

Appendix A

Name of Register: CAMHS																	
Date: May (Q1)						Initial RA							Revised RA - (2018/19)				
Ref	Opened/ Received Update	Objective for 17/18	Risk	Current context	Controls in place	Consequence	Likelihood	Rating	Action Plan	Action Lead	Option Agreed	Board/ Committee	Progress	Q1	Q2	Q3	Q4
1	Strategy Dept - 1.6.18	Delivering Excellent Patient Outcomes, Experience and Access	Loss of key staff from small specialist teams providing CAMHS services	CAMHS is made up of a number of small, specialist teams operating within Local Authority areas within the ABMU footprint. Vacancies in consultant and nursing posts cause particular difficulties in recruitment and delays can have a disproportionate affect on waiting times.	Monthly report on current vacancies, arrangements for locums if required, and timescales for filling vacanices prepared for each Cwm Taf Commissioning meeting.	5	4	20	Actions agreed to mitigate impacts, for example agreeing locum appointment if delay in recruitment is going to negatively affect waiting time performance.	Director of Strategy		Quality & Safety					
	Strategy Dept - 1.6.18	Delivering Excellent Patient Outcomes, Experience and Access	Lack of coordination and clarity of roles within ABMU on CAMHS services	Mental Health / Learning Disabilities Delivery Unit, Singleton Delivery Unit and Strategy Team all have involvement in delivering / commissioning CAMHS services for the ABMU population.	Mental Health / Learning Disabilities Delivery Unit, Singleton Delivery Unit and Strategy Team are all represented on the Cwm Taf Commissioning Meeting and the multi-agency planning group for CAMHS to ensure coordination of agreed actions across the HB.	4	3	12	Ring held on cross Health Board issues by Strategy Team. Actions clearly agreed at all meetings and allocated to most appropriate lead within ABMU depending on whether it relates to commissioning, multi-agency planning or service delivery.	Director of Strategy		Quality & Safety					
	Strategy Dept - 1.6.18	Delivering Excellent Patient Outcomes, Experience and Access	Non activement of WG targets within timescales agreed with Cwm Taf	SCAMHS target for non-urgent patients due to be achieved by end July 2018, and for PCAMHS by end of August 2018.	Trajectories agreed with Cwm Taf and progress monitored at every monthly commissioning meeting.	5	4	20	Waiting list initiatives in Swansea agreed to be continued until end of June 2018 initially, subject to review and adherence to trajectories. To be reviewed at Commissioning Meeting at end of June 2018. Locum cover agreed for vacant consultant posts in Bridgend to ensure achievement of SCAMHS target there is maintained. Plan being developed by Cwm Taf by end of July regarding transformation of current PCAMHS service by closer integration with SCAMHS service.	Director of Strategy		Quality & Safety					
	Strategy Dept - 1.6.18	Delivering Excellent Patient Outcomes, Experience and Access	That WG change acheivement levels for SCAMHS and NDD targets from 80% to 100%	WG changed the achievement target for SCAMHS and NDD late in 2017 to be 80% not 100% compliance by end of March 2018. Risk that they could change this target back to 100% with little / no warning.	Agreement with Cwm Taf that will continue trajectory of improvement towards 100% compliance irrespective of WG target. Once 80% target agreed revised trajectory will be put in place for achievmeent of 100% target. NDD is already close to achieving 100% target and resolution of problems with additional clinical space at NPTH will enable this to be achieved by end of 2018.	4	3	12	Update on position regarding WG targets requested regularly from All Wales policy group. Cwm Taf also asked to inform ABMU if any indication of change in targets.	Director of Strategy		Quality & Safety					

	Strategy Dept - 1.6.18	Delivering Excellent Patient Outcomes, Experience and Access	Lack of accommodation for services so restricting the clinical activity which can be carried out	Problems with existing CAMHS facilities at the bottom of the Cefn Coed site - poor environment, need to vacate site; NPTH - lack of clinical space, need for reconfiguration; Bridgnd - lack of clinical space and absence of reception area for CAMHS.	Project Group established with capital planning, led by Strategy Team, with input from Singleton and MH / LD Delivery Units and Cwm Taf. Core requirements for accommodation developed and plan for reconfiguring space in Children's Development Centre at NPTH / Block D accommodation developed. Bid being made against Capital ICF for funding to carry out alterations. Option appraisal underway for relocation of Swansea services.	5	4	20	Update on progress given at each Commissioning meeting. Partner agencies asked to identify options for accommodation through planning group. Option appraisal for relaocation of Swansea services will need to go to IBG as no accommodation identified within current facilities.	Director of Strategy		Quality & Safety					
	Strategy Dept - 1.6.18	Delivering Excellent Patient Outcomes, Experience and Access	Safeguarding issues / critical incidents./ complaints regarding ABMU residents not notified to ABMU HB	Until May 2018 ABMU HB was not routinely notified of any such incidents regarding ABMU patients, and therefore could not assure itself that all necessary actions had been taken to ensure incidents were learned from and would not recur.	Monthly reports received by Ccommissioning Meeting outlining any critical incidents, safeguarding issues, complaints and compliments received by Cwm Taf relating to ABMU patients. Datix entries from Cwm Taf now notified to Patient Feedback Dept in ABMU and monthly report produced for Commissioning Meeting to ensure that any required actions are taken.	4	2	8	Monthly monitoring and any concerns submitted to Quality & Safety Forum	Director of Strategy		Quality & Safety		12			
	Strategy Dept - 1.6.18	Delivering Excellent Patient Outcomes, Experience and Access	Lack of provision for CYP with complex behaviour, requiring place of safety, but not necessarily with a significant mental health condition	An increasing number (albeit small) of CYP have been presenting who need a place of safety, often with high staffing levels, to maange their extreme behaviour. Often these children can be below the age of 16 which causes problems as most facilities are not registered to take them. As they are not detained a secure unit is not suitable for them either.	Formal approach made to WHSCC about need to commission this service for South Wales. Raised as part of consultation on changing admission criteria for access to Ty Llydiard.	4	5	20	These cases are being managed by the Director of Nursing and Patient Experience.	Director of Nursing & Patient Experience		Quality & Safety		12			
	Strategy Dept - 1.6.18	Delivering Excellent Patient Outcomes, Experience and Access	Decisions about treatment in GP surgery / GP OOH or A&E could be made without clinician being aware patient is under the care of CAMHS.	Patient data captured on Cwm Taf patient information system, not available to clinicians within ABMU. Raised at Q&S in April. Proposed that use of the Clinical Portal would alleviate this risk by making information available to clincians within ABMU.	Raised with Cwm Taf who seemed unaware of Clinical Portal. Agreed they would look at uploading discharge summaries there so that GPs / A&E could access. Update expected to Commisioning Meeting at end June 2018	4	2	8	Update at end of June 2018 to Commissioning Meeting	Director of Strategy		Quality & Safety					