

## Forensic Division - ACTION PLAN: CARE AND TREATMENT PLAN REVIEW

Date of Action Plan: July 2021

Date of Update: January 2022

OBJECTIVE	ACTION(S)	PERSON RESPONSIBLE	START DATE	Date achieved	MONITORING ARRANGEMENTS	Progress report
Ensure compliance with 90% of relevant patients having a current CTP	1. All wards and teams have a data base of CTP dates and review.	Ward Managers	Nov 2021	Decmeber 2021	To be monitored monthly Via performance dashboard	Databases in situ & operational currently under review and updated to reflect additional information including quality assurance around CTP content  Commencing November
	2. CTP compliance is to be discussed and monitored as part of ward managers meetings and Clinical Team Meeting.	Ward Managers and Clinical Teams - DHo Nursing	July 2021	Partially achieved December 2021	Via weekly ward Manager meetings and CTM's – to be evidenced within the minutes of the CTM meetings	Commenced November 2021 evidenced in some CTM – there is currently a pilot of admin support to CTM minute taking which will be rolled out from Mid January
	3. Ward managers and the clinical teams will ensure that where there is staff sickness and compliance deadlines are imminent appropriate cover is agreed and provided to ensure that this does not impact upon a timely review and update of any patients CTP	Ward Managers and Clinical Teams - DHo Nursing	July 2021		Via weekly ward Manager meetings and CTM's – as minuted Via weekly ward	Commencing November 2021
	4. Potential barriers to achieving compliance will be identified at the earliest opportunity and	Ward managers and Clinical Teams	July 2021	Partially achieved December 2021	Manager meetings, CTM's and supervision with primary	In part evidenced as in 2.

					nurses/discussion with	
	5. action will be identified and taken to overcome them in a timely manner	Ward managers and Clinical Teams July 2021	Dec 2021		Clinical Team members – to identify who is best placed to make contact with the applicable local authorities to discuss engagement – cover for sickness, annual leave etc..	
To ensure that all CTP's are live documents which are reflective of the individual patients current episode of care – whether that be as an inpatient or supported within the community by the aftercare team	1. Ward managers, Clinical teams and Primary Nurses to ensure that the CTP is the primary document that informs the current episode of care	Ward managers Clinical Teams and primary nurses	July 2021		Via weekly ward Manager meetings, CTM's and supervision with primary nurses	A QI pilot project commenced – October to look at improving MDT involvement in improved care planning that will reflect the domains within the CTP document, thus improving the overall quality of both care planning and the CTP's
To ensure that all CTP's reflect MDT input and is assured to be high quality, incorporating detailed risk assessments, relapse indicators and robust management planning which are reflected appropriately throughout.	1. To ensure that an MDT approach to risk assessment and formulation is implemented consistently.  2. Relapse signatures and Crisis Management plan should be mirrored in the CTP and Risk Assessment.	All Care Co-ordinators, ward managers and Clinical Teams  As above	July 2021		Via ward CTM's and via CTP audits – Nurse/ward managers must address any circumstances whereby CTPs do not meet the required standards via discussion with the Care Coordinator in the first instance and escalate any continued non-	As above, Following results of QI project aim will be to review current CTP reviews documentation. A column has been added to the CTP database re quality – to be checked and recorded. Crib sheet to be developed to support staff completed these checks

	3. Crisis management plans should be detailed including the names and roles person/s to contact and the intervention that each person named will provide.	As above			compliance or quality issues appropriately	
To ensure that all CTP's are person centred, have SMART objectives and are reflective of the individual patient with evidence of patient and carer involvement.	1. Ensure that auditors - Clinical Leaders across inpatient and the after care service have up to date skills for audit and creating SMART objectives.	L&D team, Lead Nurse QI Deputy Head of Nursing	August 2021		Via attendance at development/ enhancement sessions	To be explored
	2. Skill development/skill enhancement sessions to be provided around skills and knowledge of writing SMART Objectives, patient carer engagement and involvement and quality assuring CTP's.	L&D team, Lead Nurse QI and Deputy Head of Nursing			Audit outcomes.  Analysis of Service user and Carer feedback via the feedback team	Currently part of Forensic Nursing course – additional refresher sessions/guidance to be explored
	3. Clinical Leaders - auditors to share their knowledge and skills to the Care Coordinators and co-authors – primary nurses/clinical team in their area of responsibility.	All Clinical Leads and CTP auditors.				