

Team/ward guidance for 6 monthly CTP audits to inform Swansea Bay Health Board Quality Performance Reviews.

The audits are required to progress work to embed Mental Health Care and Treatment Plans (CTP's) as the one plan of care for relevant patients and for the plans to evidence person centred approaches, multi-disciplinary/carer involvement, SMART objectives and incorporated risk management and crisis planning.

The audit will involve the following:

- A selection* from all in-patient ward areas OPMHS and adult acute, CMHT teams (older persons included) CLDT and SRS services, AATUs, Specialist In-patient units and rehab and recovery units. (See below)

Swansea Locality	Neath Locality	Specialist Locality	
		Learning disability Services	Specialist Services
Adult services Clyne ward Fendrod Ward Ty Einon Central Clinic OPMH Derwyn ward Celyn ward Onnen Ward Garngoch CMHT Cwmbwrla CMHT	Adult services Ward F Forge centre Tonna CMHT OPMH Ward G Tonna Suites 2 PT CMHT Neath CMHT CLDTS Neath Swansea Cardiff and the Vale RCT Merthyr	AATUs Rowan House Llwyneryr Hafod Y Wennol SRSs Llety Newydd Meadow Court Ty Garth Newydd Swyn Yr Afon Dan y Bont Dan y Deri Laurels & Briory Bryn Afon	In- Patient areas Caswell: Penarth Tenby Ogmore Cardigan Newton Taith Newydd: Rowan Cedar R&R: Gwelfor Step-down
Total: 9 teams - 2 areas to be selected	Total: 12 teams - 3 areas to be selected	Total: 11 teams - 3 areas to be selected	Total: 9 teams - 2 areas to be selected

* A selection is calculated at a minimum of 20% of the total amount of teams

Method for audit

- The audit was registered in March 2020, as a clinical audit with the Clinical Audit Subgroup and overseen by Lead Nurse for Quality.
- Audits will take place in the first week of September and first week of March each year.

- The teams to be audited will be randomly selected within the locality by the head of nursing as identified in the table above.
- Auditors will be peers from neighbouring services/teams or reps without involvement in that service. These will be identified within the localities by the Head of Nursing
- Auditors will audit 10 CTPs (selected by the peer reviewer) in a team or a service area (this will be less for units where in patient numbers are lower than 10)
- Auditors will use the All Wales MHM CTP adapted Quality audit tool and will use the RAG Quality (red, amber/red, amber/green, green) rating system to audit against these standards.
- All 10 completed audit proforma must be sent to the Lead nurse for Quality and the Locality Head of Nursing by the end of the third week of September and March of each year.
- The Informatics team and Lead Nurse for Quality will produce an area audit report for each service area that has submitted 10 completed audit tools.
- The Lead Nurse for Quality will produce a combined audit report from all service areas.
- The Lead Nurse for Quality and the Heads of Nursing will review audit reports and initiate Quality Improvement workstreams in relation to the shortfalls identified via audit. This will be communicated via the DU Quality and Safety Meeting in November and May of each year and will also be reported to the Clinical Audit Subgroups Bi- monthly meetings.
- All individual reports and the combined improvement plans will be circulated and feedback to all Locality service areas via the Heads of Nursing.
- The combined MHM CTP audit reports will be used to inform the DU performance report.

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Amended All Wales
CTP Audit Tool 2.doc



Audit Key used with
the All Wales Audit 1