciences

Description of Strategic Decision / Project:	
Broadly outline what is being proposed and the decision that needs to be made	The Childrens ASD service proposes to pilot a rapid assessment to diagnosis pathway for individuals that meet set eligibility criteria and who are currently on the services waiting list. The pathway will reduce the length of time taken to assess an individual by using information gathered by healthcare and education professionals, already involved with the individual, that will then be reviewed by an assessment panel of appropriately experienced experts to inform a diagnostic outcome. Further actions to improve the effectiveness of the service include; scoping digital options to further streamline referral processes and to speed up the process of generating reports; reviewing and influencing wider strategy development across the three counties with partners, moving towards needs based systems of service provision rather than assessment led.
Why is the proposal / decision needed	The proposal is required as Hywel Dda University Health Board's Children's Autistic Spectrum Disorder (ASD) service is under targeted intervention for quality and performance. Current risks associated with delayed waits for assessment and diagnosis are reflected on the Mental Health and Learning Disabilities (MHL) Directorate and corporate Risk Register.
What are the drivers and influencing factors around the decision to be made? (e.g. legislation, national policy, professional body guidance, cost savings, ministerial priorities, quality standards, incidents etc)	The drivers are that Welsh Government have identified ASD services in Wales as unable to meet the current performance standards due to increased demand, limited service provisions and the current service model of operation.
Who is directly affected by this proposal / decision? Please also consider people who may be indirectly affected	Individuals waiting on a diagnostic assessment and their families and carers.
How have you engaged with the people affected? If you have not yet engaged, what are your plans?	If approval is received for proposed change, the service and directorate will engage with HDUHB Engagement Team and will proceed with an engagement/communications plan. Information will be provided to all parents and carers of individuals considered for the pilot and will be asked to confirm their consent to this method of assessment.
How does the proposal / decision impact on delivery of the organisation's strategic objectives or ministerial priorities?	This service is a ministerial priority and this proposal will potentially improve required Welsh Government performance targets.
Is the proposal / decision planned to be temporary or permanent?	Proposal for Pilot therefore a temporary arrangement pending evaluation.

Has this Quality Impact Assessment been completed in collaboration with the clinical team(s) that the project will affect?	Yes Service Delivery Manager for Children's ASD service, Assistant Director for MH&LD, Assistant Director for Nursing MH&LD.
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This tool was developed by the Quality Assurance and Safety Team using ideas from Rotherham, Doncaster and Humberside NHS Trust QSIA tool and the NHS (Wales) Executive beta tool
<https://www.rdash.nhs.uk/wp-content/uploads/2022/10/QSIA-Policy-v1.pdf>

For advice and guidance using this tool, please contact Olwen Morgan, Assistant Director of Nursing, Cathie Steele, Head of Quality and Governance or Caroline Burgin, Patient Safety and Assurance Manager.

Health & Care Quality Standard	Possible considerations for this standard	Risk Score (current risk before change)			Tick impact			Does this impact link with a Quality Enabler? If yes, please list the enabler(s)? (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective)	Risk Score (after proposed change)			Description of impact
		Likelihood 1 - 5	Impact 1 - 5	Overall score	Positive	Neutral	Negative		Likelihood 1 - 5	Impact 1 - 5	Overall score	
Safe	Hywel Dda University Health Board's Children's Autistic Spectrum Disorder (ASD) service is under targeted Intervention for quality and performance. Current risks are associated with significant waits for a first appointment to begin the process for assessment and diagnosis. This risk is reflected on the Mental Health and Learning Disabilities (MHL) Directorate and corporate Risk Register.	5	4	20				Leadership, Workforce, Culture, Information, Learning, Improvement and Research.	3	3	9	The pilot proposal will reduce current waiting lists and will target those who have been waiting for a first appointment for the longest time. If successful the service change should improve compliance with Welsh Government performance targets.
Timely	The service is not able to provide timely access for a first appointment to commence the assessment process for diagnosis for ASD. Also, the assessment process is protracted, repetitive and time consuming. Current number of Children and Young Person (CYP) waiting for a first assessment and diagnosis is 3658 (January 2025). Of these 3138 have breached the 26 week waiting period.	5	5	25				Leadership, Workforce, Culture, Information, Learning, Improvement and Research.	3	4	12	This pilot will enable CYP with the longest wait if referred by a Paediatrician or Health Visitor to be offered an alternative to conventional assessment processes to confirm/exclude a diagnosis of autism.
Effective	The current assessment process does not enable adherence to the National Institute for Health and Care Excellence (NICE) guidelines which requires assessments to start within 3 months of referral.	3	3	9				Leadership, Workforce, Culture, Information, Learning, Improvement and Research.	3	3	9	Whilst this pilot will further deviate from NICE guidelines by the service to be able to evidence that the conversion rate from assessment to diagnosis is 87% which provides assurance in respect of the clinical information received at the point of referral being a strong indicator of the likelihood of an ASD diagnosis. The variation to the assessment process will only be undertaken with the CYP and their families consent.

Health & Care Quality Standard	Possible considerations for this standard	Risk Score (current risk before change)			Tick impact			Does this impact link with a Quality Enabler? If yes, please list the enabler(s)? (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective)	Risk Score (after proposed change)			Description of impact
		Likelihood 1 - 5	Impact 1 - 5	Overall score	Positive	Neutral	Negative		Likelihood 1 - 5	Impact 1 - 5	Overall score	
Efficient	Currently all CYP referrals are required to undertake an assessment process where they are assessed in person, observation is required and completion of the process takes approximately 20 hours. This is resource intensive and the service is not established with capacity to deliver this process to meet the level of referrals made to the service in a timely way. The set standard is to provide assessment within 26 weeks of referral. As of January 2025 the service achieved 14.2% of this target.	5	4	20				Leadership, Workforce, Culture, Information, Learning, Improvement and Research.	3	4	12	The impact of the proposed change to the referral and assessment process will create capacity within the service to undertake a higher number of ASD assessments. The change will enable the service to accept clinical information at the point of referral which will avoid duplicate assessment and observation practices when this clinical information has been provided from a reliable source.
Equitable	All CYP will still receive an assessment and confirmation or rejection of diagnosis but without the need for the 20 hour assessment process.			0				Leadership, Workforce, Culture, Information, Learning, Improvement and Research.			0	Has an EQIA screening tool been undertaken? Yes Has a full EQIA been undertaken? No Please provide a summary below: Positive impacts identified for all age categories and disability category as reducing timeline for assessment will impact children, parents and guardians. Positive socio economic impact identified as proposal reduces impacts to families who cannot afford to pursue private assessment and diagnosis and positive impact noted on likely reduced requirement for transportation. Link to full EQIA when published
Person-centred	The current assessment process does not offer choice for the child, young person or carer, or flexibility when evidence already available to confirm presence of autism. All referrals for assessments are required to undertake a 20 hour assessment process.	5	5	25				Leadership, Workforce, Culture, Information, Learning, Improvement and Research.	3	3	9	This process will offer children, young persons and their parents/carers the opportunity to consent to an alternative method of assessment to confirm or reject diagnosis of ASD. Information gathered by professionals with established relationships with the CYP will be used to inform diagnosis.

QIA Panel Use Only

Considered and supported by:	Name
Deputy Director of Health Science	Jon Arthur
Head of Strategic Partnerships	Anna Bird
Associate Medical Director for Quality and Safety	Subhamay Ghosh
Assistant Director of Nursing, Assurance & Safeguarding	Cathie Steele
Consultant in Public Health Medicine	Michael Thomas
Assistant Director of Assurance and Risk	Charlotte Wilmshurst

Considered and approved by Clinical Executive:	Name
Director of Nursing, Quality and Patient Experience	Sharon Daniel
Medical Director	Mark Henwood
Director of Therapies and Health Science	James Severs

Date presented to panel	
Panel decision	
Chair of Panel	

Supported	Date

Approved	Date

Duty of Quality

Quality-driven decision-making tool



Part 1 - Quality Impact Assessment Toolkit

Overview & Guidance

This initial assessment should be completed to quantify potential impacts on quality or safety aspects (either positive, negative, or neutral/no impact), from any strategic decisions e.g. policy decisions, business cases, service improvements and changes, or efficiency savings projects that will affect operational services.

When completing the checklist consider the impact that the change will bring about in the long term. Also consider any impacts that might occur whilst the change is being implemented. For example, the project may be to introduce a new clinical pathway into an existing team, this will reduce waiting times for patients and result in smaller caseloads which are both long-term positive impacts. However, to introduce the new pathway staff working arrangement will need to change which may increase staff turnover resulting in patient waiting times for treatment increasing both are short term negative impacts. The QIA should reflect both the short-term and long-term impacts.

For the approval process and to ensure you are using the current version of the tool, please visit the QIA SharePoint page https://nhs.wales365.sharepoint.com/sites/HDD_Nursing-assurance-and-safety/SitePages/Quality-Impact-Assessment.aspx

The tool once approved by the Directorate Triumvirate should be submitted to patient.safety@wales.nhs.uk for consideration at the QIA Panel

Strategic Decision / Organisational Activity / Project Title:	Temporary change to the GP Referral Pathway for Mental Health Assessments within Ceredigion.
Name and role of lead:	Liz Carroll
Executive sponsor:	Andrew Carruthers

Description of Strategic Decision / Project:	
Broadly outline what is being proposed and the decision that needs to be made	An urgent temporary service change, to divert non urgent referrals made to Ceredigion Community Mental Health teams to 111 option 2, with additional safeguards is proposed and has been implemented due to clinical safety concerns in mental health community services in Ceredigion due to acute staffing deficits of doctors and nurses.
Why is the proposal / decision needed	The proposal was needed to prioritise the provision of secondary and urgent care in Ceredigion
What are the drivers and influencing factors around the decision to be made? (e.g. legislation, national policy, professional body guidance, cost savings, ministerial priorities, quality standards, incidents etc)	The drivers are acute staffing deficits and the need to prioritise safe and effective care in the community and also the requirement to meet performance target in relation to Mental Health (Wales) Measure legislation
Who is directly affected by this proposal / decision? Please also consider people who may be indirectly affected	Individuals who require a routine assessment of their mental health following GP referral.
How have you engaged with the people affected? If you have not yet engaged, what are your plans?	The service has engaged with GPs, HDUHB Clinical Director, Executive Team, Communication and Engagement Team, Llais in a range of formats to communicate information about the temporary service change. A meeting with the Communication and Engagement Team and the Director for West Wales Action for Mental Health has been undertaken and a plan for wider engagement and feedback has been developed to monitor and evaluate the temporary service change with service users and carers. Service attendance at the Ceredigion Mental Health Forum has been arranged. Initial conversations have taken place with the RCN staff representative and wider stakeholder engagement is planned.
How does the proposal / decision impact on delivery of the organisation's strategic objectives or ministerial priorities?	The proposal is intended to improve compliance with performance indicators under Mental Health Measure (Wales) which requires 90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP. As of 25/03/25 compliance for North Ceredigion is at 56.46% and South Ceredigion is 97.2%.
Is the proposal / decision planned to be temporary or permanent?	Temporary 6 months

Has this Quality Impact Assessment been completed in collaboration with the clinical team(s) that the project will affect?	YES
	Associate Medical Director & Clinical Director Mental Health & Learning Disabilities, Head of Service Adult Mental Health, Assistant Director for Nursing MH&LD, Assistant Director MH&LD

This tool was developed by the Quality Assurance and Safety Team using ideas from Rotherham, Doncaster and Humber-side NHS Trust QSIA tool and the NHS (Wales) Executive beta tool
<https://www.rdash.nhs.uk/wp-content/uploads/2022/10/QSIA-Policy-v1.pdf>

For advice and guidance using this tool, please contact Olwen Morgan, Assistant Director of Nursing, Cathie Steele, Head of Quality and Governance or Caroline Burgin, Patient Safety and Assurance Manager.

Health & Care Quality Standard	Possible considerations for this standard	Risk Score (current risk before change)			Tick impact			Does this impact link with a Quality Enabler? If yes, please list the enabler(s) Leadership, Workforce, Culture, Information, Learning improvement and research. Whole-system perspective)	Risk Score (after proposed change)			Description of impact
		Likelihood 1-5	Impact 1-5	Overall score	Positive	Neutral	Negative		Likelihood 1-5	Impact 1-5	Overall score	
Safe	Due to medical and nursing deficits there is a clinical risk that patients referred to the CMHT by their GP for a routine Mental Health Assessment will not receive this in the required 28 day time frame. There is an additional risk that the CMHT will not have the capacity to undertake assessment of urgent referrals due to the time required to assess the number of routine referrals they receive.	4	5	20	V			Leadership, Workforce, Culture, Information, Learning, Improvement and Research.	3	4	12	The proposed temporary service change is due to current service pressures as a result of medical and nursing vacancies and absence in Ceredigion Community Mental Health teams. This temporary service change will enable community mental health team resources to prioritise urgent and secondary care provision for the 'Relevant Patient' as required under Mental Health (Wales) Measure legislation. Promotion of 111 option 2 by GPs for individuals whose referral to mental health services is non urgent, will create capacity within the service to deliver urgent and secondary care for patients. The is capacity and resources in the 111 option 2 service to accommodate this change.
Timely	Currently there is a waiting list for people who have been referred by their GP for a routine mental health assessment in the CMHT. This is due to the service not having the capacity to undertake the assessment within the required 28 days.	4	5	20	V			Leadership, Workforce, Culture, Information, Learning, Improvement and Research.	3	3	9	The proposed temporary service change will focus on patients who require routine mental health assessments. By accessing 111 option 2, this will enable timely access to a mental health assessment as opposed to waiting the 28 days for an appointment with the CMHTs. This will enable more effective use of resources to provide urgent and secondary care. Impact is anticipated to be positive as there will be a more timely response for both routine and consequently urgent referrals.
Effective	The CMHT currently does not have the capacity to undertake routine assessments within the required time frame. This has created a waiting list, but the service does not have the resources to effectively manage the 'waiting list' in order to reduce the length of time that patients are currently waiting. There is a clinical risk that patients mental health could deteriorate during this delay.	5	5	25	V			Leadership, Workforce, Culture, Information, Learning, Improvement and Research.	3	4	12	This change creates capacity in the CMHT to provide safe and effective care for patients who meet the eligibility criteria for secondary mental health care in the community and to respond to urgent referrals. There is also a requirement from Mental Health (Wales) Measure legislation in respect to performance targets for people who are eligible for secondary care. Which is to allocate a care coordinator and complete a care and treatment plan within a required time frame.
Efficient	The CMHT is a secondary mental health community service and is required to adhere to Mental Health (Wales) Measure legislation and meet the required performance targets for part 2 and 3 of the measure.	4	4	16	V			Leadership, Workforce, Culture, Information, Learning, Improvement and Research.	3	4	12	This temporary service change allows for routine referrals to be re-directed to 111 option 2 in order to create capacity in the CMHT. It will be more efficient for routine referrals to be assessed by 111 option 2 as they have the resources to undertake this role and they are currently meeting their service targets in respect to response times to answer a call. This will support the CMHT to improve the performance targets required by Welsh Government and also to deliver safe and effective care. During this temporary change both the CMHT and 111 option 2 will obtain
Equitable	Patient who are identified as requiring an assessment of their mental health within a routine time frame will still receive a mental health assessment but this will be undertaken by 111 option 2 by telephone not in person by the CMHT and this will not delay further interventions if required. Those that require urgent mental health assessment will continue to be seen by the CMHT or crisis team.	5	5	25	V			Leadership, Workforce, Culture, Information, Learning, Improvement and Research.			0	Has an EQIA screening tool been undertaken? Yes Has a full EQIA been undertaken? Yes Please provide a summary below: Impacts identified within disability category. No impact identified for individuals that require urgent referral. Positive impact identified for individuals that require routine referral as access to assessment will be expediated and safeguards in place to mitigate sensory or communication needs. No other impacts identified. Link to full EQIA when published
Person-centred	The usual pathway for routine referrals made by GPs is for the service to contact the patient upon receipt of the referral and offer a date and time for a mental health assessment, for which they are required to attend in person at the location of the CMHT. Due to current capacity pressures, and without the proposed change, current referrals will generate a waiting list.	4	5	20	V			Leadership, Workforce, Culture, Information, Learning, Improvement and Research.	3	4	12	People can access a service in a timely manner that is convenient to them as they can choose when they contact 111 option 2. This service is also accessible to families and carers who can be included in the assessment process as needed. The GP is able to speak directly to the 111 option 2 service in respect of patients that may need to be assertively followed up by the team.

https://nhs.wales365.sharepoint.com/sites/HDD_HDD_Strategic_Partnerships_Diversity_Inclusion/SitePages/Equality-Impact-Assessments.aspx

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