

<p>Teitl adroddiad: <i>Report title:</i></p>	<p>The Health Board Response to the Royal College of Psychiatrists' Invited Review Services Report</p>
<p>Adrodd i: <i>Report to:</i></p>	<p>Health Board - Public</p>
<p>Dyddiad y Cyfarfod: <i>Date of Meeting:</i></p>	<p>Thursday, 25 July 2024</p>
<p>Crynodeb Gweithredol: <i>Executive Summary:</i></p>	<p>The following report details the Health Board response, approach and proposed governance arrangements by which the Health Board will deliver against the ten themes identified in the Royal College of Psychiatrists (RCPsych) Invited Review Service (IRS) report.</p> <p>The report was considered at the Health Board meeting on 30th May 2024, with a request to draw up a formal response to the findings of the review. An integral part of this recommendation focused on incorporating the views of families and other stakeholders, including Llais following their feedback on the provision of care provided to their relatives, during the May meetings (both in the Health Board meeting and in the Earlier Families meeting. The four key themes and actions were:</p> <ul style="list-style-type: none"> • For the Board to draw on best practice from elsewhere in the UK and internationally and to bring this to North Wales. • For the Board to take some time to consider the Independent Review Service findings, rather than move too swiftly to an 'action plan' • For people 'outside' the Board to help provide the Board with advice and on overview of how services are being developed and delivered • For the Board to pull out some of the elements of the further work required within the report and progress as soon as possible'. <p>A further meeting with the families and Llais colleagues was held on the 17th July 2024, when Health Board colleagues shared their outline approach to the response, with a focus on sustainable improvements in safe and reliable care, and gained valuable feedback from the families to shape the next steps. This discussion and feedback has informed this paper to the Board.</p> <p>The core report (Section one) details the key Health Board building blocks/ foundations which will support the overall improvement to support safe and reliable care across all its services. These are described under the following headings:</p> <ul style="list-style-type: none"> • Developing the Strategy and Vision of the Health Board (HB)

- The **Operating Model** refresh
- Introduction of a **Quality Management System: a framework for improvement (24/25)**
- The new **Integrated Concerns Policy**.
- Strengthening **Organisational Development** in BCUHB: **Culture, Leadership and Engagement**
- Progressing an **Electronic Health Record (EHR)** for Mental Health Services
- Service User and Carer **engagement**
- Embedding the HB **Risk Management Framework**
- **Dementia Activity** across the Health Board, and in partnership

The second section of the report describes the high level governance arrangements to oversee the response plan delivery.

The third section describes some of the positive progress being made in a number of the specific themed areas highlighted by the Royal College Review. No actions have been 'signed off' at this stage, given the need for the scrutiny/independent expert advisory group to be established. Some highlights are detailed below:

- A service and carer engagement strategy 'task and finish group' has been established with broad representation from across the Mental Health and Learning Disabilities (MHL) Division, and with people with lived experience of services. This group has been formed to specifically develop a Mental Health and learning Disability Divisional Strategy for Service User Involvement and Engagement. It aims to build on good experience from across Wales and further afield, and 'Co-Production Lab Wales' is to offer support.
- The HB teams are examining real time-feedback mechanisms to improve patient and user centred care.
- A physical health strategy has been developed within the division, and a physical health lead identified. A steering group will progress the comprehensive physical health policy for MHL. The Health Board is working with Public Health Wales to develop a Physical Health webpage, while support from Health Education Improvement Wales (HEIW), is enabling a new health promotion and prevention approach to be trialled in Denbighshire Community Mental Health teams. A Physical health suite is now established on the Heddfan site.
- During 2024, three additional Quality and practice Development nurses have been recruited to the Mental Health and Learning disabilities Division.

	<ul style="list-style-type: none"> • A HB draft learning outcomes framework (which was also linked to the Special Measures Outcome work) has been developed. • E-roster management is in place across the HB. Given the staffing challenges in the MHLD division, the topic of E-Rostering is a standing agenda item at key divisional meetings. • Links with HEIW have been strengthened. A Careers booklet is in the pipeline related to mental health carers. • The Dementia Consultant Nurse post (for the MHLD division) is progressing well with plans for the interviews to be held in September 2024. • The HB ward accreditation programme position has improved in the MHLD division. Three wards are aiming for Gold status within the next year. • The HB has delivered two Leadership Conferences during 2024 – with over 700 colleagues attending. <p>The report also provides an update on the progress against the areas rated as Amber or Red within the RCPsych report.</p> <p>Finally, Appendix 1 provides the detail on the specific actions in the detailed response plan.</p>			
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Consider the Health Board response to the Royal College of Psychiatrists Invited Review Services Report entitled ‘Moving Forward Together’. • Endorse the outlined approach and proposed governance arrangements. 			
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Carol Shillabeer, Chief Executive</p>			
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<ul style="list-style-type: none"> • Teresa Owen, Lead for Mental Health and Learning Disabilities and Welsh Language. • Iain Wilkie, Divisional Director, Mental Health and Learning Disabilities Division. • Carole Evanson, Director of Operations, Mental Health and Learning Disabilities Division. 			
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
<p>Lefel sicrwydd:</p>	<p>Arwyddocaol</p>	<p>Derbyniol</p>	<p>Rhannol</p>	<p>Dim Sicrwydd</p>

Assurance level:	Significant <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>	Acceptable <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>	Partial <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>	No Assurance <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: Link to Strategic Objective(s):	1: Building an effective organisation 3: Compassionate culture, leadership and engagement 4: Improving quality, outcomes and Experience 5: Effective environment for learning			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	None			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N/A			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	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) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	Strategic Priority P18: Quality, Innovation and Improvement			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	None to note at this stage			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	None to note at this stage			

<p>Workforce implications as a result of implementing the recommendations</p>	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>The paper has been prepared following the recommendation from the Health Board meeting on 30th May 202 to draw up a formal response to the findings of the review.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>CRR 24-04 Failure to Embed Learning</p>
<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>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps:</p> <p>To establish the recommended governance framework, which will include an 'Expert Advisory Group', independently chaired with family representatives, Llais colleagues and other stakeholders included as group members.</p> <p>Continue to strengthen the patient and carer experience work and to ensure this influences future service developments.</p> <p>To commence monitoring of the implementation of the RCPsych Response plan, focussing on the ten themes identified.</p> <p>To provide a regular updates on progress to the Health Board of the RCPsych Response plan with regular oversight through the Quality, Safety and Experience Committee, and also to the Health Board - every six months.</p>	
<p>List of Appendices:</p> <p>Appendix 1: Royal College of Psychiatrists' - Response Plan</p>	

The BCUHB Response to the Royal College of Psychiatrists' Invited Review Services Review

Prepared for the BCUHB Health Board meeting

25 July 24

Introduction

The Royal College of Psychiatry (RCPsych) undertook a review of how the Health Board implemented the findings from four previous reports and the extent to which these have been maintained and integrated into '*business as usual*' practices. The scope of the review covered the recommendations made in the following reports:

- Ockenden 1 (2014)
- Ockenden 2 (2018)
- HASCAS (2018)
- Holden (2013)

The Review Team grouped their findings into ten themes hoping this would be helpful to the Health Board in setting priorities for service development and quality improvement.

Listed below are the ten themes:

- ✓ Theme one: Patient and user centred care
- ✓ Theme two: Legislation and clinical guidelines
- ✓ Theme three: Governance
- ✓ Theme four: Staffing
- ✓ Theme five: Management structure
- ✓ Theme six: Clinical services organisation
- ✓ Theme seven: Training and development
- ✓ Theme eight: Leadership and staff engagement
- ✓ Theme nine: Resources
- ✓ Theme ten: Physical environment

The Health Board met with the families in preparation for the May 2024 Board meeting, and formally discussed the Report at its Board Meeting on the 30 May 2024. The papers are available on the Health Board website.

Both family and Llais representatives spoke at the meeting and highlighted their wish to see the completion of the actions. They expressed their disappointment that not all families with experience had been involved in feeding into the review, however the focus on looking ahead and making positive progress across mental health, older adults and dementia services in particular was welcomed.

When the report was considered at the Health Board meeting on 30th May 2024, a request was made to draw up a formal response to the findings of the review. An integral part of this request focused on incorporating the views of families and other stakeholders, including Llais following their feedback on the provision of care provided to their relatives,

during the May meetings (both in the Health Board meeting and in the earlier families meeting).

The four key themes and actions were:

- For the Board to draw on best practice from elsewhere in the UK and internationally and to bring this to North Wales.
- For the Board to take some time to consider the Independent Review Service findings, rather than move too swiftly to an 'action plan'
- For people 'outside' the Board to help provide the Board with advice and an overview of how services are being developed and delivered
- For the Board to pull out some of the elements of the further work required within the report and progress 'soon as possible'.

During the Health Board discussion, a number of key themes were discussed including:

- Accountability
- Clarity on the purpose of wards/units
- Standard setting – knowing what good looks like
- Culture
- Leadership
- Standardisation
- Openness and transparency
- Ambition, with a clear ask that the Health Board should set its bar high.

The Health Board met again with the families and Llais representatives on the 17th July 2024. The Health Board colleagues shared their outline approach to the response, with a focus on delivering sustainable improvements in safe and reliable care across the Health Board. The families again emphasised the need for a focus on patient centred care, sustainable actions, with clear evidence gathered through a clear and transparent process. During the discussion, the Board members present re-stated their commitment to strengthen the work with patients, carers and families (past and present) in its work, and to work collaboratively as the work on the response progresses.

The feedback was most valuable, and has informed this report to Board.

This report is written in three sections with Appendix 1 as a key reference document:

- **Section 1:** The Health Board system-wide approach going forward.
- **Section 2:** The governance arrangements to oversee/monitor the implementation of the response plan.
- **Section 3:** Examples of positive progress underway across the Health Board and in the Mental Health and Learning Disabilities (MHLDD) Division – aligned to the ten themes. Also an update on progress in some of the RED and AMBER rated action (as rated by the RCPsych)
- Finally, **Appendix 1** contains the detailed actions which are required to close off the outstanding recommendations. The work is system wide with both system-wide actions and specific Mental Health and Learning Disability (MHLDD) Division actions. The delivery actions have been aligned to the ten themes as outlined by the Royal College of Psychiatry. Support has been provided by the Transformation team to ensure actions are described appropriately for scrutiny and sign off in due course

Section 1: Key System-Wide Actions across the Health Board

The Health Board acknowledges the need to take a system wide approach, and the need to take key strategic actions to improve services. The *'One Year On: BCUHB's Special measures Delivery over the Last Year'* document (published March 2024), details the Board ambition in the closing statement *'...to be known as an organisation with a compassionate culture, with visible leadership and engagement with staff, partners and our communities to be a Health Board they trust and can be proud of... We must learn from the past, from our previous experiences and are committed to ongoing and continuous improvement'*.

The Board has recognised that many aspects of the way in which the Health Board has operated over recent years have been unsatisfactory, with systemic failings in terms of processes such as dealing with concerns and complaints and listening to and engaging with partners and service users, and their families and carers. These shortcomings were at the root of the decision by the Welsh Government to place the Health Board in Special Measures.

As a result, the Health Board is engaged in a wide-ranging and ambitious change programme which is aimed above all at securing long-term change in the culture of the organisation, with a focus on transparency, a willingness to learn from its own experience and from good practice elsewhere, and an unwavering commitment to quality. All of the elements of this programme are relevant to MHL, as they are to all parts of the HB.'

This change programme focuses on the core building blocks/foundations for system wide improvement. These actions align with the Health Board Three Year Plan 24/27 and the Annual Delivery Plan 24/25. Many of these key 'change programme' elements are highly relevant to ensure progress aligns to the RCP recommendations, in addition to the detailed response plan activity.

Key building blocks are detailed below:

- Developing the **Strategy** and Vision of the Health Board (HB)
- The **Operating Model** refresh
- Introduction of a **Quality Management System: a framework for improvement (24/25)**
- The new **Integrated Concerns Policy**.
- Strengthening **Organisational Development** in BCUHB: **Culture, Leadership and Engagement**
- Progressing an **Electronic Health Record (EHR)** for Mental Health Services
- Service User and Carer **engagement**
- Embedding the HB **Risk Management Framework**
- **Dementia Activity** across the Health Board, and in partnership

Developing the Strategy and Vision for the Health Board

The Health Board has agreed that the strategy be reviewed and refreshed to meet the current and future needs of the organisation. This is detailed in the Annual Delivery Plan, and developing the new strategy is proposed as a major change programme for the Health Board in 24/25, with significant transformation support in place to ensure the strategy is fit for purpose for the coming years and changing needs across the population of North Wales.

As part of this development, the current Health Board Clinical Services plan will be reviewed and reshaped. A major requirement will be to ensure that the new document meets both the physical and mental health/wellbeing needs of the population in North Wales. As a practical step in this direction, the MHLDD division have reviewed the Terms of Reference for its Acute Care Pathway group to ensure it aligns to the intended outcomes of patients admitted to inpatient services, with a focus on how risk and safety is managed during the admission, particularly in reference to home based and other treatment modalities. There is a renewed focus on an outcomes and value approach.

The HB Operating Model refresh

The 'Operating Model' of the Health Board relates to how the Health Board works and a robust operating model should help ensure a cohesive organisation. In the 24/25 annual delivery plan, this is an area of focus and review, under the 'Building an effective organisation section' (Item 1C).

Much of the Health Board went through fairly recent operating model changes, however not all divisions/services had the opportunity to complete their work. The Mental Health and Learning Disability Division operational model is due a refresh, and this is key for stability. Under the new Board leadership, there is significant work underway to achieve an optimal operational model which is fully inclusive of all services/divisions. This work will be supported further as the substantive Executive level vacancies are filled.

Key agreed actions to progress this work include completing the system-wide stock take in the Health Board drawing on the work of the Internal Audit Team; understanding benefits and issues; assessing the business partnering model currently in place; reviewing and revising the clinical leadership model and, monitoring the effectiveness of the Integrated Performance Framework.

Introduction of a Quality Management System: a framework for improvement (24/25)

A Duty of Quality Act applies to NHS bodies in Wales, and came into effect in April 2023. It has two overarching aims:

- To improve the quality of healthcare services
- To improve outcomes for people in Wales.

It requires Health Boards in Wales to establish effective quality management systems that focus on learning and driven forward by Health Boards.

The guidance makes clear that the four aspects of Quality Control, Quality Planning, Quality Improvement and Quality Assurance must work together to form the quality management system (QMS). Central to the QMS model is the commitment to being a learning, self-improving, intelligence led organisation that serves the people of North Wales.

Clinical leads from across the Health Board supported the development of the Health Boards new QMS system, and input and engagement from across the corporate teams, the Executives and the Health Board members was significant. The approach was shared by the Executive Medical Director at the Health Board Public Meeting in May 2024, and the QMS is seen as a catalyst for further change

and improvement, helping to build a more effective integrated organisation. The approach is new to the Health Board, and new to health services in Wales in general. The principle of co-production is built into the work as the local implementation rolls out.

Integrated Concerns Policy

A new policy is being developed by the Executive Director of Nursing and Midwifery to ensure incidents, complaints and mortality reviews across the Health Board are addressed as per the NHS Wales requirements.

The policy is enhanced given the focus on the five key principle of person centredness; fairness; candour; timeliness, effectiveness and proportionality; and an outcome and improvement focus.

The Health Board Executive Quality Delivery Group (EQDG) will be the lead management group with responsibility for ensuring this policy is implemented. The policy references the importance of listening to complainants fully, and the important role of the Patient Advice and Liaison Service (PALS), who can provide confidential advice and support.

The policy also is clear on record keeping arrangements in relation to incidents, complaints and mortality reviews. This Policy is due to be approved by the Board in its July 2024 meeting. In essence this policy ensures that the Health Board not only acts, investigates and reports in a robust manner – the Health Board also ‘learns’ as a system.

Strengthening Organisational Development in BCUHB: Culture, Leadership and Engagement

Significant evidence is now in place that having the right culture in Healthcare organisations leads to improved care and positive staff experience. Similarly, evidence also indicates the important contribution that effective leadership and leaders have on shaping and developing culture; also how culture and leadership are a pre-requisite for the engagement of staff in their work and their organisation.

This arena of work was a key part of the Special Measures Response Plan in 23/24, and the work is now being progressed in 24/25, with oversight via the People and Culture committee. Papers are available on the Board website. All Board members have been asked to actively participate in the work, with support from the Organisational Development team. Key elements being focused upon, aligned to the annual delivery plan 24/25, include:

- An examination of the pervasive culture in the HB
- Revisiting the values of the organisation, and working in partnership to test and reshape as necessary
- The development of a behaviours framework
- An active dialogue and exploration of the leadership approach the HB wishes to adopt
- An agreed comprehensive leadership development programme

Developing an Electronic Health Record (EHR) for Mental Health Services

The Health Board acknowledges that Mental Health and Learning Disability services require change and modernisation. A critical aspect of this modernisation agenda is the need for a comprehensive electronic health record.

Numerous Health Board reviews (former and current), Health Inspectorate Wales (HIW) reports, and Coronial reports all identify the limitations of the current record keeping approach, and the risks of patient harm, maintaining service delivery and delivering on the Health Board strategic and operational objectives.

An Outline Business Case has been developed jointly by the Digital, Data and Technology (DDaT) and MHLD teams. The 'Case' has been shared with the Performance, Finance and Information Governance (PFIG) committee on the 25 June 2024, and has now been submitted to Welsh Government colleagues. The Health Board understands that this 'Case' will be reviewed at the Welsh Government Investment Panel on the 25 July 2024. The Case will be formally discussed at the Health Board meeting in July 2024.

Service User and Carer engagement

Service User and carer engagement and lived experience is vital in shaping existing and future person centred services. Lived experience should be considered across a spectrum of participation from people and their significant others and families being fully involved in their own care and support, or that of a relative, right through to advising providers and commissioners on service design and strategy. This outcome can only be achieved by putting lived experience at the heart of provision across the whole Health Board.

In terms of MHLD services, a Service user and carer engagement strategy task and finish group has been established with broad representation from across the MHLD division and with people with lived and living experience of services. The Group has been formed to specifically develop a Divisional Strategy for Service User Involvement and Engagement. This group acknowledges fully the need for people with lived and living experience of services be at the heart of the planning, delivery and evaluation of services as equal partners in the care that they receive.

This work aims to build on current good practice in involving service users across services to date and also utilise good practice that exists across Wales and further afield.

Embedding the HB Risk Management Framework

In September 2023, the HB approved its new Risk Management Framework 2023-2025, given the explicit commitment to ensuring a robust infrastructure to manage risk ensuring an integrated approach, and where risks crystallise, to evidence improvements. The HB 'risk framework' statement states '*...the HB will encourage staff to work in a collaborative partnership with each other and service users and carers to minimise risk to the greatest extent possible and promote patient well-being as a duty of care to the population*'.

The framework also articulates clearly the risk architecture within the HB, and the governance approach to risk and Board escalation, including the roles and responsibilities of the Board, committees etc.

Dementia Activity across the Health Board, and in partnership

Improvement in Older Persons and Dementia care was a consistent theme throughout the RCPsych report. The Health Board works in partnership to ensure this work is progressing across North Wales. The five key areas of the Regional Dementia work plan are listed below:

1. Dementia Action Plan (DAP) Schemes
2. NWRPB Dementia Strategy Action Plan
3. All Wales Dementia Care Pathway Standards (AWDCPS)
4. Memory Support Pathway (MSP) Improvement
5. Dementia Friendly Communities

In March 2024, a Community Engagement Listening Campaign Celebratory event was held on the 14th of March 2024. This brought partners across North Wales from the Health Board, local authorities, the third sector, Bangor University and blue light services together, for partners to present and share learning, projects and programmes that have the potential to open new ways of working and developing original ways to support people with dementia and their carers.

The Health Board has established a Dementia Pathway Design Group focusing on Dementia Standards and the Hospital Charter. Recent positive examples of work include the Dementia Connector work, and the development of a comprehensive Charter communication and engagement plan. The Health Board has also refreshed its dementia awareness website and includes self-study tools and dementia training resources.

Dementia support workers are now in place in the Health Board, while within the MHL D Division, there is an increased focus on dementia training and compliance with a Level 3, 2 day training established. This training is called 'Finding the Light'.

Section 2: Governance and Oversight going forward:

Establishing a governance framework that enables transparent and accountable progress with full assurance provided to all involved is required to take forward this work. Following discussions, the following approach is recommended.

- Establishment of an Expert Advisory Group, independently chaired with family and user representatives, and Llais included as group members. Initial membership to be agreed in advance of the Quality, Safety and Experience Committee in August 2024.
- Establishment of a Health Board RCPsych Action Delivery Group (an internal management group) which reports into the Executive Team.
- Regular monitoring and oversight of response plan progress/delivery via the Quality, Safety and Experience Committee.

- Terms of Reference to be collaboratively developed and agreed for all groups, supported by the Office of the Director of Corporate Governance.

To further support the process an agreed procedure for providing progressive and sustained evidence of actions is required. A draft Evidence Submission form has been developed for use by the proposed Delivery Group. Further consideration of this template/form can be discussed as the HB Governance approach is finalised.

The governance approach should be approved at the next Quality, Safety and Experience (QSE) Committee. Regular Chairs Assurance reports, will be utilised to support the Expert Advisory Group and BCUHB QSE.

All the processes will need to enable a robust oversight to check, challenge and quality assure evidence submitted by each of the delivery groups and ensure that the evidence threshold has been obtained to meet the expectations of all involved.

A repository for the evidence will be established with support from the transformation and planning team - with access provided to corporate colleagues to enable the Expert Advisory Group to function effectively and to support the critical oversight of the progress through the Quality, Safety and Experience Committee oversight mechanism.

Section 3: Examples of positive progress underway

The following list are examples of work progressing across the Health Board – aligned to the ten themes. No actions will be assigned to a closure status without the expert Advisory Group scrutiny and the oversight of the Quality, Safety and Experience Committee.

Theme	Example/Progress Update
Patient and user centred care (With QSE approval in August required, there is a proposal to change the wording of this theme to reflect the important role of families and carers)	<ul style="list-style-type: none"> • A service and carer engagement strategy ‘task and finish group’ has been established with broad representation from across the division, and with people with lived experience of services. This group has been formed to specifically develop a Mental Health and learning Disability Divisional Strategy for Service User Involvement and Engagement. It aims to build on good experience from across Wales and further afield, and ‘Co-Production Lab Wales’ is to offer support. • The HB Teams are examining real time-feedback feedback mechanisms to improve patient and user centred care. • Service walk-about have been arranged in the MHLD Division - providing opportunities for increased visibility and direct engagement with senior leadership team members for staff. • BCUHB are participating in national discussions to assess patient feedback measures and metrics with WG and other colleagues. • The Patient Experience Team (PALS), together with Caniad, are due to undertake a review of the current approach to recommend stronger alignment of the MHLD Division to corporate Patient Carer Experience processes. To realise

	<p>this, the Patient and Carer Experience Group and representatives of the Patient Carer Experience Team have set up a Task and Finish Group to review and develop a Patient Carer Involvement and Engagement Strategy for the Division.</p> <ul style="list-style-type: none"> • Tablet-based feedback is being used positively across the Patient Experience Team, capturing stories and experiences in the "moment". To support this activity, all areas across the MHL D Division are mapped to CIVICA.
<p>Legislation and clinical guidelines</p>	<ul style="list-style-type: none"> • The Division has developed a Physical Health Care Strategy, which focuses on six areas - Governance, Health Promotion and Disease Prevention, Training, Physical Health Care in Services, Information Technology and the development of a Liaison Physician. • A Physical Health Implementation Group was established to implement the strategy, which reports into the Clinical Effectiveness Group and the MHL D Service Quality Delivery Group. A Physical Health Lead has been identified and a steering group is progressing the production of a comprehensive MHL D Physical Health Policy aligned to this strategy. This will ensure that processes are in place to aid physical health monitoring by staff who are appropriately trained to do so. • The Physical Health Implementation Group has worked in conjunction with Public Health Wales to develop a Physical Health Webpage to be a resource for practitioners. • A pilot project, with the support of Health Education Improvement Wales (HEIW) funding, has also recently agreed a focus on Health Promotional and Prevention in Denbighshire Community Mental Health Teams (CMHTs). The team will comprise of Allied Health Professionals including access to an Occupational Therapist and Dietitian. • In the last six months, the MHL D Division has recruited three additional Quality and Practice Development Nurses in addition to the one WTE previously recruited to in 2021. • A Physical Health Suite has been developed in the Heddfan Unit to aid all aspects of Physical Health Care Monitoring. • The Division has also joined POMH-UK (Prescribing Observatory for Mental Health) and carried out a comprehensive audit in 2021. The audit is due to be repeated over the next 12 months.
<p>Governance</p>	<ul style="list-style-type: none"> • The Health Board approved its Quality Management System (QMS) at the Board meeting in May 2024, with work underway to develop the support for services to embed this across the organisation over 2024-25 led by the Executive Director of Nursing. • The Health Board is due to approve its new Integrated Concerns Policy at the Board meeting in July 2024. This new policy will provide enhanced clarity and an integrated approach to managing incidents, complaints and mortality reviews with implementation planned from September.

	<ul style="list-style-type: none"> • In September 2023, Welsh Government launched “Connecting Care: Digital Transformation for All Ages Mental Health and Learning Disabilities Services”. On behalf of Welsh Government, Digital Health Care Wales (DHCW) has been working with Health Boards and Local Authorities across Wales to ensure they have all the information needed to define to market leaders the content and function required in a digital system. BCUHB have been fully supporting this work stream and have fostered good relationships with the national teams. BCUHB MHL D services are recognised as one of the least digitally supported services in Wales. Due to this the HB had approval to develop an outline business case. The cases are not in competition with each other but are being developed mutually in order to maximise the opportunity to bring digital solutions to North Wales. • A HB draft learning outcomes framework (which was also linked to the Special Measures Outcome work) has been developed.
Staffing	<ul style="list-style-type: none"> • E-roster management is in place across the HB. Given the staffing challenges in the mental health and Learning disabilities division – the topic of E-rostering is a standing agenda item at key divisional meetings. • Links with HEIW have been strengthened. A Careers booklet is in the pipeline related to mental health carers. • The Wellness, Work and Us service continues to provide support and intervention to MHL D staff at times of need. Annual Reports are available on the service activity. • MHL D divisional recruitment and retention continues to be a focus, and the various innovative measures implemented has resulted in a downward trend in the vacancy rate the last six months. The HB is using various social media platforms to showcase the Division and have attended various recruitment events to support with raising awareness of the various career opportunities available across all the services pan North Wales. Current activity includes progressing the development of a HCA career pathway to enable the MHL D Division to “Grow our own” nurses for the future.
Management structure	<ul style="list-style-type: none"> • Progress will be aligned to the implementation of the Operating Model. For MHL D, a communication and engagement plan has been developed to ensure all key partners and stakeholders are regularly updated.
Clinical Services Organisation	<ul style="list-style-type: none"> • Audit activity has been strengthen across the HB and MHL D division. During November 2023, as part of the HSE Notice of Contravention (NOC) Improvement Plan, a series of peer review audits took place on Care and Treatment Plans. The audit highlighted a high level of compliance with the four main themes, namely:

	<p>Has a Part B Risk Formulation been completed? Divisional compliance at 98.7%.</p> <p>Has and Inpatient Care and Treatment Plan been completed? Divisional compliance at 94.5%.</p> <p>Is the patient in an appropriate bed? Divisional compliance at 99.2%.</p> <p>Is the current version of the Therapeutic, Engagement and Observation Monitoring Form being completed? Divisional compliance at 98.2%</p> <p>In addition, the Mental Health Measure Team also undertake audits on Care and Treatment Plans. The outcome of the audits are fed into local and Divisional Operational Leadership Meeting to review and monitor progress with any recommendations. These Mental Health Measure Audits have occurred on an annual basis, but in the future will be undertaken on a six monthly basis.</p> <ul style="list-style-type: none"> • The MHL D Acute Care Pathway work has been reviewed to ensure it aligns to the intended outcomes of patients admitted to inpatient services, with a focus on how risk and safety is managed during the admission, particularly in reference to home based and other treatment modalities.
<p>Training and Development</p>	<ul style="list-style-type: none"> • As of 30th June 2024, overall, divisional compliance for Level 1 Mandatory Training competencies is 93%, overall compliance for Level 2 competencies is 88%, and overall compliance for 'Other' competencies is 82%. The target level of all Mandatory Training compliance is 85%. Detailed analysis of all competency levels is reported into the Service Quality Delivery Group (SQDG) to monitor and review any areas below the required compliance target. • In addition to the above, the Ward Accreditation Programme details a number of KPI's in which all staff working on MHL D Wards are expected to achieve. The Divisional position for Ward Accreditation has improved with no flagged wards, 23% (n5) at silver status, 73% at bronze status and three wards aiming for Gold status within the next year.
<p>Leadership and Staff engagement</p>	<ul style="list-style-type: none"> • The Health Board has delivered two Leadership Conferences during 2024 as part of its focus on improving culture, leadership and engagement. So far around 700 colleagues have attended from all levels of seniority, including managers from the MHL D Division, and from a variety of roles and disciplines at a North Wales venue with a range of internal and external speakers and activities on the agenda. • The Health Board has developed a suite of learning programmes for current and aspiring leaders across the organisation, and this includes a programme of coaching and mentoring to practically embed and maximise potential. • An intranet based staff engagement toolkit has recently been launched, full of resources to support all staff across the

	<p>organisation who are looking to develop areas of staff engagement within teams.</p> <ul style="list-style-type: none"> • A 12 month MHL D Walkabout Schedule has been developed, (which recently commenced in June 2024) to further increase the visibility of the Senior Leadership Team across the Division. This Walkabout schedule includes Drop in Sessions for patients, carers and their families to meet with members of the senior team to give a chance to share their views and provide feedback about experiences of using Mental Health Services.
Resources	<ul style="list-style-type: none"> • A demand and capacity gap analysis has commenced for therapies staff including development Occupational Therapy, Physiotherapy, Dietetics, Speech and Language Therapy, and Art therapy. This work is being led by the Assistant Director of Health Science. • In terms of the role of pharmacy there have been a number of developments within MHL D Community Mental Health Teams (CMHT's) to optimise the pharmaceutical element of care. The HB has successfully introduced the EMIS software, prescribing module across the Community Teams, enabling safer, effective and timely prescribing.
Physical environment	<ul style="list-style-type: none"> • Key strategic planning for estates for MH&LD has begun with an outline list of priorities that will support both delivery of immediate objectives and shape our longer term estates planning. This includes the: <ul style="list-style-type: none"> -delivery of Ablett unit project- ongoing -delivery of Plas Gororau project- complete -delivery of Roslin project -complete review of all estates utilised by MHL D services. <p>This work will link to the HB estates strategy.</p> • Resource has this year been focused on the emerging requirements that have been identified following a Notice of Contravention (NoC) issued in 2023/24. The senior leadership team has led on a scheme of Ligature Risk Reduction improvements to address issues identified through the NoC and also to use the learning to identify any further issues across the division. This work is ongoing and as reviews are completed, will continue to add to the existing capital and revenue estates requirements.

In addition, the following tables provide a brief note on some of the positive progress underway aligned to the specific actions rated as Red and Amber by the RCPsych review.

RED ACTIONS	Progress to date
Shared Log-in's	Working in partnership with Digital. Data and Technology colleagues – a solution has been implemented.
Assessment of the performance ability of operational, clinical and managerial roles	The review of the MHL D operating model (taking into account the RCPsych findings is progressing and will feed into the H operational model work.

The Consultant nurse (dementia).	One post holder is in place in the HB. Approval now in place for the recruitment of the additional Consultant Nurse (dementia). Interview slots are being planned for September 2024.
High level of interim posts	The HB has significantly reduced its agency and interim staff usage (this is recorded in other HB papers). The MHLD division has developed Terms of Reference to assist with the progression of interim posts – currently at divisional governance sign of stage.
Lack of external networking	Opportunities being sought with MHLD for engagement with external partners. Engagement with HEIW is helpful as staff development and leadership opportunities explored.
Conflicting models of care	Discussions have commenced supported by the Clinical Advisory group mechanism in MHLD with the aim of agreeing the approach and embedding a consistent model. The MDT working is a key feature of MHLD work, and work is underway to review and optimise the position.

AMBER ACTIONS	Progress to date
Overhaul of concerns/complaints/SUI reporting structure	The recent RCPsych review and the National Collaborative Commissioning Unit (NCCU) recognised the comprehensive governance systems around 'Putting Things Right' (PTR) in MHLD, while highlighting the need to focus on learning from PTR. The MHLD Division is progressing this work by being an early adopter of the Learning Organisational Framework.
Ward to Board communication	An MHLD communication and engagement Plan has been developed and is progressing through governance sign off.
Supporting the Deteriorating Patient and Physical Health Assessments	A physical health Group has been established in the MHLD division. A DRAFT policy is being considered and will require consultation and sign off as per processes. Joint working between the Integrated Health Communities and MHLD colleagues has led to an increase in the training on 'deteriorating patients'
Clinical Policy Reviews	The monthly position is reported to the MHLD service quality delivery group.
Effective working with third sector, carers, partners and stakeholders	The Patient and Carer experience meeting terms of Reference have been reviewed. CIVICA has been mapped across the MHLD division.
Prescribing and monitoring of antipsychotic medication	Regular audits on the use of antipsychotic drugs for older people are undertaken and reported to the Clinical Effectiveness Group. (Evidence of improvement)

Closing Statement

Alongside the mainly HB wide change programme/ strategic actions detailed in Section 1, **Appendix 1** provides the detailed responses to the recommendations.

By listening better to patients, families, carers and staff groups, and through the opportunity of an independently Chaired Expert Advisory Group, with robust Health Board Committee and Board oversight – the Board is committed to make significant progress in the service delivery areas highlighted in the various reviews scrutinised by the Royal College of Psychiatry. Thanks are extended via this report to the families who helped with this consideration so far. Further discussions will take place with Llais in formulating the detail of the approach.

The HB is committed to making good progress on this work at a steady pace, with clear evidence that actions are completed, and real focus on moving forward collaboratively with patients and users, and families – to deliver safe and reliable care to the people of North Wales.