



Agenda Item

5.3.4

Quality, Safety & Experience Committee

Highlight Report from the Mental Health and Learning Disabilities Care Group

Dyddiad y Cyfarfod / Date of Meeting	18/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
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Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
AMAT	Audit Management and Tracking system
CTM	Cwm Taf Morgannwg University Health Board
CTP	Care and Treatment Plan
CAVUHB	Cardiff and Vale University Health Board
ICB	Improving Care Board
IMTP	Integrated Medium Term Plan



IT	Information Technology
LPMHSS	Local Primary Mental Health Support Service
MHA	Mental Health Act
MH	Mental Health
MHLD	Mental Health and Learning Disability
NRI	Nationally Reportable Incident
OPMHS	Older Peoples Mental Health Services
POW	Princess of Wales Hospital, Bridgend
QSE	Quality Safety Experience
RN	Registered Nurse
QSE	Quality Safety and Experience Meeting
RAG	Red, Amber, Green
RGH	Royal Glamorgan Hospital
SHED	Service for High Risk Eating Disorders
SLT	Senior Leadership Team



1. Situation /Background

- 1.1 This report had been prepared to provide the Committee with details of the key issues considered by the MHL D Care Group at its QSE meeting on 08/10/2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Specific Matters for Consideration

- 2.1 The purpose of the Care Group is to provide assurance to the Board on the provision of workplace health & safety and safe and high-quality care to the population we serve, including prevention through public health, primary and secondary care.
- 2.2 The MHL D Care Group QSE Board will:
- Put the needs of patients, carers and the public at the centre of all its business.
 - Provide evidence based and timely advice to the MHL D Care Group, based on local need, to assist in discharging its functions and meeting its responsibilities.
 - Provide assurance to the MHL D Care Group in relation to the arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
 - Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.
 - Ensure that services are delivered in compliance with regulatory legislation and accreditation bodies.

3. Key Risks / Matters for Escalation

Alert / Escalate

- The Local Primary Mental Health Support Service (LPMHSS) provides assessment, brief psychological interventions, advice, and signposting for individuals presenting with mild to moderate mental health difficulties.

The service delivery requires a consistent team of administrative and business support staff; however, current staffing shortages have resulted in a marked operational deficit. The Adult Mental Health Directorate has implemented a number of temporary mitigations to ensure the service remains safe, prioritised, and clinically effective until full staffing establishment is restored. In the short term the Care Group are monitoring the effectiveness of these mitigations in weekly meetings between the Directorate and Care Groups SLTs.



- CTM commissions the Tier 3 Eating Disorder Service (SHED) from Cardiff and Vale University Health Board (CAVUHB). The CAVUHB service is currently experiencing significant and sustained operational pressures, characterised by high levels of staff sickness and multiple vacancies. As a result, the service is unable to deliver the full scope of specialist provision within its existing resource envelope.

This presents clear clinical risks for the small cohort of CTM patients who require access to this service (currently totalling 10 individuals).

CTM does not presently possess the capability or capacity to repatriate this specialist function. Furthermore, the Care Group has been unable to identify any available internal capacity or Tier 3 expertise to provide interim cover. Consequently, this issue has been escalated and recorded on the organisational risk register.

There is an urgent requirement for CAVUHB to develop and implement mitigating actions to stabilise and sustain the SHED service. In response, the Care Group Service Director has formally requested a meeting with senior representatives from CAVUHB's Mental Health leadership team to explore potential solutions and agree a way forward.

- During September and October 2025, concerns were raised verbally by resident doctors in the Care Group via educational and Care Group routes.

A thematic review of the verbal concerns identified five main themes that have been shared with a range of leaders in the care group with a message that all concerns will be treated fairly and confidentially and that directorate leaders are key in driving changes to behaviours that are not in keeping with professional and CTMUHB values.

The care group SLT are continuing to work with executive directors to address professional practice concerns. Immediate actions to address patient care have been taken which include ensuring regular medical review of patients on acute mental health wards in RGH. A detailed plan to address medium term culture and behaviour changes is being developed.

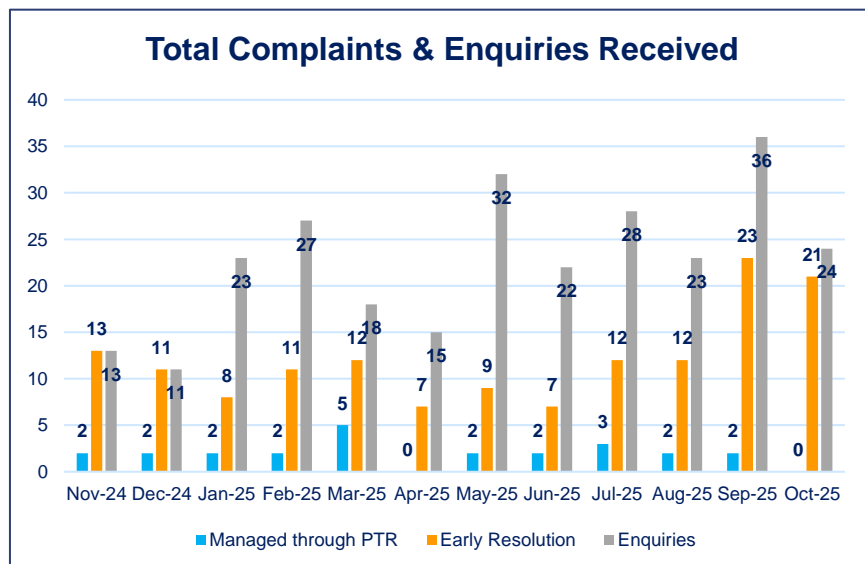


Advise

- Changes to the adult inpatient model at RGH were implemented in October. The changes are designed to improve continuity, reduce unnecessary transfers, and enhance patient flow in alignment with the current Bridgend model and national good practice and strategic objectives by moving from a single admissions ward to 2 admissions wards and 1 pre discharge ward without effecting bed capacity. Initial feedback has been positive, the Care Group will continue to monitor the changes through the Adult directorate QSE and ICB.
- Medical staffing remains fragile across the Care Group. Medical staffing in Adult MH services has been added to the organisational risk register with a score of 16. The Care Group continues to manage medical staffing with daily scrutiny to identify and communicate pressures, prioritise work and release Consultant time.

Assure

- The number of complaints received by the Care Group during this reporting period (14 in August, 25 in September and 21 in October) was higher than the 2 year monthly mean of 18. The increase in complaints was spread across all services with no discernible reason or theme for the increase. The vast majority of complaints were managed through the Early Resolution process with the number of formal complaints received during this period (4 in total) being lower than the monthly mean of 5.



The top 3 subject areas for complaints and enquiries has remained consistent over the past 12 months;
1. Appointments

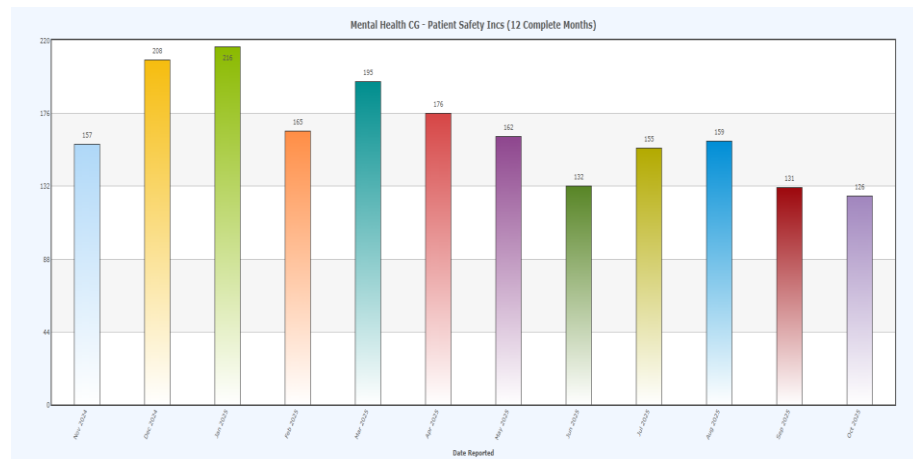


2. Communication Issues
3. Clinical Treatment/Assessment

The themes of complaints and enquiries are monitored in the individual directorate QSE meetings using the datix dashboards.

At the time of compiling this report there are no open formal complaints in the MHLD Care Group.

- The Datix incidents reported this period, 159 in August, 131 in September and 126 in October are lower than the 2-year mean of 198 per month and lower than the last reporting period.



- There are 4 open NRIs which is consistent with the 2-year mean. 2 of these are overdue both are in the final stages of approval.

There were 2 new NRIs reported during this period (1 in August and 1 in September).

- All the MHLD wards are using AMAT. Compliance with ward audits as of the end of October is shown below.

Project	Number of audits	Current compliance	Improvement	Overdue actions
Health & Safety	1		▶	0
Health and Care Standards	2	G 100.0%	▲	0
Infection Control	16	G 95.0%	▲	11
Medicines Management	2	G 96.1%	▶	0
Patient Safety	26	A 91.9%	▼	34



	<p>Patient safety compliance has gone up from 91% to 92%. Of the overdue actions has gone up from 28 to 34 as more audits have been added, 31 of the 34 are RAG rated green with 2 RAG rated as amber and 1 as red, all 3 relate to CTP compliance. Performance against these audits is monitored in the individual directorate's QSE meetings.</p>
Inform	<ul style="list-style-type: none"> • Sophie Bassett, Lead Nurse in OPMHS completed the Florence Nightingale Foundation scholarship presenting on her project about improving Memory Assessment Services. • Ward 14, POW are part of a national pilot to implement the Safe Wards Programme. The first 2 interventions have been introduced to the ward which have been positively received by staff and patients. <p>The NHS Wales Improvement Team visited the Ward in September with positive feedback given in terms of both the progress being made and the motivation of the team to adopt the safe wards model. Ward Leads attended a National Team Support Meeting in September.</p> <ul style="list-style-type: none"> • The Psychology team in OPMHS Memory Assessment Service were runners up in the annual Seren Awards Innovation, Research and Improvement category.
Appendices	None

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: Growing Well, Living Well, Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Learning, Improvement & Research



(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	If more than one applies please list below: Culture and valuing people Learning, improvement and Research Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below: Efficient, Person centred, Equitable, Timely, Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Committee is asked to NOTE the highlights outlined in section 3 of this report.