

Child and Adolescent Mental Health Services Transition Final Internal Audit Report

November 2024

Swansea Bay University Health Board

Contents

Executive Summary	3
1.Introduction	4
2.Detailed Audit Findings.....	4
Appendix A: Management Action Plan	13
Appendix B: CAMHS trajectories and performance against Mental Health Measure targets	23
Appendix C: Assurance opinion and action plan risk rating.....	25

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Committee:	Audit Committee



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Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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Executive Summary

Report Opinion

 <p>Reasonable</p>	<p>Some matters require management attention in control design or compliance.</p> <p>Low to moderate impact on residual risk exposure until resolved.</p>	<p>Trend</p>  <p>2022/23</p>
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Assurance summary¹

Objectives	Assurance
1 Incorporation within the Mental Health and Learning Disabilities Service Group, and wider health board governance and operational structure.	Reasonable
2 Clear plans developed to address challenges and performance with targets and metrics.	Reasonable
3 Assurance reporting, and risk management.	Reasonable

Purpose

To review the effectiveness of the arrangements in place to manage the Child and Adolescent Mental Health Service and its performance following its transfer to the health board.

Overview

We have issued reasonable assurance on this area. We found that the Directorate has been incorporated well within the wider Service Group and health board arrangements. A number of challenges accompanied the transfer and continued to emerge in the period following this. We note progress continues to be made, with a number of workforce related actions underway at the time of fieldwork being undertaken.

The matters requiring management attention include:

- The Directorate remains reliant on agency staff, at enhanced rates, for delivery of a key national target. Recruitment challenges have impacted the development of a substantive workforce to remove reliance on these.
- The CAMHS Directorate Board terms of reference remain in draft and do not include reporting requirements.
- Initial action to address capacity issues within ADHD Medication Monitoring service noted, but an intended follow up review has yet to take place.
- Enhancements to reporting of patient feedback and service quality measures identified, recognising difficulties in data collection/extraction from manual systems.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	CAMHS Directorate Board Terms of Reference	1 Design	Medium
2	CAMHS Benchmarking and Workforce review	2 Design	Medium
4	ADHD Medication Monitoring Service capacity and reporting	2 Operation	Medium
5	Patient feedback and quality measures	3 Operation	Medium

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

1. Introduction

- 1.1 In 2022, Swansea Bay University Health Board ('the health board'), commissioned an independent review of Child and Adolescent Mental Health Services (CAMHS), which were provided via commissioning arrangement with Cwm Taf Morgannwg University Health Board (CTMUHB). The review highlighted issues across non-performance against Welsh Government targets, recruitment/retention of staff, engagement concerns from partner agencies, and gaps in provision of crisis support resulting in children and young people with complex needs experiencing extended waits within acute care.
- 1.2 In September 2022, the health board approved the repatriation of CAMHS, excluding Tier 4 (inpatient facilities at Ty Llidiard); and from 1 April 2023 the service has been directly managed by the Mental Health and Learning Disabilities Service Group (MHLDSG). Challenges have been recognised following the transfer of the service, including workforce fragility (resulting in reliance on locum and agency staff) and the impact of data quality concerns and poor administrative processes are having on performance.
- 1.3 The key risks considered in this review included:
- Unclear structures or lack of integration of services impacting decision making and service delivery, potentially resulting in patient harm and reputational damage; and
 - Poor staff experience and impact on team culture due to lack of integration within the health board and service group.
- 1.4 This review did not include the arrangements for CAMHS Tier 4 inpatient provision, and medical on-call rota, both of which remain commissioned from CTMUHB.

2. Detailed Audit Findings

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

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	5	1	6
Operating Effectiveness	-	5	-	5
Total	-	10	1	11

- 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](#).

Objective 1: The CAMHS directorate has been incorporated within the Mental Health and Learning Disabilities Service Group, and wider health board governance and operational structure.

CAMHS Directorate Board

- 2.3 A CAMHS Directorate Board (CAMHS DB) was established in April 2023, to address post transfer operational issues and oversee the integration of the service into the Mental Health Division of the Mental Health and Learning Disabilities Service Group (MHLDSG).
- 2.4 Terms of Reference (ToR) for the CAMHS DB were presented at the April 2023 meeting in draft, however there is no further evidence of their approval. **See Matter Arising 1.** The draft ToR includes detail of purpose, membership, frequency of meetings, quorum, and administration; however the groups onward reporting requirements are not defined. **See Matter Arising 1**
- 2.5 Review of CAMHS DB minutes for period April 2023 – June 2024 noted that there is appropriate senior management represented within the meeting. The group met on 12 occasions with all meetings quorate. Regular discussions of finance, workforce challenges, performance trajectories and directorate risks were evidenced. The CAMHS DB ToR state that it should *'receive and approve'* organisational change policy (OCP) proposals which we could not identify for two which were underway at time of fieldwork closing. **See Matter Arising 1**

MHLDSG Structure

- 2.6 The MHLDSG structure includes service group-wide quality and safety, health and safety and information governance groups. A sample of agendas, papers and minutes were reviewed for each (for the period November 2023 to July 2024) confirming CAMHS related information, submissions or representative attendance at each of these. See **objective 3** for reporting and escalation within the MHLDSG structure.
- 2.7 The NHS Wales Audit and Assurance review of Transition from Child and Adolescent to Adult Mental Health Services (issued May 2023, Limited Assurance), reported that the Joint Working Protocol between CAMHS and Adult Mental Health Services (AMHS) was overdue for review. We note that the Joint Working Protocol has since been updated and approved by the MHLDSG Quality and Safety Committee in February 2024. Review of the document established the clarification of transition timescales, referral arrangements and acceptance criteria for both AMHS and related specialist pathways.

Wider health board services

- 2.8 In June 2024, the health board held a Childrens and Young Peoples (CYP) summit, bringing together representatives from services hosted and delivered across the four Service Groups, including CAMHS. There was a need highlighted to address the silo nature of services through the development of a CYP Strategy. Review of the CAMHS risk register identified two high scoring risks linked to wider CYP

provision, suggesting further integration would be helpful in addressing these (see **objective 3** for further consideration of risk management).

Regional Partnership Board (RPB)

- 2.9 CAMHS is well established within the RPB structure, and we note membership from the service within the CYP Programme board and supporting Emotional Wellbeing and Mental Health Group. As part of arrangements for the latter, CAMHS representation is within a workstream to prevent escalation of mental health needs and the implementation of a 'no wrong door' approach with partners across the region in line with the NYTH/NEST Framework (a national planning tool).

Conclusion:

- 2.10 Following the transfer of the CAMHS service, there has been the establishment of a Directorate Board which has continued with senior management oversight, although enhancements have been identified to the terms of reference and ensuring approval is documented. The service is also embedded within the wider MHLDSG structure; and involved in regional working through the RPB. We assign this objective **reasonable** assurance.

Objective 2: Clear plans have been developed, including a focus to address the challenges and performance issues within the service, and which set out clear target measures and metrics.

- 2.11 Prior to the transfer of the service in early 2023, the former Head of Operations (MHLDSG) developed a baseline assessment of key risks and issues the health board may face when assuming operational management of CAMHS. This highlighted the following:
- Widespread service fragility noting reliance on agency within all staffing groups.
 - Enhanced rates of pay, including use of non-framework agencies, and discrepancies in bandings for therapies roles between the organisations.
 - Performance, noting that prior to transfer it was not in line with trajectories despite the use of additional waiting list initiatives and agency.
 - Resource transferred between Mental Health Measure (Wales) (MHM) assessment (MHM Part 1a) and interventions (MHM Part1b) resulting in inconsistent delivery of both.¹
 - Variations noted in referral and activity data compared to equivalent health boards. Low numbers of patients in receipt of care and treatment plans.

¹ CAMHS Services are required to deliver performance in line with the standards set out in the Mental Health Measure (Wales) as follows:

Part 1a: % of persons being assessed within 28 days of referral

Part 1b: % of persons receiving an intervention within 28 days of referral

Part 2: % of Care co-ordinated patients in receipt of a valid Care & Treatment Plan.

- 2.12 We note that whilst operational control remained with CTMUHB, the MHLDSG had requested prior transfer of recruitment responsibilities, further data validation (not undertaken due to the delays in transfer), and revision to performance trajectories (**see Appendix B**). The continued use of enhanced rates had been approved by the health board’s previous Chief Executive Officer to provide ongoing stability to the service, due to the reliance on these in delivering the Mental Health Measure requirements.
- 2.13 Following the transfer of CAMHS in April 2023 no further updates were made to the baseline assessment or any transition plan developed, although we note the consolidation of the service was included within the MHLDSG 2023/24 annual plan (see para 2.23) in addition to the creation of a directorate risk register (see **objective 3** for further detail on risk management).
- 2.14 In July 2023, a report to the Performance and Finance Committee (PFC) highlighted the service continued to be reliant on agency and locum staff to deliver the required elements of the Mental Health Measure. Initial performance had also been hampered by a lack of defined processes and responsibilities within the administrative team (see para 2.17), environmental issues impacting clinic availability (since addressed), and a high number of vacancies within psychological therapies preventing a more multi-disciplinary approach (see para 2.15).
- 2.15 Discussion with CAMHS Management and review of papers identified the following against the challenges outlined within the baseline assessment:

Challenge	Status
Workforce Fragility	<ul style="list-style-type: none"> The funded nursing establishment within the CAMHS Directorate responsible for the delivery of Part 1a&b did not meet the level of service demand prior to transfer. An outline assessment of capacity has been undertaken, and there is intention to undertake a workforce review following a benchmarking exercise against the NHS Wales CAMHS Service Specification issued in July 2024. See Matter Arising 2 Agreement in June 2024 by the MHLDSG for the creation of an additional three CAMHS Nurse substantive posts, funded through non pay savings, to reduce agency nurse use from current 8.4 WTE to 4WTE. However, no appointments were made, and a paper is to be developed for the health board’s Management Board to consider arrangements for further extensions. Psychological recruitment undertaken allowing an expanded multi-disciplinary team approach implemented in MHM Part1b¹ and, to a lesser extent, in Part1a¹. Crisis team OCP delayed but phased implementation since June 2024 (see para 2.23) Administrative team OCP underway to be completed in November 2024 (see para 2.17)

Challenge	Status
Non Framework agency use, discrepancies in bandings	<ul style="list-style-type: none"> Initial CEO approval and subsequent MHLDSG senior management approval of enhanced rates for CAMHS agency nurses. Efforts to fill rotas with standard rates and short-term bookings unsuccessful. Medical locums now procured through approved framework or bank arrangements. Non framework administrative agency usage ceased in July 2023, and OCP underway which includes revised job descriptions. (see para 2.17) Bandings aligned for psychotherapies posts following initial recruitment pause.
Performance trajectories and delivery ²	<ul style="list-style-type: none"> Trajectories revised in September 2023 and regularly shared with NHS Wales Executive (see para 2.30) Loss of agency nurses contributed to Part1a downturn in performance in January 2024, recent improvement including meeting the target in August 2024 noted through job plan reviews and improvements in administrative processes. Since August 2023 the Directorate has consistently met Part1b, and Part 2 targets which are the de-escalation criteria for Targeted Intervention.
Referral and activity data variations	<ul style="list-style-type: none"> The number of patients in receipt of care and treatment plans has continued to reduce since date of transfer. See Matter arising 2

2.16 CAMHS Management were invited to provide initial feedback on the health board’s implementation of the NHS Wales Service Specification to NHS Wales Executive in September 2024. This highlighted areas of success – such as the range of choice available to patients and families through Part 1, the MDT support available, and good working arrangements with local partners. Challenges in data collection and extraction were also identified, with 12 of the 15 data or metrics categories within the service specification rated as amber or red. It is recognised by the health board that mental health services face difficulties within this area due to the large amount of paper and non-automated systems in use. **See Matter Arising 5**

Administrative team actions

2.17 In March 2023, prior to the transfer, a workshop was held with the Directorates administrative team to identify issues impacting team culture and performance. Noting areas of clarity were required, an administrative team action plan (‘the action plan’) was developed. This contained 25 areas to address under heading including values, team structure, and workload, and, as at September 2024, only two actions remain outstanding. It is anticipated that such will be addressed through the ongoing OCP, introducing a refined team structure and matched job descriptions, scheduled to be completed in November 2024. Our review of the

² **Appendix B** contains an outline of the Directorates performance against the MHM for the period April 2023 to August 2024 for the three nationally reported metrics.

actions noted that the development of a process monitoring document was deemed as closed, one guidance document provided was listed as draft. **See Matter Arising 3**

- 2.18 There were concerns regarding the high numbers of information governance incidents as a result of poor processes within the administration team; however, there have been two audits undertaken by the health board's IG team (January 2024 & July 2024) which have noted an improvement from an initial amber to green rating; therefore, requiring no further follow up.
- 2.19 We note that the Directorate has appointed substantively, and removed the need for agency use within the administrative team which had featured at time of transfer. We reviewed indicators available to consider how the CAMHS administrative team has performed in line with the wider directorate, and Service Group. The team is an outlier in respect of its PADR completion, and we were informed there is intention to undertake PADRs, aligned to refreshed job descriptions, once the OCP is completed.

Data Quality

- 2.20 Support from the health boards' Digital Directorate was provided to transfer patient records, including creation of appropriate clinics within Patient Administration System for Wales (WPAS). CAMHS Management noted this required additional training and upskilling of the administrative team alongside development of the guidance documents (in para 2.17).
- 2.21 We are informed that on a wider basis the health board has recognised that historically MHLDSG has not been included within organisational groups relating to waiting list management/patient access, but this is now being addressed through membership of the Outpatient Recovery and Redesign group, and Patient Access Management workstreams for training, and policy development. A MHLDSG Outpatient Redesign and Recovery group was being established as fieldwork closed.
- 2.22 The Directorate has responsibility for ADHD medication monitoring which is a risk noting that the diagnosis will be provided by Children's Services (hosted by Neath Port Talbot & Singleton Service Group). Data had not been validated by CTMUHB prior to transfer and following a review of circa 700 patients records, the health board noted that 147 patients were in breach of their review dates (54 overdue by more than a year) There is an intention to revisit the monitoring service capacity but this has yet to be undertaken, and our review of the Directorates performance scorecards (see para 2.27) identified this did not include follow up breaches as an indicator for ongoing monitoring. **See Matter Arising 4**

Progress in delivering Annual Plan priorities

- 2.23 The CAMHS Directorate delivered 2 of 3 assigned Goal Method Outcome (GMO) milestones in 2022/23; the disaggregation, transfer and consolidation of the service following transfer from CTMUHB, and improving access to psychological therapies for CAMHS. A third GMO, to expand CAMHS crisis support provision to a

24/7 service, was delayed due to allow additional recruitment ahead of a planned OCP. Expected completion of the teams operating hours has been included in the 2024/25 plan, and a phased roll out of 24-hour coverage across Friday - Sunday established since June 2024. Full operation is targeted for the end of quarter three 2024/25.

Conclusion:

2.24 Whilst no overall plan was developed to support the integration of the Directorate following transfer, an initial baseline assessment was undertaken providing clear mapping of challenges, with subsequent documenting of risks, and actions to support its performance. Challenges in addressing the underlying fragility of the service and issues of data quality continue to be progressed, we have highlighted where this remains the case. The Directorate has consistently delivered against 2/3 MHM targets, and there has been recent improvement within the remaining area. We assign this objective **reasonable** assurance.

Objective 3: Regular assurance reporting regarding the service is in place; and ongoing risks to the service are managed appropriately.

Performance reporting within the MHLDSG

- 2.25 As per para 2.3, the CAMHS Directorate forms part of the wider Mental Health Division (MHD) within the MHLDSG. The MHD has a monthly Management Board meeting, and review of minutes (July 2023 – March 2024) identified regular attendance from CAMHS Directorate representatives, and whilst direct reports do not feature at the MHD Management Board, we could identify some updates provided in respect to CAMHS Directorate performance.
- 2.26 The MHLDSG Management Board (SGMB) receives an Activity and Access report, which presents trends against national targets including Mental Health Measure (Wales) compliance by the CAMHS Directorate.
- 2.27 The MHLDSG has an established performance monitoring approach, using divisional and directorate performance scorecards which are produced monthly. Review of the CAMHS Directorate scorecards (February 2024 – July 2024) found consistent reporting of performance against the MHM, outpatient waits, service caseloads and finance and workforce indicators. However, there was little detail related to service user feedback, or measurable outcomes for all services within the Directorate. (**see Matter Arising 5**). The Directorate's initial review against the service specification (see para 2.16) had identified challenges in collating and reporting all suggested metrics, therefore, in addressing this, there may be opportunities to identify additional indicators for inclusion within the scorecard.
- 2.28 Additionally, review of the performance scorecards identified that compliance against safeguarding training for both Children and Adult categories varied across the service. We are informed that MHLDSG Quality and Training leads are investigating data accuracy for compliance with safeguarding adults and safeguarding children level three training, and there has been discussion within the

Mental Health Legislation Committee (MHLC) on known issues in the production of training compliance reports.

Reporting to Health Board Committees

2.29 Key reports to health board committees which include CAMHS performance information and service status were noted as:

- CAMHS MHM Performance – received by the Performance and Finance Committee (PFC), Quality and Safety Committee (QSC) and Board through the Integrated Performance Report (IPR). We note that the trajectories contained within the IPR reflect the MHM target measures, and not the trajectories shared at the CAMHS DB and NHS Wales Executive forums.
- The Mental Health Measure monitoring report is received by the MHLC at each meeting.
- The PFC received an outline of initial challenges in July 2023, and the Workforce and Digital Committee was due to receive an update on workforce arrangements in April 2024, however the report was deferred.
- Targeted intervention reports provided to the Board and PFC have included reference to actions underway to address MHM Part 1a performance, including de-escalation criteria, of which the health board has consistently met two of the three requirements.
- In August 2023, the MHLC received a report outlining progress by the MHLDSG in addressing the recommendations raised within the Audit and Assurance review (2022/23) of 'Transition from Child and Adolescent to Adult Mental Health Services'. At the date of fieldwork, three of the ten recommendations remain open (but are overdue), with the audit tracker containing updates regarding progress towards their closure.

Reporting to NHS Wales Executive

2.30 Following the escalation status of the CAMHS Directorate to targeted intervention, in December 2023, regular updates have been provided to NHS Wales Executive through the Integrated Quality Planning and Delivery, and Targeted Intervention meetings. Review of presentations to those forums identified inclusion of Directorate actions to recover performance against MHM Part 1a, and associated trajectories. As per **Appendix B**, we note the MHM Part 1a trajectory did not include meeting the MHM target in the first half of 2024, therefore indicating a level of caution relating to the pace of recovery.

Risk oversight and assurance

2.31 No Directorate risk register accompanied the CAMHS Directorate transfer. Shortly following this (May 2023) an initial 14 risks were identified and assessed including workforce fragility, their impact on performance, and a range of operational issues faced by the service.

- 2.32 Review of CAMHS DB minutes for the period April 2023 – June 2024 noted the inclusion of risk under the quality and safety agenda heading. Minutes identified the detailed discussion of individual risks, mitigations and scores, with a full copy of the Directorate risk register shared in February 2024 for members information.
- 2.33 We reviewed a copy of the CAMHS Directorate risk register (dated August 2024), which included 18 active risks, and we note a further five risks have been closed for meeting their target scores. Additional review of risk content noted the majority were within their review date. The Audit and Assurance review of MHLDSG Service Group Governance (SBUHB-2324-002) had identified a need to strengthen risk monitoring arrangements, and in September 2024 a new Service Group Director led risk register scrutiny meeting has been established. We are informed that CAMHS risks were included within this initial meeting, and updates were being made to address queries raised against scores and content.
- 2.34 The CAMHS Directorate risk register includes one risk escalated to the health board risk register - '*CAMHS failure to meet required standards of Performance*' (HBR94). This risk was opened in October 2023 to replace the previous health board risk created when the service was commissioned.

Conclusion:

- 2.35 Our review identified regular reporting against key indicators takes place including oversight at the MHLDSG Management Board. Similar reporting against the areas subject to targeted intervention take place at committee level, and is provided to NHS Wales Executive. We have identified there could be wider capture and reporting of patient feedback and quality measures. The Directorate has established and maintained a risk register and the wider risk scrutiny arrangements within the Service Group are being refreshed. We assign this objective **reasonable** assurance.

Appendix A: Management Action Plan

Matter Arising 1: CAMHS Directorate Board Terms of Reference (Design)		Impact
<p>The CAMHS Directorate Board ('CAMHS DB') was established in April 2023, to address post transfer operational issues, and oversee the integration of the service into the Mental Health Division of the MHLDSG.</p> <p>Terms of Reference (ToR) for the CAMHS DB were presented at the April 2023 meeting in draft, but group minutes do not include any subsequent receipt or approval of the revised ToR. The review period is outlined as <i>'every six months, or when otherwise necessary based upon risk.'</i></p> <p>Additionally, the ToR does not include onward reporting within the Service Group, whilst the current chairing by the MHLDSG Joint SG Director provides senior oversight, should the chairing arrangements alter, future reporting routes should be clarified.</p> <p>The CAMHS DB ToR also requires that it should 'receive and approve' organisational change policy (OCP) proposals. Updates have been provided on progress in these areas relating to the CAMHS Crisis team, and administrative team, but we could not identify receipt and approval of these documents at the Directorate meeting.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Lack of up to date, or incomplete, terms of reference could undermine the shared understanding of members, and assurance taken from the groups. • Lack of reporting requirements could impact the future flow of assurance within the Service Group.
Recommendations		Priority
1.1	Service Group management should ensure terms of reference are reviewed and approval documented.	Medium
1.2	The onward reporting requirements of the CAMHS Directorate Board should be included within the group's terms of reference.	
1.3	The Directorate Board's role in the receipt and approval of organisational change procedures should form part of the review of terms of reference. Any alternative approval process in operation should be documented in its place.	

Agreed Management Action		Target Date	Responsible Officer
1.1	Accepted. To review the ToR for the CAMHS Directorate Board meeting, ensuring appropriate record keeping and version control.	31 December 2024	Laura Jenkins, CAMHS Directorate Business Support Manager
1.2	Accepted. Include and maintain accurate reporting mechanisms and governance within the CAMHS Directorate Board ToR.	31 December 2024	Laura Jenkins, CAMHS Directorate Business Support Manager
1.3	Accepted. Ensure that appropriate documentation (e.g. organisational change procedures) is scheduled within the CAMHS Directorate Board and include 'Documentation for Approval' (or other name as appropriate) within the meeting agenda and as part of the routine topics within the ToR.	31 December 2024	Laura Jenkins, CAMHS Directorate Business Support Manager

Matter Arising 2: CAMHS Benchmarking and Workforce review (Design)		Impact
<p>Discussion with CAMHS Management confirmed that the Directorate has yet to fully map out its capacity requirements. A nursing workforce paper to the MHLDSG Weekly Business Meeting (WBM - a senior management operational group) noted the service estimated it requires around 120 assessment slots per month, however job plans comprise both assessments and interventions, related administrative requirements and can vary based upon the experience of staff. Job roles containing a mix of both, and this is seen as important for sustainability of the service, supporting team resilience, and assist in future recruitment.</p> <p>The continued fragility in the CAMHS workforce was included in a report to the Workforce and Digital Committee in April 2024, including seeking approval for the continued use of 7.4 WTE agency nurses, however the paper was deferred due to time constraints within the meeting. In June 2024 the WBM approved a proposal to substantively recruit three CAMHS nurses within the ATT, to be funded through identified non pay savings. The paper noted this would reduce agency use by 4WTE from its then position of 8.4WTE. Current agency agreements are in place until March 2025. We are informed that there were no applicants to these posts, and a paper to set out further agency extensions is to be submitted to the health boards Management Board.</p> <p>The financial impact of agency use is currently offset by gaps within other staffing groups, we note the CAMHS budget in 2023/24 was underspent by circa £500k.</p> <p>We are informed that a full review of job plans and team capacity is to follow the Directorates benchmarking against the NHS Wales CAMHS Service Specification issued by NHS Wales Executive in July 2024.</p> <p>A concern highlighted within the baseline assessment undertaken in 2023 related to the low number of patients in receipt of care and treatment plans. A downward trend has continued from 70 patients at time of transfer to 34 patients (June 2024). CAMHS management note the benchmarking undertaken against the service specification will also consider this, but review of the presentation did not include reference to this.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Non completion of the benchmarking, or gaps in the addressing of identified gaps would impact the quality and sustainability of services. • Lack of reporting outside of the Service Group could leave could result in gaps in assurance relating to service sustainability.
Recommendations		Priority
2.1	The completion of both the benchmarking against the NHS Wales CAMHS Service Specification, and subsequent workforce review, should incorporated into an action plan, with timescales and resource requirements clearly mapped.	Medium

2.2	The outcome of the workforce review, and development of a workforce plan should be shared at an appropriate committee. This should include any continued reliance on external agency, and, where possible, timescales for addressing this.	Medium		
Agreed Management Action		Target Date	Responsible Officer	
2.1	<p>Accepted.</p> <p>(a) Complete the benchmarking task against the NHS Wales CAMHS Service Specification and devise an action plan with defined leads, and timescales (and schedule it for approval/information at the appropriate committee (CAMHS Directorate Board Meeting & Mental Health Division Board).</p> <p>(b) Fulfil the action plan to align the SBU CAMHS offer to the NHS Wales CAMHS Service Specification where possible and escalate areas where additional investment or Health Board/Regional Partnership Board/National support/investment would be required to fulfil.</p>	31 December 2024	Katie Hollingworth, Directorate Manager	CAMHS
		31 March 2026	Katie Hollingworth, Directorate Manager	CAMHS
2.2	Accepted. Develop a CAMHS workforce plan and share via the appropriate committees (CAMHS Directorate Board Meeting, Mental Health Division Board, and Mental Health Legislation Committee).	31 March 2025	Katie Hollingworth, Directorate Manager	CAMHS

Matter Arising 3: Administrative team guidance (Design)	Impact
<p>In March 2023, prior to the transfer of CAMHS to SBUHB, a workshop was held with the Directorates administrative team to identify underlying issues impacting culture and performance. This resulted in the development of an action plan, containing 25 actions aligned to the headings of values, team structure and communication, workload, induction/training/supervision/development, and telephone system issues.</p> <p>A September 2024 version of the plan showed all but two actions had been completed, with remaining actions linked to the administrative team’s organisational change process which was underway at the time of fieldwork closing.</p> <p>In July 2023, a report to the Performance and Finance Committee highlighted initial performance had been hampered by a lack of defined processes and responsibilities within the administrative team. Noting this evidence was obtained to confirm the completeness of actions related to the creation of booking guidance to support administrative team duties, with three separate process documents provided, in reviewing these we noted:</p> <ul style="list-style-type: none"> • One document ‘Updating a CAMHS referral following triage or review from SPOA or ADHD colleague’ was listed as draft. • None of the three documents included contained detail of version control, author or issue date. <p>A separate action to create a central spreadsheet of process guidance, review dates and approving group had not been taken forward as intended with focus instead placed on recording staff training competency for any process guide. Whilst we recognise this approach will offer more individual support, the above demonstrates there remains enhancements required to the process documents reviewed.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Guidance documents lack sufficient document control, which could lead to outdated processes being implemented.
Recommendations	Priority
<p>3.1 Management should ensure any guidance or ‘how to’ documents are finalised and contain detail in relation to version number, author and approval.</p>	<p>Low</p>

Agreed Management Action		Target Date	Responsible Officer
3.1	Accepted. Ensure good version control on Directorate documentation in a manner with is proportionate to the formality of the document.	31 December 2024 (& ongoing)	Laura Jenkins, CAMHS Directorate Business Support Manager

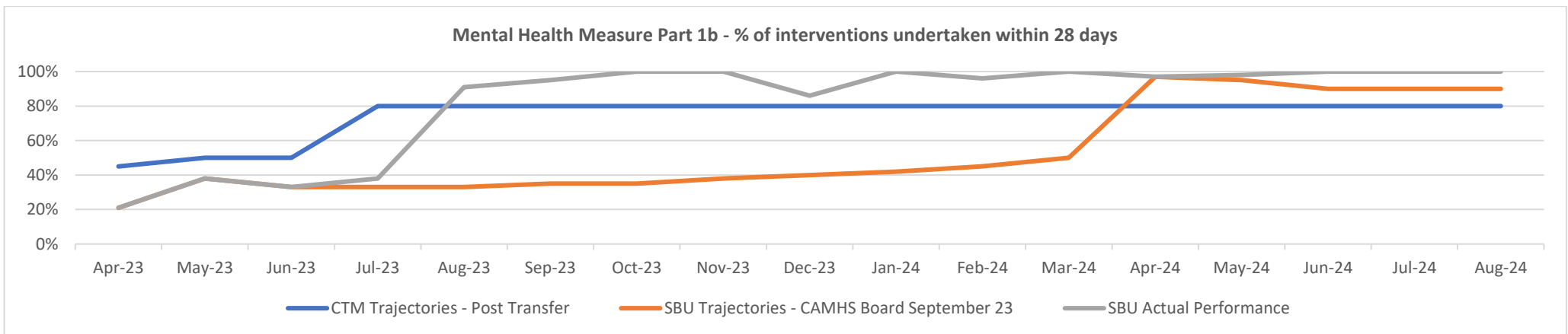
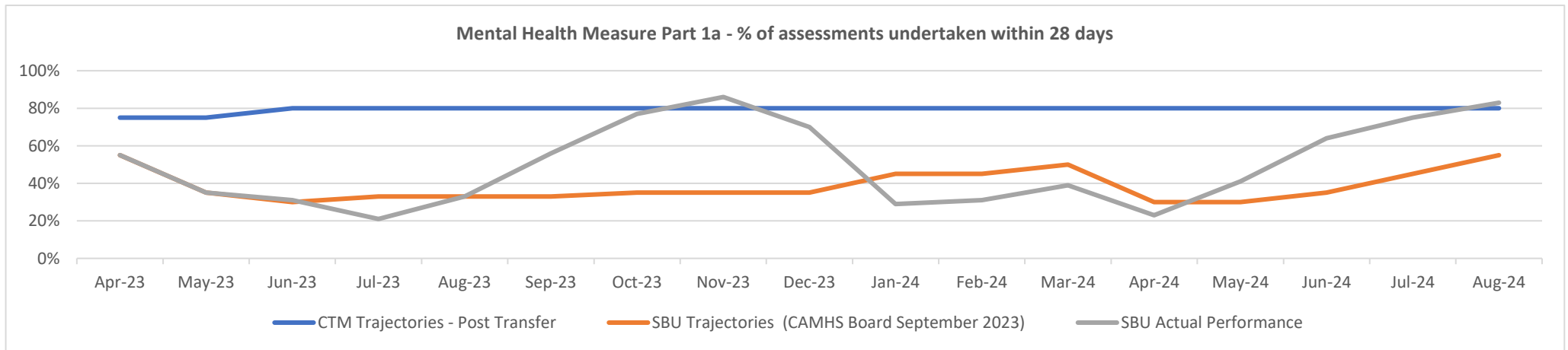
Matter Arising 4: ADHD Monitoring Service capacity and reporting (Operation)		Impact
<p>The CAMHS Directorate includes provision of ADHD medication monitoring, and a risk has been raised within the directorate risk register due to the services separation from ADHD diagnosis which sits within Childrens Services, hosted by NPTSSG. ADHD diagnosis has been subject to recent national investment from Welsh Government; however funding has not been similarly available to support monitoring, despite there being a suspected linked increase in demand.</p> <p>Following transfer from CTMUHB the ADHD Medication Monitoring service raised concerns relating to the quality of patient data, which had not been validated ahead of service repatriation, noting its total caseload was unknown.</p> <p>The Directorate undertook a detailed review and comparison of patient letters, and data held on both CTMUHB and SBUHB clinical systems for 695 patients. This identified that 147 patients were in breach of their review dates, including 54 who were overdue by over a year. Additional resource was approved by WBM in December 2023 to assist in stabilising the service, although the validation of data estimated that there remained a possible shortfall of around 800 appointments per year even with this support.</p> <p>A recommendation of the validation paper to WBM included intention to review ADHD medication monitoring capacity in a further 6 months. The subsequent review has yet to be undertaken, and our review of the Directorates performance scorecards identified this did not include follow up breaches and related waiting times as indicators for ongoing monitoring.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Clinical risk to patients where they are not reviewed in line with national guidance. • Lack of ongoing monitoring of service performance in addressing above risk.
Recommendations		Priority
4.1	The Directorate should undertake a follow up review of ADHD medication monitoring capacity to identify the current gap within demand and capacity.	Medium
4.2	The CAMHS Directorate performance scorecard should include relevant indicators related to number of patients in breach of their review date, and the wait times associated with these.	

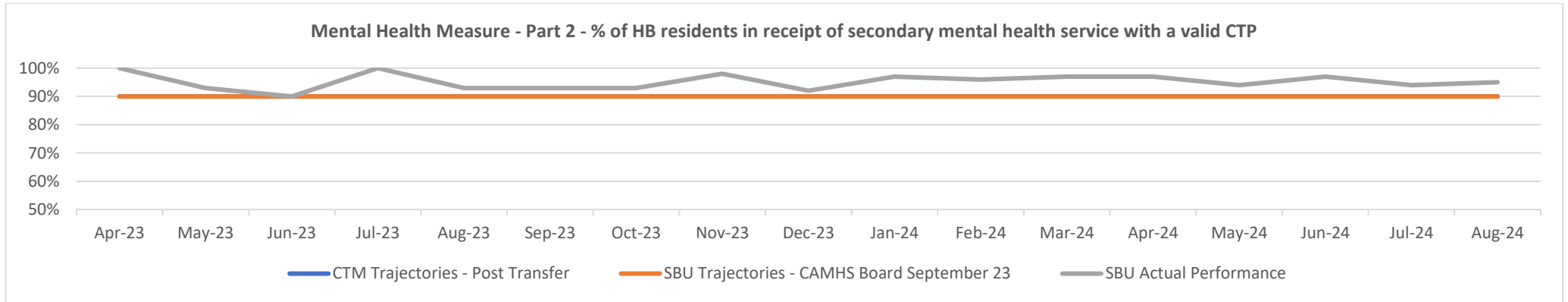
Agreed Management Action		Target Date	Responsible Officer		
4.1	Accepted. Conduct an immediate review of young people open to the ADHD Medication Monitoring Service to identify the number of breaches and consider demand and capacity.	31 December 2024	Katie Hollingworth, Directorate Manager	CAMHS	
4.2	Accepted. Devise a mechanism to evidence, monitor and report ADHD Medication Monitoring actual follow-up timescales against identified follow-up timescales to understand the breach position monthly, and report this on the CAMHS Scorecard	31 March 2025	Katie Hollingworth, Directorate Manager	CAMHS	

Matter Arising 5: Patient feedback and quality metrics (Operation)		Impact
<p>The MHLDSG has an established performance monitoring approach through the use of divisional and directorate performance scorecards which are produced on a monthly basis. Whilst including some customisation to reflect the type of service/care provided and we can confirm these are regularly produced for the CAMHS Directorate.</p> <p>Review of scorecards for the period February 2024 – July 2024 noted:</p> <ul style="list-style-type: none"> No service user/carers feedback or patient safety indicators (e.g. incident types) included from April 2024 onwards. Caseload numbers are included for individual services/teams, however there are a few other outcome measures, to offer guidance for performance of teams involved in primarily preventative areas such as the School in-reach team. <p>The CAMHS Directorates initial review against the NHS Wales CAMHS Service specification had highlighted 12 performance metrics as either amber (signifying partial or non-automated collation), or red (no current collation), noting the challenge of extracting required data from systems, some of which remain paper based.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Lack of appropriate indicators could reduce their effectiveness as a performance management tool. Lack of consistency in the reporting of key indicators may reduce their effectiveness.
Recommendations		Priority
5.1	There should be consistent inclusion of service user/carers feedback and patient safety indicators within the CAMHS performance scorecard.	Medium
5.2	The CAMHS Directorate should identify outcome measures which could support the monitoring of performance for teams involved in preventative activity or in a supporting role.	
5.3	The health board should support the Service Group in working towards reporting against all the performance metrics listed within the NHS Wales CAMHS Service Specification.	

Agreed Management Action		Target Date	Responsible Officer
5.1	Accepted. Embed the Experience of Service Questionnaire feedback form requested as part of the NHS Wales Service Specification within CAMHS practice and report via the CAMHS Directorate Q&S Report / CAMHS Scorecard which features in the Mental Health Division Q&S Committee / CAMHS Directorate Board Meeting.	31 December 2024	Delia Richards, CAMHS Lead Nurse
5.2	Accepted. Link with the Service Group Lead for PROMS to determine and embed consistent outcome measures throughout CAMHS	30 September 2025	Delia Richards, CAMHS Lead Nurse
5.3	Accepted. CAMHS Directorate to escalate Digital support requirements to fulfil the performance metrics identified within the NHS Wales CAMHS Service Specification via the MH&LD Service Group Digital meeting to obtain health board support.	31 March 2025	Katie Hollingworth, CAMHS Directorate Manager

Appendix B: CAMHS trajectories and performance against Mental Health Measure targets





Appendix C: 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.
	Unsatisfactory 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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