

Transition from Child and Adolescent to Adult Mental Health Services Final Internal Audit Report

May 2023

Swansea Bay University Health Board



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Executive Summary

Purpose

To review of the arrangements to manage and safeguard the transition from child and adolescent to adult mental health services

Overview

Information on transition referrals is not readily available. As we are unable to establish the extent of referral activity we cannot provide further assurance that transition arrangements follow established procedures.


Therefore, we have issued limited assurance.

The significant matters which require management attention include:

- There is no recording or monitoring of the patient transition process from CAMHS to adult mental health.
- Safeguarding Children training levels on Ward F do not match the levels set out within its admission policy.
- Both regional and health board policies require updating to align with Welsh Government guidance.
- The health board does not have a Transition and Handover Senior Lead.
- Timescales for transition between CAMHS and Adult Mental Health services do not reflect local protocol or external guidance.

Further matters arising concerning the areas for refinement and further development are within the detail of the report.

Report Classification

		Trend
	More significant matters require management attention.	N/a
Moderate impact on residual risk exposure until resolved.		

Assurance summary¹

Assurance objectives	Assurance
1 Governance, roles and responsibilities	Reasonable
2 Policies and procedures	Limited
3 Transition process	Limited
4 Adolescent admissions to Adult Mental Health ward.	Reasonable
5 Safeguarding training and DBS clearance	Limited
6 Monitoring and reporting of transition and admission risks and issues.	Reasonable

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key matters arising	Assurance Objectives	Control Design or Operation	Recommendation Priority
1 Transition and Handover Senior Lead	1	Design	Medium
2 Transitions policies and procedures	2, 3	Design	Medium
3 Referral and transition activity	3	Design	High
4 CTP Quality Assurance Mechanisms	3	Operation	Medium
6 Ward F Safeguarding Training Level	5	Operation	High
7 DBS Clearance	5	Operation	Medium
8 MHL Committee reporting	6	Operation	Medium

1. Introduction

- 1.1 Child and Adolescent Mental Health Services (CAMHS) are currently provided to Swansea Bay University Health Board ('the health board') through a commissioning arrangement with Cwm Taf Morgannwg University Health Board (CTMUHB), with adult mental health services being provided by the health board.
- 1.2 The Mental Health Act (1983) Code of Practice for Wales, revised in 2016, defines a young person as being between the ages of 16-18 years old, and Welsh Government Admissions Guidance includes that young persons in the transition age group '*should have their needs managed through a person centred approach*'. The guidance includes a good practice outline of how the transition between CAMHS and adult services should operate.
- 1.3 Where a young person requires inpatient admission, it is expected that the CAMHS inpatient unit will be the most appropriate place of care. In certain circumstances, where aged 16 years or older, and patient consent and clinical advice confirms appropriate, there can be admission to a designated adult mental health ward. Ward F, Neath Port Talbot Hospital, is the designated ward for this purpose, although there is no ring-fenced bed, making admission also reliant on the ward's acuity. There is also a high scoring entry within the health board risk register (HBR69) related to the safeguarding issues this raises, alongside the mitigating controls in place.
- 1.4 At its September 2022 Board meeting, a paper outlining a review of CAMHS delivery referenced a number of incidents where children have been left 'stranded' in inappropriate settings such as the Accident and Emergency department or Adult Mental Health wards.
- 1.5 The health board approved a decision that, with effect from 1 April 2023, the CAMHS services (excluding Tier 4 and on-call) will be repatriated from CTMUHB. We note that a project group was established in November 2022 to oversee the transfer, and progress has been reported to both Management Board and the Quality & Safety Committee in January and March 2023. The project group and repatriation process have not been included within the scope of this review.
- 1.6 The risk considered during the review was
 - i. Non compliance with legislation, which could result in
 - ii. Inappropriate admission or referral of patient, patient harm
 - iii. Reputational damage and financial implications.

2. Detailed Audit Findings

2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	1	2	1	4
Operating Effectiveness	1	3	0	4
Total	2	5	1	8

2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in [Appendix A](#).

Audit objective 1: The health board has clear governance arrangements relating to the transition from child and adolescent to adult mental health services, which include outline of operational and executive roles and responsibilities.

2.3 At the time of fieldwork Child and Adolescent Mental Health Services (CAMHS) were commissioned and provided by CTMUHB. Our review of these arrangements in 2021/22 resulted in a '*limited*' assurance report being issued. Key findings included:

- Lack of service level agreement/service specification
- Unclear internal roles, responsibilities and internal reporting arrangements
- Lack of assurance regarding the quality of services, and
- Gaps in the reporting of risks associated with CAMHS commissioning.

2.4 A service specification for CAMHS provision has since been developed detailing objectives, service description and care pathway, key service deliverables, service outcomes (including Welsh Government measures and outcomes), arrangements for contract monitoring, service baseline requirements, and the duration of the agreement. The service specification was presented in draft to the health board's Management Board in August 2022, prior to a final version being received at the Swansea Bay CAMHS Commissioning Group in September 2022.

2.5 Review of the specification identified key performance indicators including outcomes, performance, service user/carer experience, quality assurance, and finance. From October 2022, these were provided to the Commissioning group through a revised dashboard following the Director of Strategy's request that information be provided on a more consistent basis. Review of group minutes identified that there is detailed discussion and scrutiny of performance at each meeting, which also incorporates the CAMHS Performance Improvement plan.

- 2.6 The service specification also included that further quality indicators for inclusion within the performance report would be developed by the CAMHS team. A timescale of quarter four 2022/23 was set, and whilst we could not identify their use, the group has received 'Governance' reports on a regular basis which include information on complaints, incidents, risks and patient experience feedback.
- 2.7 The Commissioning Group meets on a monthly basis, and its terms of reference (ToR) had been at draft stage during our review in 2021/22. A final version was included within a CAMHS report to Management Board in March 2022. Health board reporting arrangements were clarified with the inclusion of a reporting structure including Management Board and the Performance and Finance Committee.
- 2.8 Further updates to the ToR included group membership and quorum requirements. Our previous review highlighted lack of attendance from the Mental Health and Learning Disabilities Service Group (MHLDSG), and Children's Services Division. Review of group minutes across February 2022 – January 2023 identified regular attendance from a senior MHLDSG representative, and from September 2022 onwards attendance from a Children's Services Clinical Lead.
- 2.9 Group quorum requirements include a Strategy Directorate representative, and Clinical and managerial representation from CAMHS. The Group was quorate for all meetings in our sample period with the exception of July 2022. Review of meeting minutes did not identify any proposals or documents approved at that meeting.
- 2.10 Whilst the revised ToR includes a reporting structure which includes Performance and Finance Committee we could not identify reporting to the Committee from the group following a verbal progress update in March 2022. It was noted that the Committee requested a deep dive report on CAMHS including Neurodevelopment disorders at its November 2022 meeting which, originally scheduled for February 2023, is now due in May 2023. As noted in para 1.5, there has been reporting of progress on the repatriation of CAMHS at the Quality & Safety Committee in January 2023.
- 2.11 In 2022 Welsh Government issued '*The Transition and Handover Guidance*' which offers guidance on the management, handover and accountability of healthcare services for children and young people during transition from children's to adult's services. Within the guidance it sets out that health boards should have a designated Transition and Handover Senior Lead with responsibilities across primary, secondary, tertiary and community services. We were unable to confirm if the health board has identified a senior lead for this area. **See MA1**
- 2.12 **Audit objective 2** considers transition policy content in more detail, however in considering the outline of roles and responsibilities across the health board we note documents reviewed offer detail relating to operational expectations of CAMHS and the health boards Adult Mental Health services relating to transition.
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Audit objectives 3 and 4 consider the processes where there are operational links between health board and CAMHS teams.

Conclusion:

2.13 The health board established a service specification reflecting the commissioning arrangements including key performance indicators. The Commissioning Group has revised its ToR and we have noted improved attendance, since the date of our last audit, and detailed monitoring and discussion of performance. There is a requirement that the health board identify a Transition and Handover Senior Lead in line with Welsh Government guidance. Noting this, we assign this objective **reasonable** assurance.

Audit objective 2: The transition process from child and adolescent to adult mental health services is supported by operational policies and procedures, which align to external guidance.

2.14 During the course of fieldwork, we referenced the following guidance documents:

- Health board: '*Protocol for Joint Working Arrangements between Child and Adolescent Services and Adult Mental Health Services*'. (2012 & 2017 (draft));
- Regional: Regional Transition Policy, West Glamorgan Regional Partnership, 2021; and
- National: Transition and Handover Guidance, Welsh Government, 2022

2.15 The regional document ('the regional transition policy'), issued October 2021, applies to an age range of '14 to 25' and those with '*Mental Health, Learning Disability needs, and/or a long-term condition.*'; for use by '*professionals involved in transition planning who support and deliver the process.*' Services listed include CAMHS and Adult Mental Health services, but we note the remit is wider than mental health alone.

2.16 The regional transition policy lists key principles such as person-centred approach, early planning, and multi-agency collaboration. It also outlines a 'Transition Planning Pathway' across 5 age ranges and includes that '*CAMHS services will liaise with adult mental health services from a young person's 16th birthday*'.

2.17 We were informed that the policy was undergoing a pilot, and it was acknowledged that it needed updating to reflect guidance issued by Welsh Government in 2022 (see para 2.11). During the course of fieldwork, a regional group, including both local authority and health board membership, was being established and requests for representation from Adult Mental Health services, Adult Learning Disabilities, CAMHS and Children's services being made.

2.18 As per para 2.11, Welsh Government '*Transition and Handover Guidance*' has been issued, noting the need for improvement of the handover of care has been identified as a 'key priority.' As with the regional transition policy, its scope is

broader than mental health alone. The guidance also contains specific requirements for health boards, such as need for clear accountability and delivery mechanisms, alongside a need for capture of user and carer feedback.

- 2.19 Discussion with Adult Mental Health (AMH) service Community Lead Nurse outlined that a *'Protocol for Joint Working Arrangements between Child and Adolescent Services and Adult Mental Health Services'* ('the protocol') provided guidance for the transition process from CAMHS to AMH services. The protocol dates from 2017, is draft in status with no approval date or approval group listed.
- 2.20 We were also informed that with the repatriation of services due to take place from 1st April 2023, that the above protocol was under a process of review, alongside the regional approach (see para 2.17) **See MA2**
- 2.21 The protocol currently sets out headline criteria for patient transitioning between CAMHS and AMH services (psychosis/major mental illness, mental health needs or an enduring mental illness, or patient subject to Part 2 of the Mental Health Measure). CAMHS are responsible for identification of patients for transfer. Section 9 of the policy – 'Planning for Transfer' includes that this should begin 6 months prior to the patient's 18th birthday, indicating a period of six months joint working will take place. It also outlines the Care and Treatment Plan (CTP) development process should commence at as early a period as possible.
- 2.22 Discussion with the Community Lead Nurse outlined that currently the transition beginning at 17 years 6 months was fairly rare, occurring only where a patient had complex needs. Currently referrals occur at around 17 years 9 months, with AMH taking responsibility for care from the 18th birthday. Welsh Government guidance sets out that transition planning can begin at 13-14, but acknowledges *'For children and adolescent mental health services, who routinely see patients up to aged 18 years, planning may start a little later.'* As noted within para 2.17, the current regional transition policy indicates liaison from CAMHS should occur from age 16 onwards. **See MA2**
- 2.23 Also included within the protocol is an outline of process for the admission of a young person to a designated bed on Ward F, Neath Port Talbot Hospital. The MHL Service Group has since developed a standalone policy *'CID77 – SBU Policy on the Emergency Admission of Young People (16-18 years) to Adult Mental Health Wards'* ('the admissions policy'). This was issued in September 2020 and is due for review in September 2023.
- 2.24 The admissions policy includes an outline of process including the need for prior face to face assessment by CAMHS ahead of admission to Ward F, alongside care and observation requirements for the patient. It also contains requirements relating to staff safeguarding training compliance, Disclosure and Barring service (DBS) certification, and the need for Datix reporting of admission as an incident in accordance with Welsh Government's *Putting Things Right* guidance.
- 2.25 Whilst the admissions policy is currently available through the health board intranet and policy library, we could not identify any transition policies or protocol
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documents being available to staff through the same platforms. At the time of fieldwork, an earlier transition protocol dating from 2012 was listed within the MHL D policy library – this was raised with the Service Group and has now been removed. **See MA2**

Conclusion:

- 2.26 The health board has a policy relating to the admission of a young person aged 16-18 years to an adult mental health ward which is readily available to staff. However, the health board's protocol relating to transition between CAMHS and Adult Mental Health services should be updated; and, whilst there is a working group being established to consider a regional partnership document it is yet to incorporate the Transition and Handover guidance. Noting this, we assign this objective **limited** assurance.

Audit objective 3: Patients transitioning between CAMHS and Adult Mental Health services are referred and managed in a timely manner, with appropriately documented care and treatment plans.

- 2.27 Discussions with the Lead Nurse (Community Mental Health) highlighted that there is no specific monitoring of CAMHS transition patients beyond the systems established to monitor all referrals or those targets related to the Mental Health (Wales) Measure 2010 (including a 6-week target relating to development of a CTP following acceptance of referral).
- 2.28 No report or listing could be provided of recent CAMHS referrals. Management provided a list, supplied by CAMHS, of 7 referrals for the period April 2022 – March 2023. However, discussions held during fieldwork identified a paper log of referrals was in use by one Community Mental Health Team which listed 17 referrals for the same time period. The Transition and Handover Guidance includes that health boards should '*Have strong planning, monitoring and governance structure to offer assurance through reporting arrangements*'. Whilst this is to support capture of patient feedback, it could be beneficial to consider how transition activity could be captured, centrally, on an ongoing basis. **See MA3.**
- 2.29 Ahead of the repatriation of CAMHS services (see para 1.5), the MHL D Service Group has initiated migration of health board patients to its clinical systems, supported by validation and data quality checks. The migration should result in a number of benefits for on-going monitoring and reporting, including that of the transition process, but may require time to fully embed.
- 2.30 We were informed the protocol (as per para 2.19 & 2.21) was available should it be required to support transitions, but the majority of those referred would be from 17 years 9 months for discussion at Community Mental Health Teams (CMHT) multi-disciplinary team (MDT) reviews. The MDT reviews determine if a patient would be accepted for ongoing care co-ordination. CMHT are integrated teams made up of health board and Local Authority staff, and include a mix of Community Mental Health nurses, Social Workers and Occupational Therapists.

- 2.31 Discussions also highlighted that not all services available through CAMHS would be available through AMH services, therefore a new CTP would be developed rather than continuation of one developed by CAMHS.
- 2.32 CMHT staff also highlighted that referrals often occur following CAMHS discharge of the patient, at 18 years, to primary care, where a GP would re-refer in the period following this. Where this is the case, the CMHT may not be aware of, or have access to, any previous treatment history.
- 2.33 Following receipt of referral, if accepted, the patient will be assigned a care co-ordinator from the CMHT who will be responsible for developing a new CTP.
- 2.34 Following assignment to a care co-ordinator, there is a 6-week deadline for a CTP to be developed. A sample of 7 referrals were reviewed within the Welsh Community Care Information System (WCCIS) system, the integrated electronic patient record system used within Swansea CMHTs, to determine the timeliness of referral and CTP development.
- 2.35 Review of the system noted referral dates were generally between 17 years 9 months and prior to the patient's 18th birthday. Not all were accepted for referral for care co-ordination, and of those accepted there were examples where the CTP was yet to be developed. With repatriation of CAMHS and review of policies and protocols there will be opportunity for the health board to consider the earlier initiation of transition from CAMHS to AMH services. **See MA2 & MA3.**
- 2.36 The CMHT maintain a local spreadsheet to monitor CTP performance. This allows the team to monitor health board and local authority teams separately, and detail to this level is provided within the Mental Health (Wales) Measure 2010 reporting to the health board's Mental Health Legislative Committee.
- 2.37 To quality assure the CTP's, the MHL D Service Group has two review processes in place:
1. A monthly cross-team check undertaken by CMHT managers; and
 2. A schedule of audits undertaken by the groups Learning and Development team in participation with service leads.
- 2.38 The monthly cross-team checks are undertaken by CMHT managers, and involve the use of an All-Wales CTP review tool and a random selection of 10 patient records for another CMHT team to review the CTP and associated risk assessment. We were informed the process has been in place since November 2022. Audit records could be provided for those undertaken by the health board CMHT manager, there were two months where the Local Authority counterpart had not completed their audits (February and March 2023), and the team were yet to receive any feedback for audits undertaken on their own records. **See MA4.**
- 2.39 The Learning and Development (L&D) review was developed in response to the All-Wales CTP review undertaken by the NHS Delivery Unit in 2018. The aim of the review is to ensure there is sharing of learning gained from use of the CTP tool, and there is consistent approach and quality of the documents. It was first
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undertaken in 2020 and recently recommenced following a pause due to Covid-19 pressures. The review also uses the All Wales CTP tool and is undertaken by an auditor from the L&D Practice Development team who examines CTP and risk assessments alongside a peer auditor from the service area.

- 2.40 We were provided with a copy of the 2022 L&D audit cycle and sampled three audits, confirming documentation was completed in line with the All-Wales tool and all aspects were populated. Each service will receive a report, alongside a Service Group end of cycle report, which will include actions for each Directorate to take forward. We requested a copy of the previous cycles action plan for Community Mental Health. The most recent version available dated to January 2022, and included some actions listed as still in progress which the Lead Nurse indicated would be combined with outcomes from this year's audits. The Service Group has recently established Directorate quality and safety reporting, and this is supported by a template report including progress against action plans. This may assist in ensuring regular progress can be monitored for future actions. **See MA4.**

Conclusion:

- 2.41 There is currently no consistent data capture of CAMHS referrals to Adult Mental Health services. Whilst a small number of referrals were identified during fieldwork, there were limited examples where CTP development was required; and referral age was later than that recommended by the protocol and external guidance. We have noted the Service Group has established both internal and peer review approaches to CTP quality assurance, noting there could be opportunities for improvements in feedback. We assign this objective **limited** assurance.

Audit objective 4: Admissions of young persons to the designated adult mental health ward (Ward F) are fully documented, risk assessed and reported appropriately.

- 2.42 As per para 1.3, Ward F is designated for the placement of adolescents (aged 16-18) should inpatient admission be required. The bed is not ringfenced and we were informed availability would also be dependent on the acuity of the ward.
- 2.43 The admission process is set out within '*CID77 SBUHB Policy on the Emergency Admission of Young People (16-18 years) to Adult Mental Health Wards*' ('the admissions policy') and includes a number of steps which are undertaken separately by CAMHS and ward staff. In line with Welsh Government guidance, the admissions policy requires each admission to be reported through Datix. Seven inpatient admissions for the period March 2022 – March 2023 were reported.
- 2.44 A review of a sample of six patient notes was undertaken alongside the Ward Manager to consider compliance with key aspects, including evidence of pre-admission assessment by CAMHS, completion of clinical and risk assessment

documents and completion of safeguarding risk assessment. The admissions policy also includes expectation that there will be daily review of the patient by CAMHS. Our review identified process steps and documentation completion were generally adhered to.

- 2.45 The above demonstrates adherence to the admissions policy. However, discussions with Service Group management highlighted concerns that admission of young people to the adult ward is not appropriate, and alternative provision is required. The clinical appropriateness of admission is outside the scope of this review. We note that the admissions policy indicates *'if it is considered a CAMHS inpatient bed is more appropriate it is the responsibility of CAMHS to identify a tier 4 bed within 72 hours of the young person's admission'*, see para 2.48 for current admission periods.
- 2.46 Only two sets of notes included reference to treatment and discharge plans, and we were informed that ward staff and clinicians do not develop these as this is the responsibility of CAMHS. The Ward Manager outlined that these documents, where provided, allow the ward staff to support the patient and enable a quicker discharge. Review of notes and discussion with local management included reference to escalation to CAMHS, for the required plans to support quick discharge.
- 2.47 The policy also requires the safeguarding risk assessment to be included within the Datix incident which, in turn, shares the document with the Corporate Safeguarding team. Review of Datix notifications identified that 4/7 did not include the Safeguarding team as the reporter had not selected Safeguarding as a category. This was highlighted to the Ward Manager at the time of fieldwork. Whilst recognising the issues in Datix completion, we were able to confirm that all adolescent admissions were reported within the Service Group Safeguarding reports provided quarterly to the health board's Safeguarding Committee.
- 2.48 Currently there is no data capture of the requests submitted to the ward for admission of an adolescent, which cannot be accepted due to lack of bed availability. The admissions policy also notes that the health board will not accept admissions for adolescents who are not members of the Swansea Bay population. As such the health board may not be fully sighted on actual demand for the designated bed. **See MA5**
- 2.49 The NHS Delivery Unit undertook an All-Wales review of adolescent admissions in April 2021. The review identified that in 2019 and 2020 the average length of stay for SBUHB admissions were 17 days and 4 days respectively. We note for the period we reviewed the average admission was 6 days.
- 2.50 In September 2022 the Commissioning group received an options paper highlighting options to be considered to provide an alternative to admission to the Ward F bed. It was agreed a service specification would be developed for a third sector provider to establish a safe non-clinical setting where patients aged 14-18 could be supported for a short period. A benefit of the scheme could be reduced

admission to Ward F. Management advised a final version of the specification will be considered by Management Board in April 2023.

Conclusion:

2.51 The health board has a policy in place which outlines the admission process of an adolescent to the designated ward; and our review identified broad compliance with this. A minor gap in the completeness of reporting via Datix was identified, and there could be scope to enhance the reporting available which would capture the demand for the bed, within Ward F, which is currently not ringfenced. We assign this objective **reasonable** assurance.

Audit objective 5: Staff involved in the inpatient treatment of young people within adult mental health services routinely receive safeguarding training and have a current DBS (Disclosure and Barring Service) certificate.

2.52 The admissions policy states that *'all staff on Ward F will receive Safeguarding Children training Level 2, and will be subject to enhanced DBS checks.'*

2.53 Training reports were provided for four months across the period April 2022 – December 2022. In that time period the Ward performance improved from 74% in April to 86% in December above the service group target (85%).

2.54 We also note that the admissions policy requires Safeguarding Children training Level 2, but records, and discussion with the Ward Manager, confirmed staff are currently only undertaking Level 1 training. Review of staff records also identified a small number of staff expired, or yet to undertake training. **See MA6**

2.55 Mandatory and Statutory training reports distributed within the Service Group, to managers for information, have been enhanced from a ward/service overall total to now include breakdown to individual staff member. However, these reports only indicate training compliance, and not date of expiry. Including the date of expiry could assist managers in prioritising those staff most overdue. **See MA6**

2.56 Alongside the above requirement for Safeguarding Children training, the admissions policy also includes that all Ward F staff will be subject to enhanced DBS checks (ensuring clearance to work with both adults and children). Review of an ESR staff report for Ward F identified that out of the 40 staff listed there was one health care support worker (HCSW) where no DBS check could be evidenced; and a second HCSW where the clearance was for adults only. **See MA7**

Conclusion:

2.57 The admission policy requires Ward staff to complete both Level 1 and Level 2 Safeguarding Children training however, currently, staff only undertake Level 1. Two individuals were identified where full enhanced DBS checks could not be evidenced. Whilst training compliance overall has improved, due to the variance

in level against that required by the admissions policy, we assign this objective **limited** assurance.

Audit objective 6: There are appropriate monitoring and reporting arrangements in place to manage risks and issues relating to both patient transition and acute admissions.

- 2.58 As per para 2.27, there is currently no reporting which specifically captures the transition of patients from CAMHS to Adult Mental Health Services. The Service Group has its own performance scorecard, across a number of areas such as patient/user feedback, safety indicators, workforce, training, access to service, patient flow, and quality of Care and Treatment Plans. CMHT performance features within this reporting, including total referrals by team. Scorecards provided for highlighted some variance in CTP completion rates, with 4/5 CMHT teams above the 90% completion target in November, slipping to 2/5 meeting this target in December 2022.
- 2.59 The Transition and Handover guidance issued by Welsh Government outlined expectations that information on transition would feature at Quality & Safety Committee, as a reporting route to the board. Whilst transition of CAMHS to Adult Mental Health is one element of the wider transition, we note there is a need to identify the reporting requirements to support future needs. **See MA3**
- 2.60 Adolescent admissions to Ward F are also reported within the above performance scorecard, and also within the Safeguarding Committee report which is provided to the MHL D Quality and Safety Committee, and the health board Safeguarding Committee.
- 2.61 The Mental Health Legislative Committee (MHL C) receives updates on adolescent admissions to Ward F as part of the Mental Health Act Activity report. However, our review of papers for February 2022 – February 2023 did identify some gaps/discrepancies against the information provided, and would result in the committee not being sighted on admission numbers and length of stay. We have also noted opportunities to further enhance reporting following comparison of information received at other health boards. **See MA8**
- 2.62 There are two risks contained within the Health Board Risk Register in relation to CAMHS;
- Adolescent patients being admitted to Adult MH wards (HBR69).
 - Failure to sustain Child and Adolescent Mental Health Services (HBR48).

There is evidence of regular review of risk content and Executive oversight of scores. We note that the Executive Lead (Chief Operating Officer) for HBR69 highlighted that due to the nature of risk and lack of alternative facilities the content reflected appropriate controls including admission restricted to 16-18 year olds, liaison with CAMHS to ensure short length of stay, and ward observation levels.

2.63 We also note that the MHLD Service Group has included the use of a Ward F bed as an ongoing issue to be escalated through reporting to the health board Patient Safety and Compliance group.

Conclusion:

2.64 There is reporting of adolescent admission to Ward F, both within the Service Group and to the wider health board structure. We did note some inconsistencies in information provided to the MHLC. Review of related Health Board Risk Register entries demonstrated consistent updates across controls, and oversight of scores. We assign this objective **reasonable** assurance.

Appendix A: Management Action Plan

Matter arising 1: Transition and Handover Senior Lead (Design)

Impact

In 2022 Welsh Government issued '*The Transition and Handover Guidance*' which offers guidance on the management, handover and accountability of healthcare services for children and young people during transition from children's to adult's services. Within the guidance it sets out that health boards should have a designated Transition and Handover Senior Lead with responsibilities across primary, secondary, tertiary and community services. We were unable to confirm if the health board has identified a senior lead for this area.

Guidance includes that the designated senior lead should have appropriate clinical experience, be capable of providing overall strategic direction, secure strong partnership between both children and adult services, be able to escalate issues to an executive forum, and produce an annual report for the health boards Quality and Safety Committee.

During the course of fieldwork, we were directed to services within Mental Health and Learning Disabilities Service Group, Singleton Neath Port Talbot Service Group, and Primary Community and Therapies Service Group. As transition is an area which crosses the organisational boundaries of the health board there may be merit in identification of leads within each service group to support the health board senior lead.

Potential risk of:

- Non-compliance with Welsh Governance guidance.
- Lack of clarity regarding responsibilities within the health board.

Recommendations

Priority

- 1.1 The health board should confirm its arrangements for identifying a Transition and Handover Senior Lead.
- 1.2 The health board should consider identifying transition and handover leads for each Service Group.

Medium

Management response

Target Date

Responsible Officer

- | | | | |
|-----|--|------------|--|
| 1.1 | The current arrangements for Transition and Handover are at Executive level, however it is accepted that these arrangements need to be reviewed to ensure that operational responsibility across the Health Board is robust. | 30/06/2023 | Director of Strategy in conjunction with Director of Nursing |
| 1.2 | As highlighted above the arrangements for Transition and Handover need to be considered, and the importance of associating those arrangements with the appropriate clinical teams. | 30/06/2023 | Director of Strategy in conjunction with Director of Nursing |

Matter arising 2: Transition policies and protocols (Design)**Impact**

The current protocol in use by Adult Mental Health services relating to transition arrangements dates from 2017 is draft, and does not reflect regional or national guidance which now recommends transition planning beginning at an earlier stage.

A regional partnership transition policy has been developed, which has a wider scope than mental health alone, but this policy is yet to be updated to reflect the Transition and Handover guidance issued by Welsh Government in 2022 which included a number of requirements relating to health board accountability, delivery outcomes and capture of patient feedback.

There will be health board representation on an operational group to review the Regional Transition policy, and we were advised that the MHL D Service Group are reviewing the 2017 protocol as part of repatriation of CAMHS services.

Potential risk of:

- Policies and procedures do not align to external guidance.
- Health board (operational and executive) responsibilities may not be fully outlined within regional documents.

Recommendations**Priority**

2.1 Whilst progressing its review and updating of the regional transition policy, we recommend local protocol documents are developed which align to external guidance and reflect the health boards operational and executive responsibilities.

2.2 Once approved, the health board should make these documents easily available to staff.

Medium

Management response**Target Date****Responsible Officer**

2.1 MHL D SG has representatives at the Regional Partnership forum and will contribute to the review of the Regional Transition Policy. The current regional policy will inform the needs of a local MHL D SG Transition Policy and reflect regional and national guidance. This will be approved through MHL D SG Policy Governance Structure.

30/06/2023

Group Nurse Director, MHL D SG in conjunction with Regional Partnership Forum & MHL D SG Representatives

2.2 The approved MHL D SG Transition Policy will be communicated through the MHL D SG Quality Governance Processes and saved onto COIN on the SBU HB intranet for access by all staff.

30/06/2023

Group Nurse Director, MHL D SG

Matter arising 3: Referral and transition activity (Design)**Impact**

Discussion with the Lead Nurse (Community Mental Health) highlighted that there is no specific monitoring of CAMHS transition patients beyond the systems established to monitor all referrals or those targets related to the Mental Health (Wales) Measure 2010. During the course of fieldwork, we were provided with some information on referral numbers but there is no clear capture of the transition process from CAMHS to AMH services.

Referral dates within our sample were generally between 17 years 9 months and prior to the patient's 18th birthday, both regional and national guidance indicates transition arrangements should commence earlier. Not all were accepted for referral for care co-ordination, and of those accepted there were examples where the CTP was yet to be developed.

The regional transition policy will include performance and monitoring indicators (which are still to be developed), and Welsh Government transition guidance includes capture of patient and carer feedback. To support both of these developments the health board would need to have sight of referral and transition activity.

CMHT staff also highlighted that referrals often occur following CAMHS discharge of the patient (at 18 years) to primary care, where a GP would re-refer in the period following this. Where this is the case, the CMHT may not be aware of, or have access to, any previous treatment history.

Ahead of the repatriation of CAMHS services, the MHLG Service Group has initiated migration of health board patients to its clinical systems, supported by validation and data quality checks. The migration should result in a number of benefits for on-going monitoring and reporting, including that of transition, but may require time to fully embed.

Potential risk of:

- Health board not sighted on transition activity.
- Lack of assurance of transition reporting.

Recommendations**Priority**

3.1 The health board should consider how it could capture referral and transition activity to support any regional partnership performance indicators, and future transition reporting.

High

Management response**Target Date****Responsible Officer**

3.1 The MHLG SG has systems in place to capture referral activity into its community services. These systems will need to be refined to capture specific activity of referrals and transition of CAMHS patients into AMHS. This activity will be captured through the MHLG SG performance monitoring structures for assurance.

31/05/2023

Head of Operations, MHLG SG

Matter arising 4: Care and Treatment Plan Quality Assurance Mechanisms (Operation)	Impact
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To quality assure the CTP’s, the MHL D Service Group has two review processes in place:

1. A monthly cross team check undertaken by CMHT managers; and
2. A schedule of audits undertaken by the groups Learning and Development team in participation with service leads.

There were gaps within the cross-team check relating to the completeness of the team reviewed (5/10 audits undertaken for both February and March 2023). The team were also yet to receive any feedback from audits undertaken on their own records since the process commenced in November 2022.

Action plans were developed to support the schedule of audits undertaken by the Learning and Development team in 2020. The most recent version available dated to January 2022 which listed actions as remaining in progress. We were informed there was intention to combine those remaining actions with the outcomes from this year’s audit.

We note the Service Group Quality and Safety arrangements have been revised this year, and Directorates have established their own quality and safety groups alongside new requirements for reporting into the Quality and Safety group.

Potential risk of:

- Effectiveness of quality assurance checks lost where progress and completeness not monitored.

Recommendations	Priority
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4.1 Directorate reporting should include updates against both the progress and completeness of CTP quality assurance mechanisms.	Medium
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Management response	Target Date	Responsible Officer
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4.1 CAMHS currently has a process for audit of CTPs utilising the All Wales Quality Audit Tool. This activity will now be captured within Directorate reporting into its Quality & Safety Governance Structure and included into the MHL D SG broader CTP audit cycle.	30/06/2023	Deputy Nurse Director, MHL D SG
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Matter arising 5: Requests for admission to Ward F (Design)**Impact**

Currently there is no data capture of the requests submitted to the ward for admission of an adolescent, which cannot be accepted due to lack of bed availability. The bed is not ringfenced and we were informed availability would also be dependent on the acuity of the ward.

The admissions policy also notes that the health board will not accept admissions for adolescents who are not members of the Swansea Bay population.

As such the health board may not be fully sighted on actual demand for the designated bed.

Potential risk of:

- Health Board not sighted on demand for service.

Recommendations**Priority**

- 5.1 The MHL D Service Group should consider recording the number of adolescent admission requests received to capture the demand for access to the designated bed.

Low

Management response**Target Date****Responsible Officer**

- 5.1 Activity in relation to the use of the emergency CAMHS bed in its Adult Mental Health Single Point of Admission inpatient ward is captured through the MHL D SG Safeguarding Reporting into SBU HB Safeguarding Committee. The emergency bed is not a dedicated CAMHS bed and as such there are occasion when referrals are made and declined due to bed capacity. Those CAMHS patients referred to the emergency CAMHS bed but not accepted is not currently captured and will need to be going forward as part of the existing safeguarding Governance processes

31/08/2023

Deputy Nurse Director, MHL D SG

Matter arising 6: Safeguarding Children Training (Operation)	Impact
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The admissions policy includes 'All staff on Ward F will receive Safeguarding Children training - Level 2. Ward Manager, Clinical Leads... will undergo Safeguarding Children level 3' Our review of records and discussion with the Ward Manager confirms that currently staff are only undertaking Level 1 training (we note the ward recently achieved 86% compliance, exceeding the Service Group target (85%).

As part of our site visit to Ward F, we reviewed ESR records for those staff members who were listed as expired in December. We noted;

- One member of staff had been on extended absence and had since left the health board.
- Two staff members training remained outstanding – one for 12 months (Staff Nurse), and the second for 23 months (Health Care Support Worker).
- Two Health Care Support Workers had no record of Safeguarding Children training being undertaken.

Mandatory and Statutory training reports distributed within the Service Group to managers for information have been enhanced from a ward/service overall total to now include breakdown to individual staff member. However, these reports only indicate training compliance, and not date of expiry. Including the date of expiry could assist managers in prioritising those staff most overdue.

- Potential risk of:
- Safeguarding training not at appropriate level.
 - Non-compliance with policy.
 - Potential to enhance monitoring and targeting of non-compliance.

Recommendations	Priority
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- 6.1 a). Management should ensure that Ward F Staff undertake Safeguarding Children Training Level 2 to ensure compliance with the admissions policy.
- b). To assist in ongoing monitoring training compliance reports should include expiration dates to assist in addressing those areas longest overdue.

High

Management response	Target Date	Responsible Officer
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6.1 a). The MHL D SG has systems in place to report and monitor compliance against all aspects of safeguarding training through its Quality and Safety Governance processes and into the HB Safeguarding Committee. Immediate action will be taken to improve specific safeguarding children training for Ward F in line with its Policy on the

31/05/2023

Deputy Nurse Director, MHL D SG

Emergency Admission of Young People (16 – 18 yrs) to Adult Mental Health Wards (2020).

b). The electronic staff record (ESR) system provides an alert to staff when they fall out of compliance with safeguarding e learning modules. Face to face safeguarding training is uploaded onto ESR by the training facilitators. The MHLG SG will need to work with the ESR team to establish if current reporting can include expiry date or whether an alternative system needs to be developed with digital intelligence colleagues.

31/05/2023

Head of Operations, MHLG SG

Matter arising 7: DBS Clearance (Operation)		Impact
<p>The admissions policy includes that ward staff will be subject to enhanced DBS checks.</p> <p>A staff in post list for Ward F was supplied for February 2023 containing 40 members of staff Review of this listing identified:</p> <ul style="list-style-type: none"> • One health care support worker where no DBS check could be evidenced • One Health care support worker where the clearance was for adults only, and not both adult and children. 	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Lack of assurance that all staff have received appropriate checks. • Non-compliance with policy. 	
Recommendations		Priority
<p>7.1 Management should ensure all ward staff receive DBS checks at the appropriate level.</p>	<p>Medium</p>	
Management response	Target Date	Responsible Officer
<p>7.1 It is the expectation that enhanced level DBS checks are completed for all staff working with patients in MHL D SG as part of pre-employment checks. The MHL D SG will take an immediate action with workforce colleagues to review DBS status for all staff on Ward F to include the DBS requirement of working with children.</p>	<p>30/06/2023</p>	<p>Group Nurse Director, MHL D SG in conjunction with Senior Workforce Advisor</p>

Matter arising 8: MHL Committee reporting (Operation)	Impact
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The Mental Health Legislative Committee (MHLC) receives updates on adolescent admissions to Ward F as part of the Mental Health Act Activity report.

Potential risk of:

- Committee not fully sighted on admissions.

Our review of papers for February 2022 – February 2023 identified that the committee receives information on admissions, however this has on occasion been through verbal updates rather than within the Mental Health Act paper. We also noted that there have been discrepancies against records seen as part of fieldwork:

- MHA Activity report April – June 2022 – No information on admissions, our review identified two for this period.
- MHA Activity report July – September 2022 – No information within report, but minutes include 3 admissions with lengths of stay between 3-7 days. Our review noted length of stay between 3 - 19 days
- MHA Activity report October - December 2022 – Report includes one admission but does not include length of stay.

However, admissions for the period were accurately reported to the health boards Safeguarding Committee through a quarterly exception report from the MHL Service Group.

In reviewing the detail provided to other health boards equivalent forums, we noted there could be inclusion of additional detail around patient outcomes such as destination of discharge, this could be provided periodically in trend format.

The Ward F Manager has recently set up local recording to capture this information.

Recommendations	Priority
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8.1 Admissions, length of stay and discharge information should be reported to the MHL Committee on a regular basis.

Medium

Management response	Target Date	Responsible Officer
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8.1 The MHL SG currently reports activity on admissions of young people into the emergency CAMHS bed on Ward F and length of stay through its Quality and Safety Governance Structure. Discharge information relating to discharge will be added to this existing reporting process and captured in reporting into MHL Committee.


30/06/23

Deputy Nurse Director, MHL SG

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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