



Pwyllgor Mewnol Pwyllgor Ansawdd, Diogelwch a Phrofiad/ In-Committee Quality, Safety and Experience Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 October 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health and Learning Disabilities (MHLD) 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 (MHLD) 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 to provide assurance of the arrangements in place.

Cefndir / Background

The MHLD Clinical Care Group has established and embedded governance arrangements aligned to the Health Board's quality governance framework. Governance processes integrate quality planning, improvement, control and assurance activities to support safe, effective and person-centred care.

Current priorities include delivery of the National Mental Health and Wellbeing Strategy, implementation of the Mental Health and Self-Harm Quality Statements, progression of the Learning Disabilities Transformation Programme and development of Open Access Mental Health Support through four local demonstrator projects. Quality improvement activity continues through the Enabling Quality Improvement in Practice (EQliP) programme, national patient safety initiatives, clinical audit, and implementation of evidence-based practice. Governance oversight is provided through established Care Group forums, performance review arrangements, triangulation of quality intelligence, patient and staff feedback, audit activity and organisational learning processes.

Asesiad / Assessment

Quality Governance Areas of Focus

Three areas remain subject to enhanced oversight through the Health Board escalation framework:

Complaints Management

Complaint volumes have reduced since October 2025, alongside improvements in complaint handling performance and reductions in open and overdue complaints. Early resolution approaches and adoption of the People's Experience Framework have supported a more responsive and person-centred approach to concerns.

Clinical Treatment/Assessment, Medication and Attitude and Behaviour continue to represent the most frequently reported themes. Review of individual cases has not identified concerns relating to specific teams, services or practitioners. Complaints more commonly reflect disagreements regarding clinical assessment, treatment or risk management decisions. Learning continues to be incorporated into supervision, reflective practice and service improvement activity.

By month received



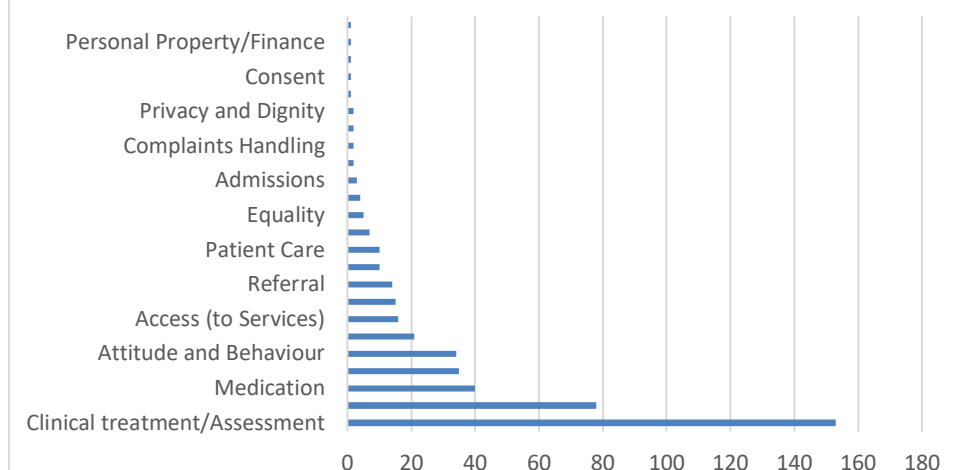
Number open complaints



Number of overdue complaints



Total MHLD complaints

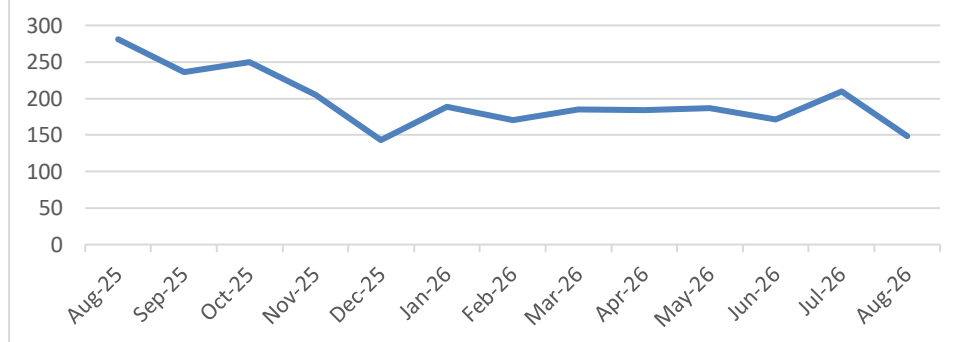


Incident Management and Nationally Reported Incidents

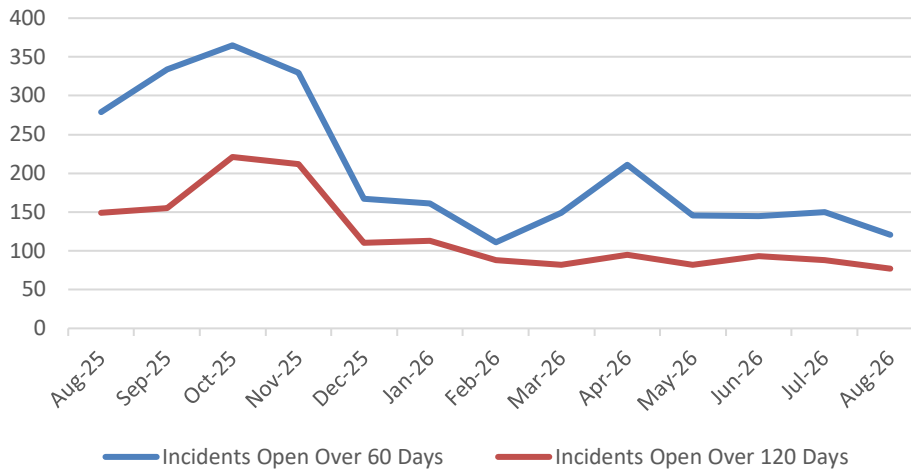
Incident reporting levels have continued to stabilise following implementation of revised restrictive intervention reporting arrangements and improved staff understanding of reporting requirements. Performance relating to aged incidents has improved, with sustained reductions in incidents open beyond 60 and 120 days.

As of September 2026, six Nationally Reported Incidents remain open, with fourteen historical cases closed since May 2026. Most remaining reviews are expected to conclude within the next quarter, with a small number dependent on external processes. Progress provides assurance that historic backlogs continue to reduce and review processes are becoming more timely.

MHLD Incidents by Month of Occurrence 2025/26



MHLD Open Incidents Trends 2025/26



Improvement Actions

Key actions supporting improvement include:

- Strengthened oversight through the MHLD Head of Nursing role.
- Enhanced governance review arrangements for complaints, incidents and organisational learning.
- Implementation of a revised serious incident review framework.
- Development of a reviewer training programme.
- Appointment of a Clinical Quality Assurance and Practice Development Lead.
- Continued triangulation and dissemination of organisational learning.

Risk Overview

The Clinical Care Group currently manages 28 risks, including five extreme risks.

Open risks	Risks overdue	% overdue	Open actions	Actions overdue	% overdue
22	0	0%	52	0	0%

Risk heatmap

Likelihood

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

Open Access Mental Health Support Local Demonstrator Projects

The Clinical Care Group continues to progress four Open Access Mental Health Support demonstrator projects:

- Perinatal Open Access and One-at-a-Time.
- CAMHS Open Access and One-at-a-Time.
- Primary Care Liaison Open Access Skills.
- Lived Experience and Peer Support Workforce Development.

Work during this period has focused on pathway development, workforce preparation, stakeholder engagement, governance arrangements and outcome measurement. The CAMHS and Perinatal projects are approaching implementation, whilst Primary Care Liaison and Lived Experience programmes continue to establish the infrastructure required to support delivery and evaluation.

Together, these projects provide assurance that the Clinical Care Group is actively testing approaches intended to improve timely access, strengthen community-based support and inform future implementation of the Open Access Mental Health Support model.

Conclusion and Key Leadership Challenges

The Clinical Care Group continues to strengthen quality governance arrangements, with particular progress evident in complaints management, reduction of aged incidents, progression of Nationally Reported Incident reviews and delivery of improvement and transformation programmes.

However, significant challenges remain. Demand continues to exceed capacity across several key pathways, particularly inpatient mental health services, ADHD and autism assessment services, and access to timely assessment and treatment. These pressures are compounded by workforce and financial constraints.

The principal leadership challenge remains balancing immediate operational, quality and safety risks with delivery of longer-term service transformation. Success will depend on sustaining progress in quality governance whilst accelerating development of community-based alternatives, improving patient flow, strengthening workforce

Argymhelliad / Recommendation

The Committee is asked to take ASSURANCE on the quality governance arrangements in place within the MHLCD 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:

3.11 Ensure that the organisation is meeting the requirements of the Health and Social Care (Quality and Engagement) Act and recommend the Annual Duty of Quality and Duty of Candour Reports to Board for approval as soon as reasonably practicable after the end of each financial year.

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: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	6. Safe, Timely, High Quality Care
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	ADHD – Attention Deficit Hyperactivity Disorder ASD – Autism Spectrum Disorder CCG – Clinical Care Group DNA CPR – Do Not Attempt Cardio Pulmonary Resuscitation EQIIP – Enabling Quality Improvement in Practice MHLD – Mental Health and Learning Disabilities ND - Neurodevelopment NRI – Nationally Reported Incident
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phroffid:	ADHD waiting times considered through Quality and Safety Intelligence Group.

Parties / Committees consulted prior to Quality, Safety and Experience Committee:	
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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:	