













Progress Levels  Key Elements 	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
CHILDREN'S SERVICES						
1 STRATEGY AND SUSTAINABILITY 1.2 Service Improvement & Transformation See also service user engagement section 5 Linked to TIIF – 1, 2,3,4,5		C1 Terms of Reference for the Regional CAMHS Performance Improvement Group reviewed and refreshed to co-ordinate and oversee all strategic improvement actions across CAMHS in North Wales C2 Performance Improvement Group meeting dates set. Group to be the conduit for assurance to BCUs Corporate Targeted Intervention (TI) Programme for the Children's Mental Health Domain. C3 Reporting Structure To Executive Leads for TI established	C27 CAMHS Strategic Improvement Plan developed with clear programme of priorities. C28 Specific Improvement Work streams identified. C29 Targeted Improvement Children's Mental Health Matrix agreed and maintained. C30 Organisational development approach established to enable delivery of plans. C31 Plans, pace of transformation and	C69 Regional processes and strategies are in place to understand and manage clinical demand and resources. C70 Culture of collaboration and partnership embedded, focused around the impact on those that use services. C71 Staff are involved in service transformation and improvement.	C107 Regionally agreed strategy and vision for CAMHS that this is aligned to the principles: shared language, needs led, shared decision making, proactive prevention and promotion, partnership working, outcomes informed, reducing stigma and accessibility C108 Jointly- owned with external partner agencies and areas of integration with AMH within BCUHB. C109 Organisational development approach embedded to enable the service to effectively deliver service transformation,	C149 Seamless, service wide collaboration is represented in a joined up vision and clear, sustainable investment across the three areas of CAMHS, BCUHB C150 Regular re-evaluation of structure, model and service development plans.



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			<p>delivery data are clearly outlined and monitored through the Performance Improvement Group and discussed Regionally at Area Director and Executive Level within BCUHB</p> <p>C32 Agreed communication plan ensure staff and clinical leaders are engaged and communicated with around the CAMHS strategy and vision</p>		<p>improved quality and outcomes.</p>	
1.3 Leadership & Governance Linked to TIIF – 2,3,4,5,7,10		<p>C4 Strengthen Leadership Structures. Nominated Service Improvement & Transformation Clinical Lead with Regional responsibilities</p> <p>C5 Regional governance structures aligned to established local /area governance structures in place.</p> <p>C6 CAMHS Governance structure reviewed and agreed. Roles and responsibilities agreed to ensure there is systematic joint regional working within BCUHB and with all partner agencies,</p> <p>C7 Examples of better working practices are being adopted. Routine review of governance mechanisms is agreed. Personal development plans are agreed for key staff</p>	<p>C33 Leadership and governance structures are clear and aligned to the Service Priorities within the Childrens Service Group, Clinical Advisory Group (CAG) Performance Improvement Group, which include membership from clinical leads and partners.</p> <p>C34 Performance dashboard in place to track operational performance, quality and the impact of improvement activities on agreed key outcomes.</p> <p>C35 Regular reporting mechanisms are established across all Childrens Areas, Executive Team, Board and board sub groups,</p>	<p>C72 Developed clinical leadership roles in place with support to ensure that structures are in place to facilitate discussion and service development Regionally.</p> <p>C73 Commitment at Leadership level to work collaboratively across the Region with shared communication plan to ensure all staff and clinical leaders are engaged and communicated with around the CAMHS service models and developed clinical pathways</p> <p>C74 Clear escalation with developed SITREP reporting at Area and Executive Director Level to enable high level</p>	<p>C110 Robust Regional and Area Governance and Leadership structure embedded</p> <p>C111 Governance Structure shared Regionally across all areas. There is a positive risk taking approach in place, underpinned by strong leadership and clinical supervision, particularly around complex cases.</p> <p>C112 Enhanced staff engagement and communication mechanisms in place. Regional evidence-based pathways are in place and available to all CAMHS staff and other healthcare professionals and are easy to find.</p>	<p>C151 Collective leadership with everyone taking responsibility for the success of service improvement and Transformation as a whole.</p> <p>C152 CAMHS Leaders at every level communicate an inspiring, forward-looking and ambitious vision focused on offering high-quality, compassionate care to the communities they serve.</p> <p>C153 The BCU board is confident it can respond in timely fashion to crises, should the need arise. The board is confident that it has intelligent analysis and assurance across the health economy</p> <p>C154 The service benchmarks in the upper decile for chosen elements of management effectiveness.</p>



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		<p>C8 We have a process prospectively to evaluate risk, such as a risk committee with this remit. The Regional Assurance Framework is organised to promote focused discussion on key business issues.</p> <p>C9 We have agreed how outcomes measures will be used as part of performance reports, including how benchmark data will be incorporated.</p>	<p>Welsh Government and Partnership Forums.</p> <p>C36 BCU Wide CAMHS Risk Register developed.</p> <p>C37 Our regional risk appetite has been discussed, agreed and aligned to the Health Board's risk appetite. This has been built into our plans. The Regional Assurance Framework covers activity, cost and quality. Information and assurance are aligned to targets, standards and local priorities.</p> <p>C38 Staff and clinical leader development planning is the norm. The annual cycle of business and the assurance framework are systematically used for the board/governing body to check that it adds tangible value</p> <p>C39 Outcome data is routinely used. The organisation has no-surprises around outcome data when inspected or otherwise challenged</p>	<p>oversight of challenges and risks to service delivery.</p> <p>C75 We systematically evaluate SIRs across Childrens and other health board service areas. A high degree of risk sensitivity can be demonstrated throughout across the organisation. This is reviewed by the BCU Board</p> <p>C76 Business continuity plans are in place and regularly reviewed. The Regional & Area Leadership Teams have developed a joint understanding of risk and opportunities.</p> <p>C77 Control mechanisms are in place for all elements of the CAMHS Regional Assurance Framework. Internal and clinical audit provides dynamic assurance. There are many examples of how the Regional and Area Leadership Teams have led improvements to the effective running of the Regional CAMH service and the impact it achieves.</p> <p>C78 We participate in national CAMHS Benchmarking process</p>	<p>C113 We can demonstrate that we respond in a timely fashion to the unexpected. There is an annual audit process of follow-up to Serious Incident Reviews in place, Overview of other incidents and complaints come to the Board via Area & Regional Q&S Reporting. The BCU board assures itself that the assurance framework is balanced and reflects priority issues. Internal stakeholders are confident of regional effectiveness. External reviews of governance / organisational effectiveness are commissioned and findings considered and implemented.</p> <p>C114 The Regional and Area Senior Leadership Team, have confidence in using outcomes and have found them a useful way of working through constrictive challenge around healthcare services</p> <p>C115 National Benchmarking data is routinely utilised within the service to provide challenge and inform service development</p>	



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				including submission of annual data and attendance and engagement in National Wales and UK events.		
2. WORKFORCE 2.1 Develop 3 Year Workforce Strategy and Plan Key Implementation Phases: <ul style="list-style-type: none"> • <i>Diagnostic and Discovery</i> • <i>Design</i> • <i>Delivery of Change</i> Linked to TIF – 1, 2, 10		<p>C10 Develop a workforce and strategy, linked into wider BCUHB Workforce and Organisational Development Strategy – Stronger Together, to support the development of a skilled and sustainable workforce at local levels that ensures clinical pathways are mapped and gaps identified. Identify elements required taking into account local and national policies, the current and future demand, the local demographic situation, and the impact on other services</p> <p>C11 Established links with BCU Integrated Workforce Groups. Set out timeframes for 3 phases of implementation with WoD.</p>	<p><u>Diagnostic & Discovery - Phase 1</u></p> <p>C40 Regional Workforce Group established with dedicated WoD support to report to CAMHS Performance Improvement Group. Representation from all stakeholders.</p> <p>C41 Analysis of baseline staffing data, trends and budget undertaken supported by workforce intelligence reports</p> <p>C42 Ensure processes and strategies to understand and manage clinical demand and resource are in place</p> <p>C43 Define the plan and map the service change required.</p> <p>C44 Analysis of Current Vision, Workforce Configuration. Key workforce issues/opportunities identified.</p>	<p><u>Design – Phase 2</u></p> <p>C79 Development of Workforce Strategy and Plan in place in line with demand and capacity modelling</p> <p>C80 Workforce Requirements defined and configured to meet service need. Supporting the development of alternative staffing models/roles based on competencies rather than historical professional and role boundaries. Job functions identified rather than roles.</p> <p>C81 Understand workforce availability, plan for delivery with recommendations for workforce development.</p>	<p><u>Delivery of Change – Phase 3</u></p> <p>C116 Workforce 3 Year Plan Implementation, Monitoring and Evaluation.</p> <p>C117 Plan in place to make the workforce change in line with demand and capacity modelling. Flexible and affordable workforce plan developed which underpins new CAMHS service models and service change</p> <p>C118 Commenced implementation of workforce plan and the development of new roles, attraction strategy to develop the workforce of the future.</p> <p>C119 Emphasis on the development of staff growth of the development posts that we have in post. Robust links with the education commissioning and the development of the North Wales Medical school.</p>	<p>C155 CAMHS workforce has sufficient expertise and capacity to deliver clinical pathways and plans for sustainability are in place.</p> <p>C156 Workforce plan is regularly reviewed and refreshed</p> <p>C157 Robust workforce intelligence is available to inform performance, planning and decision making to support and drive future workforce changes required</p>



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2.2 Training, Recruitment and Retention Linked to TIF – 1, 2, 10		<p>C12 Regional collaboration to develop training strategy, recruitment and retention to support the development of the workforce plan.</p> <p>C13 Review of traditional training routes undertaken and other opportunities identified</p>	<p>C45 Training Needs analysis undertaken within current workforce.</p> <p>C46 Develop targeted plans to address the current recruitment challenges faced by CAMHS Nationally</p> <p>C47 High-turnover areas identified to gain an understanding of your workforce demographics to develop a sustainable retention plans.</p> <p>C48 Undertake audit of current processes to better understand retention challenges, for example: Induction – staff are welcomed and supported. Exit Interviews – why staff leave</p>	<p>C82 Targeted recruitment strategies identified with consideration given to possibilities of overseas recruitment. Development posts/opportunities in place across all disciplines to ‘grow your own’ in line with a competency based Framework. Plans in place to appropriately address recruitment and retention challenges.</p> <p>C83 Revamped recruitment strategy in place with consideration given to reward packages to retain and develop staff.</p>	<p>C120 Sustainability and succession workforce planning. Modernisation of the workforce.</p> <p>C121 There is an embedded culture of valuing staff wellbeing as a core feature to delivering an effective service.</p>	<p>C158 Culture of valuing, supporting, developing and investing in our people.</p> <p>C159 Be seen as the aspirational target for other health boards in Wales in relation to turnover and vacancies.</p> <p>C160 Staff feel valued and supported evidenced through regular staff surveys</p>
3. Care Pathways for Crisis, Eating Disorders and Prevention and Early Intervention Priorities for Service Specifications Standard Operating Procedures for models of care: Linked to TIF – 1, 2, 4, 6, 8, 10 3.1 Crisis <ul style="list-style-type: none"> • Enhanced Access • Advice Liaison & Assessment 		<p>C14 There is an understanding and agreement for clinical pathways for community and inpatients to be in place in line with the All Wales CAMHS Service Improvement Framework.</p> <p>C15 Baseline data/performance is available.</p>	<p>C49 Clinical pathways in place and delivered in accordance with recommended evidence base/NICE guidance and WG Targets in each locality.</p> <p>C50 Model of care is supported by a Service Specification and Standard Operating</p>	<p>C84 Clinical pathways in place and developed with evidence of joint working with Primary Care/ Social Care/Education partners and focus on improving outcomes.</p> <p>C85 Engagement of stakeholders including Children and young people in pathway design and delivery.</p>	<p>C122 Integrated care pathways in place.</p> <p>C123 Multi – agency outcomes agreed and monitored with active involvement from C&YP and parents/carers.</p> <p>C124 There is sufficient workforce in place to support the demands of the clinical pathway.</p>	<p>C161 Service Specifications in place with supporting SOPs to deliver an integrated approach supportive of whole systems approach.</p> <p>C162 A coherent and sustainable model of care is in place for: CAMHS Unscheduled/Crisis care and C&YP with Eating Disorders</p>



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<p>3.2 Eating Disorder</p> <ul style="list-style-type: none"> • Early detection and Intervention in Primary Care • Trained clinical staff and management of co-morbidity <p>3.3 Early Intervention and Prevention</p> <ul style="list-style-type: none"> • Whole School Approach • CAMHS GP Cluster posts • Early Years 		<p>C16 Early Intervention and prevention is considered important and discussions with partner agencies take place to consider how needs can be met</p>	<p>Procedures (SOP) with monitoring in place.</p> <p>C51 Some functions of Early Intervention and Prevention in place in each area.</p> <p>C52 Development of an Early Intervention and Prevention plan that aligns with offers/priorities from partner agencies</p> <p>C53 Shared plans are rooted in child development and informed by Adverse Childhood Experiences (ACEs).</p>	<p>C86 There is sufficient workforce and clinical leadership in place to support the demands of the clinical pathway.</p> <p>C87 Clinical staff trained in the clinical pathway relevant to their role and the evidence base.</p> <p>C88 Workforce development/ planning and training requirements are detailed and support sustainability.</p> <p>C89 Workforce needs have been identified and analysed in relation to EI&P.</p> <p>C90 Training and support delivered to meet the needs of the workforce in a range of partner agencies</p> <p>C91 A range of evidence based “programmes” are delivered to meet local needs</p>	<p>C125 Agile and flexible working arrangements in place incorporating the use of digital technology.</p> <p>C126 Multi-agency training workforce plans developed and implemented.</p> <p>C127 Multi agency EI&P principles/strategy agreed with clear local delivery plans in place.</p> <p>C128 Common language used and understood between partners.</p> <p>C129 EI&P Activity and outcomes collated and shared amongst relevant partners to inform current progress and future developments.</p> <p>C130 Clear engagement with C&YP with EI&P developments.</p> <p>C131 Multi-agency staff and settings are trained and supported in evidence based psychological models for</p>	<p>C163 The care model includes a focus on prevention, earlier identification and intervention. .The care model incorporates clear transition pathways with adult mental health. The care model is co-produced, evidence based, effective and supports the whole system approach.</p> <p>C164 Quality Improvement networks established</p> <p>C165 Co-produced Whole Systems partnership plan in place for EI&P relevant to the local area.</p> <p>C166 Easy access to advice, consultation and effective support for front line professionals is in place.</p> <p>C167 A range of evidence-based programmes is available /implemented with full fidelity to model as part of a multi-agency offer to local communities.</p> <p>C168 Co-ordinated network and/or multi agency teams.</p> <p>C169 Outcomes are measured and demonstrate consistent improvement.</p>



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					universal and targeted populations.	
4. ACCESS Linked to TIF – 2, 4, 6, 8 <u>Scheduled Care</u> 4.1 Delivery of Mental Health Measure (MHM) targets. 4.2 Delivery of equitable access service for non MHM demand 4.3 Use of IT systems and intelligence to support MHM reporting and service planning 4.4 Choice and Partnership Approach (CAPA) model embedded within teams <u>Unscheduled Care</u> 4.5 Access to Inpatient beds –		C17 Understanding of the targets set in relation to the MHM and our delivery against them. C18 Acknowledgement and basic understanding of non MHM demand levels and sources C19 Multiple IT systems utilised to report MHM targets supported by manual reporting C20 Basic understanding of CAPA model by management and clinical staff	C54 Clear understanding of our trajectories against delivery of the MHM targets and plans in place to achieve C55 Access times achieved in line with MHM C56 Recruitment of dedicated IT support within the service to develop robust IT reporting including real time reporting C57 Staff trained in use of CAPA model in all teams	C92 MHM Part 1a, Part 1b and Part 2 fully achieved across the teams C93 Access times achieved in line with MHM C94 Rollout of single IT system for reporting purposes with no manual reporting requirements Development of IT reporting structures and strategies to support business planning. Full understanding and confidence of IT data C95 CAPA model launched in all teams to support demand and capacity modelling. CAPA language utilised within teams	C132 MHM Part 1a, Part 1b and Part 2 consistently achieved across the teams with full understanding of demand trends and able to respond to them to meet targets C133 Access times achieved in line with MHM with full understanding of demand trends from non MHM referral sources with demand management strategies in place C134 Fully embedded single IT system for reporting purposes with no manual reporting requirements C135 IT support fully embedded and engaged in key service meetings with IT intelligence supporting key service decisions C136 CAPA model and principles in place within teams with all 11 key components understood and in use	C170 MHM Part 1a, Part 1b and Part 2 is reliably and consistently above target with critical control on demand and capacity. C171 Access times achieved in line with MHM with full critical control on demand and capacity C172 Fully embedded single IT system for reporting purposes with no manual reporting requirements C173 Intelligence from IT is readily available and drives decision making within the service C174 CAPA model fully embedded within service with all 11 key components in place and full benefits and engagement realised. Learning from the



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<ul style="list-style-type: none"> • North Wales Adolescent Service (NWAS) • Out of Area – PICU, Low Secure, Medium Secure • Paediatric Ward • Age appropriate bed in adult services • Mental Health Act 		<p>C21 Understanding of demand for inpatient bed in each setting. Processes in place to arrange/procure beds</p> <p>C22 All relevant staff are aware of the Mental Health Act and understand their role and responsibilities in relation to C&YP.</p>	<p>C58 Clarity of strategy required to procure inpatient bed complement at all levels of care</p> <p>C59 There is a training programme in place to support the staff in fulfilling their role and responsibilities.</p>	<p>C96 Strategy developed with Commissioners and partners for provision of bed complement at all levels</p> <p>C97 There is a monitoring and audit process in place for C&YP detained under the MHA which reports through to the Health Board Mental Health Act Committee.</p> <p>C98 There is a clear process for escalation of needs/issues within the organisation</p>	<p>C137 Progression of strategy to commission and provide full bed complement with processes in place, cognisant of demand with regular review</p> <p>C138 Learning from audits/monitoring processes are in place, shared with staff and used to support a positive experience for C&YP.</p>	<p>model shared with other services.</p> <p>C175 Strategy and processes fully embedded to meet demand for beds at all levels of care with children placed in most appropriate bed setting at all times</p> <p>C176 There is a “partnership” in place in local areas that implements actions from the learning identified through audit and monitoring that incorporates partners from relevant agencies.</p>
<p>5. Involvement and Participation</p> <p>Linked to TIIF – 6</p> <p>5.1 Service User Involvement</p> <p>5.2 Children’s Rights Based Approach</p>		<p>C23 Service User participation recognised and valued within teams, minimum capacity to engage service users and families meaningfully</p>	<p>C60 Recruitment of regional Service User Participation Lead.</p> <p>C61 Establishment of Service User Participation leads within teams with dedicated time</p>	<p>C99 Patient Experience reporting is embedded within Performance Management structures within the service</p> <p>C100 Some evidence that Service User feedback has been utilised meaningfully to inform service change</p> <p>C101 Self-assessment against Children’s rights based approach</p>	<p>C139 Development of Children’s right based approach following findings from self-assessment</p> <p>C140 Service User feedback is utilised meaningfully to inform, co-design and co-produce service change</p>	<p>C177 Children’s rights based approach fully embedded across the teams</p> <p>C178 Service User feedback is routinely sought and utilised meaningfully to drive, co-design and co-produce for all service changes</p>
<p>6. Improve appropriate access to psychology therapies within reasonable waiting times.</p> <p>Linked to TIIF – 9</p>						



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<p>6.1 Psychologically minded whole service and system approach</p> <p>6.2 Psychological interventions</p> <p>6.3 Practitioner skills and competence</p> <p>6.4 Training and supervision</p>		<p>C24 There is understanding and agreement that a range of evidence-based and informed psychological interventions for children and young people is required.</p>	<p>C62 A plan is in place outlining the key priorities for development.</p> <p>C63 Psychological therapies that are most likely to be effective are prioritised and this is agreed by the Senior Leadership Team.</p> <p>C64 Workforce planning reflects the need for clinicians to be trained in accredited therapeutic models, with access to appropriately skilled clinical supervision and leadership at a local level</p>	<p>C102 All CAMHS teams offer accredited training to multi-disciplinary staff in core cognitive behavioural assessment and therapy skills (CBT).</p> <p>C103 Clinicians from multi-disciplinary backgrounds are trained in specific psychological approaches.</p> <p>C104 Teams routinely offer a range of psychological interventions including:</p> <ul style="list-style-type: none"> • CBT • Dialectical Behaviour Therapy (DBT) • Systemic Family Psychotherapy • Eye Movement Desensitisation and Reprocessing (EMDR) • Child and Adolescent Psychodynamic Psychotherapy (CAPPT) • Interpersonal Psychotherapy for Adolescents (IPT-A) 	<p>C141 Routine activity and outcome data is collected and analysed.</p> <p>C142 All teams establish accredited CBT skills in order to sustainably deliver high quality psychological therapy and in-house supervision.</p> <p>C143 All teams routinely offer a range of evidence based psychological approaches</p> <p>C144 Workforce planning reflects staff turnover and increase in demand.</p> <p>C145 Multi-agency staff and settings are trained and supported in evidence based psychological models for universal and targeted populations.</p> <p>C146 Psychological interventions for families are supported and delivered through posts embedded in multi-agency services especially where trauma is a key component.</p>	<p>C179 A sustainable approach to training in effective psychological therapies is in place, in partnership with Bangor University. Accredited training in supervision is included.</p> <p>C180 Clinicians employed to work within a university based partnership are accredited in one or more psychological therapies. All area teams have access to accredited therapy, consultation and leadership and supervision skills in CBT, DBT, Family Therapy, EMDR, CAPPT, IPT-A</p> <p>C181 Pathways are clear in distinguishing when to offer specific therapies e.g. trauma focused CBT or EMDR; CBT or IPT-A.</p> <p>C182 Capacity to provide Rapid access to psychological therapies for those in need.</p>



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TRANSITION						
Transition to Adult services from Young people's service Linked to TIF – 2, 6, 7, 8, 10		<p>C25 Adult and Children's MH services are aware of the transition issues, are in dialogue and major domains are discussed and acknowledged by both services.</p> <p>C26 Interface meetings between AMH and CAMHS established and meeting regularly.</p>	<p>C65 Adult and Children's MH services have developed a transition policy that is mutually agreed and shared, has been ratified and is subscribed to by both divisions.</p> <p>C66 Patient and stakeholder experience to validate is sought</p> <p>C67 Reporting structure detailing transition cases and cases requiring additional support for smoother transition</p> <p>C68 Plans, pace of transformation and delivery data are clearly outlined and monitored through the Performance Framework and discussed Directorate, Regional and Executive Level within BCUHB</p>	<p>C105 Transition policy clearly updated, clinical contribution assured and adherence to policy is robust. Patient and stakeholder experience to validate is sought</p> <p>C106 Patient and stakeholder experience to validate is incorporated into service delivery approaches</p>	<p>C147 Reviewed Policy refers to principles of working rather than age barriers and exclusions. Policy is more person centred, Services are more culturally coherent and person centred</p> <p>C148 Regular audit of transition pathway reviewed between AMH and Childrens Services.</p>	<p>C183 Culture shock avoided/not an issue in most cases. Transition approach is person centred and need based not age dependent, young adults transitioning to adult services are positive about the process conformed by independent evaluation. Approach is one that adapts to the person not one that moulds the person to the system.</p>



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ADULTS						
Mental Health Divisional Management Relates to:- TI Targeted intervention 1-9 KP= key priority 1-4 KP-2 Stronger and more aligned management and governance TI 7 -Good governance arrangements embedded within the Division		<p>M1 Organisational governance structure developed and agreed. Shared with all staff in division. Roles and responsibilities agreed</p> <p>M2 Attendees for meetings defined and informed. Quorum defined</p> <p>M3 Standard format for meeting recording discussed and agreed. This includes adoption of BCU templates.</p> <p>M4 Standard agenda agreed, to include adoption of BCU templates, and first meeting held. Dates organised and advertised for coming three months</p>	<p>M25 Our governance Structure shared across all BCU divisions, and structure of other divisions and specialties reviewed and discussed to identify any useful learning points. Terms of reference agreed for all standing and regular meetings.</p> <p>M26 No surprise non-attendees from core members at last three meetings. Apologies with reason for no show always given. Substitutes usually attend for planned no shows</p> <p>M27 Meeting notes and action plans for last three meetings reviewed at following meeting, with actions initiated against majority of action points. Commitment to minimise carried over items.</p>	<p>M50 Annual review of meeting's work confirms positive benefit. Structure refined. Task and finish groups set up for one-off projects of work</p> <p>M51 At least 75% of core membership have attended last three meetings. Examples of staff initiated issues being picked up at meetings. Membership reviewed and if needs be developed.</p> <p>M52 Action plans are reviewed and examples of tangible improvements have been identified. Meeting records are routinely reported to the next tier up. Meeting recording is characterised as timely and lean by those attending meetings</p>	<p>M74 Structure, with amendments and improvements, has been working for 24 months. Evaluation of structure as remaining fit for purpose two years running.</p> <p>M75 Attendance at meetings reviewed for past year and 75% attendance maintained. Refinement to membership based on cycle of business. External parties recognise engagement by divisional staff as a mark of good practice.</p> <p>M76 Action plans are systematically being met, with evidence of tangible improvements to practice, compliance or meeting targets. The recording of meetings provides reliable evidence of activity for third parties e.g. HIW, WG.</p>	<p>M99 Structure externally recognised as adding value. Other organisations have reviewed the structure as a possible model for their own structure</p> <p>M100 The working methods of the Division has been used by other organisations to help develop their own approach. The engagement of staff in the governance process has been promoted in a peer review forum as national best practice.</p> <p>M101 Meeting and action plan recording is recognised as being best practice by external parties e.g. commendations from auditors. Examples of how activity is recorded are used to influence other organisations</p> <p>M102 Other organisations are using the work of the Division to provide example templates for their own governance meetings. External parties such as internal audit, HIW, commend the cycle of business etc.</p>



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<p>KP-1 Review of capacity and capability</p> <p>TI 3- Strengthening leadership capacity within the mental health divisions for adults</p> <p>TI 4 -Increased pace of service transformation in line with the Board’s strategy, reflecting upon learning from the pandemic and current practice with partners.</p> <p>&</p> <p>TI 1- Embedding an organisational development approach to enable the service to effectively deliver service transformation, improved quality and outcomes.</p>		<p>M5 Our established Senior Leadership team (SLT) roles are filled with some variance</p> <p>M6 An organisational development (OD) approach to enable Service transformation delivery is being discussed in the SLT with the executive lead</p> <p>M7 Pace of transformation is discussed in division and Service transformation is discussed in the SLT</p>	<p>M28 Annual cycle of business agreed with Executive Director / ELT finalised and published.</p> <p>M29 Our established SLT roles are filled or mitigated Inc. interim appointments</p> <p>M30 OD in the context of the whole of BCUHB is being prepared and planned collaboratively with key achievable and outcomes from this Organisational development in development</p>	<p>M53 Annual cycle of business reviewed and updated each meeting. Contributions to cycle of business from work of other specialties and/or divisions, as well as tier above.</p> <p>M54 All of our SLT roles filled with long term commitment of 6 months or more</p> <p>M55 The OD programme has been scoped and a strategic path has been described for its delivery with key internal and health board partners subscribed. Procurement of external support or capacity is completed.</p>	<p>M77 The BAF relies on the work of meetings to migrate assurance to board level. The content of meetings matches the external compliances the organisation needs to evidence.</p> <p>M78 Our SLT roles have been reviewed and the structures fitness for purpose considered, draft structure amendments have been discussed in context with BCUHB executive and our strategic partners.</p> <p>M79 The OD programme is in delivery and is influencing the customer experience, partner experience and the delivery of transformation which can be evidenced</p>	<p>M103 Our SLT structure reviewed, consulted and approved, all roles filled with substantive appointments and is fit for the future.</p> <p>M104 The division has completed its current programme of OD and this has resulted in an adaptive and rapidly reacting/transforming organisation delivering continuous improvement and a robust Quality improvement approach and an integrated performance management approach.</p>



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Effective internal relationship management including staff Relates to :- KP-3 Engage with staff users and partners TI-2 Enhanced staff engagement and communication mechanisms with feedback being used to inform service change.		<p>M8 Rudimentary communications materials have been developed and circulated e.g. structure charts, round robin email, posters and notes of meetings.</p> <p>M9 Staff and other internal stakeholder strategies are developed and these include feedback mechanisms</p>	<p>M31 Cascading system /Key Information Templates (KIT) successfully used for last three meetings. There are examples of KITs being populated by examples identified at meetings.</p> <p>M32 The Executive Director / ELT receives reports about the management of internal stakeholder engagement, and this includes actual feedback as well as descriptions of what has been done. Informal feedback from new staff and leavers confirms we are good at internal engagement. Managers naturally want to share problems with staff to solve them.</p>	<p>M56 Issues identified at meetings routinely populate KITs. Staff feedback about the usefulness of communications is influencing the development of future communications approaches.</p> <p>M57 The Divisional Leadership Team, Executive Leadership Team and Independent Members attend events put on for them and there are examples of them being effective ambassadors for the Division.</p>	<p>M80 Feedback from staff is starting to shape elements of the focus of meetings. Leadership of the division is confident that they are routinely informed about the work of colleague divisions and specialties</p> <p>M81 Feedback from third parties (e.g. CHC stakeholder events) confirms that internal engagement is working well within the organisation. Reputational auditing finds that internal engagement is an asset.</p>	<p>M105 Communication methods are shared with other organisations or identified through best practice awards. Feedback from other organisations shows that others have found the communications approaches have influenced their own local development</p> <p>M106 We can demonstrate that we are an employer of choice and seen as a magnet employer</p>
Effective external relationships Relates to :-		<p>M10 Our engagement and consultation policies are in place and are consistent with the WG expectations. We recognise service users, staff and the public as resource to</p>	<p>M33 We have a systematic system of accountability to the local community in place We have effective clinical engagement in place, and</p>	<p>M58 There is effective partnership working and governance with other BCU Divisions and with partner organisations in place and can be</p>	<p>M82 Independent reviews and feedback show both current and past service users and the wider public trust us.</p>	<p>M107 Our work on engagement has led to tangible operational and strategic benefits, and we have been sharing how we achieved these with other organisations.</p>

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<p>KP4- Safe effective services in partnership.</p> <p>TI 5- Continued evidence of an effective strategic partnership for Mental Health overseeing the realisation of benefits from service transformation. Strategic direction for the service developed and refreshed in line with patients and staff through co-production and engagement.</p>		<p>help focus, design and deliver service improvement.</p> <p>M11 We are aware of our external stakeholders and have a resource and roles in our SLT to participate and consult. Co-production as a core value of the division is re stated.</p> <p>M12 We as a division are aware of the whole system approach needed to deliver T4MHNW</p> <p>M13 We have a patient and carer experience group that reflects BCUHB governance see TI-7 KP2</p>	<p>evidence this by our clinicians regularly surfacing improvement initiatives that are put into operation</p> <p>M34 Our SLT has created a map of existing and necessary partners and functions. Co-production and engagement are key drivers for partnership</p> <p>M35 We have created a map of existing and needed partners to deliver T4MHNW.</p> <p>M36 We collect customer experiences in a governed way reflecting BCUHB PCE and reports the learning through its governance structure</p>	<p>evidenced through improved outcomes</p> <p>M59 Formal communications and commitments with partners from a simple MOU to a contractual relationship are drafted and shared to enable coproduction and engagement to be delivered in a meaningful way</p> <p>M60 Formal communications and commitments with partners from a simple MOU to a contractual relationship are drafted and shared to enable T4MHNW to be delivered</p> <p>M61 We collect customer experience and can demonstrate that it uses this for a purpose either to adapt and improve quality and/or to influence planning and OD</p>	<p>M83 We have a partnership strategy that identifies partnership relationships from the statutory to the strategic alliances required to deliver with expectations of and commitments to partners known and shared</p> <p>M84 There is some evidence of innovation in coproduction and engagement e.g. specific community network roles in areas or champions with protected time for coproduction and engagement</p> <p>M85 We can demonstrate customer experience both individually and collectively is heard and leads to actions and organisational learning</p>	<p>M108 There is an established, evidenced and governed , mutual partnership approach to the strategic planning of delivery of MH services with identified key stakeholders</p> <p>M109 The strategy for MH is a whole person, whole life, whole system approach that is widely known and collaboration and alliances including resource commitments from partners is explicit and networked through T4MHP Board</p> <p>M110 We can demonstrate how customer experience influences strategic direction and priorities</p>

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Risk, compliance and outcomes Relates to :- KP 2-Stronger and more aligned management and governance		<p>M14 We have a process prospectively to evaluate risk, such as a risk committee with this remit. The Divisional Assurance Framework is organised to promote focused discussion on key business issues.</p> <p>M15 Examples of better working practices are being adopted. Routine review of governance mechanisms is agreed. Personal development plans are agreed for key staff and governing body members</p> <p>M16 We have agreed how outcomes measures will be used as part of performance reports, including how benchmark data will be incorporated.</p>	<p>M37 Our divisional risk appetite has been discussed, agreed and aligned to the Health Board’s risk appetite. This has been built into our plans. The Divisional Assurance Framework covers activity, cost and quality. Information and assurance are aligned to targets, standards and local priorities.</p> <p>M38 We have reviewed our own work practices and made improvements to our work. Staff and clinical leader development planning is the norm. The annual cycle of business and the assurance framework are systematically used for the board/governing body to check that it adds tangible value</p> <p>M39 Outcomes data is routinely used and reports have managed to drop other structure or process data from standard reporting. The organisation has no-surprises around outcome data when inspected or otherwise challenged</p>	<p>M62 We systematically evaluate serious service failures elsewhere, and the board is engaged in scenario tests or discussions. A high degree of risk sensitivity can be demonstrated throughout across the organisation. This is reviewed by the board</p> <p>M63 Continuity plans are regularly tested. The Divisional Leadership Team uses scenario or similar exercises to develop joint understanding of risk and opportunities. Control mechanisms are in place for all elements of the Divisional Assurance Framework. Internal and clinical audit provides dynamic assurance. There are many examples of how the Divisional Leadership Team has led improvements to the effective running of the Division and the impact it achieves.</p> <p>M64 We have been able to see how management has used outcome data to identify or anticipate issues and to address these</p>	<p>M86 We can demonstrate that we respond in timely fashion to the unexpected. An annual audit of follow-up to Serious Incidents, other incidents and complaints come to the board. The board assures itself that the assurance framework is balanced and reflects priority issues</p> <p>M87 Internal stakeholders are confident of divisional effectiveness. External reviews of governance / organisational effectiveness are commissioned and findings considered and implemented.</p> <p>M88 The Divisional Senior Leadership Team, have confidence in using outcomes and have found them a useful way of working through constrictive challenge around healthcare services.</p>	<p>M111 The board is confident it can respond in timely fashion to crises, should the need arise. The board is confident that it has intelligent analysis and assurance across the health economy</p> <p>M112 The Division benchmarks in the upper decile for chosen elements of management effectiveness.</p> <p>M113 We are starting to provide benchmark data to others, and have contributed to the outcome movement in how outcome data is used</p>

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Organisational learning and adaptation, based on past organisational experience and incidents becoming a “learning organisation” KP 2-Stronger and more aligned management and governance		M17 The organisational leadership recognises that it needs to clearly and evidently become a learning organisation, where it understands themes from the data it receives , creates organisational learning which informs its strategy development and/or its workforce plan to clearly show adaptation informed by learning	M40 The organisation has an organisational learning plan that identifies learning opportunities from past and current events and collects data and creates the intelligence it needs to learn and become mindful and aware of its need to learn	M65 The organisation has a repository of learning from events that it uses to create themes of learning. These themes are organised to provide direction Bi annually to workforce and organisational planning to inform the IMTP development and workforce plan. Partners and stakeholders are evident contributors to the feedback and learning.	M89 The organisation knows its information needs , from learning opportunities at all levels , solicits intelligence collection and can evidence rapid adaptation of the whole or part of the organisation where needed. The organisations planning processes are clearly informed by experience and sustainable long-term adaptation and change is demonstrable based on this learning. Partners and stakeholders describe the division as learning and adaptive.	M114 The MHLD division is perceived by its stakeholders and highlighted nationally in Wales, as a an adaptive, rapidly learning organisation that both develops and amends its strategy and planning based on evidence from past events, feedback from partners and anticipates/informs national planning and strategy .
Customer relationship and QI (TI Domains) TI-6 Strengthening quality metrics and feedback from service users demonstrating the positive impact of service changes. TI-8 Performance consistently meeting the standards set out in the Mental Health Act and Mental Health (Wales) Measure, for adult a services. TI-9 Improve appropriate access to psychological therapies within reasonable waiting times		M18 We consider the range and processes of quality data and how it can be used to create metrics and proxy metrics to inform an intelligence approach to quality M19 We understand our performance data against the measure and its context in North Wales M20 We have an approach to developing the organisation to be more psychologically minded.	M41 Quality metrics above but including national outcomes are stated and collected. These metrics are reported through our care governance and quality processes M42 We achieve target on parts 1A, 1b, 2 and 3 of the measure +/- 5% M43 The foundations of implementation of the approach are in place	M66 When we plan service change the impact on quality is considered at the early stages and evaluation of impact is a component of project management of change M67 We achieve target on parts 1A, 1b, 2 and 3 of the measure M68 We know the resource implications of	M90 Quality improvement processes can be demonstrated which inform planning for service change. Service M91 Quality metric performance is on target. We understand the variable factors that influence delivery, anticipate them and mitigate. We are developing Quality and quality improvement targets for performance beyond the measure M92 We are delivering our plan to become more	M115 We are an Intelligence driven organisation , collecting Intelligence around quality impact, listening and able to evidence change as a result of service user feedback M116 Quality metric performance is reliably and consistently above target. This includes but exceeds performance against the measure. We have critical control on the variable factors that influence delivery, anticipate them and mitigate M117 We are a psychologically minded organisation with rapid access to psychological therapies for those in need with high

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			with key leadership roles in post and the key deliverables agreed in our SLT	being psychologically minded, the training and supervision requirements and a development plan with timescales to achieve this	psychologically minded and to increase access to psychological therapies including enabling the human, physical and technical resources to achieve this.	capacity for variation and system stress/ business continuity post Covid with newer and blended ways of working with individuals and groups and with known and measured outcomes for performance and quality.
Assuring learning and adaptation from prior and current reports TI 10 This is the divisional contribution to this area of targeted intervention. The Health Board to demonstrate that it is responding to the recommendations from external reviews and implementing new ways of working in response to these recommendations.		M21 We have organisational basic capacity to deal with high level actions arising from and an awareness of all past reports and legacy actions that are named tracked and linked to historical report (s)	M44 We have a high level tracker for all past unspent or continuous actions and learning from key reports	M69 Our tracker clearly identifies the origins and status of all actions and its owner	M93 We regularly update the tracker with evidence collected and deposited for status. The evidence clearly demonstrates the organisations learning from and adaptation to the learning from past reports and events.	M118 We are able to robustly evidence and track all prior high level actions from internal and external reports both past and current are complete, in process or superseded/closed and evidence the organisational learning and change as a result of them.
Financial Planning – Integration with strategic and corporate plan TI 1, TI 4, TI 5, TI 6, TI7, TI 10		M22 The strategic, corporate and financial planning processes are not co-ordinated. M23 Plans are prepared just in time for this process and are not used subsequently; meaning that there is no review of performance against what was intended. M24 Within the plans, there is no involvement of or consideration given to other stakeholders who may work with the Division.	M45 There is a basic level of alignment between the strategic, corporate and financial planning processes. M46 Significant manual work is required by staff to align the plans at a high level due the use of separate systems that are not integrated. M47 The plans cover the next financial year and often need to be updated mid-year due to changes in resource requirements rendering the plan out of date.	M70 There is some integration of planning systems for the most sensitive areas of the business. M71 A strategic plan is in place supported by a basic financial model that is capable of being automatically updated for key changes during the year. M72 The plans are produced for the next two to three years. There is involvement of operational managers in producing both the strategic and financial	M94 Senior management is clear about the strategic direction of the organisation over the next three years. M95 Financial and operational plans are aligned with the strategic direction. M96 The plans are produced for the next three years, and occasionally longer for some aspects of the business where there are longer-term plans. M97 Financial planning produces timely information so that budgets and forecasts are readily updated in response to changes and used	M119 Senior management is clear about the strategic direction of the organisation in the short, medium and longer term (where appropriate). M120 Financial and operational plans are fully aligned to the strategy at all levels. M121 The Board ensures that it is able to focus on the longer term strategic imperatives. M122 Plans include forecasts over 3 to 5 years so that longer-term changes in the environment can be factored into plans. Financial planning produces timely information so that

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			<p>M48 The systems do not have the capability automatically to upload new information into the plans. As a consequence, the Board are unable to assess whether money is being spent as intended and whether desired outcomes are achieved.</p> <p>M49 The plans include an attempt to reflect relationships with other stakeholders, but there is little management information available on which to base projections.</p>	<p>plans for the most sensitive areas of the business.</p> <p>M73 The views of external stakeholders are considered, and internal information on the working arrangements is used to inform plans. There is no active consultation to seek partners' views.</p>	<p>to help manage the organisation.</p> <p>M98 There is some consultation with external stakeholders in the development of the plans.</p>	<p>budgets and forecasts are routinely updated and highlight emerging changes so that remedial action can be taken.</p> <p>M123 Planning processes include active co-ordination with external stakeholders such as partnership members, in order to co-ordinate effort, remove duplication and deliver economies.</p>

Mental Health (Adult and Children) – TIF expected outcomes

1. Embedding an organisational development approach to enable the service to effectively deliver service transformation, improved quality and outcomes.
2. Enhanced staff engagement and communication mechanisms with feedback being used to inform service change.
3. Strengthening leadership capacity within the mental health divisions for children and adults, Executive Team and Board to enhance stability and resilience.
4. Increased pace of service transformation in line with the Board's strategy, reflecting upon learning from the pandemic and current practice with partners.

5. Continued evidence of an effective strategic partnership for Mental Health overseeing the realisation of benefits from service transformation. Strategic direction for the service developed and refreshed in line with patients and staff through co-production and engagement.
6. Strengthening quality metrics and feedback from service users demonstrating the positive impact of service changes.
7. Good governance arrangements embedded within the Division.
8. Performance consistently meeting the standards set out in the Mental Health Act and Mental Health (Wales) Measure, for adult and children's services.
9. Improve appropriate access to psychology therapies within reasonable waiting times.
10. The Health Board to demonstrate that it is responding to the recommendations from external reviews and implementing new ways of working in response to these recommendations.