

<p>Teitl adroddiad: <i>Report title:</i></p>	<p>Health Board Response to the Royal College of Psychiatrists Invited Review Services Report</p>
<p>Adrodd i: <i>Report to:</i></p>	<p>Quality, Safety and Experience Committee</p>
<p>Dyddiad y Cyfarfod: <i>Date of Meeting:</i></p>	<p>Thursday, 03 July 2025</p>
<p>Crynodeb Gweithredol: <i>Executive Summary:</i></p>	<p>Background</p> <p>The Health Board received the Royal College of Psychiatry (RCPsych) Invited Services Review Report in March 2024. The Health Board is required to progress the improvements recommended in the report and demonstrate that the improvements are meeting the objectives of the recommendations and able to improve the outcome and experience for patients and staff.</p> <p>The last report to this Committee was on the 1 May 2025. The Committee received an update on the progression of the Improvement Actions in the RCPsych Invited Services Review and received an update on the Expert Advisory Group work programme and approach to outcomes framework.</p> <p>This report highlights a detailed report from the Special Advisor and Chair of the Expert Advisory Group on her key considerations from the work programme during May and June 2025.</p> <p>The report also highlights some practical examples of progress against the RCPsych Invited Services Review since the last Committee meeting. In addition there is a summary of the progress against the improvement actions.</p> <p>An update on the development of a Draft Outcome Framework and Performance Dashboard is also provided ahead of an update that will be provided to the Health Board in July 2025.</p>
<p>Argymhellion: <i>Recommendations:</i></p>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Note and Consider the update from the Chair of the Expert Advisory Group • Note and Consider the update on progress against the Expert Advisory Group Work Programme • Note and Consider the development of a Draft Outcome Framework and Performance Dashboard • Receive assurance on the Health Board response to the RCPsych Invited Review Services Report reported to the Health Board Action Delivery Group

Arweinydd Gweithredol: <i>Executive Lead:</i>	Teresa Owen, Executive Director of Allied Health Professionals and Health Science			
Awdur yr Adroddiad: <i>Report Authors:</i>	Ros Alstead – Special Advisor Phil Meakin – Associate Director of Governance			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	<ol style="list-style-type: none"> 1. Building an effective organisation 2. Developing strategy and long lasting change 3. Creating compassionate culture, leadership and engagement 4. Improving quality outcomes and experience 			



	5. Establishing an effective environment for learning
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	None
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	CRR 24-04 (Learning)
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	None to note at this stage
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	None to note at this stage
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	This paper has been prepared following the recommendations agreed at the Health Board, 25 July 2024, January 2025 and the previous reports to Quality Safety and Experience , most recently on 20 February 2025.



<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorrforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<ul style="list-style-type: none"> • BAF24-06 Ineffectively Delivering the Required Improvements to Transform Care and Enhance Outcomes • BAF24-05 Ineffectively Engaging with Citizens, Partners and Communities
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>List of Appendices:</p> <ul style="list-style-type: none"> • Appendix 1 – Update on Improvements by theme since the last Quality Safety and Experience • Appendix 2 – Summary of Progress reported to the Health Board Action Delivery Group on 9 June 2025 	

Glossary of Terms Used in This Report

ALN – Alcohol Liaison Nurse
 BCUHB – Betsi Cadwaladr University Health Board
 CEG – Clinical Effectiveness Group
 CTP – Care Treatment Plan
 CMHTs – Community Mental Health Teams
 DDAT – Digital Data and Technology
 DHCW – Digital Health and Care Wales
 DSLT – Divisional Senior Leadership Team
 DLRRG – Divisional Ligature Risk Reduction Group
 HCA – Health Care Assistant
 HCSW – Health Care Support Worker
 HSE – Health & Safety Executive
 HTT – Home Treatment Team
 KPI – Key Performance Indicator
 LHB – Local Health Board
 LOF – Learning Outcomes Framework
 MDT – Multi Disciplinary Team
 MHLD – Mental Health and Learning Disabilities
 NCCU – National Care Commissioning Unit
 NHS – National Health Service
 NICE – National Institute for Healthcare and Excellence
 OD – Organisational Development
 PADR – Performance and Development Review

PALS – Patient Advice and Liaison Services
PCE – Patient Care Experience
PST – Patient Safety Team
PTR – Putting Things Right
POMH – Prescribing Observatory for Mental Health
PSOW - Public Services Ombudsman for Wales
R&R – Recruitment and Retention
RMN – Registered Mental Health Nurse
RPharms – Royal Pharmaceutical Society
SLT – Senior Leadership Team MH&LD
SOP – Standard Operating Procedure
SQDG – Service Quality Delivery Group
WARRN – Wales Applied Risk Research Network
WCCIS – Welsh Community Care Information System
WG – Welsh Government

HEALTH BOARD RESPONSE TO THE ROYAL COLLEGE OF PSYCHIATRISTS INVITED SERVICES REVIEW REPORT

1. INTRODUCTION

The Health Board received the Royal College of Psychiatry (RCPsych) Invited Services Review Report in March 2024. The report noted out of the 84 recommendations identified from the reports, strong evidence was received to show 44% of the recommendations were implemented, 49% had some evidence to show implementation and 7% showed little or no evidence of the report recommendations being implemented. The Health Board is required to progress the improvements recommended in the report and demonstrate that the improvements are meeting the objectives of the recommendations and able to improve the outcome and experience for patients and staff.

The last report to the Quality Safety and Experience Committee was on 1 May 2025. The Committee considered the report and clarified that it found it useful to receive a report to evidence that improvement actions are being carried out, which will improve current services.

A report to the Health Board is due in July 2025 and this is the last Quality Safety and Experience Committee before the Board meeting and therefore the focus of this report is to provide an update from the Special Advisor to the Health Board (and Chair of the Expert Advisory Group) on the progress against the Expert Advisory Group work programme and progress towards developing an Outcome Framework and Performance Dashboard.

2. PURPOSE OF THIS REPORT

The purpose of this report is to provide information that will enable the Committee to:

- **Note and Consider** the update from the Chair of the Expert Advisory Group
- **Note and Consider** the update on progress against the Expert Advisory Group Work Programme
- **Note and Consider** the development of a Draft Outcome Framework and Performance Dashboard
- **Receive assurance** on the Health Board response to the RCPsych Invited Review Services Report reported to the Health Board Action Delivery Group

3. ADDITIONAL BACKGROUND

As a reminder, the ten themes (Table 1 below) are outlined below.

Table 1: The ten themes

The Ten Themes
<ul style="list-style-type: none"> ○ Theme 1 – Patient and user centred care ○ Theme 2 – Legislation and clinical guidance ○ Theme 3 – Governance ○ Theme 4 – Staffing ○ Theme 5 – Management Structure ○ Theme 6 - Clinical services organisation. ○ Theme 7 - Training and development ○ Theme 8 – Leadership and staff engagement ○ Theme 9 – Resources ○ Theme 10 – Physical environment

4. UPDATE FROM THE CHAIR OF THE EXPERT ADVISORY GROUP

This part of the report provides an update from the Special Advisor on progress towards implementing the recommendations and improvement actions arising from the independent Royal College of Psychiatrists Invited Review, published at the end of 2023. This role provides advice and expertise in mental health. The advisor supports and advises board members, the executive and Health Board teams leading and delivering the RCPsych Invited Service Review improvement actions.

The advisor also chairs the Expert Advisory Group (EAG) which was set up to involve people with lived experience most impacted by this review. This includes a small number of experts by experience including two with current experience, and four family members (who agreed to become re- involved) all whom experienced serious care failings highlighted through the Ockenden, Holden and other external inquiries and reports. The EAG also includes four health board staff with areas of relevant areas of expertise and two staff from Llais, including the North Wales Llais Director who is the Vice Chair of the EAG.

4.1 Expert Advisory Group work and programme so far, our experience and feedback.

The last report highlighted the importance of getting the foundations of engagement and support right.

Since the end of October 2024 six group meetings have taken place, complimented by many individual meetings. Since the last report three group meetings in May and June 2025. The EAG continues to be grateful to Geoff Ryall-Harvey and his team at Llais for their dedicated input and expertise and time, supporting people, and for the use of their meeting room at Llais Office in Bangor.

Each of the recent group meetings focussed on one out of the ten themes outlined in the Royal College Psych report. Each theme had several improvement actions to review. EAG members looked at the information provided and offered views on progress or concerns about the actions, asked questions and added their perspective. Members had previously identified the areas they are most interested in through one- to- one discussions. There is no expectation that members have the desire or time to be involved in everything, or review all the detail. Some family members

feel they have been involved in similar process before, to no avail, and they were disappointed that the RCPsych report identified areas where improvement was not demonstrated, or sustained.

Presenting the information in a format which is accessible and attempting not to overwhelm people with detail has been a challenge. The EAG has listened and changed the format each time to try and improve the approach. The EAG is thankful to everyone for the time, patience and valuable contributions. . Everyone in the EAG wants to see improvement, and moving on from previous adverse experiences.

The EAG has been well supported by Health Board teams including project support through Phil Meakin, Associate Director of Governance, the Mental Health and Learning Disabilities (MHL) service, the Transformation and Improvement teams and the Corporate Nursing and Quality teams amongst many.

Recent input from the transformation and innovation team helped to make complex data about clinical effectiveness easier to understand.

The EAG reflects that the format that has worked best in recent meetings is when the subject matter expert presents and explains the information we have received. This gives the EAG a better opportunity to have answers to questions in the moment, to provide detail and perspective. This worked well with Tracey Williamson who is the Dementia Nurse Consultant and her colleague presenting on the dementia actions in the meeting in late May, and Leon Marsh, Head of Patient Experience leading the patient experience and involvement theme in early June 2025.

4.2 Update from Expert Advisory Group Meeting on the 16th of May 2025

Commenting briefly on the clinical effectiveness theme which was discussed in May 2025. The EAG could see a number of important audits have been completed in areas where care standards were not met or sustained arising from significant care and service delivery issues arising from recommendations in both external reviews and the independent invited services review..

The audits have already been presented to Health Board Committees, and to the Evidence of Outcomes group looking at the quality of the evidence, making recommendations to an Executive Delivery Group. Once the internal governance has been completed, the relevant information was shared and looked at by the EAG. The information received included audits on falls, mental capacity and administering anti-psychotic medication amongst others. Overall, the EAG saw evidence of audits taking place against best practice standards. In general, where standards had not been met in the wards, improvement plans have been agreed and re-audits checked for improvement. For example, the falls audits in Older Persons Mental Health. However, inconsistency meeting standards was found in mental capacity assessment completion. The EAG members did not find evidence of this being picked up as an issue. EAG members shared personal experiences and perspective a which was valuable to emphasise the impact and importance of completing mental capacity assessments for the individual and their family. This is an area for improvement along with engagement of patients and families in care plans from this audit.

The audit of medical staff log ins took place in 2024. The EAG members fed back to the Director of Mental Health who is on the EAG the need for management action and a re-audit is urgently required due to lack of clear improvement in this important area. The EAG Chair is aware that this work is being prepared for presenting back to the Group for update by the end of July 2025.

Audits with clear actions plans and evidence of improvement provided information that practice meets the required standard at the time of the audit when it took place. To demonstrate that this will be sustained, dates for re- audits of these standards need to be agreed. It is preferable to have some of these areas audited routinely by Matrons / Multi-Disciplinary Teams in “real time” in areas where greater oversight is needed or it is a high priority area of mental health practice.

4.3 Update from Expert Advisory Group Meeting on the 29th May 2025

The meeting looking at the dementia improvement actions benefitted from explanation and presentation by Tracey Williamson and team. The Group could see the significant work been undertaken towards meeting these actions. From the information the EAG looked at it was is not always clear what further evidence of outcomes and outputs is required to decide when the improvement action is met. It is excellent news to hear the Dementia Nurse Consultant has now started in her new role.

4.4 Update from Expert Advisory Group Meeting on the 5th June 2025

The EAG members were very pleased to hear more about the improvement and development in complaints management and how the health board is beginning to collect and use patient experience feedback in real time. Mental health services have no overdue complaints and resolution is timelier. EAG members from experience have been keen to see the balance between satisfactory resolution of complaints and timeliness.

Experiences of the complaints process from friends and family known to members appears mixed, which appears inconsistent with the information received. Patient experience information is most meaningful at team level where individual issues can be addressed and teams receive direct positive and negative feedback which Health Board teams can do something about immediately. With further development and implement the CIVICA (system) is a real opportunity to be able to know about good and poor care experiences at scale, rather than just focus on complaints.

4.5 Key Matters Arising from the Expert Advisory Group Meetings

Overall, it would be helpful if the Evidence of Outcomes group could more clearly set out the requirements and further evidence which must be met for the improvement actions to be approved. It appears that many actions have progressed but lack a clear indication of when the actions have been met and how they will be sustained. This is a key recommendation from this report. At the time of writing this report the matter has been noted by the Chair of the Evidence of Outcomes Group and is placed on the agenda for their next meeting of 1 July 2025 to ensure there is alignment to the Evidence of Outcome Group Terms of Reference.

Where standards have not been met, audits need to have action plans and follow up actions to check that improvements have been made. The annual audit plan needs to detail when re-audits will take place to sustain improvement.

4.6 Expert Advisory Group Visit programme going forward

The Expert Advisory Group have been involved in developing a work programme which includes visits they will participate in if they wish to. This will help with seeing and understanding if changes being reported are having an impact in teams. Some members will be more involved than others. The Llais team and volunteers are trained to visit mental health areas. The EAG Vice Chair, Geoff Ryall -Harvey will lead the visits to adult and older adult inpatient ward in the coming weeks, starting at the end of June 2025. One EAG member has been involved in developing the

questionnaire to be used with Llais and the support documents are in place. The EAG did undertake some work earlier this year on issues that are important to members. The visiting team will also look for information and evidence to support or question the information already received about improvements.

4.7 Expert Advisory Group Work Programme - Next Steps and Areas for Attention

The Group is thinking again how to look at all the information that is being produced to help with the assessment of progress made, aiming not to overwhelm people with a mass of papers that they do not feel comfortable with. The Group aims to use the benefit of people's experiences to guide what it looks at and finds. Although the Group have tried different ways to make this manageable, understandably, some members found the volume of information is too much and the terminology and technical details difficult to understand. It is not the remit of the group to be accountable for what has been done, however being involved in this way has felt uncomfortable. This matter is receiving further attention and a different solution. The Group may consider having extra help from people who feel comfortable looking at detailed technical information who can work with some of us to look through the papers and report back to the group. This maybe a way of reducing the workload and burden for those wishing to be less directly involved.

Something which has been helpful in the Group meeting schedule is topic-based meetings and seminars to inform EAG members about areas being looked at. This is a good opportunity to ask questions and seek clarification and understanding. The seminars in staff wellbeing and staffing have been useful. Several more planned including environmental improvements inclusive of ligature removal, progress on implementation of electronic patient records, learning from deaths and mortality reviews in mental health, ward accreditation and improvements to physical healthcare in inpatient mental health wards and more on staffing including and recruitment retention and staff experience. The Group are also meeting with senior leaders in Older Persons Mental Health and Adult Mental Health.

At times it has been challenging to balance pace, momentum and workload. The need to progress with a timeline of 12 month on the one hand, and needing to be carefully balanced with time, wellbeing and other commitments of the much-valued volunteer members of the group. The EAG are very grateful to them all for their input and ongoing support which makes this work possible. Further attention will be given to this and the EAG may adjust the programme in the next few weeks, seeking a more comfortable balance whilst maintaining a direction of travel with an end point in mind (October.)

It is likely by then there will be a lot of evidence of progress, whilst there may be a few longstanding areas which continue to need attention. Current areas which the EAG detailed have not received information on yet which are known risks include Allied Health Professional and Psychology staffing and leadership in the Health Board. The number of staff in leadership interim positions is another longer-term area which needs continuous attention by leaders and the Health Board to make progress.

Improvement actions are led by Board Directors and action owners from across the Health Board teams and departments. There has been good engagement and input from executives and leaders throughout the organisation which the EAG is grateful for. The Royal College invited review highlighted making sustained improvement is one area that the Health Board has found it difficult to demonstrate. The mental health leaders with corporate teams are developing an outcomes framework accompanied by a performance dashboard which will have dementia and mental health specific sensitive measures. Ensuring this has the right leadership and support to develop and continue to flourish once this programme is stood down is vital to demonstrate that safety

experience and quality improvement continues and improvement can be evidenced in real time and in future. An update on this is provided in Section 6 of this report.

5. EVIDENCE OF PROGRESS AGAINST THE IMPROVEMENTS OF RCPSYCH INVITED SERVICES REVIEW

The previous Quality Safety and Experience Committee welcomed the information in the 1 May 2025 report that gave examples and an update on improvements that have been reported to the Health Board Action Delivery Group and highlight the work that has taken place in response to improvement actions in the Invited Services Review.

Appendix 1 provides an update on this progress since the 1 May 2025. The detailed evidence has progressed through the agreed “management arm” of the governance process and is shared through the “assurance arm” of the governance process (the Expert Advisory Group). Appendix 1 provides a summary of this information.

Appendix 2 provides a summary of progress that was provided to the Health Board Action Delivery Group on the 9 June 2025.

6. DEVELOPMENT OF THE OUTCOME FRAMEWORK AND PERFORMANCE DASHBOARD

At the meeting of the Health Board in January 2025 the Board noted the importance of developing an Outcomes Framework and accompanying Performance Dashboard that can illustrate progress against the improvements reported in the Invited Services Review

Further to the development of the RCPsych Invited Services Review response plan and associated improvements, a Health Board task and finish group was commissioned in October 2024 to identify a set of outcomes and associated performance indicators that could be adopted to provide a demonstrative proxy measure of the positive impact resulting from the progress on the response plan. The objective being to develop a RCPsych Business Intelligence (BI) Performance Dashboard that could be presented and also for transferring into any bespoke reports that may be required within the overall governance framework. This commissioned work has been developmental and dynamic in its development. This draft can be shared with colleagues and the EAG Chair for final consideration. Next steps in maturing the Framework and Dashboard needs to be a staged approach, but at pace and will require a more refined group to complete the Framework and Dashboard.

7.SUMMARY

This report seeks to draw out the Special Advisor’s reflections of the Expert Advisory Group work programme and where further attention is required to deliver the sustainable and embedded improvements in care for the population of North Wales. The continued focus of Health Board members, colleagues and the stakeholders in the Expert Advisory Group continues to be important as the Health Board focuses on demonstrating improvement and learning from feedback.

The report also highlights continued progress that has taken place in the improvement actions that are arranged under the ten themes of the RCPsych Invited Service Review and the development of a Draft Outcomes Framework and Draft Performance Dashboard that will be important in developing a “business as usual” approach to understanding the impact of improvements.

8.NEXT STEPS

- Continue to progress the Improvement Actions in the RCPsych Invited Services review.
- Follow up on the reflections of the Special Advisor highlighted in this report.
- Socialise work on the Draft Outcomes Framework and Performance Dashboard and report on progress at the Health Board meeting in July 2025.

9.RECOMMENDATIONS

This report asks the Committee to;

- **Note and Consider** the update from the Chair of the Expert Advisory Group
- **Note and Consider** the update on progress against the Expert Advisory Group Work Programme
- **Note and Consider** the development of a Draft Outcome Framework and Performance Dashboard
- **Receive assurance** on the Health Board response to the RCPsych Invited Review Services Report reported to the Health Board Action Delivery Group

10.APPENDICES

Appendix 1 – Update on Improvements by Theme since the last Quality Safety and Experience Report.

Appendix 2 – Summary of Progress Reported to the Health Board Action Delivery Group on 9 June 2025

APPENDIX 1 – Update on Improvements by Theme Since The Last Quality Safety and Experience Report

5.1.1. Theme One Outcome – Patient and User Centred Care

Improved older adult and dementia care through a skilled workforce, improved communication, engagement and partnership working both strategically and operationally with service user, families, carer and wider stakeholder and partners.

There are seven MH&LD actions and eight Health Board wide actions to deliver this outcome. In total, fourteen action owners have submitted evidence and are awaiting approval through various stages of the agreed governance route for approval and final sign off. One action remains in progress, albeit not to deadline which is aligned to reviewing the Local Authority (LA) working model in Community Mental Health Teams to ensure collaborative partnership working.

The MH&LD Consultant Nurse for Dementia is now in post. The successful candidate comes into post with 20 years' experience working in dementia care in acute settings, Mental Health and Community Services and has previously worked for University College London Hospitals as a Consultant Nurse for Older People. Her work has spanned clinical leadership, service redesign, education and quality improvement which has driven innovative advancements including the design of therapeutic spaces and the implementation of new service models. An in-depth induction plan has been developed to support her settling into the role including meeting with MH&LD and Health Board colleagues and visiting sites across the Division. A focus of the MH&LD Consultant Nurse for Dementia, in partnership with the BCUHB Consultant Nurse for Dementia, will be the continued delivery of the dementia related actions.

Several Dementia related actions have progressed, including increasing Dementia education and awareness through the newly commissioned "Finding the Light in Dementia" Training and Dementia Training Study Days. Across the Health Board over a thousand staff have had various Dementia related training, with innovative ways of providing the training including Dementia Bus Training and Train-the-Trainer implemented for a PORT tool national pilot (Person-Centred Observation Reflection Tool). Feedback has been collected, to enable an understanding of the impact of the training, and several attendees noted positive feedback.

Improving communication and engagement with patients remains a key focus in the MH&LD and wider Health Board. An iCAN Communication and Engagement Plan has been produced to help increase awareness of iCAN hubs/iCAN Services across North Wales. A series of workshops organised by the Health Board with Third Sector organisations, and Local Authorities has been held to work together to inform a strategy to strengthen Mental Health Services including commissioning and partnerships. An iCAN Dashboard has been developed providing an overview of current activity including partnership working outcomes. The Multi-agency workshops include complex problem-solving sessions organised to support the development of partnership working.

The use of CIVICA, the Health Board's patient, carer and service user feedback system, allows the Health Board to listen, learn and act on feedback to ensure that managers and Health Care Professionals are able to utilise feedback in real time to improve services in order to provide a

safer, more positive experience. The Health Board is collecting both quantitative and qualitative data to turn in to valuable insights.

The whole of the MH&LD Division has been successfully mapped to CIVICA, with real time feedback reported into the Divisional Patient, Carer and Experience (PCE) Group Meetings. To increase the feedback a “Roll Out” plan has been developed to raise awareness and provide the necessary resources and training to ensure reporting on both quantitative and qualitative data occurs improving visibility of feedback at service level, and ensuring feedback loops are closed with clear outcomes.

The data will allow the Health Board to identify any issues and to better understand a patient’s journey through services, alongside understanding the views of families and carers. From July 2025, monthly CIVICA Reports will be sent to 92 service leads and Area Senior Leadership Teams, embedding accountability at the local and divisional level. This will allow each team to act on feedback to improve patient experience.

MH&LD Division and Llais Meetings continue to occur, with all the five local area triumvirates (Head of Operations, Head of Nursing and Clinical Director).. The Llais Annual Plan 2024/25 has been shared along with the details of the “Safe Space Events, and arrangements are being made for Llais volunteers to visit the Learning Disability and Substance Services too. A focus for the next scheduled meeting will be on housing.

Further to the series of events held last year across North Wales, the MH&LD Division is continuing to develop a “Service User and Carer Engagement Plan. The events were an opportunity to bring together professionals, carers and importantly those with lived and living experience of Mental Health and Learning Disability challenges and using our services. The events were facilitated by Co-production Lab Wales, with the support of Caniad and BCUHB Teams, and were attended by a total of 67 people. Participants gave positive feedback and expressed a strong desire to remain involved and a follow-up event has been undertaken to share emerging themes. A strategy is currently being drafted and will be ready consultation Q2 25/26 with further sessions planned to co-produce detailed delivery plans. Members of the Expert Advisory Group have asked to attend sessions where appropriate.

5.1.2 Theme Two Outcome – Legislation and Clinical Guidance

Improved processes in place for sharing and embedding wider learning from incidents and audit activity which informs training, clinical practice and appropriate action to reduce incidents and risks.

There are nine Health Board wide actions to deliver this outcome. In total, seven action owners have submitted evidence and are awaiting approval through various stages of the agreed governance route for approval and final sign off. Two actions remain in progress, albeit not to deadline.

The MH&LD Physical Health Strategy is currently out for consultation, with a closing date of 30th June, and will progress and be finalised through due governance process including the Clinical

Effectiveness & Policy Group, Divisional Quality & Service Delivery Group, Executive Patient Safety Group and the Executive Policy Oversight Group.

A Divisional Implementation Plan was developed to launch the plan aiming to build strong engagement across clinical and operational teams to support to aid successful implementation. As part of this, the Assistant Director of Nursing has written to the Senior Leadership Team to request nominations from each service area to join the Physical Health Steering Group. This is an important opportunity for nominated staff, particularly clinicians and managers to contribute to embedding the policy in practice and to gain a clearer understanding of the expectations outlined with it. In addition, a 7-minute briefing has been developed to provide a detailed overview of Physical Health Policy. To help staff incorporate physical health into their holistic care model and improve health promotion and advice provision to patients using Mental Health Services a Physical Health Hub has been created on BetsiNet.

Audits have been undertaken between 5th and 28th February 2025 in the 23 wards within the MH&LD Division to assess their compliance with the Prevention and Management of Adult Inpatient Falls Operational Policy (NU06) and completion and quality of the Falls and Bone Health Multifactorial Assessment (FBHMA). The FBHMA is a mandatory assessment tool and care plan for all adult inpatients.

The Audit Teams were tasked to select five random inpatient risk assessments FBHMA (including the Care Plan) for each ward. The outcome of this comprehensive audit was that the scores were broadly excellent or good across areas. Older Persons Mental Health Wards (OPMH) performed particularly well across the Division, OPMH is the area where falls are most likely to occur. Person-centred assessments and interventions were observed across the majority of samples with narratives linked to the status of the patients achieved in the majority of areas.

The audit has identified areas for improvement which will subsequently improve the quality of record-keeping and the documentary evidence upon which our patient care is based. It will ensure that all staff can readily care for patients who are high risk of falls confidently, with all the information required to enable them to mitigate and identify risks where able to do so. The audit report was disseminated to Divisional SLTs for comment on 3rd March, with a final report produced on 6th March, and which has been disseminated to the Divisional SLTs.

5.1.3 Theme Three Outcome – Governance

For our patients to receive seamless care co-ordination through a fit for purpose, fully adopted Electronic Patient Record System in addition to an effective MH&LD Governance Framework from Ward to Board.

There are 14 actions to deliver this outcome. In total, seven action owners have submitted evidence and are awaiting approval through various stages of the agreed governance route for approval and final sign off. Seven actions remains in progress, three of which are not to deadline.

In April 2024, the corporate complaints team began focussed work on improving patient experience. This has been progressed by reducing the backlog of complaints, embedding improvement initiatives to support improved patient experience alongside sustaining the

performance in complaints management by reducing open complaints, overdue complaints, quality and timeliness of complaints. The achievements between 1ST April, 2024 and 31st March, 2025 include –

- An 67.12% decrease in the total number of open complaints from 660 to 217
- An 88.45% decrease in the total overdue complaints from 407 to 47
- An increase in the number of complaints being resolved within 30 working days from 38.33% to 78.34%
- A 43.47% Increase the average number of complaints resolved per week from 46 to 66
- National comparison, we are now the best performing Health Board in Wales at resolving complaints within 30 days, having been the worst for over five years.

The Head of Patient and Carer Experience is the Vice Chair of the BCUHB Organisational Culture and Leadership Group and presentation was made at the Strategic Patient and Carer Experience Group (PCEG) to highlight the recent progress that the Health Board has made.

In addition, the Health Board are closing more complaints per week, addressing complaints quicker and have sustained a reduction in complaints remaining open and have become the best performing Health Board in Wales in relation to the management of complaints and concerns. The MH&LD Division has achieved the 75% compliance on 2nd September, 2024 and has maintained this level.

There was a relaunch of the Health Board's Patient Advice and Liaison Service (PALS) through online platforms, ensuring the public how to raise a concern of complaint. The goal is to help support people in community to use the appropriate service based on their needs whether that be early resolution for low level concerns through PALS or formal concerns through complaints. A newly developed internal website has been developed to make it easier for staff to raise concerns, and complaints and new external public facing web pages are now available to make it easier for people to locate how to make a complaint or raise a concern.

BCUHB's Digital, Data and Technology (DDaT) Service continue to support the Division and the Child and Adolescent Mental Health Service (CAMHS) to progress with the implementation of an Electronic Patient Record (EPR) System, this will be transformative for patients and staff. The Programme Board is well established with input from across specialities, services and input from the National Team. The Invitation to Tender (ITT) was sent out to the market via NWSSP Procurement Team on the 8th May 2025 and a full procurement timeline has also been published. The evaluation process is critical to BCUHB to purchase the right system. There is an evaluation plan with an evaluation briefing for all staff involved in the evaluation, developed working collaboratively with Cwm Taf and NWSSP.

The Mental Health Electronic Health Record (EHR) sits under the scope of the EHR Programme Board and an update is provided at each meeting. Carol Shillabeer is the Senior Responsible Owner (SRO) for the EHR Programme and Iain Wilkie is the SRO for the Mental Health EHR. The Mental Health Project Board has been recently reviewed with new membership to take the project through the next stage. A project briefing session was run for all new members to provide an

overview of the project and for them to gain and understanding of their roles and responsibilities. A Clinical Service Officer has recently been appointed who will be responsible for leading the change across the service with the change team. The service transformation has begun with workshops with Local Primary Mental Health Support Services (LPMHSS) and Children and Adolescent Mental Health Services (CAMHS).

5.1.4 Theme Four Outcome – Staffing

To have in place a fully appointed substantive divisional structure, with an effective and efficient recruitment and retention plan focusing on attraction strategies to enable the Division to have the right staff, with the right skills at the right time to meet the mental health needs of the population of North Wales currently and in the future.

There are seven MH&LD actions to deliver this outcome and one Health Board actions to deliver this outcome. In total, five action owners have submitted evidence and are awaiting approval through various stages of the agreed governance route for approval and final sign off. Three actions remains in progress, albeit not to deadline which are aligned to the recruitment of a MH&LD Director of Nursing (that is now out to advert), a Consultant Psychiatrist for the Hergest Unit and progressing the funding the Wellness, Work and Us Service.

The MH&LD Division continues to progress the recruitment and retention activities aligned to the MH&LD Recruitment and Retention (R&R) Plan, with quarterly reporting through due governance including any agreed area of focus as determined by the Divisional People and Culture Delivery Group.

The MH&LD Recruitment and Retention Group continue to progress a range of activity to actively promote retention and recruitment across the Division. There continues to be a downward trajectory of divisional vacancies from the last update of 12.9% (reported in February 2025), to 12.6% in May 2025. Nurse vacancies have reduced from 13.8% in April 2024 to 11.4% in April 2025 and Adult Community Support (ACS) nursing vacancies reduced from 12.5% in April 2024 to 9.3% in April 2025.

Recruitment efforts include virtual events, social media campaigns, attendance at job fairs and sharing recruitment posters at school career events. Progress has also been made with reduced reliance on agency, ceasing all HCA agency since April 2025 with a reduction in Nurse Agency use per month from April 2024 at 4082 hours to April 2025 at 3197 hours.

5.1.5 Theme Five Outcome – Management Structure

To have in place a fully appointed substantive management structure, with an effective and efficient recruitment and retention plan focusing on attraction strategies to enable the Division to have stable leadership to support meeting the mental health needs of the population of North Wales currently and in the future.

The Division has two improvement actions and the Health Board has one. One action owner has submitted evidence and this action is awaiting approval through various stages of the agreed governance route for approval and final sign off. Two actions are in progress and within deadline.

The MH&LD Division continues to make progress in reducing interim posts and transitioning them into substantive roles in alignment with the MH&LD Operating Model and the wider Operating Model review.

To date, ten interim staff have been recruited to substantive posts following various recruitment activity. The remaining vacancies are planned for the next 18 months, 5 per each 6 months.

5.1.6 Theme Six Outcome – Clinical Services Organisation

All patients will have access to multi-disciplinary support based on need to improve patient outcomes and patient experience.

The Division has one action in progress not to deadline, 6.5 - Ensure all Centre and East Memory Assessment units attain Memory Service National Accreditation Programme (MSNAP) accreditation. Action 6.6 - Progress the pilot scheme for in-reach workers in care homes, review and measure impact and outcomes and carry out options appraisal to expand to all care homes to enable consistency of service provision is due October 2025.

To measure compliance with BCUHB Mental Health and Learning Disabilities Ward Round Terms of Reference (TORS) and to determine current status and representation in ward rounds across all Adult Acute wards, a table top audit was conducted in December 2024. All wards demonstrated that there was a weekly schedule for when ward round occurs and that patients and ward staff were aware of when to expect a ward round. Ward round were found to take place according to the schedule in all samples and outcomes were found to be clear and achievable. Divisional standard TOR's for MDT ward rounds on Acute Wards were not in existence. Since the audit a standard document has been implemented across all areas to enable consistency and clear standards. Key points are;

- There is a lack of Psychology provision throughout all acute inpatient wards.as the inpatient units have experienced challenges recruiting an inpatient Psychologist. As a result, the posts are currently being reviewed by the Head of Psychology.
- The data showed family representation in ward rounds was low across all areas. All areas were to focus on improving engagement with families and to re-audit to measure improvements.

The newly appointed MHL D Consultant Nurse Dementia will add support to the monthly Consultant Nurse Dementia led network meetings. In addition, Orientation Days have been introduced for new role-holders, plus half day training on their role in educating/training supporting patients who are distressed. In addition to this a team building day with Arts in Health and Improvement Cymru are examples of increased education aligned to the Dementia actions included in the RCPsych Response Plan.

5.1.7 Theme Seven Outcome – Training and Development

To ensure a skilled and developing workforce through the completion of identified training and learning opportunities including a programme of regular Divisional Learning Events with external speakers to enable an increase in networking with other organisations both within Wales and nationally.

Four key actions are aligned to this outcome, three for MH&LD and one for the Health Board.

A Divisional Learning Event is currently being planned for September 2025, date to be confirmed, as a preferred date is being requested via 365 forms. The aim is to have two events per year. This will enable a wide variety of stakeholder engagement as well as themed topics that will support learning and improvement across the Division. The events will include key external speakers and include topical themes within the Health Board.

- To support networking through partnership working the Division has numerous well established meetings and see networking as a key mechanism for driving meaningful change and a forum for individuals to come together, share ideas and raise awareness of challenges. The team collaborate and co-operate with organisations at national and local level to improve outcomes and in partnership with their patients and communities. Examples of these are:
 - Royal College of Psychiatry Networks: Participation in national peer reviews and forums (e.g. Forensic and Perinatal Quality Networks) to share learning and best practice.
 - Multi-agency Meetings: Regular engagement with North Wales Police, Local Authorities, and Third Sector partners through forums such as the 135/136 Strategic Monitoring Group, Missing Patient Meetings, and Joint Commissioning Meetings.
 - All-Wales Networks: Involvement in national groups such as the All-Wales Rehab and Perinatal Networks, fostering cross-Health Board collaboration.
 - Local Partnership Forums: Monthly GP Cluster Groups, Wellbeing Hub planning meetings, and Local Authority liaison meetings to address local service needs and integration.
 - Internal Networking Platforms: Healthcare Support Worker forums and Clinical Audit drop-in clinics provide staff with opportunities to share experiences and drive service improvement.
 - Strategic Projects: Engagement in initiatives like the Caledfryn Project Board and Pan Cluster Planning Group to co-design future service models with partners.

5.1.8 Theme Eight Outcome – Leadership and Staff Engagement

To ensure our MH&LD staff receive a clear and consistent level of information appropriate to their needs, underpinned by a communication and engagement strategy and action plan. This will support a culture of openness and honesty with the ability to challenge safely.

There are seven actions across the Health Board to support delivery of this outcome.. Six actions are awaiting formal approval following evidence submissions and the remaining one is in progress albeit not within the deadline for delivery. These are outlined below, including HEIW training, Cultural Change Leaders, MAPP, Staff Survey and Divisional SLT walkabout.

To support and develop our leaders in the Division, four of our Senior Leadership Team (SLT) and colleagues across have commenced the HEIW Mentorship Training, with four mentees also receiving mentorship from participants of the scheme across Wales. In addition, nine SLT members have undertaken the induction to become Cultural Change Leaders with improved access to coaching for existing and new leaders. A Managing Attendance and Performance

Prompt (MAPP) Tool has been developed by the “Wellness, Work and Us” Project group and is available to support new and existing managers.

The Division has undertaken a thematic analysis of the 2024 NHS Staff Survey responses, and compared the results with the 2023 NHS Staff Survey. There has been a slight increase with the number of responses and an infographic developed to share the key themes with all staff across the Division. One outcome of the results of the Staff survey is the commencement of Staff Voice workshops to give staff the opportunity to discuss some of the themes from the staff survey with the initial three sessions around the themes of Morale , Retention and Recognition & Contribution.

The focus of MH&LD Communication and Engagement Plan implementation is to ensure plans and priorities are informed by what matters to stakeholders. The intention is that this will help build deeper connections leading to greater customer satisfaction by engaging with them meaningfully at various touchpoints. The plan will ensure that engagement efforts are aligned and consistent across the Division. By strategically planning how to engage with citizens the Health Board will be able to create more meaningful interactions leading to increased participation. The plan will bring structure, clarity and strategy to engagement efforts helping maximising relationships and achieving desired outcomes.

In support of the plan, senior leadership connectedness to the wards and services will enhance and be strengthened by ensuring there is clear visibility, communication and engagement by the Senior Leadership Team (SLT) from Ward to Board. This is underway with the 2025/26 SLT walkabout schedule developed. In their walkabouts two members of the SLT attend a variety of services and sites. During each walkabout there is either a drop in session for patients, family members, staff or carers to meet with the SLT or an “Ask DSLT” staff session with feedback developed, with a QR code, for anyone in attendance to provide feedback.

5.1.9 Theme Nine Outcome – Resources

For our inpatients to be able to access multi-disciplinary support to improving their health which includes psychological therapies.

There are five improvement actions across the whole Health Board to support the delivery of this outcome.

The response to the RCPsych Invited Services review highlights that the Therapy Services gap analysis is underway. The Health Board supports the vital contribution Therapy Services can make to achieve the aspirations of the refreshed Health Board Clinical Services plan: to supporting the delivery of integrated mental and Physical Health Services and which meet the needs of our population.

Meetings have been held between the IHC AHP Directors and MH&LD Divisional Directors, to consider future plans for collaborative working and developing multi- professional workforce plans.

5.1.10 Theme Ten Outcome – Physical Environment

A MH&LD Capital and Estates Strategy which will ensure that we have short, medium and long term plans so estates and all patient environments remain fits for purpose currently and in the future.

There are eight Health Board wide actions to deliver this outcome. In total, seven action owners have submitted evidence and are awaiting approval through various stages of the agreed governance route for approval and final sign off. One action remains in progress, albeit not to deadline which is aligned to progressing necessary Divisional Capital Estates works as part of the annual plan to ensure all works are captured.

The Divisional Estates and Capital Group is focussed on the ward environment and remedial actions that are required to improve the facilities and make it safe. Minutes and action plans associated with the meeting provide assurance that works are undertaken and reported back to the group upon completion. The MH&LD Divisional Combined Ligature Reduction and Risk Management Group received updated reports on ward environment anti-ligature assessments to ensure compliance with current operational procedures. These meetings have resulted in a proactive approach to safety in the ward environment and an opportunity to look at where small changes can result in significant benefits in delivering better care.

As part of the Targeted Estates Funding the Health Board submitted a 2 year anti-ligature programme to Welsh Government to seek funding to support a ward environmental improvement programme aligned with anti-ligature. The funding programme was approved by Welsh Government on 21st March 2025 and progress will be reported at the Divisional Estates and Capital Group Meeting. The investment in upgrading anti-ligature doors and windows within MH&LD will result in a safer ward environment. A focus of the Division, with the support from corporate and estates colleagues is to develop an overarching strategy for improvement in both anti-ligature projects and ongoing maintenance of anti-ligature and load bearing equipment that is reported to a Ligature Board.

Annual Tripartite Ligature assessments (Clinical, Estates and Health & Safety) continue to progress across the Division in all inpatient areas, Emergency Department Psychiatric Departments and in CAMHS, with compliance reported into the MH&LD Ligature and Risk Meeting and also the Divisional Estates and Capital meeting. In addition, there has been an end of year ligature capital report that shows those schemes within the agreed capital allocation reported into Capital Investment Group. Compliance in the Annual Tripartite Ligature Assessment for April 2025 was 86%, noting two area additional areas where the audit had been completed but awaited documentation.

The monthly Ligature Environmental Risk Assessment training events continue. Over 500 staff currently trained in ligature awareness including domestic and estates staff. This training is promoted via the Health and Safety BetsiNet and monthly reports to the IHCs. In addition, the Ligature Rescue Procedure managed by Resuscitation Services is included in their training package. Rescue equipment (ResQ Hook and Timesco Scissors) is issued and replaced by

Resuscitation Services. An All-Wales project is in process of converting training slides to an ESR package with support from the Corporate Health And Safety Advisor.

APPENDIX 2- RCPsych Invited Services Review Summary Update

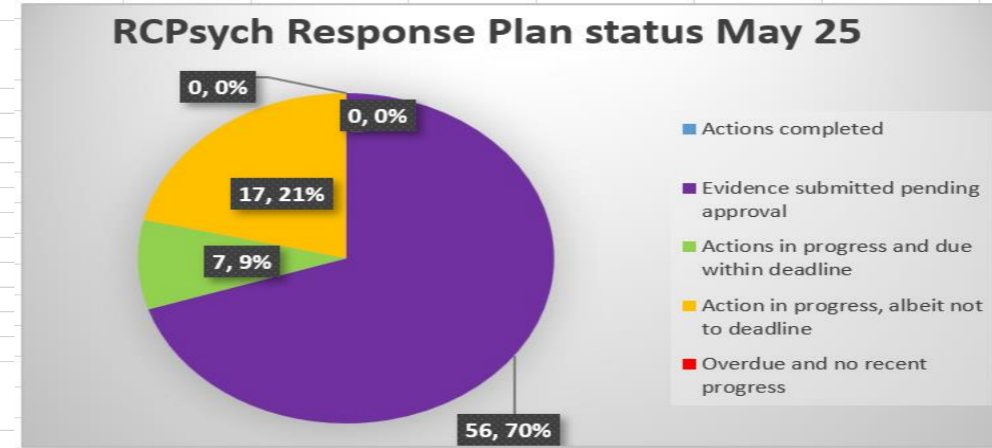
Royal College of Psychiatrists' Invited Review Services Report
Mental Health and Learning Disability services in Betsi Cadwaladr University Health Board
Progress Update Report - as at 14 February 2025

Date	12/05/2025	Period	Month 10/ May 2025	Author	Adrienne Jones, MH&LD Operational Business Lead	MH&LD Lead	Carole Evanson, Director of Operations	Senior Responsible Owner	Teresa Owen, Executive Lead.	RAG	Current month: Green	RAG Last Month: Green
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CURRENT STATUS SUMMARY

80 action in total - 56 actions pending approval, 7 actions in progress and due within deadline, and 17 action in progress, albeit not to deadline.

Action Status	Completed	Evidence submitted, pending approval	In progress and due within deadline	In progress, but not to deadline	Overdue and no recent progress
Theme 1	0	14	0	1	0
Theme 2	0	7	0	2	0
Theme 3	0	7	4	3	0
Theme 4	0	5	0	3	0
Theme 5	0	1	0	2	0
Theme 6	0	5	0	2	0
Theme 7	0	3	0	1	0
Theme 8	0	6	0	1	0
Theme 9	0	1	3	1	0
Theme 10	0	7	0	1	0
Total	0	56	7	17	0
Change from previous month	No Change	Increased by 2 from previous month	No change from previous month	Decreased by 2 from previous month	No change



Number of Health Board Wide Actions	34
Number of MH&LD Divisonal Actions	46

ACTION RECOVERY & MITIGATION

KEY MILESTONES/DELIVERABLES - IMPLEMENTATION & OVERSIGHT

Themes	1. RCPsych Response Plan Approved by Health Board	30/05/24	Complete
	2. The Board received the Health Board Response, Governance Framework agreed by Board and Exec Team approved ToR for HB	25/07/24	Complete
	3. Board appoints Ros Alstead as Independent Chair of Expert Advisory Group and Adviser to the Board	02/09/24	Complete
1.Patient and user centred care	4. Governance Framework meetings established and all ToR's agreed and reporting cycle agreed and implemented	30/09/24	Complete
2.Legislation and clinical guidelines	5. Inaugural Expert Advisory Group will meet (Chaired by an Independent Advisor with family and stakeholder membership)	08/10/24	Complete
3.Governance	6. Develop performance metrics to measure the impact of improvements	31/12/24	Ongoing development
4.Staffing	7. Report into QSE 24/10/25	26/10/24	Complete
5.Management structure	8. Report into QSE 17/12/25	17/12/24	Complete
6.Clinical services organisation	9. Report into QSE 19/2/26	19/02/25	Complete
7.Training and development	10. Report into Health Board meeting 6 monthly 30/1/25	30/01/25	Complete
8.Leadership and Staff Engagement	11. Report into Health Board meeting 6 monthly 30/7/25	31/12/25	
9.Resources	12. Completion of all actions	31/01/26	In progress
10.Physical Environment	13. Evaluation, summary report and post action review.	31/01/26	
	14. Future developments/next Steps		

PROGRESS SINCE LAST MONTH

NEXT MONTHS ACTIVITIES

5 Evidence submissions were reviewed at PIDG meeting held in May 25 and 2 Health Board actions were reporting to RAG meeting in May.
 3 actions endorsed for approval at PIDG, one of which were due for completion 31/3/25 - 17 Actions remain in progress not to deadline.
 1 action - 3.6 - request approval at HBADG to close action as aligned to Health Board progressing development of learning repository and process.

- Progress completion of 17 actions in progress, albeit not to deadline
- Progress submission of evidence of action completion to Expert Advisory Group meetings.
- Continue peer reviews undertaken by Evidence of Outcomes Group, to ensure transparency, honesty and assurance from the evidence approval process.
- Continue to progress the Performance Dashboard and the Outcomes Framework to measure the impact of outcomes, outputs and benefits to patients, workforce and service

Following review at PIDG/RAG, the following actions were endorsed for approval -

- 1.2 - Achieve Finding the light in Dementia Care training compliance across the MH&LD Division to 85% for Tiers 1 (Informed/Foundation), Tier 2 (Skilled/Intermediate) and Tier 3 (Influencers/Advanced).
- 2.4 - Complete consultation and approval of Physical health Strategy in preparedness for implementation.
- 5.1 - Continue to progress recruitment of interim posts to substantive posts aligned to the MH&LD Operating Model and in line with the wider Operating Model review, aiming to reduce interim posts by 25% by 31/3/25

CHALLENGES, RISKS & ESCALATIONS

Updated Risks and Issues Log to be reviewed and considered at each HBADG meeting.

LESSONS LEARNED AND IMPACT THIS MONTH

- 15 Non-Reg MHL staff to have attained Tiers 1 to 3 dementia training between April 2024-Dec 2024. Leading to increased awareness of Dementia to enable staff to support patients and carers across the Division.
- A MH&LD Physical Health Strategy has been developed, went out for consultation during 2024 and has progressed through due governance process. A Divisional Implementation Plan to launch the plan aiming build strong engagement across clinical and operational teams is progressing, including a 7-minutes briefing to aid staff awareness. In addition, a Physical Health Hub has been developed on Betsinet to provide staff with an easily accessible resource to support health promotion and advice provision for patients using mental health and learning disability services.
- Following a focused recruitment campaign there has been a 45% reduction in the number of interim posts across the Division. This equates to ten posts that are not recruited to on a permanent basis which provides stability for both the staff, leadership and service.

