Meeting Date	04 February 2021	Agenda Item	5.1
Report Title	**MH & LD CTP Action Plans**		
Report Author	Stephen Jones, Service Group Nurse Director		
Report Sponsor	Dai Roberts, Service Group Director		
Presented by	Dai Roberts, Service Group Director		
Freedom of Information	Open		
Purpose of the Report	To provide the Legislation Committee with an update on the status of the action plans & provide assurance.		
Key Issues	Progress against 2018 audit of CTP's within the MH & LD Service Group. Noting of replicated audit approach that has been adopted within the MH & LD Service Group to monitor CTP compliance against standards.		

Specific Action Required *(please choose one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐

Recommendations	Members are asked to: - To **endorse** the progress made & receive assurance that work continues to address the actions still for completion. - To recognise and **endorse** the newly implemented clinical audit programme of work which will form the basis of future feedback through this report.

MH & LD SERVICE GROUP CTP ACTION PLANS

1. INTRODUCTION

In 2018 an audit of CTP compliance was carried out across Wales by the Welsh Government Delivery Unit. Areas for improvement were identified specific to Localities which continue to be monitored through action plans developed in early 2019. Progress against these action plans have been monitored within the Localities by the Heads of Nursing and reported through Service Group Quality & Safety Committee, with updates to the Legislative Committee for assurance against progress.

2. BACKGROUND

The audits were specific to the Locality Structure that was in place at the time i.e. Swansea Locality, Neath Locality & Learning Disability. Good progress continues to be made across all domains identified, with actions completed & monitoring arrangements in place in each group that ensures ongoing compliance with expected standards. We are able to demonstrate that we now have a more robust framework in place for monitoring and audit, with systems being developed to ensure that quality is continually assessed at the frontline – in the current restructure of the Service Group we have Lead Nurses appointed who will have direct responsibility for nursing, quality at patient experience for defined areas of provision and therefore a greater presence in clinical areas.

As a process of continued monitoring of CTP compliance, the Service Group has approved an ongoing audit cycle (registered through the Group's Clinical Audit Subgroup in March 2020) which will be overseen by the Lead Nurse for Quality – please see proposal in appendices.

The ongoing management of the pandemic has delayed some of the reporting around the first cycle (undertaken in September) due to staff needing to focus on other priorities, but the data is currently being drawn together for analysis and action planning. The detail is scheduled to be presented to the Service Group's Quality & Safety Committee in March and will form the basis of future reporting to the Legislative Committee.

In regards to the outstanding action plans from 2018, work continues to be progressed and in all areas over which the Service Group has sole accountability the actions are complete. The ongoing focus of work continues to be those areas where external progress is required and the Service Group continues to work with partners to achieve progress. The following detail provides a summary overview of the current position.

2.1 Neath Port Talbot Adult Mental Health

The review detailed six areas of action:

- **Assessments** – should be comprehensive, up to date & inclusive of the Service User voice. *COMPLETE*
- **Risk Assessment & Management** - risk management plans in place to build on the risk assessment, created with Service User participation with assessment and plans of good quality. *PARTLY ACHIEVED*
- **Care & Treatment Planning** – SMART, identifies relapse indicators & is person centred. *PARTLY ACHIEVED*
- **Reviews** – standardised and inclusive. *PARTLY ACHIEVED*
- **Provision of Safe & Person Centred Care** – every Service User has a robust initial assessment that translates into a recognisable and agreed plan that is shared across agencies. *PARTLY ACHIEVED*
- **Quality Assurance** – mechanisms for providing assurance to management structure against the actions within the action plan. *ACHIEVED*

2.2 Swansea Adult Mental Health

The review detailed three areas of action:

- **Care & Treatment Plan** – up to date in 90% of cases. *ACHIEVED*
- **Risk Assessment & Management Plans** – good quality and appropriately reflected across the Care & Treatment Plan. *ACHIEVED*
- Person Centred Care & Treatment Plan – inclusive and SMART. *ACHIEVED*

2.3 Learning Disability Health Teams

The review detailed six areas of action:

- **Eligibility** of people with a learning disability for inclusion within the parameters of the Mental Health Measure. *ACHIEVED*
- **Assessment** – holistic. Work continues with PHW and WCCIS to have an integrated approach going forward. Local audit evidences the presence of sound clinical assessments in the absence of a common tool. *PARTLY ACHIEVED*
- **Risk assessment & management plans** – created with recognised tools to inform robust plans. *PARTLY ACHIEVED*
- **Standards for completion of Care & Treatment Plans** – implemented across all areas. *ACHIEVED*
- **Reviews** – completed using a standardised tool and within the specified time requirements of the law. An agreed tool is now being used and time limits are being achieved across the majority of teams with some work still to be achieved in collaboration with LA colleagues in one area. *PARTLY ACHIEVED*
- **Person centred care** – evidenced throughout the Care & Treatment Plan that is inclusive of the voice of the Service User, Family / Carer. *ACHIEVED*

3. GOVERNANCE AND RISK ISSUES

There are no specific governance or risk issues of significance.

The outstanding issues regarding risk assessment are being addressed nationally led by Welsh Government through Jean White's (CNO) office and the Service Group is represented on the working party.

Training compliance continues to be monitored in respect of the availability of trainers and the adaptation of training modules for virtual delivery which is being led by the Service Group Learning & Development Team and overseen by the Learning & Development Committee.

4. FINANCIAL IMPLICATIONS

There are no financial implications.

5. RECOMMENDATION

- The Committee is asked to **endorse** the progress made & receive assurance that work continues to address the actions still for completion.

- To recognise and **endorse** the newly implemented clinical audit programme of work which will form the basis of future feedback through this report.

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒

	Staff and Resources	☐

Quality, Safety and Patient Experience

Promoting quality Service User experience through co-production of care interventions that are informed, inclusive and measurable.

Financial Implications

There are no specific financial implications.

Legal Implications (including equality and diversity assessment)

The Service Group & Health Board have a legal duty under the terms of the Mental Health Measure to provide care that complies with the standards of Care & Treatment Planning that is holistic, robust, inclusive and has measurable agreed outcomes.

Staffing Implications

No specific staffing implications identified.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The outcomes will generate progress against the goals of a Healthier, More Equal & Cohesive Communities agenda.

Report History	Previous updates have been provided to the Committee since the inception of the reports / action plans as a result of the Welsh Government Delivery Unit 2018 audit.
Appendices	For reference:

For reference:

SWansea Locality CTP action plan Jan   LD CTP Action Plan Learning Disabilities   Dec 2020 update NPT Locality Adult M

For noting:

Quality Audit of MHM (CTPs) 2020.dc