![GIG CYMRU NHS WALES - Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board]

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
Assessments -To ensure all assessment reflect an accurate comprehensive overview of a person's needs and strengths.	- To identify interested parties to form a small working group to look at improving quality of assessments.	- Donna Sharp to identify working group members including 3rd sector. -	Jan 2019	Jan 2020	March 2020 and ongoing.	Quarterly progress updates from CTP action plan meetings by way of updates on CTP action plan to HON via QA meetings 📄 PDF Forge March 20 casenote audit.pdf 📄 PDF Tonna Case notes and Depo audits Fel

Neath Port Talbot Locality CTP Action Plan 2018

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
-To increase the recording of service users/carers views in the assessment process	- 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.	- Team managers and working group members.	Jan 2019	March 2019 Complete	March 2020	- Audit - Supervision records. Update: Communication via email and managers meeting
		- Team managers and working group. -	Jan 2019	April 2019 Complete		
-For all relevant patients to have an up to date assessment when transitioning from community settings to inpatients services reflective of need	- Agree auditing frequency. - Agree process for sharing assessments when relevant patient becomes are inpatient. - To be discussed as standard item in supervision.	- Working group to establish frequency and managers to audit. - Ward Managers.	Jan 2019 Jan 2019	Jan 2020 March 2019		Audit frequency; Ward – 3 cases a month EIP – 4 cases a month CMHT's – 10 cases a month Example of JN CTP requested to share as good example AO Audit.docx GO Audit.docx

Neath Port Talbot Locality CTP Action Plan 2018

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Risk Assessments & Risk Management Plans -To ensure that risks identified in assessments and risk assessment have robust risk management plans.	- Communicate with staff standards for risk assessment. -	- Shane Llewellyn, Team managers & working group -	Jan 2019	Jan 2020	Jan 2020	- Audit -Supervision records - Training records Ward F review of RA June 2020.docx
-Service users, carers and relevant services should be included in the identification and management of risk using a collaborative approach	- Increase staff trained for WARRN to 50%. -	- Nicola Derrick & Team managers & Shane Llewellyn	Jan 2019	Jan 2021		WARRN update for NPT adult staff compliance increased to 35.82% Training % of NPT adult service WARRN
-To achieve a consistent standard of good quality risk assessment	- Agree audit frequency. - To be standard item in staff supervision.	- Working group - Team Managers/deputies & clinical leads.	Jan 2019 Jan 2019	March 2019 Complete March 2019		Ward – 3 cases a month CMHT's – 10 cases a month starting September 2019

Neath Port Talbot Locality CTP Action Plan 2018

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<u>Care & Treatment Planning</u> -To adopt SMART approach to CTP's	- Care and treatment plan to become the working document during review of relevant patient.	- Team manager. - Working group. - Team managers. - Nicola Derrick	Jan 2019 Jan 2019	Jan 2020 Jan 2021	Jan 2020	- CMHT audit in Feb 2020 confirmed SMART objectives identified in CTP's in a clinical area -
-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).	- To achieve 80% attendance at CTP training for CMHTS to understand SMART objectives. - 50% of inpatient staff to attend CTP training.	- Team managers. - Nicola Derrick	Jan 2019	Jan 2021		Update: CTP training has just become available staff are booking on. Current compliance Forge 100%, Tonna 50%, inpatient 0 %. Training % of NPT adult service WARRI CTP training March 2020.xlsx CTP training dates 2020.docx -

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- The CTP should include outcomes relating to the mitigation of risks	- 50% of staff to access WARRN to improve understanding of identifying triggers, relapse signatures & contingency planning.	- Jayne Whitney - Matthew Hooper - Lydia Jenkins - Shane Llewelyn	Jan 2019	Jan 2020		WARRN update for NPT adult staff compliance increased to 35.82% Updated WARNN and CTP training for
-To continue to maintain person centred care planning.	- Inpatient services to lead on CTP reviews on ward. - Working group to consider most appropriate care co-ordinator for NPT clients in inpatient units. - Introduce DU audit tool for CTP audit. - HAFAL practitioners to work with CMHT's 1 day a week to provide service users with support to identify goals.	- Team leads and working group. - Team managers. -Donna Sharp	Jan 2019 Jan 2019 Dec 18	Jan 2020 March 2019 March 19		Standards for care coordination bookle 2015-02-06 Draft All Wales CTP Audit Too Audit Key used with the All Wales Audit Update: Funding has stopped for HAFAL practitioners.
Review Process -To ensure standardised approach to record that a review has occurred.	- 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.	- Team managers and working group	Jan 2019	Jan 2020	Jan 2020	- Quarterly progress updates from working group - Audit - Supervision records - Training records

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-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.	- Review forms to be included in audits.	- Team managers	Jan 2019	March 2020		Update: review document being reviewed to improve format
-Reviews to evidence the involvement of the MDT, relevant patient and others involved in providing care and support.	- Inpatient review forms to have section to evidence discharge planning.	- Working group & Jayne Whitney Matthew Hooper Lydia Rees Ward Psychiatrist	Jan 2019	March 2020		Update: TONNA MAR CTP Quaterly Report 202
Provision of safe and person centred care -To improve the correlation between assessments of needs and risks, to the planning of care and the review of progress.	- Identify MHM training for staff - All clinical areas to have hard copy of MHM code of practice. -	- Nicola Derrick - Kath Hart	Jan 2019 Jan 2019	March 2019 March 2019		- Quarterly progress updates to QA meeting - Audit - Training records CTP action plan update.msg -
-To ensure that every individual have a robust assessment at point of admission to inpatient setting	- Review ward admission process for admission -	- Shane Llewellyn & Team Managers	Jan 2019	Jan 2020		- Ward F Admission Matrix.docx -

Neath Port Talbot Locality CTP Action Plan 2018

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-To improve the sharing of documentation between service areas in the Neath Port Talbot Locality	- Working group to identify appropriate and uniformed way of sharing documentation between different clinical areas.	- Working group and team managers	Jan 2019	June 2020		This will remain via requesting paper copies or medical notes until WICCIS due to multiple different IT systems.
	- 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		Feedback from CTP action plan meeting to QA meeting.
	- To agree standardised approach to include LA staff for training provision.	- Donna Sharp, Kath Hart, Beverly Cannon & Nicola Derrick	Jan 2019	Jan 2020		LA staff now included and accessing CTP training.
	- 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		Patient stories now shown in learning and celebration events.
	- To explore CTP & WARRN to be added to Locality score card.	- Donna Sharp Dermot Nolan Kath Hart	Jan 2019	Jan 2020		Not deemed suitable to add to scorecard however CTP and WARRN training captured in team training spreadsheets.

Neath Port Talbot Locality CTP Action Plan 2018

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Quality Assurance 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 -To produce monthly update to Locality Board Meeting -To provide quarterly updates to Delivery Unit Board Meeting -To provide feedback to clinical areas via managers meetings	Team Managers Completed Donna Sharp Donna Sharp Donna Sharp	Dec 2018 Feb 2019 Feb 2019 Feb 2019	Jan 2020 Jan 2020 Jan 2020 Jan 2020	March 2020	- Performance score cards - Locality Board Minuets - DU Board Minuets - Managers meetings Update: CTP compliance now included Update: Now reported to QA meetings Update: In progress via Locality Manager- and HON Update: In progress - ongoing

Neath Port Talbot Locality CTP Action Plan 2018