

| Domain   | Relevant to MM Entry No: | Evidence Ref No: | Relevant to add MM entries: | Evidence Title   | Brief Description  |
|----------|--------------------------|------------------|-----------------------------|--|--|
| Adult MH | M1                       | M1.1             | M5 & M29                    | MH&LD Divisional Substantive Structure, updated June 2021              | Strengthening Leadership in the MH&LD Division to enhance stability with partners. Organisational governance structure developed and agreed. Shared with all SLT staff in division. Roles and responsibilities agreed. Interim fixed term posts extended to 12 months, from August 2021.   |
|          | M2                       | M2.1             | M3 & M4                     | MH&LD Tiered Governance meeting structure                              | <p>A Divisional governance meeting structure has been developed into separate meeting tiers. This is replicated across the Division. All attendees for meetings defined and informed. Quorum defined in the reviewed TOR's.</p> <p>The standard BCU templates for format of Agenda and minutes of meeting recordings discussed and agreed. Dates organised and advertised for coming three months and first meetings held.</p> |
|          |                          | M2.2             | N/A                         | Divisional Senior Leadership Team: Business – Tier 1, TOR              | <p>Stronger and more aligned management and governance. Good governance arrangements embedded within the Division.</p> <p>The TOR provide evidence of the establishment of the MH&amp;LD DSLT Business meeting along with its responsibilities and also demonstrates partnership working to deliver the TI programme.</p>  |
|          |                          | M2.3             | N/A                         | Divisional Senior Leadership Team: Finance & Performance – Tier 1, TOR | <p>Stronger and more aligned management and governance. Good governance arrangements embedded within the Division.</p> <p>The TOR provide evidence of the establishment of the MH&amp;LD DSLT Finance and Performance meeting along with its</p>   |

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|  |  |      |     |  | responsibilities and also demonstrates partnership working to deliver the TI programme.   |
|  |  | M2.4 | N/A | Divisional Senior Leadership Team: Quality, Safety and Experience– Tier 1, TOR | <p>Stronger and more aligned management and governance. Good governance arrangements embedded within the Division.</p> <p>The TOR provide evidence of the establishment of the MH&amp;LD DSLT Quality, Safety and Experience meeting along with its responsibilities and also demonstrates partnership working to deliver the TI programme.</p> |
|  |  | M2.5 | N/A | Divisional Senior Leadership Team: Clinical Advisory Group– Tier 1, TOR        | <p>Stronger and more aligned management and governance. Good governance arrangements embedded within the Division.</p> <p>The TOR provide evidence of the establishment of the MH&amp;LD DSLT Clinical Advisory Group meeting along with its responsibilities and also demonstrates partnership working to deliver the TI programme.</p>        |
|  |  | M2.6 | N/A | MH&LD SMS TOR for Detox and Panel  | <p>Stronger and more aligned management and governance. Good governance arrangements embedded within the Division.</p> <p>The TOR provide evidence of the establishment of the MH&amp;LD SMS TOR for Detox and Panel meeting along with its responsibilities and also demonstrates partnership working to deliver the TI programme.</p>         |
|  |  | M2.7 | N/A | MH&LD SMS / CAIS Tier 4 Inpatient Admission Panel TOR                          | Stronger and more aligned management and governance. Good governance arrangements embedded within the Division.   |

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|  |           |      |              |  | The TOR provide evidence of the establishment of the MH&LD SMS / CAIS Tier 4 Inpatient Admission Panel meeting TOR, along with its responsibilities and also demonstrates partnership working to deliver the TI programme |
|  | <b>M3</b> | M3.1 | M4, M9 & M10 | MH&LD Divisional Patient and Carer Experience Group Meeting Minutes meeting held on Thursday 15 <sup>th</sup> April 2021 | Evidence to show engagement with patients and carers. Demonstrates that regular discussions are held and actions, feedback, engagement and co-production enable service development.                                      |
|  |           | M3.2 | M9 & M10     | MH&LD Divisional Patient and Carer Experience Group meeting minutes April 2021   | Evidence to show engagement with patients and carers. Demonstrates that regular discussions are held and actions, feedback, engagement and co-production enable service development.                                      |
|  |           | M3.3 | M9 & M10     | MH&LD Divisional Patient and Carer Experience Group meeting minutes May 2021   | Same as above for M3.2  |
|  |           | M3.4 | M4, M9 & M10 | MH&LD Monthly Mental Health and CAMHS Meeting - 27th April 2021  | Evidence to show engagement with patients and carers. Demonstrates that regular discussions are held and actions, feedback, engagement and co-production enable service development.                                      |
|  |           | M3.5 | M4, M9 & M10 | MH&LD Monthly Mental Health and CAMHS Meeting - 25th May 2021  | Same as above for M3.4  |

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|  |           | M3.6                | M4, M9 & M10 | MH&LD Agenda for Transition Policy Working Group 26th May 2021 | Same as above for M3.4  |
|  | <b>M4</b> | See M3              |              |  |   |
|  | <b>M5</b> | No evidence to date |              |  |   |
|  | <b>M6</b> | M6.1                | M30          | MH&LD SBAR for Admin and Clerical review.                      | <p>The Mental Health &amp; Learning Disabilities (MHL D) Admin, Business &amp; Clerical Development Programme is a review of all administrative and clerical support services within the Division to ensure adequate Admin resource to all clinical areas. Its aim is to:</p> <ul style="list-style-type: none"> <li>• reduce the overall expenditure for the Division whilst delivering quality administrative support</li> <li>• review number of admin &amp; clerical staff and develop a fit for purpose admin, business &amp; clerical function</li> <li>• explore new ways of working &amp; implement lean systems and processes</li> <li>• develop and train our staff</li> <li>• overall exploit opportunities to transform our structures, systems and processes in order to deliver resource and financial efficiencies</li> </ul> <p>To renew a programme of work under taken in the first year of the project 19/20, summarises the next steps and proposals for consideration in 21/22, which had been stood down due to Covid. Initial exploratory and engagement phase of strategic workforce planning and recruitment to improve performance and support retention.</p> |
|  |           | M6.2                | M30          | MH&LD Inpatient units Establishment Review                     | A Divisional Inpatient Establishment review has commenced, which was stood down in 2020 due to Covid pandemic priorities.   |

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|  |           |      |                |  | This will enable the creation of an agreed model and an understanding of staffing requirements to ensure safe delivery of care in all Divisional inpatient setting.   |
|  | <b>M7</b> | M7.1 | Leadership     | Service Transformation discussions - Additional Funding                          | <p>The Division is progressing with embedding an organisational development approach to enable the service to effectively deliver service transformation, improved quality and outcomes.</p> <p>The Transformational funding enables increased pace of service transformation in line with the Board's strategy, reflecting upon learning from the pandemic and current practice with partners.</p>   |
|  |           | M7.2 | N/A            | Additional divisional capacity identified via MH Transformation Slippage funding | <p>The Division is progressing with embedding an organisational development approach to enable the service to effectively deliver service transformation, improved quality and outcomes. The Division is aware of the additional capacity within the Division to support the transformation.</p> <p>The Transformational funding enables increased pace of service transformation in line with the Board's strategy, reflecting upon learning from the pandemic and current practice with partners. Transformational funding is reviewed to ensure objectives and actions met within time frames.</p> |
|  |           | M7.3 | M11, M15 & M16 | MH&LD SMS Clinical Thematic review and action plan                               | SMS Clinical Thematic review and action plan provides assurance and evidence of in-depth and robust review of current practises, and making recommendations and taking action to improve services.  |
|  |           | M7.4 | M11, M15 & M16 | MH&LD SBAR regarding BCUHB embedding the co-occurring mental                     | The Welsh Government produced the 'Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem' in September 2015.   |

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|  |  |      |                | health and substance misuse frame work  | <p>The framework is designed to inform and influence the delivery of integrated and collaborative practice in the delivery of mental health and substance misuse services for adults, children and young people. Responsibility for ensuring its implementation lies with managers, commissioners, planners and clinical leaders in health, social services, education and third sector services.</p> <p>Evidence provides assurance of in-depth and robust review of current practises, and making recommendations and taking action to improve services.</p>   |
|  |  | M7.5 | M11, M15 & M16 | MH&LD SMS Welsh government delivery plan  | The Welsh Government delivery action plan provides assurance and evidence of in-depth and robust review of current practises, and making recommendations and taking action to improve services.  |
|  |  | M7.6 | M11, M15 & M16 | MH&LD Draft Service Specification – North Wales BCUHB Substance Misuse Service (SMS) V3 | <p>Draft Service Specification – North Wales BCUHB Substance Misuse Service (SMS) V3. This services specification reflects the APB funding which is provided to add value to the Core BCUHB funded Substance Misuse Support and Treatment Services (SMS).</p> <p>The primary purpose of the 6 Substance Misuse Services (SMS) across North Wales is to deliver a range of treatment and support via structured treatment and therapeutic interventions to individuals to address issues caused by substance misuse. The SMS will provide a confidential, non-judgemental and accessible support service to reduce the harm caused by drugs and alcohol to individuals, families and their communities and improve the health and welfare of its service users.</p> |

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|  |           |      |                |  | <p>The service will work to deliver provision within a regional model of delivery which would be supported by the following key principles:</p> <ul style="list-style-type: none"> <li>• Wider Partnership Working</li> <li>• Multi Agency Provision</li> <li>• Equitable Access and Provision</li> <li>• Earlier Interventions</li> </ul> <p>Provides evidence that a Service Specification is in place, jointly developed, for the SMS service provision across North Wales.</p> |
|  |           | M7.7 | M11, M15 & M16 | MH&LD SMS Residential Rehabilitation regional panel                                | Provides evidence of ongoing discussions with partners to improve SMS service provision across North Wales.  |
|  | <b>M8</b> | M8.1 | M31 & M32      | Welsh and English version of Divisional Staff Briefing 5th June 2021               | Evidence to show engagement with staff. This MH&LD staff briefing is intended to keep all staff updated on key developments within the Mental Health & Learning Disabilities Division.   |
|  |           | M8.2 | M31 & M32      | Welsh and English version of Divisional Staff Briefing 25th June 2021              | Same as above for M8.1   |
|  |           | M8.3 | M31 & M32      | Welsh and English version of Divisional Staff Briefing 9 <sup>th</sup> August 2021 | Same as above for M8.1   |
|  |           | M8.4 | M31 & M32      | Welsh and English version of Divisional Staff Briefing 5 <sup>th</sup> May 2021    | Same as above for M8.1   |

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|  | <b>M9</b> | M9.1 | M30 & M2 | Divisional Senior Leadership Team:<br>Divisional Workforce Group, TOR | <p>Stronger and more aligned management and governance. Good governance arrangements embedded within the Division</p> <p>The TOR provide evidence of the establishment of the MH&amp;LD Divisional Workforce Group meeting along with its responsibilities and also demonstrates partnership working to deliver the TI programme.</p> <p>This group provides a forum for cascading and escalation from the Wellbeing, Work and Us Project Group as well as the MH&amp;LD Training and Development Group. Provides evidence that there is a robust framework for workforce issues, training and development to enhance capability and confidence to support quality and evidence based care and workforce retention.</p> |
|  |           | M9.2 | M30 & M2 | Agenda for MHLD Divisional Workforce Meeting Monday, 26 April 2021    | <p>Stronger and more aligned management and governance. Good governance arrangements embedded within the Division</p> <p>The TOR provide evidence of the establishment of the MH&amp;LD Divisional Workforce Group meeting along with its responsibilities and also demonstrates partnership working to deliver the TI programme.</p> <p>This group provides a forum for cascading and escalation from the Wellbeing, Work and Us Project Group as well as the MH&amp;LD Training and Development Group. Provides evidence that there is a robust framework for workforce issues, training and development to enhance capability and confidence to support quality and evidence based care and workforce retention.</p> |
|  |           | M9.3 | M30 & M2 | MH&LD Divisional Partnership Group                                    | Stronger and more aligned management and governance. Good governance arrangements embedded within the Division  |



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|  |  |      |          | <p>Meeting Agenda Meeting held on Wednesday 17th March 2021</p>  | <p>The TOR provide evidence of the establishment of the MH&amp;LD Divisional Partnership Group Meeting Agenda Meeting meeting along with its responsibilities and also demonstrates partnership working to deliver the TI programme.</p> <p>This group provides a forum for meeting with staff side representatives, discuss workforce issues, provide updates form the Wellbeing, Work and Us Project Group as well as the MH&amp;LD Training and Development Group and other related meetings. Provides evidence that there is a robust framework for workforce issues, training and development to enhance capability and confidence to support quality and evidence based care and workforce retention.</p>  |
|  |  | M9.4 | M30 & M2 | <p>MH&amp;LD Divisional Partnership Group Meeting Agenda Meeting held on Wednesday 21st April 2021</p> | <p>Stronger and more aligned management and governance. Good governance arrangements embedded within the Division.</p> <p>The TOR provide evidence of the establishment of the MH&amp;LD Divisional Partnership Group Meeting Agenda Meeting meeting along with its responsibilities and also demonstrates partnership working to deliver the TI programme.</p> <p>This group provides a forum for meeting with staff side representatives, discuss workforce issues, provide updates form the Wellbeing, Work and Us Project Group as well as the MH&amp;LD Training and Development Group and other related meetings. Provides evidence that there is a robust framework for workforce issues, training and development to enhance capability and confidence to support quality and evidence based care and workforce retention.</p> |

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|  |  | M9.5 | M11 & M56 | Email following Meeting with Community Health Colleagues in relation to improving the local relationships | Evidence of communication with CHC, our external partners. The CHC member attended the SLT meeting in Central, West, East and RSS/SCS for communication and engagement. Regular update meeting have been organised to make a commitment for continuous engagement.   |
|  |  | M9.6 | M32       | Wellness, work and Us 6 month report  | Evidence of engagement with staff aligned to service improvement. The MH&LD Division has a focus on staff wellbeing have developed a Wellness, Work and Us Strategy and Service Delivery Plan in 2019. Funding was obtained and a Project plan started in August 2020, which included reporting on KPI's. The Wellness, Work and Us 6 month report provides a summary of progress made on Year One priorities and achievement against all the KPI's. The 6 month report was presented at the MH&LD Divisional Workforce meeting in Jun2 2021 and also at the MH&LD Joint Partnership Group meeting in June 2021, with staff side representative. |
|  |  | M9.7 | M32       | Wellness, work and Us Action Plan RSS and SCS   | Evidence of engagement with staff aligned to service improvement. The MH&LD Division has a focus on staff wellbeing have developed a Wellness, Work and Us Strategy and Service Delivery Plan. This Action Plan provides evidence of staff engagement across RSS and SCS aligned to Staff wellbeing. At each MH&LD Divisional Workforce meeting all areas across the division are asked to provide an update with their local arrangements, plans, actions taken aligned to staff wellbeing.   |
|  |  | M9.8 | M32       | Wellness, work and Us email to confirm arrangements in SMS.   | Evidence of engagement with staff aligned to service improvement. The MH&LD Division has a focus on staff wellbeing have developed a Wellness, Work and Us Strategy and Service Delivery Plan. This email provides evidence of staff engagements with each of the local SMS teams.   |

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|  |  | M9.9  | M32 & M41 | Learning disability Nursing category and the Life limiting conditions - The gold application  | Evidence of engagement with staff aligned to service improvement as this application is for Gold Ward Accreditation. This application provides a summary of quality improvement projects on the Inpatient ward and evidence to show they are maintaining momentum with new projects all of which are to the benefit of the ward, services users and their carers.  |
|  |  | M9.10 | M32       | Community donation for the garden for £1,000 from Money Supermarket                           | Evidence of engagement with staff aligned to service improvement as this aligned to a fund raising event which has been used to create a garden in the ward to increase patient. This improved the health and wellbeing of both patients and staff and also raised funds. This application provides a summary of quality improvement projects on the Inpatient ward and evidence to show they are maintaining momentum with new projects all of which are to the benefit of the ward, services users and their carers.             |
|  |  | M9.11 | M32       | Coed Celyn's sponsored walk authorisation   | Evidence of engagement with staff aligned to service improvement as this aligned to a fund raising event carried out between the patients and staff who completed a sponsored walk together. This improved the health and wellbeing of both patients and staff and also raised funds. This application provides a summary of quality improvement projects on the Inpatient ward and evidence to show they are maintaining momentum with new projects all of which are to the benefit of the ward, services users and their carers. |
|  |  | M9.12 | M32       | Big Ideas Wales funded a Birds of Prey afternoon in the garden of Coed Celyn, photos attached | Evidence of engagement with staff aligned to service improvement as this shows evidence of patient engagement events. This provides a summary of quality improvement projects on the Inpatient ward and evidence to show they are maintaining momentum with new projects all of which are to the benefit of the ward, services users and their carers.   |

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|  | <b>M10</b> | M10.1 | M15, M17 & M30 | Stronger Together OD Programme Focus Groups | Stronger Together Focus Groups established across the MH&LD Division to capture all staff group, ranging from Divisional Directors to HCSW's who would attend either small, medium focus groups or larger workshops. This would enable all staff to be involved in the Discovery stage, to give the opportunity to work together to shape how the organisation works.   |
|  | <b>M11</b> | M11.1 | M12 & M7       | Divisional Operation Plan 2021/22           | <p>MH&amp;LD Divisional Operational plan provides an initial summary of how the Division will ensure safe integration and improvement of mental health services. It defines how the Division will work aligned to the five key priorities to build a sustainable vision for the future. This work will shape the medium term plan in readiness for 2022/23, with an immediate focus on building on consistent divisional leadership, management and clinical governance arrangements, be clinically led and seek to modernise out services, develop our people and organisation, re-invigorate our partnership work with key stakeholders in Together for Mental Health and better integrate pathway based service.</p> <p>This Plan recognises the work that is required in partnership to support and protect the health and wellbeing of the population aligned to the principles of 'A Healthier Wales'.</p> <p>The plans overall aim will be to deliver improved outcomes, performance, patient experience and financial performance year on year. The improvements will contribute to the actions required to demonstrate progress against the Targeted Intervention Framework.</p> |

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|  |  | M11.2 | N/A      | MH&LD Alcohol liaison/SMS joint working specification | Draft MH&LD Alcohol liaison/SMS joint working specification<br>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.  |
|  |  | M11.3 | M12      | MH&LD SMS Service Buvidal SBAR and work to date       | Evidence aligned to <i>Buvidal</i> ® injection prescribed for an individual clients and dispensed from a community pharmacy to be administered in the SMS clinic setting by a registered nurse. Proposal to change the process due to funding stream changes, which will involve each of the SMS clinics holding their own stocks of <i>Buvidal</i> ®. As <i>Buvidal</i> ® is a controlled drug, injections are required to be stored, documented and administered in accordance with controlled drug guidelines, including the presence of two suitably trained persons to independently second check and witness the whole process.<br><br>Demonstrates improvement in services provided to service users. |
|  |  | M11.4 | M7 & M12 | MH&LD Harm reduction capital bid - purpose built van  | To purchase a replacement mobile unit and have it fitted out to meet our needs, for the provision of outreach services forming part of an integrated Tier 2 service.<br>Demonstrates improvement in services provided to service users.  |
|  |  | M11.5 | M7 & M12 | MH&LD Draft Business Case for Gambling Services       | This proposal discusses general approaches to gambling services for Wales, before presenting an initial proposal for the delivery of a problem gambling services for North Wales.<br><br>Strong leadership in psychological therapies is important; as is partnership with a proactive third sector provider, wider involvement with self-help and an educational approach with a  |

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|  |       |          |   | network of similar organisations. The proposal recommends strict independence in the delivery of services, and partnership.<br><br>Demonstrates improvement in services provided to service users.  |
|  | M11.6 | M7 & M12 | MH&LD Relocation of Substance Misuse Service SMS Conwy County.                                | The recommendation is that BCUHB support a Capital bid to Welsh Government for a multi-agency building. This is to include statutory Substance Misuse Service and Community Mental Health Team also any appropriate third sector services to facilitate an equitable service in the West of Conwy.<br><br>Scoping to be undertaken of suitable premises, but potentially scoping of any pre-existing BCU establishments. In collaboration with CMHT, CAIS and Kaleidoscope. Support from the APB will also be obtained, Additionally seeking support from BCU estates to scope out any existing buildings.<br><br>Demonstrates improvement in services provided to service users, in collaboration with our partners. |
|  | M11.7 | M36      | MH&LD Draft Service Specification North Wales Enhanced Harm Reduction, Collaborative approach | The North Wales Enhanced Harm Reduction – A Collaborative Approach consists of a multiagency team of staff committed to supporting vulnerable individuals who are living with the complex needs associated with substance misuse, mental health and homelessness.<br><br>Evidence to show collaborative engagement with partners.   |
|  | M11.8 | M36      | MH&LD Summary of CAMHS Projects and Investment  | Provides evidence of an effective strategic partnership for Mental Health overseeing the realisation of benefits from service transformation. Strategic direction for the service developed and   |

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|  |            |                     |           |  | refreshed in line with patients and staff through co-production and engagement.  |
|  |            | M11.9               | M36       | MH&LD SMS Younger persons pathway from children's to Adult services                                  | <p>Provides 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>Provides evidence is in place, jointly developed, for the transition of young people from CAMHS to SMS services.</p> |
|  | <b>M12</b> | M12.1               | M34 & M33 | Rehab Transformational Project 2021/2022   | Presentation provides an overview of the Rehab Transformational project, complete with the plans, pace of transformation and delivery which is presented and monitored through the Programme Group which feeds into the MH&LD Clinical Advisory Group.   |
|  | <b>M13</b> | No evidence to date |           |  |  |
|  | <b>M14</b> | M14.1               | N/A       | Divisional Prioritisation tool to support investment decisions against additional WG funding 2021/22 | Divisional Prioritisation tool to support investment decisions against additional WG funding to provide a robust framework for decision making aligned to transformational change across mental health service.  |
|  | <b>M15</b> | See M7              |           |  |  |
|  | <b>M16</b> | See M7              |           |  |  |

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|  | <b>M17</b> | M17.1 | M40 | Risk and Governance Bulletin June 2021  | Organisational learning and adaptation, based on past organisational experience and incidents becoming a “learning organisation”  |
|  |            | M17.2 | M40 | Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problems | <p>Co-occurring Implementation Plan, presented to the North Wales APB Executive Board on the 7th June 2021. The Board approved the updated plan and agreed to write to all APB partners to seek further feedback.</p> <p>Particularly around the areas highlighted in the report that it was felt would benefit from continued/further partnership support and focus, namely:</p> <ul style="list-style-type: none"> <li>• Pathways between specialists and generic services, including community based &amp; third sectors services, with a particular focus on early identification and intervention;</li> <li>• Training needs in terms of co-occurring mental health and substance misuse training requirements, personality disorder training, suicide training and trauma informed training;</li> <li>• Maintaining/Strengthen links with Homelessness Teams;</li> <li>• Needs of Older people.</li> </ul> <p>The report was also presented at the MH&amp;LD Clinical Strategy Group on 8th June 2021.</p> <p>This evidence also shows a closer relationship between the APB Executive Board and the T4MHPB, and further work will be undertaken to strengthen cross membership between the boards, to continue to ensure the Service User Involvement is at the heart of the boards and this agenda.</p> |



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|  | <b>M18</b> | M18.1 | M17 & M40 | Mental Health Service Accessibility to Deaf Service Users Proposal | <p>MH&amp;LD Division is undertaking to make reasonable adjustments to service delivery for patients who are deaf or who have significant hearing loss.</p> <p>It is proposed that a Task and Finish Group is set up to review how the Cwm Taf Morgannwg toolkit could be adapted for MH&amp;LD service in North Wales. This Task and Finish Group would include clinicians, service users and relevant agencies and would provide an opportunity to raise awareness across the division of reasonable adjustments that should be implemented for deaf/hearing impaired patients in receipt of our services and also provide a platform for co-production of a signposting offer for our patients and their carers.</p> <p>This is evidence that the division is working with services users and partners to improve mental health services.</p> |
|  |            | M18.2 | M41       | MH&LD F&P and QSE Performance Report - May 2021                    | <p>To ensure the division is sighted on performance issues and on KPIs as set out by Welsh Government in their annual Delivery Framework. It is also intended in preparation for divisional and Health Community accountability meetings.</p> <p>Data is extracted from pro forma submissions to Welsh Government and it split by West, Central, East and Regional Services Teams wherever possible.</p>   |
|  |            | M18.3 | M19 & M41 | MH&LD Mental Health Act Performance Report, April 2021             | Provides evidence and demonstrates that performance targets and measures are understood and reviewed regularly in Divisional meetings.   |
|  |            | M18.4 | M19 & M41 | MH&LD Annual Mental Health Act Hospital                            | Same as above for M18.3  |

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|  |            |         |           | Manager Scrutiny Analysis report.   |   |
|  |            | M18.5   | M19 & M41 | ICAN Primary Care West pilot infographic, April to June 2021  | Same as above for M18.3   |
|  |            | M18.6   | M19       | MH&LD SMS Prescribing data base options appraisal   | Example fit for purpose IT system to collect various SMS service user data for information and planning purposes to ensure future service demand and needs, further data metrics are in development.<br><br>Demonstrates improvement is metrics collection  |
|  | <b>M19</b> | See M18 |           |   |   |
|  | <b>M20</b> | M20.1   | M43       | Psychological Therapies capacity to address waiting times - Additional funding application to WG for All Age Psychological Therapy capacity | Funding submission for 3 year rolling £5.9m additional resources in mental health Service Improvement Funding pot to increase Access to Psychological Services (Adults) and Crisis.<br><br>Downstream/Early Increased Access to Psychological Services – Tier 0/1 & Crisis Sanctuaries. Psychology services are not standalone, as they are integral to MDT service delivery the aims of this project will be to use extra investment flexibly within mental health care to:<br><br><ol style="list-style-type: none"> <li>1. Improve Early Access Psychological Interventions Tier 0/1. To add psychological clinical leadership &amp; direct input lower stream into primary care GP Clusters, ICAN Primary Care, and Primary Care Mental Health. Layering on top of existing OT and Nursing.</li> <li>2. Targeted collaboration with the Crisis sanctuary model 24/7 developments- to add psychology into localised</li> </ol> |

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|  |            |                     |     |   | service developments for quicker access to psychological approaches/ interventions when most in need, layering the MDT provision by adding psychological input to the MDT.  |
|  | <b>M21</b> | M21.1               | N/A | Review of External and Internal Reports & Progress Mental Health & Learning Disability Division BCUHB | <p>In April 2021 the Interim Director of Nursing for Mental Health and Learning Disabilities (MHLD) requested a review of a number of external and internal reports and a report on the progress to date with implementation of the recommendations. The following reports were reviewed as part of this process:</p> <ul style="list-style-type: none"> <li>• Holden July 2014</li> <li>• Ockenden May 2015</li> <li>• HASCAS May 2018</li> <li>• HIW reports 2019-Date</li> <li>• HQIP Heddfan 2021</li> </ul> <p>In addition the following sources of information were reviewed to explore the top themes and trends that could be extracted which would inform the future transformation and organisational development for the MHLD division:</p> <ul style="list-style-type: none"> <li>• All Datix reports April 2020- March 2021</li> <li>• All concerns and on the spots April 2020- March 2021</li> <li>• All regulation 28's reports-Prevention of Future Deaths 2014- current</li> </ul> <p>A review was also undertaken in terms of where recommendations are monitored, what evidence there is of closure locally, and what the governance arrangements are for divisional oversight and shared learning. Various recommendations were made, which are progressing.</p> |
|  | <b>M22</b> | No evidence to date |     |   |   |

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|  | <b>M23</b> | No evidence to date |          |  |   |
|  | <b>M24</b> | No evidence to date |          |  |   |
|  | <b>M25</b> | No evidence to date |          |  |   |
|  | <b>M26</b> | No evidence to date |          |  |   |
|  | <b>M27</b> | No evidence to date |          |  |   |
|  | <b>M28</b> | No evidence to date |          |  |   |
|  | <b>M29</b> | No evidence to date |          |  |   |
|  | <b>M30</b> | No evidence to date |          |  |   |
|  | <b>M31</b> | M31.1               | M9 & M32 | Staff on Call Survey   | Evidence of engagement with staff aligned to service improvement. The on call survey was carried out across the Division to ascertain feedback from staff regarding the current On Call arrangements in the Division. The feedback and themes and have been used to develop an option appraisal for consultation by the staff. The On Call survey was presented at the MH&LD Divisional Workforce meeting and also at the MH&LD Joint Partnership Group meeting with staff side representative. |
|  | <b>M32</b> | M32.1               | M57      | North Wales CHC Mental Health and Learning Disabilities Service - Safe Space Engagement Events Final Report March 2021 | North Wales CHC is the independent watchdog for NHS services in North Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.   |

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|  |  |       |     | <p>Initially the CHC held a minimum of six virtual events with each event focusing on broad themes of mental health services in North Wales:</p> <ul style="list-style-type: none"> <li>• Community Mental Health</li> <li>• Older Persons Mental Health</li> <li>• Substance Misuse Services</li> <li>• Learning Disabilities</li> <li>• Adults with Functional Mental Health Problems &amp; Adult Psychiatric Services</li> <li>• CAMHS &amp; the transition to Adult Mental Health Services</li> </ul> <p>More events were added to the list, including;</p> <ul style="list-style-type: none"> <li>• LGBTQ+ Service User experience</li> <li>• Covid and Mental Health Care</li> <li>• Mental Health Services in Agriculture/Rural Communities</li> </ul> <p>This report contains all recorded comments so far and attempts to identify themes, trends and learning issues.<br/>Evidence to show engagement with patients and carers.<br/>Demonstrates that regular discussions are held and actions, feedback, engagement and co-production enable service development.</p> |   |
|  |  | M32.2 | M57 | B2B CHC Board meeting 22nd April 2021 Update Report  | <p>Same as above for M32.1<br/>This document provides a summary of the main themes from the report.</p> |
|  |  | M32.3 | M57 | B2B CHC Board meeting 22nd April 2021 Presentation   | <p>Same as above for M32.1</p>  |

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|  |  | M32.4 | M36 | Family feedback on patient experience on Hydref Ward                      | Evidence to show engagement with patients and carers. Demonstrates that discussions are held and actions, feedback, engagement and co-production enable service development.  |
|  |  | M32.5 | N/A | Welsh Language and Mental Health & Learning Disabilities Division Project | <p>Amongst the vulnerable groups identified within <i>More than just words</i> are mental health service users, individuals living with dementia and people with learning disabilities. Individuals within these groups may not always be in a position to express their preference, which is why actively offering services in their language of need is a clinical necessity and an integral part of the care provided.</p> <p>In 2019, a Mental Health and Welsh Language pilot was undertaken in the West, focusing predominantly on the Hergest Unit in Ysbyty Gwynedd. The project focused on raising awareness amongst staff of Welsh language requirements, engaging with service users to gain a patient-led perspective of current offerings, and implementing a ward-based scheme where language choice was actively offered. Next steps include discussing an appropriate approach within the division, the Welsh Language Service to identify a Project Manager to support the MH&amp;LD Division to deliver the project and to develop a management plan and project breakdown, with specific activities, measured outcomes, task ownership and timeline for delivery.</p> <p>This project provides evidence of engagement with our service users to improve and develop services through co-production and engagement.</p> |
|  |  | M32.6 | N/A | MH&LD LD Minutes of Service User Group meeting                            | Provides evidence that discussions are held with service user to obtain feedback which enable a positive impact of service change.  |

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|  |  | M32.7 | M7 & M36 | MH&LD CHC Right Care Assurance Programme (RCAP)                 | <p>Provides evidence that BCUHB ensures that patients can rely on consistently high quality care and experiences within placements commissioned by BCU. The principal aim is to maintain a robust framework for Clinical Governance with realistic goals that take into account the organisational context and strive for continual improvement. The RCAP team focus on maintaining and enhancing the safety and effectiveness of our commissioned services and our patients' experiences. As a RCAP team, by developing transparent and rigorous review, assurance and governance processes, patients and families will be provided with the confidence that BCU are working with externally commissioned providers in ensuring the highest quality of care aligned to the themes that are underpinned by the Trust's vision and values.</p> <p>The RCAP Project PID is also captured to show evidence.</p> |
|  |  | M32.8 | M7 & M36 | MH&LD SMS Rowleys drive capital bid multi agency building SBAR. | <p>Provides evidence of collaboration and engagement with our partners to improve services for patients and carers. Evidence include progress reports and meeting minutes.</p>   |
|  |  | M32.9 | M7 & M36 | Covid-19 Winter Plan SOP, Substance Misuse Service Services     | <p>COVID-19 has presented unprecedented challenges to individuals affected by substance misuse and the services that support them. This document provides evidence on how the SMS services has adapted to managing service during the Pandemic. This includes more sustainable ways of working and travelling, flexibilities for using IT in health services and education, and a focus on partnership working. The plan aims to build on the progress made to date and provide guidance to provide ongoing quality services for individuals using substances.</p>   |

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|  |            | M32.10              | M7 & M36 | Substance Misuse Service Operational Guidelines for Tier 3                       | <p>The document provides evidence that the SMS service has developed guidance for all staff including prescribers from both Primary and Secondary Care in Tier 3 community services.</p> <p>It brings together a number of local and national good practice documents to provide a clear operating framework for multidisciplinary work within the Substance Misuse Service (SMS).</p> <p>It aims to ensure the needs of both staff and service users are met, and in conjunction with professional medical, nursing and social work standards, serves to protect both service users and individual practitioners.</p> |
|  |            | M32.11              | M7 & M27 | Minutes of the SMS Governance/Safeguarding Meeting held on Friday, 2 July 2021   | Provides evidence of local meetings held to discuss governance and safeguarding in SMS, and also demonstrates that regular discussions are held and that there is local understanding of these issues.   |
|  |            | M32.12              | M9       | Area Planning Board Executive report 2020-2021, Quarter 4, January to March 2021 | Demonstrates that performance targets and measures are understood and reviewed regularly in regional meetings.   |
|  |            | M32.13              | M36      | MH&LD Together for Recovery meeting held 30/7/21                                 | Meeting minutes to provide evidence of service user discussions held to improve services, engagement towards a whole system approach to improve Mental Health Services.  |
|  | <b>M33</b> | No evidence to date |          |  |  |
|  | <b>M34</b> | No evidence to date |          |  |  |



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|  | <b>M35</b> | No evidence to date |           |  |   |
|  | <b>M36</b> | M36.1               | M18 & M66 | Ipad funding in line with substance Misuse delivery plan aligned to Digital poverty. | <p>In order to deliver Moving on in my recovery, Nudge training, pre detox work books, Heroin/crack and other stimulant workbooks to patients, the provision of IPAD would mean completion of the workbooks on an electronic device in group sessions or on 1:1 keyworker sessions, in line with Covid these will be utilised more than paper versions. It will narrow the gap in digital poverty. Patients could use the IPAD's for things such as applying for jobs, completing CVS or DWP where things seem to be more reliant upon digital access.</p> <p>This would -</p> <ol style="list-style-type: none"> <li>1) Improving the access, availability and quality of children and young people's services</li> </ol> <p>Allow parents accessing SMS to ensure they have the right income they should be supporting to use the tablets to go on DWP websites, tax credits etc. This will relieve the pressure for parents and have a positive impact on families and young children.</p> <ol style="list-style-type: none"> <li>2) Addressing waiting lists including those for in-patient services</li> </ol> <p>By being able to deliver training to a wider range of patients including nudge and MOIMR patients will develop a better recovery capital, this will free up keyworker capacity to allocate patients off the waiting list. By pooling resources eg by a staff member delivering a Nudge session in Caernarfon and patients from Rhyl joining the session via VC (where VC is available )on their tablets then this support their recovery time.</p> <ol style="list-style-type: none"> <li>3) Tackling alcohol misuse</li> </ol> <p>Nudge and MOIMR being delivered via VC/tablets where patients with alcohol dependence/misuse can attend. Discussing changing behaviours and relapse prevention tools.</p> |

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|  |            |                     |  |  | <p>4) Commissioning appropriate detoxification and rehabilitation services<br/>Applying for rehab together with the patient, and also completing pre detox workbook via VC/tablets.</p> <p>5) Integrating recovery into mainstream services.<br/>By using the IPAD's it would also</p> <ul style="list-style-type: none"> <li>• To narrow the gap in digital poverty</li> <li>• To be able to deliver Brief interventions</li> <li>• To support patients in upskilling with technology</li> <li>• To support patients into employment</li> <li>• To relive anxiety and stress in supporting with access to applications for DWP</li> <li>• To be able to continue to deliver workbooks around heroin/crack to move patients through cycle of change</li> <li>• Attend GP appointments on attend any where with Keyworkers.</li> </ul> |
|  | <b>M37</b> | No evidence to date |  |  |   |
|  | <b>M38</b> | No evidence to date |  |  |   |
|  | <b>M39</b> | No evidence to date |  |  |   |
|  | <b>M40</b> | No evidence to date |  |  |   |
|  | <b>M41</b> | No evidence to date |  |  |   |
|  | <b>M42</b> | No evidence to date |  |  |   |
|  | <b>M43</b> | No evidence to date |  |  |   |

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|  | <b>M44</b> | No evidence to date |  |  |
|  | <b>M45</b> | No evidence to date |  |  |
|  | <b>M46</b> | No evidence to date |  |  |
|  | <b>M47</b> | No evidence to date |  |  |
|  | <b>M48</b> | No evidence to date |  |  |
|  | <b>M49</b> | No evidence to date |  |  |