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Meeting Date	7th February 2019	Agenda Item	6a.
Report Title	Mental Health and Learning Disability Unit, Care and Treatment plan update report		
Report Author	Ian Stevenson, Partnership and Development Support Manager		
Report Sponsor	Dai Roberts, Service Director, Mental Health and Learning Disabilities		
Presented by	Dai Roberts, Services Director, Mental Health and Learning Disabilities		
Freedom of Information	Open		
Purpose of the Report	To inform this Board on the current actions being taken by the Delivery Unit following the recommendations made by NHS Wales Delivery Unit in their report received in September 2018.		
Key Issues	<p>Locality plans within the Delivery Unit have been developed that incorporate the following actions against</p> <ol style="list-style-type: none"> 1. Outcome measures and formulation for CTPs. 2. Risk management within CTPs. 3. Multi-disciplinary involvement with CTPs. 4. Quality of CTPs. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			√
Recommendations	Members are asked to note the report.		

MENTAL HEALTH & LEARNING DISABILITIES CARE AND TREATMENT PLAN – UPDATE

1. INTRODUCTION

This report follows the last meeting of the Mental Health Legislation Committee on 8/11/2018. NHS Wales Delivery Unit visited the Mental Health and Learning Disabilities Service Delivery Unit earlier last year and in September 2018, provided a report with key recommendations for care and treatment planning for both the Health Board and NHS Wales.

2. BACKGROUND

This report has been written to provide a summary update to the Board of the current actions being taken by the localities of Swansea, Neath Port Talbot, Bridgend and Learning Disabilities service. The action plans compiled from each of these areas addresses the recommendations around the quality of care and treatment planning and in addition ensuring that there is adherence to the legislation outlined in the All Wales Review of the Quality of Care and Treatment Planning (CTP) in Adult Mental Health Services 2018, undertaken by the NHS Wales Delivery Unit.

3. GOVERNANCE AND RISK ISSUES

Locality action plans have been developed with monitoring arrangements in place to ensure completion dates against each objective. Monitoring arrangements include

- ***Outcome measures and formulation for CTPs using SMART objectives***

Refresher training plans being developed in all localities. Discussion underway to deliver joint health and local authority training programmes. Monitoring arrangements will be provided through CTP audit and caseload supervision

- ***Risk Management within CTPs***

Updates being compiled re ongoing WARRN training to examine numbers of staff who have been trained and those awaiting training with consideration around an educational framework being developed specifically for risk assessment. Bi-annual locality audits of CTPs using peer reviewers being undertaken as part of the educational framework with quarterly progress updates being provided to Locality Board. Other monitoring arrangements to include supervision records in addition to training records.

- ***Full MDT input included in CTPs***

Task and Finish Groups being established to examine the current CTP review documentation. Clear guidelines being given to all staff e.g. team managers, clinical leaders indicating that the MDT review process is to be the default position. Training

will be provided for care co-ordinators highlighting CTP construction with service users. Also change to have more flexible arrangements for holding CTP reviews away from outpatient clinics. An example of good system development is Maesteg CMHT and Ward 14 and review of CTPs which was identified in the NHS Wales Delivery Unit report.

- **Quality of CTPs**

Refresher training framework being developed to consider the CTP being central to care planning (one overarching plan of care). In addition a working group has been set up to identify an appropriate and uniformed way of sharing documentation between different clinical areas. Monitoring arrangements through quarterly updates from the working group to the Locality Board. CTP audit and caseload supervision with a review of current system with identified changes and actions. Consideration to be given to build on areas of good practice e.g. Maesteg CMHT and Leadership (p. 10 of the Review) and spread to other areas throughout the Delivery Unit. A local engagement strategy is being developed to ensure that all CTPs are person centred and will involve service user groups, third sector and advocacy groups.

All of the action plans submitted from each of the areas have identified:

1. Objectives
2. Actions
3. Accountability through identified team/individual leads
4. Start date
5. Projected completion dates
6. Completion date
7. Monitoring arrangements.

4. FINANCIAL IMPLICATIONS

There are financial implications in the additional training requirements in risk assessment and care co-ordination role development for staff. The cost of additional funding is estimated at £50k.

5. RECOMMENDATION

The Board are recommended to note this summary report of the actions taken in response to the All Wales Review of the Quality of Care and Treatment Planning (CTP) in Adult Mental Health Services 2018.

Governance and Assurance							
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
	√		√			√	√
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	√	√	√	√	√	√	√
Quality, Safety and Patient Experience							
Compliance with the Mental Health Measure (Wales) 2010.							
Financial Implications							
There are financial implications in the additional training requirements in risk assessment and care co-ordination role development for staff. The cost of additional funding is estimated at £50k.							
Legal Implications (including equality and diversity assessment)							
Compliance with the Mental Health Measure (Wales) 2010							
Staffing Implications							
There are no staffing implications as a result of this report.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - https://futuregenerations.wales/about-us/future-generations-act/)							
Report History	None						
Appendices	None.						



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ADULT MENTAL HEALTH / SOCIAL CARE SERVICES BRIDGEND LOCALITY

ACTION PLAN: Care and Treatment Plan Review

Date of Audit: 13th April 2018

Date of Feedback Presentation: 22nd October 2018

Date of Action Plan: 2nd November 2018

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
To ensure that all CTP's are focussed on outcomes and formulated using SMART objectives: Specific Measurable Achievable Relevant Time Bound	<ol style="list-style-type: none"> 1.To deliver a joint health and local authority training programme to all care coordinators which emphasises outcome focussed CTPs using SMART objectives. 2.To meet with the training and development team for ABMUHB / BCBC to establish any current training available 3.To take the training into the teams and ward areas to ensure maximum attendance. 	Nicola Derrick / Jen Donovan / Wendy Anthony / Lloyd Griffiths / Jim Widdett	Meeting scheduled for 08/11/2018			By CTP audit and caseload supervision

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
To improve the quality of risk assessment and management plans and how they are reflected within the CTP	<ol style="list-style-type: none"> 1. Acquire statistics on ongoing WARRN training, who has been trained and who is awaiting training. 2. To plan for the further delivery of the WARRN training prioritising care coordinators and responsible medical staff. 3. To liaise with Cwm Taff UHB with regards to their training programme and introduction of WARRN into every day mental health care. 4. To develop an educational framework specifically for Risk Management 5. To ensure the risk assessment / management documentation is updated and accessible to all through ECaT and WCCIS. 6. To establish a small task and finish group to look at the risk assessment / management documentation taking into consideration Cwm Taff's current working practices. 	<p>Wendy Anthony / Nicola Derrick</p> <p>Nicola Derrick</p> <p>Wendy Anthony / Martin Holder / Natalie Bell</p> <p>Wendy James / Wendy Anthony / Jim Widdett</p> <p>Wendy Anthony / Jim Widdett</p> <p>Wendy Anthony</p>	11/2018			By Audit and caseload supervision

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
To improve the current CTP Review Meeting Forms in order to guide the process of reviews to reflect the multidisciplinary nature of the process	<ol style="list-style-type: none"> 1. To establish a small task and finish group to look at the current CTP review documentation 2. To collate other examples of CTP review forms including Cwm Taff UHB as a reference point. 3. To ensure all staff are made aware of the new review forms and the documentation is updated on ECaT and WCCIS 4. To agree an alternative, more flexible arrangement for holding reviews away from the "Outpatient" clinics. 5. To introduce an agenda template to assist the the chair of the review in structuring the discussion 	<p>Wendy Anthony</p> <p>Natalie Bell / Martin Holder</p> <p>Wendy Anthony / Lloyd Griffiths / Natalie Bell / Martin Holder / Simone Richards / Claire Yates / Jim Widdett / Janine Barnard</p> <p>Natalie Bell / Martin Holder / Janine Barnard</p> <p>Wendy Anthony</p>	11/2018			Completed forms and audit
To improve the quality of the CTP within the areas of <i>Completion of Domains</i> <i>Increased focus on the patient's strength, views and ambitions</i> <i>Views and expectations of Carers</i> <i>Crisis Planning</i>	<ol style="list-style-type: none"> 1. To include these areas for improvement within the agreed training package 2. To ensure CTP audits are undertaken either in the presence of the care coordinator or face to face feedback as to both the good practice and areas which need improvement 	<p>Nicola Derrick / Jen Donovan</p> <p>Wendy Anthony / Lloyd Griffiths / Natalie Bell / Martin Holder / Simone Richards / Claire Yates / Jim Widdett / Janine Barnard</p>	11/2018			CTP audit and caseload supervision
To further improve the already well established links between mental health community teams and inpatient services	<ol style="list-style-type: none"> 1. A CTP review will take place within the first 7 days of admission to inpatient services and will include the primary nurse and care coordinator 2. All face to face contacts with the patient by community staff will be recorded in the clinical notes 	<p>Simone Richards / Claire Yates / Lloyd Griffiths</p> <p>Natalie Bell / Martin Holder / Jim Widdett / Janine Barnard / Care Coordinators</p>	11/2018			Record of reviews and entries within case notes

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
To introduce a single assessment form for adult mental health in line with the Mental Health Measure (Wales) philosophy of care	<ol style="list-style-type: none"> 1. To gather examples of national mental health assessment forms and review. 2. To establish and task and finish group to specifically look at an assessment form which "fits all requirements for all services" 3. To pilot the revised form within the area of single point of access 4. To review the form and amend in readiness for full implementation 	<p>Andrew Edmunds / Natalie Bell / Martin Holder / Janine Barnard</p> <p>Wendy Anthony / Lloyd Griffiths</p> <p>Andrew Edmunds / Lloyd Griffiths</p> <p>Andrew Edmunds / Lloyd Griffiths</p>	11/2018			Completed form Review of working practice



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LEARNING DISABILITIES HEALTH TEAMS

ACTION PLAN: Care and Treatment Plan Review

Date of Audit: 18/19/20/04/18

Date of Feedback Presentation: 19/10/2018

Date of Action Plan: 09/01/19

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<p>ELIGIBILITY.</p> <p>The Health Board and Local Authority need to ensure there are clear guidelines on eligibility for Relevant Patient status under the MHM for people with Learning Disabilities that is consistently applied and reviewed.</p>	<ul style="list-style-type: none"> - Review the criteria for the inclusion of individuals with Learning Disabilities in the MHM. - Recirculate the criteria to all staff and place on agenda for all local CLDHT and SSD meetings. - Ensure that there is documented evidence on file that the person is a relevant patient, and on what basis. - Ensure that decisions regarding the above are communicated to the Relevant Patient, carers and other appropriate stakeholders. 	<p>Psychiatry/CSM/LA Leads</p> <p>HTLs/LA Team Leads</p> <p>Psychiatry/Care Co-ordinators</p> <p>Psychiatry/Care Co-ordinators</p>	<p>January 2019</p> <p>February 2019</p> <p>March 2019</p> <p>March 2019</p>	<p>Feb 2019</p> <p>March 2019</p> <p>March 2019</p> <p>March 2019</p>		<p>-Quarterly progress updates from CLDHTs and LA.</p> <p>- Audit.</p>

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<p>ASSESSMENT.</p> <p>Devise an overarching, holistic assessment of need for individuals with Learning Disabilities.</p>	<ul style="list-style-type: none"> - Set up multi-disciplinary working group with representation from all professions who act as Care Co-ordinators. - Seek advice from the NHS Delivery Unit regarding assessment tools. - Liaise with colleagues in other Health Boards to ascertain what assessments are currently in use. - Liaise with colleagues in PHW to seek advice regarding progress of work being undertaken regarding WCCIS which includes an assessment format. - Whilst the above is being devised, Care Co-ordinators are to ensure that a profession – specific assessment has been undertaken. 	<p>Head of Nursing/CSMs/ Head of Therapies/LA.</p> <p>Madeleine Collins (MC)</p> <p>MC</p> <p>MC</p> <p>All Care Co-ordinators.</p>	<p>January 2019</p> <p>January 2019</p> <p>Jan 2019</p> <p>Jan 2019</p> <p>Jan 2019</p>	<p>June 2019</p> <p>January 2019</p> <p>Jan 2019</p> <p>Jan 2019</p> <p>Jan 2019</p>	<p>January 2019</p>	<p>Working Group reports to SMT.</p> <p>Audit.</p> <p>Clinical Supervision.</p> <p>HTL meetings with CSMs.</p>
<p>RISK ASSESSMENT AND RISK MANAGEMENT PLANS.</p> <p>Ensure risks are identified via the use of recognised risk assessment tools and that robust risk management plans are devised following assessment.</p>	<ul style="list-style-type: none"> - Ensure that all staff are able to access appropriate training regarding risk assessment and risk management. - Increase percentage of staff who have undergone WARRN training to 75%. 	<p>Learning and Development Dept.</p> <p>HTLs/ CSMs.</p>	<p>Jan 2019</p> <p>Jan 2019</p>	<p>March 2019</p> <p>March 2019</p>		<p>Training records.</p>

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<p>STANDARDS FOR COMPLETION OF CTPs</p> <p>All staff will be familiar with the required standards for completion of CTPs.</p>	<ul style="list-style-type: none"> - Review Operational Guidance for the completion of CTPs and circulate to all staff. - Ensure all CTPs include specific outcomes which are realistic, measurable, and achievable, and are person-centred. - To identify relapse indicators and to strengthen crisis plans so that Relevant Patients, their families and carers are able to access crisis support in timely fashion. - Establish a quarterly audit cycle of CTPs (to include Improvement Plans) and report to CSMs. 	<p>MC/JJ</p> <p>HTLs</p> <p>Psychiatry/Care Co-ordinators/HTLs</p> <p>HTLs</p>	<p>Jan 2019</p> <p>Jan 2019</p> <p>Jan 2019</p> <p>March 2019</p>	<p>March 2019</p> <p>Dec2019</p> <p>Dec 2019</p> <p>March 2020</p>		<ul style="list-style-type: none"> - Quarterly progress updates to Locality Board - Audit
<p>REVIEWS</p> <p>Ensure all CTPs will be reviewed within time limits stipulated, utilising a standardised format.</p>	<ul style="list-style-type: none"> - Provide the CLDHTs and LA staff with an agreed , standardised format for review that includes all of the domains from the original CTP. - Document progress against each domain and set new goals as appropriate. - Ensure evidence is provided of the involvement of the Relevant Patient, the MDT, and other stakeholders as appropriate in the review. 	<p>MC/JJ</p> <p>Care Co-ordinators/HTLs.</p> <p>Care Co-ordinators/HTLs.</p>	<p>Jan 2019</p> <p>Feb 2019</p> <p>Feb 2019</p>	<p>Feb 2019</p> <p>March 2019</p> <p>March 2019</p>		<ul style="list-style-type: none"> - Quarterly progress updates from HTLs - Audit

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<p>PERSON-CENTRED CARE</p> <p>Ensure that all CTPs are person-centred, recording the views of the Relevant Patient within the assessment, care and treatment planning and review process, with an emphasis on recognising and promoting the strengths of the individual.</p>	<ul style="list-style-type: none"> - A local engagement strategy will be devised by each CLDHT to discuss the MHM with local Service-User, Parent Forum, Third Sector and Advocacy groups. - Accessible information re the MHM will be devised by CLDHTs, to be led by SALTs. - For people with complex L.D. and significant difficulties with communication there will be evidence on file that an MDT planning meeting has taken place which has made every effort to ascertain the wishes of the person with Learning Disabilities, their families and carers. 	<p>CSMs/HTLs/ Clinical Leads</p> <p>SALTs</p> <p>SALTs/HTLs</p>	<p>Jan 2019</p> <p>Jan 2019</p> <p>Jan 2019</p>	<p>June 2019</p> <p>June 2019</p> <p>March 2019</p>		<p>Quarterly progress reporting to Locality Board.</p> <p>Minutes of CLDHT meetings.</p> <p>Minutes of complex case meetings.</p>



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ADULT MENTAL HEALTH / SOCIAL CARE SERVICES LOCALITY

ACTION PLAN: Care and Treatment Plan Review

Date of Audit: 16/04/18

Date of Feedback Presentation: 19/10/2018

Date of Action Plan: 11/12/2018

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
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OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<p><u>Assessments</u></p> <p>-To ensure all assessment reflect an accurate comprehensive overview of a person's needs and strengths.</p> <p>-To increase the recording of service users/carers views in the assessment process</p> <p>-For all relevant patients to have an up to date assessment when transitioning from community settings to inpatients services reflective of need</p>	<ul style="list-style-type: none"> - To identify interested parties to form a small working group to look at improving quality of assessments. - Communicate standards to all staff – assessment not to be overwritten. Each assessment or review to trigger new assessment. Historical information can be retained and added to. - Agree auditing frequency. - Agree process for sharing assessments when relevant patient becomes are inpatient. - To be discussed as standard item in supervision. 	<ul style="list-style-type: none"> - Donna Sharp to identify working group members including 3rd sector. - Team managers and working group members. - Team managers and working group. - Working group. - Ward Managers. 	<p>Jan 2019</p> <p>Jan 2019</p> <p>Jan 2019</p> <p>Jan 2019</p> <p>Jan 2019</p>	<p>Jan 2020</p> <p>March 2019</p> <p>April 2019</p> <p>Jan 2020</p> <p>March 2019</p>		<ul style="list-style-type: none"> -Quarterly progress updates from working group. - Audit - Supervision records.

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<u>Risk Assessments & Risk Management Plans</u> -To ensure that risks identified in assessments and risk assessment have robust risk management plans. -Service users, carers and relevant services should be included in the identification and management of risk using a collaborative approach -To achieve a consistent standard of good quality risk assessment	<ul style="list-style-type: none"> - Communicate with staff standards for risk assessment. - Increase staff trained for WARRN to 50%. - Agree audit frequency. - To be standard item in staff supervision. 	<ul style="list-style-type: none"> - Shane Llewellyn, Team managers & working group - Nicola Derrick & Team managers & Shane Llewellyn - Working group - Team Managers/deputies & clinical leads. 	<ul style="list-style-type: none"> Jan 2019 Jan 2019 Jan 2019 Jan 2019 	<ul style="list-style-type: none"> Jan 2020 Jan 2021 March 2019 March 2019 	Jan 2020	<ul style="list-style-type: none"> - Audit -Supervision records - Training records

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<p><u>Care & Treatment Planning</u></p> <p>-To adopt SMART approach to CTP's</p> <p>-Staff to support relevant patients in the identification of triggers, relapse signatures (identifying when someone is becoming unwell) and crisis/contingency plans (actions that should be taken).</p> <p>- The CTP should include outcomes relating to the mitigation of risks</p> <p>-To continue to maintain person centred care planning.</p>	- Care and treatment plan to become the working document during review of relevant patient.	- Team manager. - Working group.	Jan 2019	Jan 2020	Jan 2020	<ul style="list-style-type: none"> - Quarterly progress updates from working group - Audit - Supervision records - Training records - HAFAL evaluation & feedback templates
	- To achieve 80% attendance at CTP training for CMHTS to understand SMART objectives.	- Team managers. - Nicola Derrick	Jan 2019	Jan 2021		
	- 50% of inpatient staff to attend CTP training.					
	- 50% of staff to access WARRN to improve understanding of identifying triggers, relapse signatures & contingency planning.	- Team managers. - Nicola Derrick	Jan 2019	Jan 2021		
	- Inpatient services to lead on CTP reviews on ward.	- Jayne Whitney - Matthew Hooper - Lydia Jenkins - Shane Llewelyn	Jan 2019	Jan 2020		
	- Working group to consider most appropriate care co-ordinator for NPT clients in inpatient units.	- Team leads and working group.	Jan 2019	Jan 2020		
	- Introduce DU audit tool for CTP audit.	- Team managers.	Jan 2019	March 2019		
- HAFAL practitioners to work with CMHT's 1 day a week to provide service users with support to identify goals.	-Donna Sharp	Dec 18	March 19			

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<p><u>Review Process</u></p> <p>-To ensure standardised approach to record that a review has occurred.</p> <p>-Reviews to include progress on each domain of the CTP, recording when a goal has been achieved and identifying new actions required to achieve goals.</p> <p>-Reviews to evidence the involvement of the MDT, relevant patient and others involved in providing care and support.</p>	<ul style="list-style-type: none"> - Working group to consider template used during CTP review to ensure design supports co-ordinator to have appropriate conversations regarding progress and capture MDT approach. - Review forms to be included in audits. - Inpatient review forms to have section to evidence discharge planning. 	<ul style="list-style-type: none"> - Team managers and working group - Team managers - Working group & Jayne Whitney Matthew Hooper Lydia Rees Ward Psychiatrist 	<p>Jan 2019</p> <p>Jan 2019</p> <p>Jan 2019</p>	<p>Jan 2020</p> <p>March 2020</p> <p>March 2020</p>	<p>Jan 2020</p>	<ul style="list-style-type: none"> - Quarterly progress updates from working group - Audit - Supervision records -Training records

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<p><u>Provision of safe and person centred care</u></p> <p>-To improve the correlation between assessments of needs and risks, to the planning of care and the review of progress.</p> <p>-To ensure that every individual have a robust assessment at point of admission to inpatient setting</p> <p>-To improve the sharing of documentation between service areas in the Neath Port Talbot Locality</p>	- Identify MHM training for staff	- Nicola Derrick	Jan 2019	March 2019		<ul style="list-style-type: none"> - Quarterly progress updates from working group - Audit - Training records
	- All clinical areas to have hard copy of MHM code of practice.	- Kath Hart	Jan 2019	March 2019		
	- Review ward admission process for admission	- Shane Llewellyn & Team Managers	Jan 2019	Jan 2020		
	- Working group to identify appropriate and uniformed way of sharing documentation between different clinical areas.	- Working group and team managers	Jan 2019	June 2020		
	- Each area to identify CTP champions.	- Team managers	Jan 2019	June 2020		
	- Working group to identify feedback mechanisms to promote assurance.	- Working group	Jan 2019	Jan 2020		
	- To agree standardised approach to include LA staff for training provision.	- Donna Sharp, Kath Hart, Beverly Cannon & Nicola Derrick	Jan 2019	Jan 2020		
	- Share good examples with staff and identify any patient stories that share experience of being a relevant patient.	- Donna Sharp, Kath Hart, PEG, & working group	Jan 2019	Jan 2020		
	- To explore CTP & WARRN to be added to Locality score card.	- Donna Sharp Dermot Nolan Kath Hart	Jan 2019	Jan 2020		

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<u>Quality Assurance</u> To provide the Locality and HB with appropriate information and updates from the action plan	-To report Assessment & CTP compliance for monthly performance score card	Team Managers	Dec 2018	Jan 2020		<ul style="list-style-type: none"> - Performance score cards - Locality Board Minuets - DU Board Minuets - Managers meetings
	-To produce monthly update to Locality Board Meeting	Donna Sharp	Feb 2019	Jan 2020		
	-To provide quarterly updates to Delivery Unit Board Meeting	Donna Sharp	Feb 2019	Jan 2020		
	-To provide feedback to clinical areas via managers meetings	Donna Sharp	Feb 2019	Jan 2020		



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ADULT MENTAL HEALTH / SOCIAL CARE SERVICES SWANSEA LOCALITY

ACTION PLAN: CARE AND TREATMENT PLAN REVIEW

Date of Audit:

Date of Feedback Presentation: 19.10.18

Date of Action Plan: 11.12.18

OBJECTIVE	ACTION(S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPLETION DATE	COMPLETION DATE	MONITORING ARRANGEMENTS
Ensure that CTPs are embedded into the Care Planning process in the Swansea Locality	<ol style="list-style-type: none"> To deliver joint Health and Local Authority refresher training to give key messages about CTPs being central to care planning and their role as the one overarching plan of care. Dissemination of good practice examples. Biannual Locality audit of CTPs using peer reviewers to complete DU audit proformas to inform Swansea Locality CTP Action Plan. 	Malcolm Jones Mark Campisi Maria Anderton	January 2019			To be monitored by CTP audit and caseload supervision
To improve the quality of risk assessment and management plans and how they are reflected within the CTP	<ol style="list-style-type: none"> Acquire statistics on WARRN training, i.e. who has been trained and who is waiting to be trained. 	George Twigg / Nicola Derrick	January 2019			By CTP audit and clinical supervision, and PADR reviews.

	<ol style="list-style-type: none"> 2. Plan forWARRN training prioritising all care co-ordinators. 3. Dissemination of good practice examples where risk assessment and risk management has been clearly reflected in CTPs. 4. Biannual Locality audit of CTPs using peer reviewers to complete DU audit proformas to inform annual Locality CTP plan. 					
To improve the MDT input into the CTP process.	<ol style="list-style-type: none"> 1. Training to be provided for Care Co-ordinators to highlight the need to incorporate MDT processes in CTP construction and review. 2. Clinical Leaders to have objectives for the incorporation of CTPs into Care Pathways and Services. 	Maria Anderton	January 2019			MDT Review process to be used where appropriate
Clinical Pathway Group established for Older People's Service and Unscheduled Care, CTP to be an integral component of Pathway, this to be reviewed and monitored by the relevant Clinical Pathway Group	<ol style="list-style-type: none"> 1. To improve the quality of CTPS to ensure they are person centred, have SMART objectives and reflect input and evidence from service users and carers. 2. Refresher training to be delivered to give key messages about CTP being central to care planning and the one overarching plan of care. 3. Dissemination of good practice and CTP examples. 4. Clarity and training for Care Co-ordinators role. 		January 2019			CTP Audit Group, clinical supervision and case note supervision

	<ol style="list-style-type: none"> 5. Biannual Locality audit of CTPs using peer reviewers to complete DU audit proformas to inform annual Swansea Locality CTP Action Plan. 6. Advice to be delivered via the Team Managers / Clinical Leaders on the requirement to write CTPs in the first person and to ensure that they are outcome and recovery focussed. 					
To improve the current CTP review process in order to deliver a consistent CTP process.	<ol style="list-style-type: none"> 1. Clear guidelines given to all Team Managers, Clinical Leaders that the MDT review process is to be the default position. 	Malcolm Jones Mark Campisi	December 2018	January 2019		Via Team Managers Meetings and Team and Clinical Managers' supervision