

**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 December 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Specialist Children's and Adolescent Mental Health Services (S-CAMHS)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers – Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Mrs Sara Rees – Interim Head of Nursing (Mental Health and Learning Disabilities) Mrs Liz Carroll – Director of Mental Health and Learning Disabilities

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In June 2020, the Children's Commissioner launched the report "No Wrong Door: bringing services together to meet children's needs". The context of the report related to children with complex needs, acknowledging that there are many definitions attributed to this term. The report asserts that these definitions can often be narrow and should therefore be broadened to include all children who experience distress and require help and support from multiple agencies.

At the Public Board meeting on 24th September 2020, a report was presented to enable the Health Board to undertake a benchmarking exercise against the recommendations of the Commissioners Report, providing a high level position statement regarding the number of services and relationships between services that deliver care and support to Children and Young People (CYP) who reside within Hywel Dda.

In addition, the Board received a report that outlined the current weaknesses across the various services within the Health Board, which included the Specialist Child And Adolescent Mental Health Service (S-CAMHS). Following discussions, it was agreed that the Quality, Safety and Experience Assurance Committee receive a report focusing on the weaknesses identified in the S-CAMHS section of the report, with a particular focus on the experience of those CYP, their families/care providers, and to minimise the negative impact on their longer-term mental health and wellbeing.

Cefndir / Background

S-CAMHS and Integrated Psychological Therapy Services (IPTs) originally existed as separate services under different Heads of Service. However, in 2016, following a review of the Directorate structure undertaken due to a number of senior staff retirements, the Heads of Services' portfolios were revised and a number of services reassigned. In this case, the Head of Service for S-CAMHS was reassigned the additional responsibility for Psychological Therapy Services for Adults within Mental Health Services.

In 2016, a Head of Service operationally managed S-CAMHS; at this time the workforce consisted of approximately 62.44 Whole Time Equivalents (WTEs). S-CAMHS provides primary and secondary mental health services across the Health Board footprint for children, young people, and their families up to the age of eighteen.

S-CAMHS is subject to significant high level scrutiny inclusive of Healthcare Inspectorate Wales (HIW), Delivery Unit (DU), and the Welsh Government (WG) Children and Young Persons Education Committee. Primary Mental Health Services have been the recent subject of a National Review and there is a planned review of Community Crisis Services across all S-CAMHS in 2020.

Together for Children and Young People 2 (T4CYP2) is the national driver for change across all children services in Wales. The programme, and its accompanying work plan, outline the pathways and standards expected to be in place across all Health Boards in collaboration with key stakeholders to ensure a whole systems approach is in place.

In 2020, following the provision of year on year recurrent WG funding, the workforce is currently 81.41WTE and continues to grow with continued significant investment from WG, and additional funding this year has enabled a further 14 new clinical posts to be developed.

S-CAMHS provides a range of services, and alongside the four Multidisciplinary Mental Health Teams which are county based at Canolfan Gwili (Carmarthen), Elizabeth Williams Clinic (Llanelli), Preseli Centre (Haverfordwest), and Ty Helyg (Aberystwyth), the service provides a number of small specialist services under the umbrella heading of Specialist Services based at Ty Llewelyn, Glangwili General Hospital (GGH).

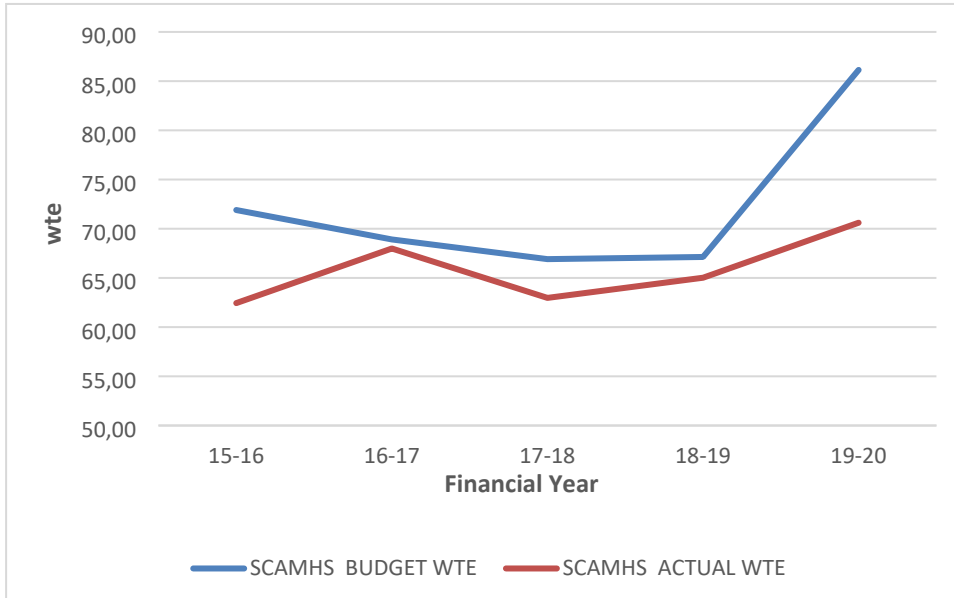
These consist of:

- Forensic CAMHS
- Dual Diagnosis Substance Misuse
- Early Intervention Psychosis Service
- Psychological Therapy Service (Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), Psychodynamic, Art Therapy, Systemic Therapy)
- Commissioned Services (Local Authority (LA) & GP Cluster)
- Psychology Services
- Children's Continuing Care Service
- Crisis Assessment and Treatment Team
- Occupational Therapy
- Autistic Spectrum Disorder Service
- School In-Reach Service Pilot (2 year project WG)
- Specialist Services for Looked after Children (county based)

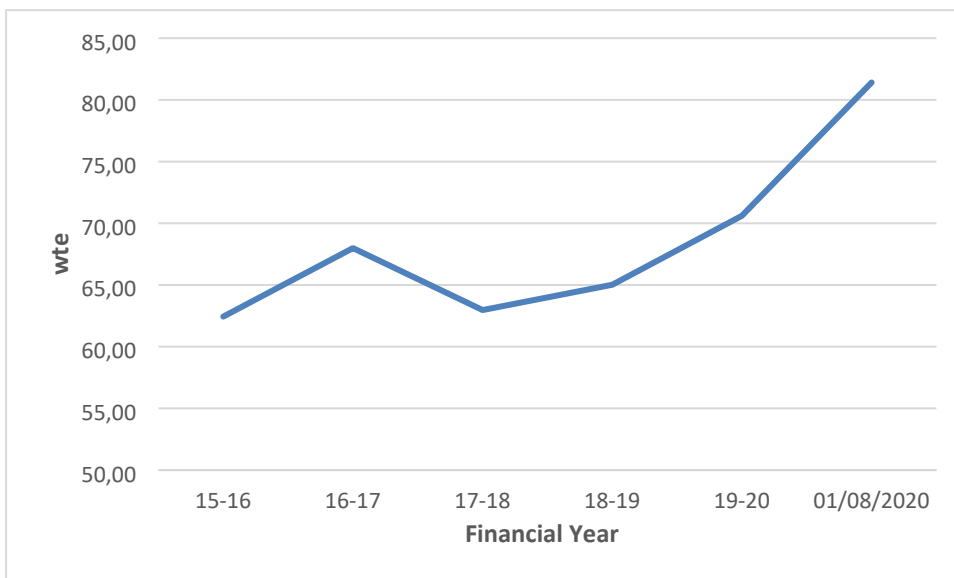
Following the integration of both service portfolios, there has been considerable focus on the need to ensure the operational management across both services is fit for purpose and reflective of the operational and strategic pressures. Additionally, considerable focus has been dedicated to developing robust governance structures across both services and ensuring the workforce is suitably trained in evidence-based therapeutic interventions, where appropriate, and receives effective supervision. Furthermore, ensuring that the services are reflective of key local and national developments including Transforming Mental Health Services and the Together for Children and Young People (T4CYP) plan.

S-CAMHS Work Force Position - 2016 to 2020

The graph below outlines the service position through 2016 to 2020, outlining the substantial growth in budget and workforce. This has been exponential within S-CAMHS, and the current focus on improving emotional and mental health services for all children and young people shows no sign of abating with further recurrent funding expected in 2020.

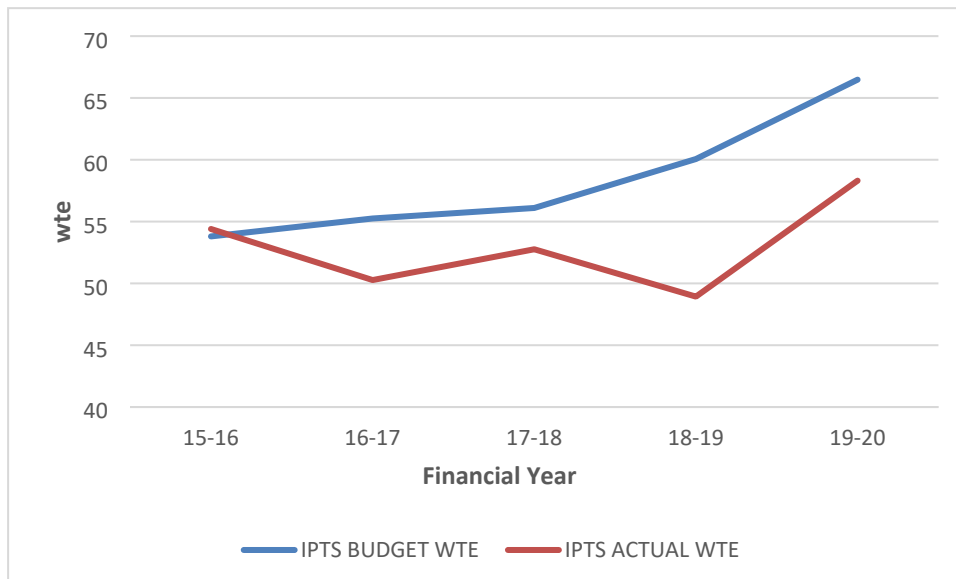


The graph above depicts the WTE up to end of financial year 2019-20. However, our current staffing for SCAMHS is 81.41WTE, which amounts to 98 individual staff members. The following graph depicts the actual WTE from 2015-16 to the 01 August 2020.

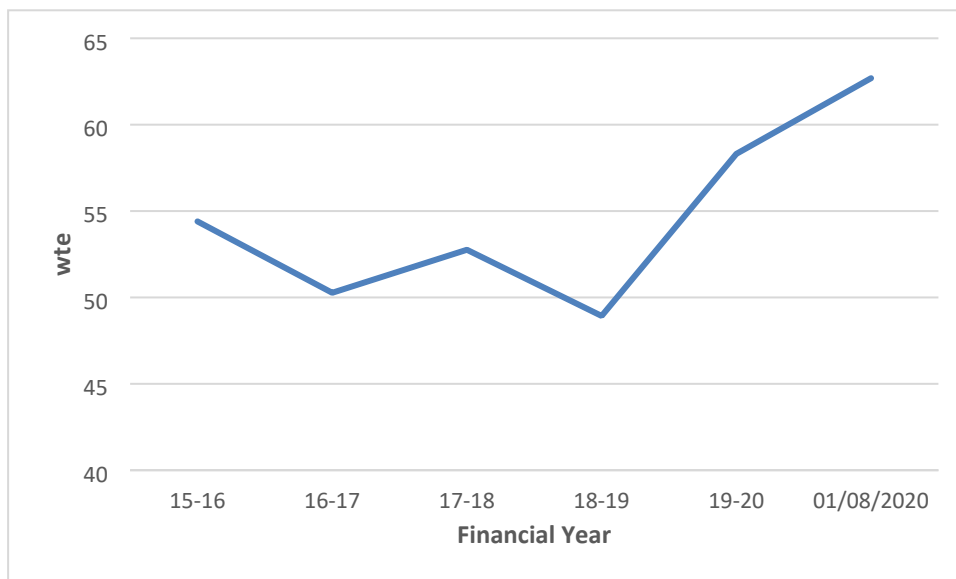


IPTS Work Force Position 2016

Again, within IPTS, the services have benefited from recurrent WG funding enabling the service to recruit additional Psychological Therapists, develop robust Clinical Governance and establish HB wide supervision.



The graph above depicts the WTE up to end of financial year 2019-20. However, our current staffing for IPTS is currently 62.69 WTE, which amounts to 72 individual staff members. The following graph depicts the actual WTE from 2015-16 to the present day.



The rationale for presenting the growth in both S-CAMHS and IPTS is provided as it was recognised that the demands and responsibility of delivering the operational management and strategic objectives within both portfolios is unsustainable. A paper was presented to the MHL D Directorate Business, Performance and Planning Assurance Group in August 2020 outlining the growth within the portfolio of the Head of Service. The recommendation to separate the portfolios was agreed. A job description was developed for a Service Delivery Manager for IPTS. Interviews took place on 10th November 2020 and it is anticipated that the post will be filled in the near future. This will enable the current Head of Service to concentrate on S-CAMHS services solely.

The Directorate also took the opportunity in reviewing the Head of S-CAMHS portfolio to bring some services that were previously split, together in order to have an ageless approach; these include Tier Three Eating Disorder Services and Neurodevelopmental Services (ASD).

Asesiad / Assessment

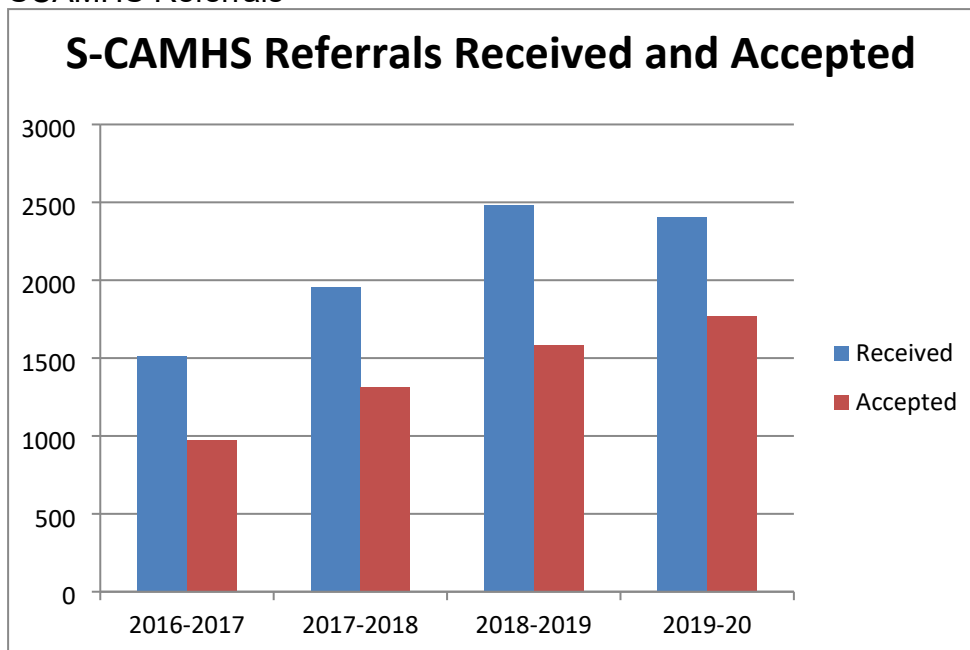
The paper that was presented to Public Board in September 2020 identified the following areas of concern (each of which are covered on the MHL D Directorate Risk Register) in respect of S-CAMHS services:

The demand on mental health services has increased year on year with a substantial growth in budget and workforce, although, recruitment in key areas such as medical and psychology services remains a significant challenge. From a medical perspective, research by the Royal College of Psychiatrists reveals large inequalities across the NHS in access to consultant psychiatrists. While Scotland has 10 consultant psychiatrists per 100,000 people, this falls to 8 in England and Northern Ireland and to 6 per 100,000 in Wales.

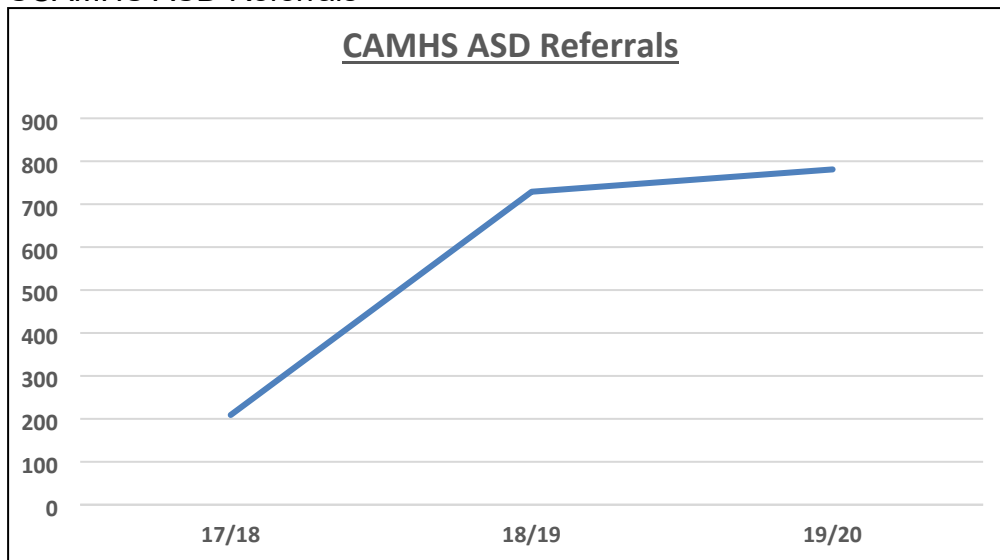
Current Challenges

The following charts demonstrate the continued growth in demand for both SCAMHS and CAMHS ASD.

SCAMHS Referrals



SCAMHS ASD Referrals



Current Challenges

All recruitment opportunities (NHS and Locum) are actively being explored, followed up and fast tracked within the governance frameworks to fill the numerous medical vacancies across MHL, including SCAMHS. MHL continues to work closely and pro-actively with the Medical Recruitment Team.

SCAMHS Consultant position:

- Pembrokeshire Substantive 10 session Consultant post remains vacant
- Pembrokeshire Substantive 10 session SAS (Middle Grade)
 - No direct clinical provision currently available
 - Working with the relevant Doctor and Corporate Teams to progress the position
- Ceredigion Substantive 10 session post remains vacant
 - We have a NHS Locum Consultant offering 5 sessions, however, the Doctor has been working remotely (England) since March and has not been on site in Ceredigion since March
 - We continue to engage with the Doctor with the support from Medical Staffing, HR and OH to try and secure a more blended provision to ensure we have on-site Consultant presence with some remote working due to the significant clinical demands and clinical acuity across the SCAMHS services
- SCAMHS LD and ASD Substantive Consultant 6 sessions
 - LD - sessions vacant
 - ASD - 2 sessions currently covered, however, this is not a medium to longer-term solution
- Early Intervention Psychosis Medical Sessions
 - 2 vacant medical sessions

These vacancies are further compounded by the medical vacancies within Adult, Older Adult, Learning Disabilities and Perinatal services.

Impact

- Children and young people are at a unique and formative time. Multiple physical, emotional and social changes, including exposure to a national pandemic, poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Promoting psychological well-being and protecting adolescents from adverse experiences and risk factors that may

impact their potential to thrive are critical for their well-being during adolescence and for their physical and mental health in adulthood.

- The impact of the current senior medical workforce vacancies within SCAMHS have both direct and indirect patient care implications and the function and clinical breadth and expertise within the MDTs
- This relate to challenges to offer timely psychiatric assessments, reviews and interventions
- These delays reduce access and impact upon:
 - timely diagnosis (ICD-10) and review of diagnostic formulations
 - timely psychopharmacology assessment and evidence based prescribing
 - complex case assessment and management within a MDT setting
 - patient flow pathway for those YP that require crisis admission and psychiatric reviews to contribute to the MDT oversight and management
 - contribution to escalate Tier 4 referrals and discharge planning
 - Mental Health Act duties and functions, for example, Section 12(2) and Approved Clinician Status
- Impact on Primary Care due to delays in prescribing evidence based medication
- Impact upon generic and specialist SCAMHS provision
- Impact on the children and young people and their parents, carers and immediate social network

Current Mitigation

- A bespoke Psychiatric recruitment campaign has been developed with the Health Board (HB) Recruitment Team that has received national acknowledgement and we have seen some positive activity following the launch of the campaign
- We are working closely with the HB Recruitment Team to explore all recruitment options and opportunities
- The Directorate has appointed a number of Clinical Fellows into posts with robust development packages to support them to develop into more senior roles
- We were at the point of trying to secure a Hight Trainee post within SCAMHS to further support succession planning, however, the Substantive Consultant leading this has resigned to return to England due to COVID-19. We are actively exploring the opportunity to pick this opportunity up with a recently appointed Consultant, whom will soon meet the eligibility criteria to offer a SCAMHS Higher Trainee placement
- The Directorate continues to support Mental Health Practitioners into advanced roles and the development of skills to support the medical workforce, particularly non-medical prescribing. However, to date we have not been able to secure an Advanced Nurse Practitioner in SCAMHS
- The Directorate continues to explore and develop none medical prescribing roles and post in collaboration with the Head of Medicines Management and the Lead Pharmacist for MHLD to compliment the medical workforce e.g. Perinatal Mental Health and Early Intervention Psychosis Services. These clinicians are on different trajectories in terms of experience and relevant clinical experience within the specific clinical services, however their commitment and service investment will enable these posts holders to further enhance their prescribing skill sets and knowledge base and this will benefit the specific services and the wider pharmacy workforce within the HB
- Despite the numerous initiatives and investment in time and resources to develop the none medical workforce, there are immense challenges due to the lack of senior medical (SAS and Consultant) workforce to undertake clinical, operational and medical educational duties and responsibilities that are unique to their training and skills sets

- With the Head of Service portfolio split, this will allow for a more detailed review of the staffing model to be undertaken with a view to looking at advanced/extended roles to compliment the medical workforce with its current shortages

The estates and accommodation are not fit for purpose and do not convey a pleasant or child-friendly approach. The IT infrastructure is outdated and fragile. The Directorate uses 'Care Partner' as its clinical recording system and anticipates further updates to the system whilst waiting for the introduction of Welsh Community Care Clinical Information System.

Current Challenges

- Whilst the continued increase in Welsh Government funding has been extremely welcome, there has been no corresponding funding made available for capital to enable the development of an estate profile that is fit for purpose and provides an appropriate therapeutic space to engage with CYP. The Directorate raised this with Welsh Government colleagues recently at a pre Joint Executive Team meeting.

Current Mitigation

- In response to the COVID-19 pandemic, operational services have introduced the following to ensure best use of estates and our staff resources
- Teams have been split into 'bubbles', seven day working has been introduced, staff are being enabled through IT to work from home/virtually
- Health and safety audits will be undertaken
- The Directorate are working closely with estates colleagues by way of the monthly Accommodation Strategy Group to improve the estate for both staff and to create the right therapeutic environment from which to deliver services from

Impact

- There is anecdotal evidence from both CYP and their families/carers in relation to the poor fabric of some of the estate from which services are delivered

The demand for neurodevelopmental assessments for ASD continues to place significant impact on current capacity due to under-resourcing.

Following the allocation of recurrent funding in 2015/16 for Neurodevelopmental Disorders, an Autistic Disorder Service (ASD) was established, for the purpose of assessment and diagnosis only, interventions are then provided through partner agencies. The revision of the Head of Service portfolio will also undertake the operational management of those ASD services that currently sit under the Head of Adult Mental Health Services so that an ageless approach can be taken.

The Health Board variance report in September 2020 detailed that 21.5 % (219 out of 1,019) of CYP waited less than 26 weeks to start an ASD assessment. At this time performance across Welsh Health Boards our performance rated 6th out of 7.

Impact of COVID-19

- Delayed recruitment
- Anxiety about engagement in face to face assessments by CYP and their families/carers

- New ways of delivering this service include exploring virtual clinics for new patients (telephone or Attend Anywhere)
- Local Authority/Education –some areas refusing staff to attend Education settings
- Lack of suitable estate to undertake assessments that comply with current social distancing standards
- Long waiting list in excess of 1000 CYP exacerbated by COVID-19
- Due to the reduced ability to undertake assessments the Directorate have reviewed this risk accordingly

Current Challenges

- Referral numbers are increasing and are received from professionals other than those in primary care. During COVID-19 referral rates have remained consistent throughout
- The team numbers are relatively small and are sensitive to vacancies and staff absence. the budgeted WTE is 7.6 clinical staff, 1.4 administrator with funding to recruit an additional part time post within the team
- The service receives a number of Freedom of Information requests in relation to ASD. From April 2018 there have been 7 requests therefore it is an area of public concern and potentially damaging to the Health Board if we are unable to meet the level of demand with ever increasing numbers of individuals waiting increasing lengths of time for assessments to be completed
- S-CAMHS has received a total of 55 FOIs over the past 3 years of which 6 have been received for 2020
- Whilst the Directorate were previously able to outsource assessments to commissioned services – Dyscovery. This is no longer an option as this service is no longer operational
- There has been a recent transfer of an additional 70 referrals from Women and Children's Directorate of CYP who have been on their waiting list for Community Paediatrics

Current Mitigation

- The Directorate has a good track record at clearing large volumes of assessments. In 2015 SCAMHS acquired a historic legacy position of 1200 referrals which was addressed by 2017
- The Directorate propose to use some of the in-year slippage against Welsh Government funding received to expand the waiting time initiatives
- Any service redesign that takes place within the Directorate will need to consider how the neurodevelopment services can be strengthened. The review of the Head of Service portfolio will bring ASD assessments across the age span – so it is expected that there will be efficiencies and avoidance of duplication in referrals and disputes as to within which service the responsibility for assessment sits
- The Directorate is working with the Delivery Unit to develop a tool to support the analysis of our current demand and capacity in order that informed decisions can be made about additional staffing requirements and a further workshop is being arranged with the Delivery Unit
- Recruited two additional ASD clinical staff
- Clinical staff commencing face to face assessments with all social distancing measures in place
- ASD identified as phase three for Attend Anywhere to increase capacity
- Reviewing current funding to ascertain if we can recruit additional staff
- A weekly support service is being offered for all CYP and parents/ carers on the waiting list

to provide virtual support and advise

- The Directorate have recently appointed a Service Delivery Manager who will have a focus on waiting times. A task and finish group will be established in January 2021 which will include service user/carer representation to focus on approaches to be adopted when there are lengthy waits for people. Underpinning this work will be guidance that the Directorate have requested and received from the Delivery Unit

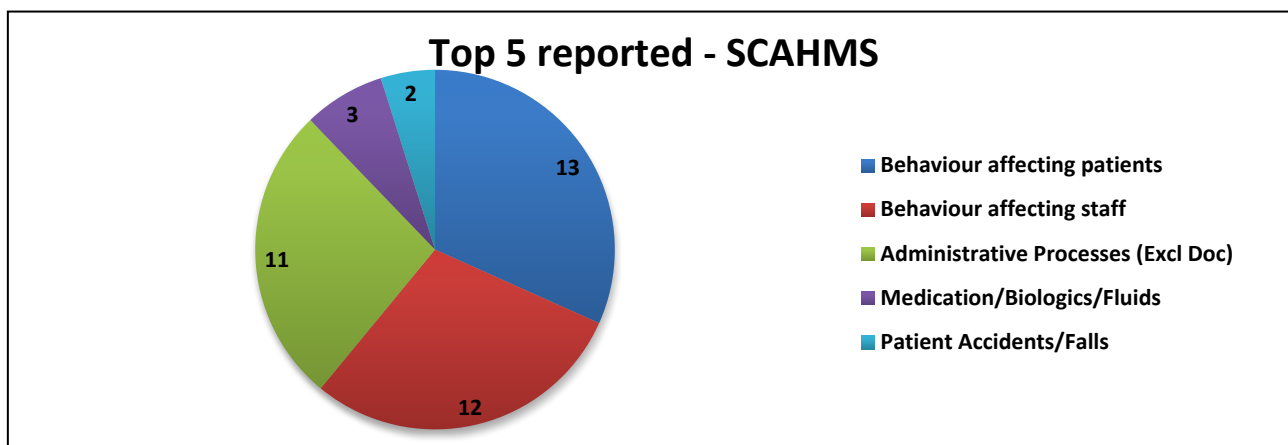
Impact

- Delays can impact on the quality of life for CYP and their families/carers by delays in adjustments that can be put in place
- All referrals received by Specialist CAMHS are directed to the Single Point of Contact (SPoC) based in our central resource at Ty Llewelyn. Referrals can currently be received via post, fax or email. Once received, the SPoC team on duty will review the referral, contact the referral agency and any other agency involved if deemed necessary, and the young person and/or family as appropriate. The screening conversations and outcomes are logged on our electronic record software, Care Partner. This allows access to all staff across the Service at any time. Routine accepted referrals are processed and forwarded via email to the appropriate team. Urgent accepted referrals are delivered to our Crisis, Assessment and Treatment Team (CATT) in a timely fashion who are based in the same building as SPoC
- Following assessment and where a young person may have to wait for a specific specialist intervention such as Cognitive Behaviour Therapy all clients are contacted on a 12 week basis , provided with a range of self-help support websites or services and advised to contact us if their situation deteriorates so we can provide additional support or expediate their intervention
- The SCAMHS service is also exploring a range of digital services such as KOOTH - an online counselling service to expand the range of treatment interventions available

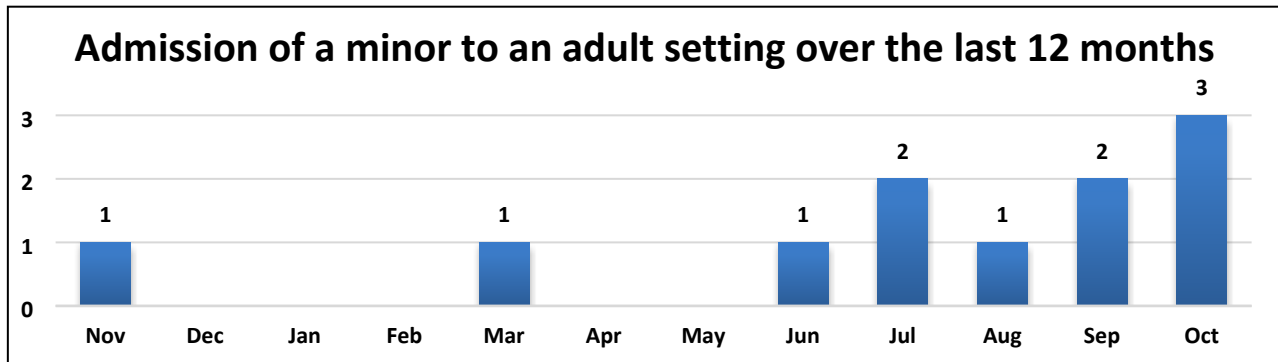
Quality Indicators

In order to support this paper a review was undertaken to triangulate quality indicators with performance information.

The data included is for the time 1st November 2019 – 31st October 2020. On reviewing the information, it is clear that some update training on incident reporting is required, as the age band for the affected individual had not been completed. It is worth noting that SCAMHS is a community-based service.



Increasing requirement for under 18 admission over the last 5 months with 9 admissions recorded, each of these admissions is reported to Welsh Government and full Root Cause Analysis is undertaken. Anecdotally, our staff are reporting an increase in acuity of presentation for CYP. This is reported on a national basis and is raising the question regarding the availability of Tier 4 inpatient services. National Confidential Inquiry Suicide and Homicide indicates that early research has shown no increase in suicide rates due to pandemic.



Compliments

In the last 12 months, there have been 22 recorded compliments. The majority of these are from parents or services user expressing gratitude for the support and kindness they experienced from staff. SCAHMS also provide an opportunity for direct feedback from service users, parents and schools to establish and learn from how the treatment has helped the individuals their treatment has helped.

With the new way, the health board is now recording compliments (via a mobile app) that was recently introduced; this will give a more accurate picture of compliments throughout the service.

Complaints

8 complaints raised through the putting things right (PTR) process in the last rolling 12 month period.

2 enquiries via PAS, which were resolved.

1 managed through early resolution.

5 complaints were managed through the PTR process.

Of the 5 complaints managed through the PTR process, 1 was redirected to education and social services. 1 we were unable to respond to because of a lack of consent. 1 related to community paediatrics waiting list for assessment for ADHD. 1 related to the unavailability of records at an outpatient appointment and 1 related to sharing of confidential information following an assessment.

Only 1 related to waiting lists or services over last 12 months form data available on the complaints Datix system for MHL D.

External reviews

There have been a number of all Wales external reviews over recent years that are specific to CAMHS. Progress on any reports or action plans is reported through the MHL D Directorate quality/governance structure, which consists of a Business Performance and Planning Assurance Group (BPPAG) complemented by the MHL D Quality, Safety and Experience Group (MHL D QSEAG). All Heads of Service provide either verbal or written reports into either

or when necessary both of these meetings. Work that is required to be undertaken as a result of any improvement plans can be allocated to one of the groups that report to the MHL D BPPAG and MHL D QSEAG, for example, Safeguarding Delivery Group, MHL D Written Control Document Group, Ward Managers Forum, Quality Assurance Improvement Groups, Professional Nurse Forum.

All Wales Assurance Review of Primary Care Child and Adolescent Mental Health Services
In March 2019, the Delivery Unit undertook an All Wales Review of Under 18s Local Primary Mental Health Support Services. Each Health board was provided with a specific report to them.

The findings of the report generated an improvement plan with five actions:

- The HB and its partner agencies should work collaboratively to ensure that under 18 LPMHSS, supported by relevant children and family services, have sufficient capacity to adequately provide all five of the LPMHSS functions
- The HB should develop a strategic approach to ensure that all under 18 LPMHSS has access to suitable environments and mobile communications in order to carry out its functions effectively and in a peripatetic manner
- The HB should consider how IT systems, including the adoption of WCCIS, will enable the development of more timely case recordings whilst working in dispersed locations and enable managers to use data to better understand the demand and capacity based upon valid and timely data
- Under 18 LPMHSS assessment pro forma and recording requirements should be reviewed to ensure they are proportionate to presenting need within under 18 LPMHSS
- The HB should undertake an engagement exercise with GPs to improve liaison and a shared understanding of CAMHS pathway

The Operational Head of Service for CAMHS is responsible for the implementation of the improvement plan. Of the five actions, four are complete. The outstanding action is the engagement exercise with GP's, a pack has been produced for the GP's which will be sent out with an accompanying letter, this is currently being translated into Welsh. Due to the pandemic, any face-to-face work with GP's has been unachievable. It is anticipated that this action will be completed by February 2021.

Head of Nursing MHL D and the Director of MHL D along with our corporate support colleagues meet with all Heads of Service to review progress against external improvement plans.

In 2019, Health Inspectorate Wales (HIW) undertook a thematic review titled: How are healthcare services meeting the needs of young people. The report was published in March 2019. The intention of the review was to identify key themes, issues and good practice in relation youth healthcare services. Child & Adolescent Mental Health Services (CAMHS) and Transition from child to adult healthcare services were two of the areas of focus. The other areas reviewed were General healthcare services for young people and Supporting young people with life limiting conditions receiving palliative care.

The report found that CAMHS did well in the following areas:

- Staff treated young people with respect and kindness
- There was positive multidisciplinary working
- Facilities for families and carers
- Systems to listen to young people and learn from feedback
- Young people were involved in their care

The review identified that CAMHS needed to improve in the following areas

- Timely completion of work to improve the physical environment

- Communication with young people and families at referral and on admission
- Information on raising concerns and access to advocacy service
- Ability to accommodate patients who are high risk
- Waiting times and access to services for young people in crisis
- Systems to ensure the safety and effectiveness of care, including location of emergency equipment and use of physical restraint

As a HB we do not provide dedicated SAMHS inpatient services, however we do provide an identified inpatient bed within one of our adult mental health inpatient units.

The report showed that transition from child to adult healthcare services did well in the following areas:

- Health Boards were aware of national guidance and used this in their approach to the transition of young people from child to adult services
- Young people would be supported by a named key worker
- The age of transition typically followed NICE guidelines
- Transition works well for young people with some specific conditions such as diabetes
- Young people can attend joint appointments with child and adult services so they are introduced to adult service practitioners

The review identified that services across Wales needed to improve in the following areas:

- Consistency in approaches around transition and mechanisms to ensure these are effective
- Effective transition pathways and support for young people with complex health needs and life-limiting conditions
- Sufficient time, resources and capacity to support effective transition including consistent and robust systems to identify and support young people who need to transition.
- Review the differences between child and adult health care services and consider how young people can continue to receive care
- Young people are involved in the planning, design and delivery of transition process and supported to adjust to adult services
- Clarify policies on whether young people aged 16 and 17 should be treated within child or adult services, taking into account their wishes and needs
- Review the practice and frequency of placing young people on non-designated adult mental health wards

The review made 37 recommendations, each HB was required to develop an action plan based on the recommendations. Of the 37 recommendations, 19 applied to the MHLD Directorate, and the implementation of the plan was led by Head of Service, often in collaboration with colleagues and peers within adult mental health services or psychological therapies. Of the 19 actions 11 are complete. There are 8 outstanding actions, the delay in implementing these actions was as a result of being unable to recruit into the new Transitional lead post due to the COVID-19 pandemic, however, this post has now been successfully recruited to and the transition lead is now in place, the outstanding actions will underpin the transition leads work plan going forward.

In January 2021, CAMHS will be involved in a national review of all SCAMHS Services across Wales.

Who is reviewing us and why?

Some health services in Wales, e.g., cancer, audiology and palliative care, now use a Peer Review Framework whereby each of those services in Wales is periodically reviewed, by a

panel of professionals and managers from other services. Welsh Government has asked that CAMHS services across Wales also develop a Peer Review process and this is being led by the NHS Wales CAMHS/ED Network. Panels are made up of various clinicians and managers across CAMHS services in Wales.

The aim of the Peer Review is to be positive – it is a chance for all of us to reflect on the service and become aware of what is done well and what we need to improve. It is also an opportunity to learn from other services. Finally, if there are issues CAMHS services across Wales are struggling with, it is an opportunity for the CAMHS Peer Review team to feed this back to Welsh Government.

What aspects of the service will be reviewed?

All the CAMHS services across Wales are being reviewed against an agreed set of standards, which have been put together through a series of workshops involving staff across CAMHS services in Wales. This first review is a general one but future ones might focus on particular aspects of the service only.

The Directorate has governance structures in place to monitor service delivery as well as patient/service user experience through its respective BPPAG and MHL D QSEAG, which reports to the Operational (QSESC).

The above issues are on the MHL D Risk Register and are subject to fortnightly review involving the Director and Interim Head of Nursing.

Argymhelliad / Recommendation

This report, requested as a consequence of Board paper submission, provides information on the identified risks in the SCAMHS service that had been detailed. The report attempts to illustrate the challenges and how these are being addressed within the Directorate.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.5 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:	There is a risk that the length of time MH&LD clients (waiting for assessment and diagnosis will continue to increase during Q3/4. Awaiting allocation on a Datix risk registration number. Risk score 16
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 5.1 Timely Access 7. Staff and Resources 6. Individual care

Effaith/Impact:

Ariannol / Financial:
Ansawdd / Patient Care:
Gweithlu / Workforce:
Risg / Risk:
Cyfreithiol / Legal:
Enw Da / Reputational:
Gyfrinachedd / Privacy:
Cydraddoldeb / Equality:

Patient Care: Delay in assessment/ diagnosis will create difficulties in identifying the necessary information/ advice/ support for individuals and their carers.
Workforce: The assessment and diagnosis of ASD require a workforce with a specialist set of skills, recruitment into these posts is very challenging, resource does not currently meet demand.