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Mental Health and Learning Disability Service Group - ACTION PLAN: CARE AND TREATMENT PLAN REVIEW

Date of Action Plan: 2021

Review – November 2021.

Next Review Date – Feb 2022.

OBJECTIVE	ACTION(S)	PERSON RESPONSIBLE	START DATE	MONITORING ARRANGEMENTS	Progress report			
Ensure compliance with 90% of relevant patients having a current CTP	1. All teams have a data base of CTP dates and review.	Team Leads/service Managers	2019	To be monitored monthly Via performance dashboard	Databases in situ & operational however initial difficulties with WICCIS have encumbered the process and required further work on more manual database systems for accuracy of compliance. Target date for these being 'live' week commencing 17.1.22.			
	2. CTP compliance is discussed as part of managerial supervision	Team Leads/ward Managers and Directorate	July 2021	Via Directorate Lead Nurse/Ward Manager/Team	Evidenced through supervision notes.			
	3. Teams conduct virtual/telephone reviews as part of duty when staff are	Lead Nurses Team leads		Lead in supervisions	Weekend clinics commenced to address this as conducting this within the working week			

	sick and unable to meet review deadlines				has been difficult with high sickness levels.			
To improve the quality of risk assessment and management plans and how they are reflected within the CTP	1. MDT approach to risk assessment (thorough history taking) and formulation.	All Care Co-ordinators.	July 2021	Via supervisions and via CTP audits – Nurse managers must address directly with Care Co-ordinators where CTPs do not meet these standards	CTP Audit cycle in place to measure progress against this action. Governance process to be developed for reporting performance into MH Division and wider within MHLG SG			
	2. Relapse signatures and Crisis Management plan should be mirrored in the CTP and Risk Assessment.	All Care co-ordinators.	July 2021	Via supervisions and via CTP audits – Nurse managers must address directly with Care Co-ordinators where CTPs do not meet these standards				
	3. Crisis management plans should be detailed not just a list of contact numbers. They should include the names and roles person/s to contact and the intervention that the person will provide.	All care co-ordinators	July 2021	Via supervisions and via CTP audits – Nurse managers must address directly with Care Co-ordinators where CTPs do not meet these standards	Any issues are captured using the All Wales Audit Tool.			

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.	1. Ensure that Clinical Leads/CMHT/CLDT auditors have up to date skills for audit and creating SMART objectives.	L&D team, Lead Nurse QI and Directorate Lead Nurses	August 2021	Via attendance at the practice support sessions Audit tool engagement sessions prior to the next audit Analysis of Service user and Carer feedback via the feedback team on involvement and choices around care	Training/support sessions have been provided.			
	2. Practice support sessions to be provided for Clinical Lead/Care Coordinator intended to enhance skills and share knowledge base in writing SMART Objectives.	L&D team, Lead Nurse QI and Directorate Lead Nurses			Confirm identification of clinical leads in CMHTs to support this work and provide assurance required on cascading of knowledge and skills by clinical leads in CMHT.			
	3. Clinical Leads/CMHT/CLDT auditors cascade their knowledge and skills to the Care Coordinators in their area of responsibility. 4.	Clinical Leads/CMHT/CLDT auditors						

	5. Strategies for collating service user and carers evidence to be well developed in skill set for clinical lead. 6.	All Clinical Leads and CTP auditors						
	7. Practice Support sessions to focus on service users and carers evidence concurrently with SMART objectives	L&D team			Sessions bookable by Learning and Development.			