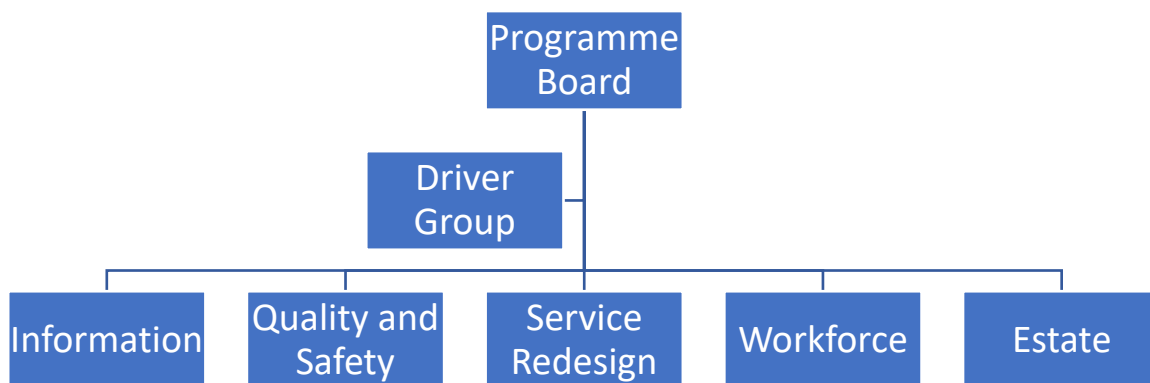


## **Appendix 1 – Progress update against the Mental Health Transformation Programme**

### **Transformation Programme Progress**

Given the urgency of some of the challenges faced by the Health Board and the need for a focused internal programme of work, the Board supported the proposal that an Organisational Transformation Programme should be developed to mobilise actions across the Health Board to enable rapid improvements in Quality and Safety and be the main driver of the necessary short to medium improvement in Mental Health services described in the Independent Expert's paper to the Board in February 2025. An update on the establishment of the Programme was given to the Board in June and July 2025.

The programme structure is set out in the diagram below:



A Project Initiation Document has been developed and been agreed by the Executive Team. The workstreams have multi-disciplinary membership and are chaired by leaders from across the organisation. The workstreams have now been formally established. The risks identified in the revised Service Group risk register form part of each of the workstream's work programme. There is a driver group which is chaired by the Board's independent expert. The purpose of the driver group is to ensure connection and challenge between the workstreams and that the necessary changes deliver at pace. This group will report into the Health Board's Programme Board.

Since the update provided to the Board in July 2025, significant progress has been made in the Informatics Task and Finish group. As the Board is aware, currently Mental Health and Learning Disability patient and service data is largely managed through paper records and manual systems. Mental Health and Learning Disability services were not included in the Health Board rollout of the Electronic Patient Record. Waiting list management is largely a manual collation of data. Whilst some of these limitations are as a result of national priorities and decisions, it has been recognised that the

Health Board needs to rapidly improve its mental health and learning data collection and analysis supported by the development of an appropriate electronic system. The Task and Finish group (now a workstream) was established to undertake an assessment to gain a comprehensive understanding of the current landscape, including the number and variety of data sources in use and the specific reporting requirements tied to each.

An initial baseline assessment was completed to understand the current state of both digital and paper-based processes in use across Mental Health teams, which includes the following.

- Reporting requirements
- Data source e.g. Access Database, excel spreadsheet, WCCIS
- Estimated number of monthly referrals
- No of patients on the caseload
- Number of WTE staff in each team

A short – term Improvement Plan was developed which risk assessed and prioritised the various teams into 3 phases with the aim of moving them from paper based to an electronic system.

The use of the Health Care Professional (HCP) module of WPAS as an interim solution was agreed for the Crisis Resolution Team and the SPOA Team and this went live on September 1st. These teams were considered the highest priority and posed the highest risk.

The remaining teams have been prioritised with detailed implementation plans developed for phases 2 and 3. Phase 2 teams moved onto HCP during October whilst phase 3 teams have been delayed as there has been rapid progress on the plans to move to the permanent solution – Rio. This provides greater functionality than HCP and is an electronic patient record. Discussions have taken place with supplier and Welsh Government during the summer and funding has been secured to implement Rio. The aim is that all teams currently working on paper based systems will be on an electronic system by the end of March (either Rio or HCP)

During the summer of 2026 the aim is to then migrate the majority of teams onto Rio. (There will be a small number of users on other bespoke systems)

Alongside this work, both councils have been modernising their electronic systems. Neath Port Talbot Council have moved onto a system known as Mosaic and Swansea Council are in the process of procuring the same system with the aim of going live by September. Rio and Mosaic are interoperable and the aim is to join up Rio with Mosaic to form an Integrated record by September 2026.

The Service Redesign Group has been established. The programme has been divided in two (Planned, Unscheduled) to support this.

The Scheduled Care Working Group are developing proposals which;

- Modernise the Community Teams and outpatient clinic provision
- Streamlining and simplifying the service pathways to reduce the complexity

- Improving the linkages between the Community Teams and Unscheduled Care Services

The Unscheduled Care Working Group are developing proposals which;

- Redesign the assessment and treatment configuration of the Inpatient Wards. This includes realigning the working arrangements of the crisis team. It also has implications for the operational arrangements for the Section 136 Suite.
- Developing alternatives to admission – including reviewing the existing Sanctuary Services, options around supported accommodation and crisis beds
- Realigning clinical pathways from admission to discharge

The aim is to complete this initial priority redesign work by the end of December 2025 and then develop the implementation plans during quarter 4 of 25/26 – with a phased operational go live from April 2026.

This work spans agencies and work is being done in a multiagency, multi disciplinary way. Membership of the workstream includes Local Authority membership and is connected to the RPB governance.

User involvement is crucial to this work and service users are engaged in the working groups.

The Quality and Safety workstream has signed off its key priorities and made progress on its key deliverables

- Identify quality and safety metrics for MHLDS services to be used at the Departmental Service Group, Corporate and Board level
- Ensure processes are in place to oversee incident reporting and concerns management
- Detailed assessment of mortality within the service
- To identify and mitigate risks to patient safety and/or provision of high quality services
- The development of a clear risk register and ongoing process to maintain accuracy and relevance
- Improvement in the oversight of the coroner process and recommendations
- To oversee the timely delivery of Improvement Plans relating to external regulators (e.g. Healthcare Inspectorate Wales, Public Services Ombudsman)
- The development of a Quality Management System to support the service and promote a culture of continuous improvement and learning.

The Workforce workstream is not as advanced – the membership has been agreed and draft Terms of Reference have been developed.

Three pieces of work are being advanced by the workstream

- A review of existing establishments against the principles of the Nurse Staffing Act. This has been completed and shows significant gaps.

- This is now being developed for the wider multidisciplinary team with an aim of completing this by the end of December
- A scoping of the workforce implications of the estates changes described later in this paper
- An examination of the long -term workforce needs

The estates workstream has divided work into 3 components and progress is described beneath each;

- Immediate Works

The external reviewer recommended that immediate action was required to improve the environment for patients in the Tawe clinic. A programme of works was developed to address these. Work on a number – e.g courtyard improvements have already taken place. Work starts on the remainder on 17<sup>th</sup> November. Alongside this an external ligature risk assessment was undertaken in July which made a series of recommendations. The outputs of these are being prioritised for the Tawe unit within the upgrade programme. All others areas are currently being prioritised and will form part of the ongoing capital prioritisation.

- Interim Works

Extensive work has been undertaken on options for improving the Mental Health estate in the medium term. There are significant clinical risks and inefficiencies in the existing configuration and opportunities for improving clinical pathways been identified in this work. They require capital investment and are subject to a separate paper to the Board.

- Long Term Solution

To ensure there is a long term plan for the Mental Health estate, outline work has been undertaken on the Long Term plan. This identifies the need for a dedicated purpose designed facility and will be subject to further business cases to access capital.