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# The Swansea Bay University Health Board Mental Health and Learning Disability Delivery Unit (DU) Review of the Quality of Care and Treatment Planning

Swansea Bay University Health Board  
January 2021



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## 1. Context/History

The Mental Health Wales Measure (MHM) 2010 was commenced in 2012. The Code of Practice Part 2 and 3 of the Measure provides statutory guidance regarding preparation, content, consultation and review of Care and Treatment Plans (CTP'S).

In 2018 the NHS Wales Delivery Unit initially conducted an All Wales review to evaluate quality of Care and Treatment Planning against MHM. The NHS DU conducted the audit across Abertawe Bromorgannwg UHB (as the health board was called in 2018); it covered the adult mental health areas, specifically Ward 14, Maesteg CMHT, Fendrod Ward, Ty Einon CMHT, Ward F and the Forge Centre CMHT.

The audit found evidence of good practice across all the localities including the use of a person centred approach within CTP's, areas where good consideration of outcomes was noted, the use of weekly case formulations supported by psychology and examples of first person outcomes statements.

In contrast the audit also found areas of learning and a lack of consistency in the quality of CTP's and associated risk assessments across the Mental Health and Learning Disability Delivery Unit (DU). These included CTP reviews not being undertaken in a timely manner, CTP's that did not capture the patient voice, objectives that were not SMART in nature and CTP's that did not adequately incorporate risk assessments.

## 2. Approach and Methodology of re audit.

In September and October of 2020 a repeat case note audit was conducted, using the same data collection tool used in the original All Wales review. This data capture tool is based upon the All Wales Mental Health (Wales) Measure Part 2 audit tool. The tool incorporates the reviewers critique of the quality of information based on a 4 rating scale, Red, Amber-Red, Amber-Green and Green. The audit tool is split into 5 sections covering Assessment, Care and Treatment Plan, Review, Needs of the Family and Carers Assessment. Within the Learning Disability inpatient services audit the Assessment section of the audit was not completed.



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Our re audit encompassed the entire Swansea Bay UHB Mental Health and Learning Disability DU (now Service Group). A total of 162 case notes were audited across the 3 localities and were selected from both in patient and community settings.

The Head of Nursing for each locality nominated areas for audit and a random selection of case notes from each of these areas was subjected to a peer reviewed audit. Please see table in Appendix 1 for further details of the audited wards/teams.

### 3. Key Findings/Messages

Following the completion of the audit a number of key findings and messages were identified and comparisons were drawn with the 2018 audit findings. It should be noted that the 2018 audit focused solely on Adult Mental Health, this audit was conducted across the whole of the DU. Consideration needs to be given to this when drawing direct comparisons to the previous audit.

A summary of the findings is outlined below:

- The majority of the case notes reviewed had a current CTP in place.
- A significant improvement found with regard to involving service users in the production and review of the CTP.
- Identification of the care outcomes within the CTP improved in all areas.
- An improvement in identifying the needs of the service user was found, identification of strengths also showed improvement but not to the same extent as the identification of needs.
- Whilst there was improvement found in the identification of relapse signatures and crisis/contingency planning there still remains room for growth and development in this area.
- Unfortunately, we performed significantly worse in the area of Risk Assessments.
- The audit also indicated that we were not as successful in getting Service Users and Care Coordinators to sign the CTP as we had been previously.
- Inconsistency was found across inpatient areas with regard to who completed the CTP. In some areas the CTP in use had been completed by the Service Users community based Care Coordinator, in other areas a new CTP had been completed on admission by a member of ward based staff. On occasion this



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caused some disjoint and confusion for the auditor as this had led to there being two CTP's held concurrently within the notes, it was unclear which was in use. The CTP's completed by the community based Care Coordinators were often very comprehensive but did not appear relevant to the Service Users current episode of inpatient care.

- Plans often not SMART, particularly in the identification of person responsible (use of term 'all staff') and time frame (use of term 'ongoing').
- Inconsistencies continue across the DU in the quality of CTPs, risk assessments and contingency/crisis plans produced.

#### 4. The Provision of Quality Care and Treatment Planning

The development and provision of quality care and treatment planning is underpinned by a comprehensive and holistic assessment process, which will include consideration of risk, safety and the contribution of the multi-disciplinary team and wider care and support network.

The quality of the person's experience of receiving care is enhanced through involvement and participation to the fullest extent possible of the person in identifying outcomes and the co-production of the CTP.

Ongoing monitoring of the quality and delivery of the person's CTP outcomes is reliant upon good coordination of care and a timely and comprehensive review process that includes the views of those involved.



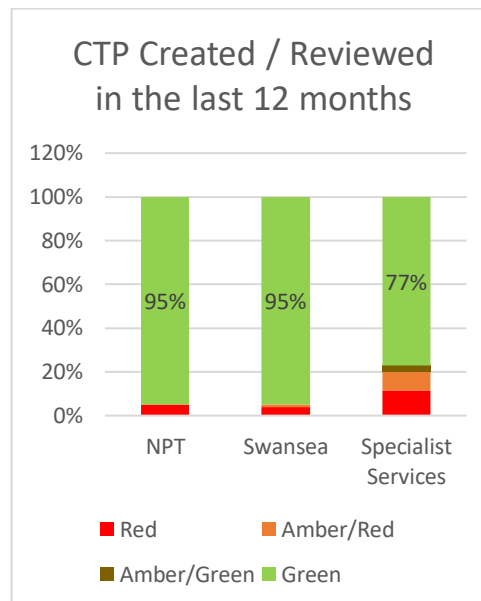
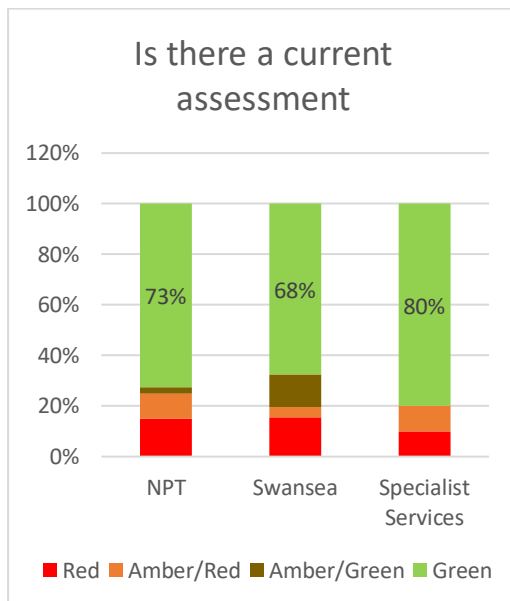
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## 4.1 Assessment

The Measure does not prescribe a particular assessment tool. However, the Code of Practice Parts 2 and 3 of the Measure does require that all patients in receipt of care and treatment planning should have a holistic assessment, identifying their needs and strengths and that the CTP should reflect their involvement in its formulation.



**Analysis** – the graph shows that the majority of case notes did contain a current assessment. Across the whole DU an average of 74% of the case notes contained a current assessment and completed within the last 12 months, however 13.6% of the case notes did not have a current assessment. The NHS DU 2018 found that 68% of the notes audited contained a current CTP. This indicates an improvement in performance in this area.

A more detailed review of the data and completed audits suggests that the most common issues with notes scoring a 'red' were assessments being significantly (i.e. over 6 months) out of date or not being readily available in the most current set of notes. Several of these records did not have an assessment completed for the current admission. To note, the assessment section of the audit was not completed for the inpatient Learning Disability services, this has been addressed with the areas concerned.



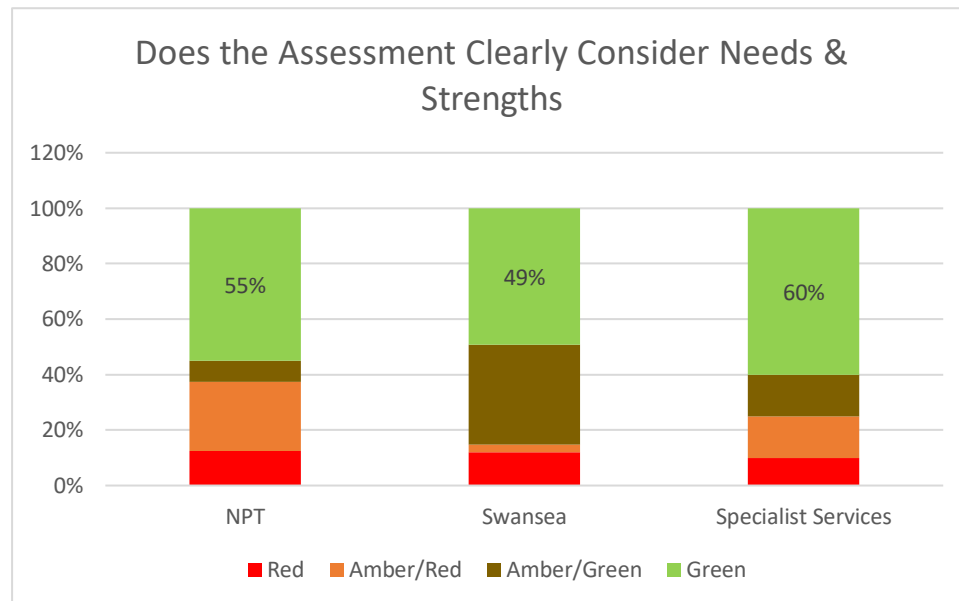
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## 4.2 Needs and Strengths

The MHM Code of Practice identifies that 'Recognising, Reinforcing and Promoting strengths at an individual, family and social level should be a key aspect of the assessment process.' (2.10)



Analysis – An average of 55% of the audited assessments clearly considered the patients' needs and strengths. Within the assessments present that did not meet this standard fully the most common issue was a lack of consideration given to the patients' strengths. The NHS DU 2018 audit found that 64% of the notes audited scored a Red/Amber Red, the 2020 audit found that only 38% of the notes audited scored Red/Amber Red. This indicates an improvement in performance in this area.

Analysis of the data capture from NPT shows that the main issues were assessments being incomplete, lacking detail, unclear, requiring update or out of date.





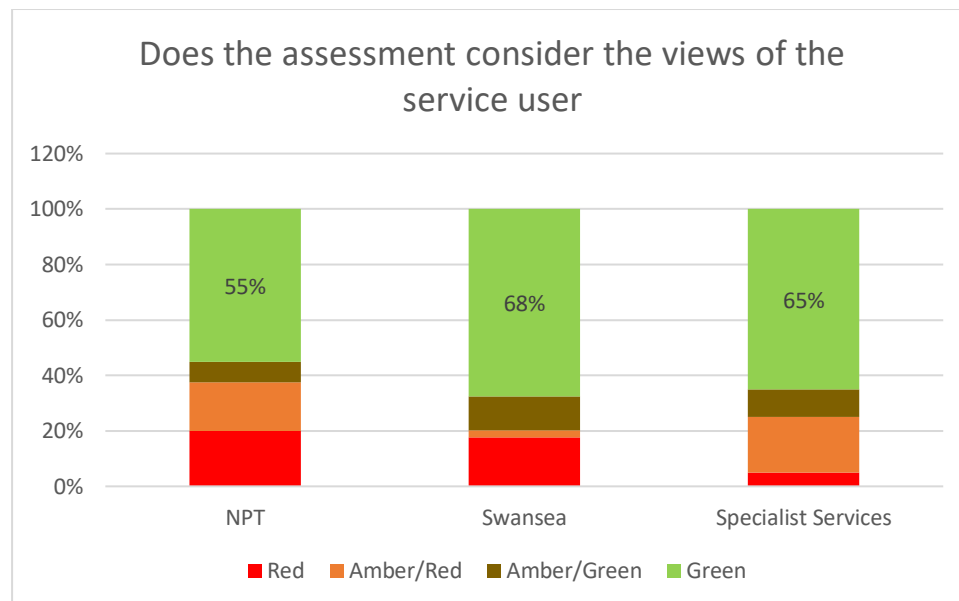
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#### 4.3 Involvement of the Person in the Assessment Process

The MHM Code of Practice identifies that 'The assessment process should ensure that the 'relevant patient' is encouraged and facilitated to make clear their views and ambitions for the future' (2.16)



Analysis – 63% of the CTPs audited clearly indicated that the views of the service user had been considered. Of those that did not indicate this the main issues identified were assessments being out of date, views not being included on the form, information within the assessment being out of date, assessments being incomplete, views of the clinical team or clinicians being clearly recorded but the views of the service user not being given equal weighting. The NHS DU 2018 audit found that 23% of the notes audited clearly indicated that the views of the service user were considered. This demonstrates a significant improvement in performance in this area.



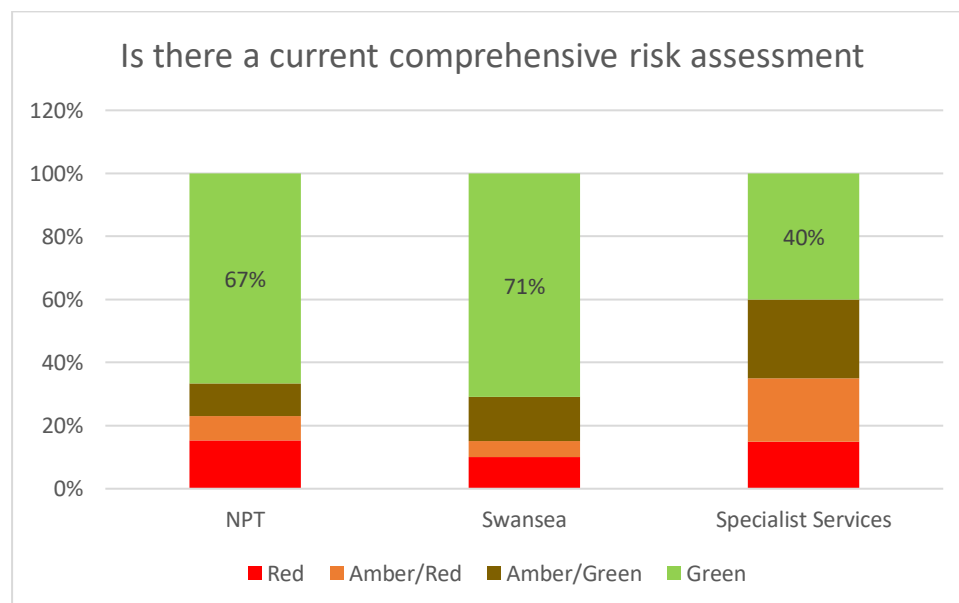
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#### 4.4 The Assessment and Management of Risk

'Assessment of risk forms part of a necessary first step to setting outcomes and formulating the CTP...the CTP should contain steps to mitigate these risks' (2.18)



Analysis: 59% of the CTPs audited contained a current risk assessment. The main issues found with those CTPs that did not meet this standard were the risk assessment being out of date or not having been updated in a timely manner, assessments lacking an action plan, assessment lacking detail, assessments not being dated, signed or appropriately filed, a lack of coping strategies being included in the assessment, assessments not being updated to reflect changes in service user presentation or circumstances. Again it should be noted that this section of the audit was not completed by the inpatient LD services.

Unfortunately, this is an area where performance levels dropped with the 2018 NHS DU audit indicating that 90% of case notes audited contained a current risk assessment.



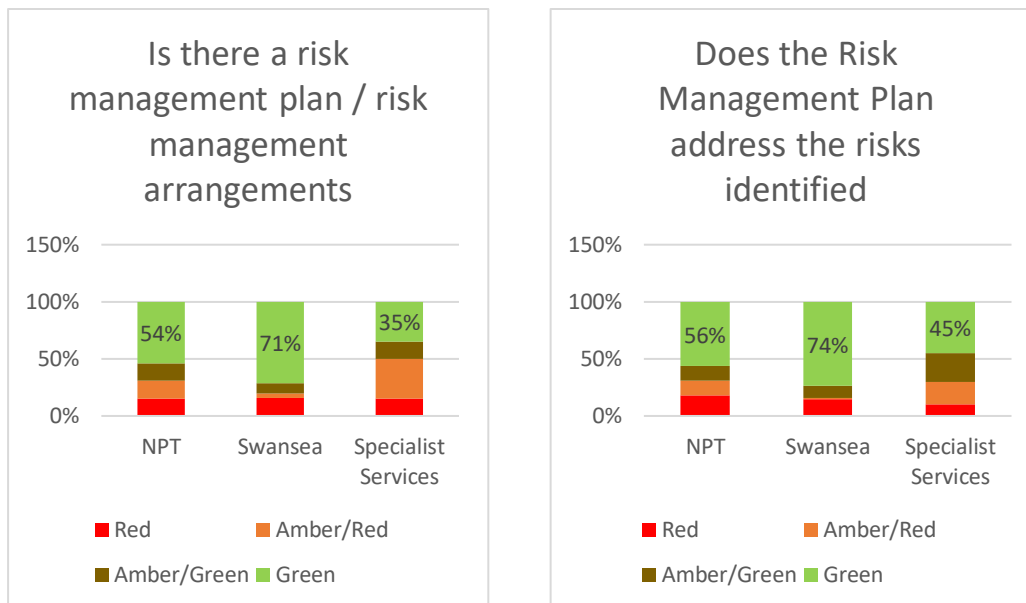


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#### 4.5 Risk Management Arrangements



Analysis: 53% of the notes audited were found to contain a current risk management plan and arrangements. 58% of the risk management plans were found to have addressed the risks identified. The NHS DU 2018 audit found that 72% of case notes audited were found to score Red/Amber Red with regard to containing a risk management plan that addressed the risks identified. This would indicate a small improvement in performance in this area.

Across both standards the main issues identified were no risks identified within the assessment, a lack of information and detail within the assessment, assessments not updated annually, incomplete or absent assessments. Assessments were often generalised and lacked clear management plans or guidance.

A more detailed analysis indicated that Fendrod Ward performed particularly well in this area with the majority of their notes recording a 'green', by contrast it was found that whilst Cedar Ward patients all had an assessment within their notes unfortunately these were in all almost every case out of date.

Again Learning Disability inpatient areas did not complete this section.



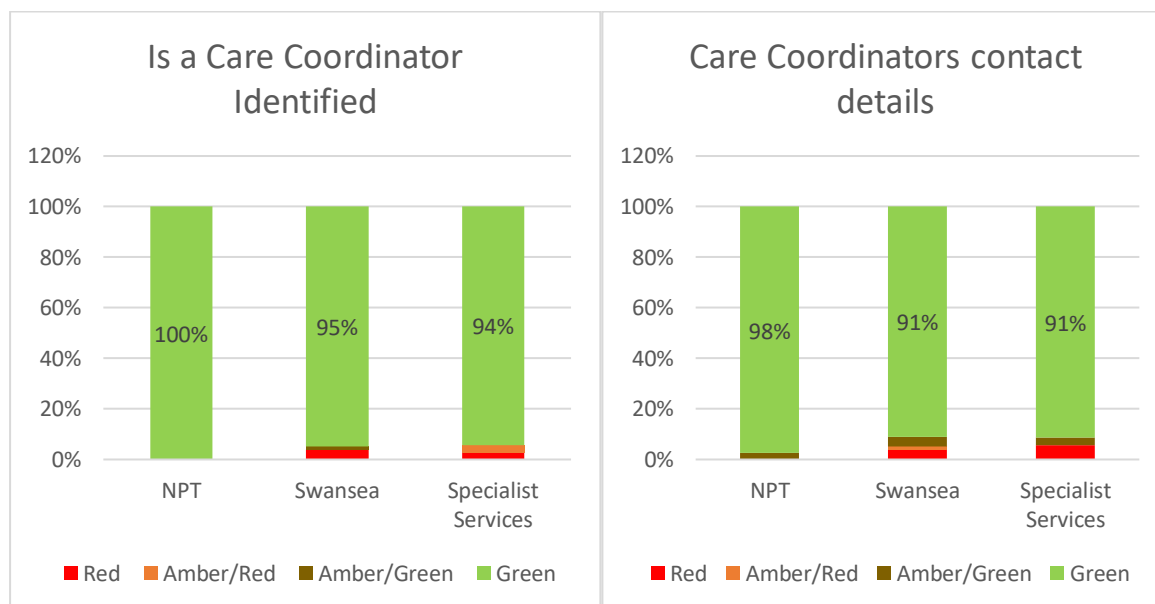
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## 5 Care and Treatment Plan Outcomes

The Care Coordinator must work with the 'relevant patient' and providers of services to agree the outcomes that the provision of mental health services are designed to achieve. (4.33)



Analysis: This was an area that the DU performed well in with the overwhelming majority of CTPs achieving this standard. The few that did not meet this standard were generally out of date or needed the details being updated. The audit highlighted that there was often a disparity between CTPs completed by inpatient staff and those completed by community based staff. There appeared to be a lack of clarity on occasion around who functions as the care coordinator when a community patient is admitted to an inpatient facility, several notes had 2 CTPs filed, one completed by a CMHN or SW and a second completed by a ward based staff nurse upon admission. In these circumstances the initial community CTP had not been discontinued leading to a lack of clarity for the auditor around which CTP was in use.

These areas were not highlighted in the 2018 DU report.

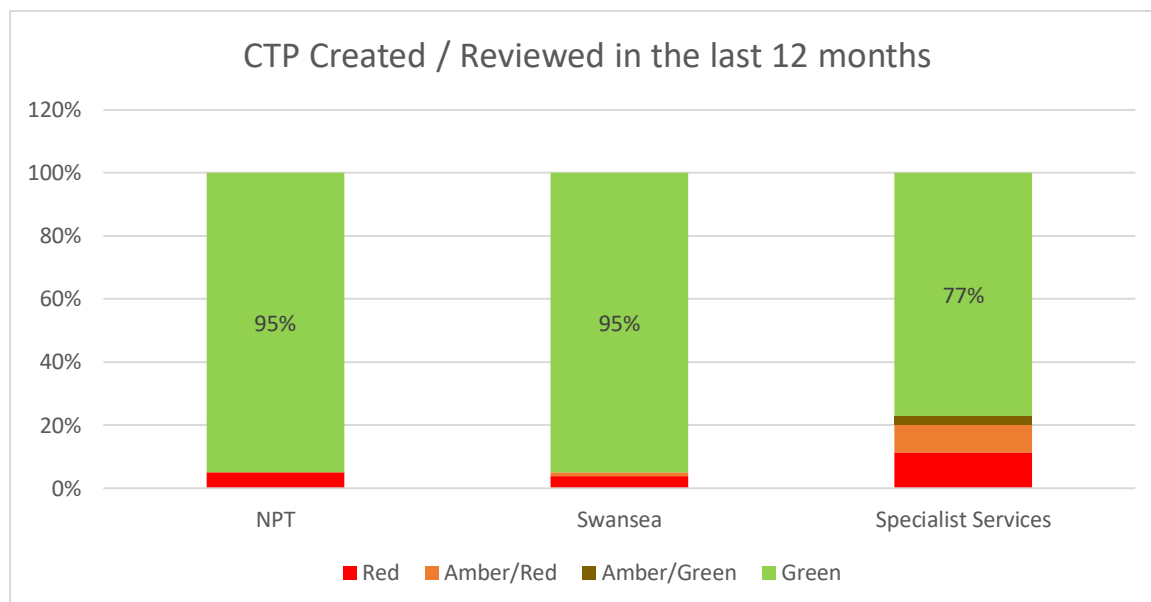


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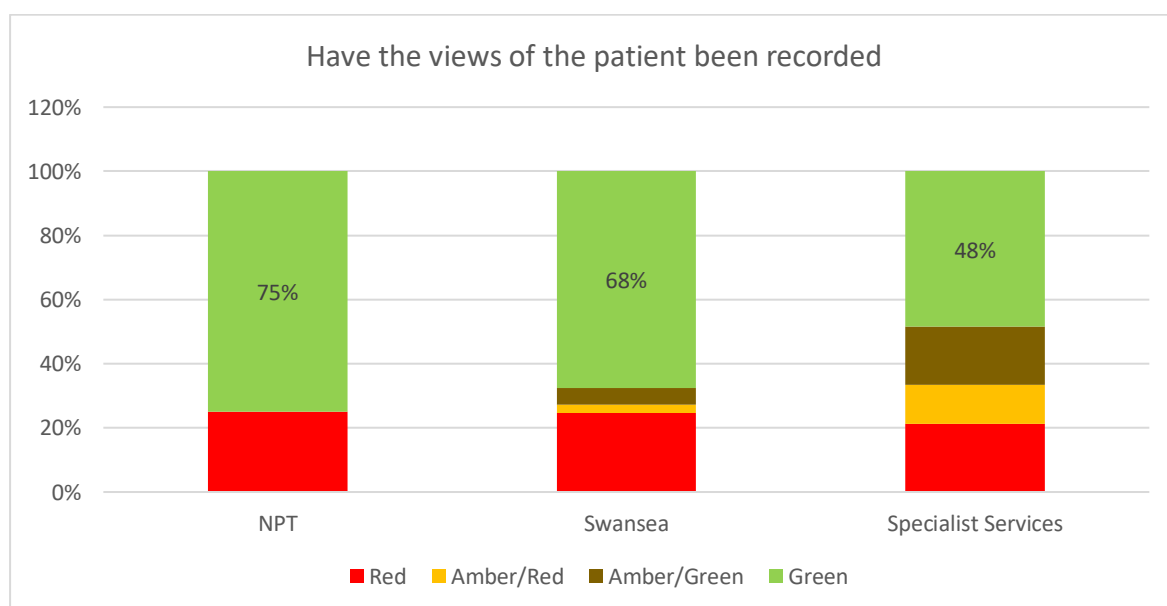
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## Care and Treatment Plan Creation



Analysis: The vast majority of notes audited (89%) contained an in date, current CTP. Of the ones that did not meet this standard the majority had a CTP present that was found to be out of date (often by more than a month), very few did not have a CTP present within the notes. The 2018 NHS DU audit indicated that in all teams an average of 97% of case notes contained a CTP that had been created or reviewed in the last 12 months, this suggests a slight fall in performance in this area.



Analysis: 64% of CTP's audited were found to be concordant with this. The main reasons given for those that were not concordant were views not documented on the

Report completed by: Marie Williams, Lead Nurse for Quality Improvement and Charis Jones, Serious Incident Investigator

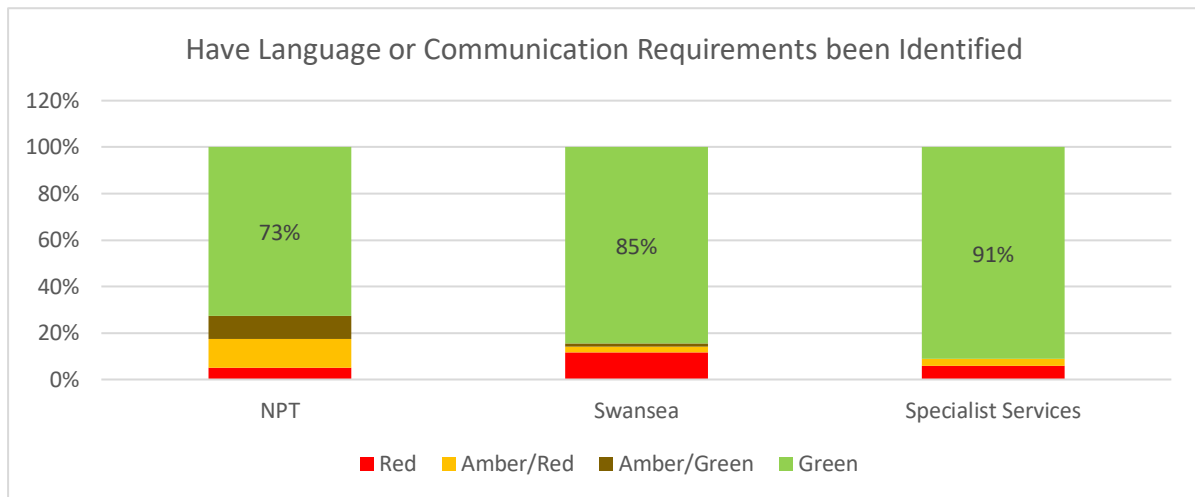


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CTP, the service user did not want or was unable to engage due to their mental state or lack of capacity, views of MDT often documented but service user section left blank, COVID restrictions left care coordinator unable to visit service user to get their views, on one occasion this section was marked 'not relevant', service user declined to give their view.



Analysis: The audit indicates that the vast majority of service users had their language and communication needs and preferences identified.



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## 6 Outcomes and Care Domains

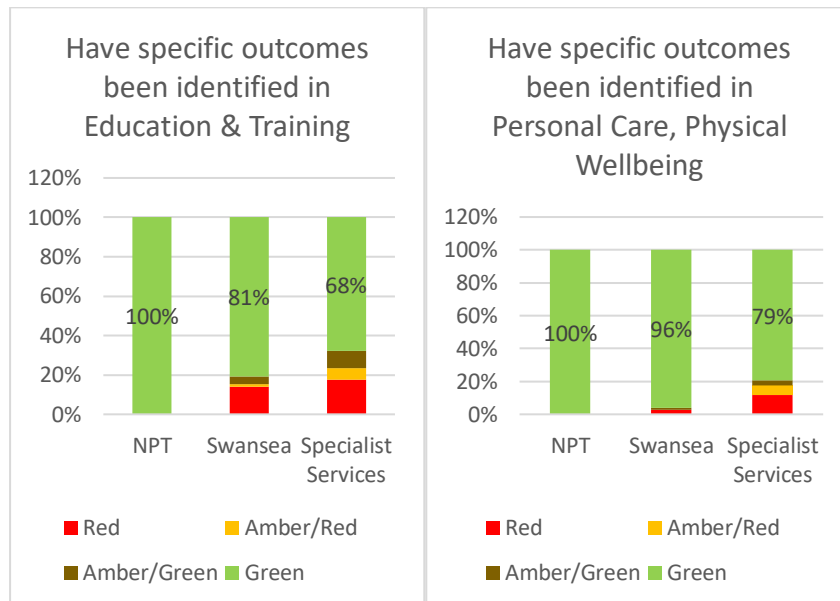
Whilst there is no requirement for a CTP to record outcomes against each of the potential areas for intervention, it is likely that outcomes would arise in more than one of these areas. (4.37)





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Analysis: As evidenced by the graphs above the DU varied in its performance in these areas. The performance is predominantly positive with the vast majority of areas scoring 'green'.

1. Spiritual, cultural, social needs averaged 85% green, NHS DU 2018 35% green.
2. Work and occupation 84% green, NHS DU 2018 31% green
3. Parenting and caring relationships average of 87% green, NHS DU 2018 24% green
4. Medical and other treatment 92% green, NHS DU 2018 29% green
5. Accommodation averaged 91% green, NHS DU 2018 79% green
6. Finance 89% green, NHS DU 2018 41% green
7. Education and Training was an average of 83% green, NHS DU 2018 had an average of 29%
8. Personal care and Physical Wellbeing 92% green, NHS DU 2018 was 28% green.

No clear rationale was given within the auditors' comments for the areas scoring 'red' or 'amber/red'. Anecdotal feedback suggests that some areas were viewed less holistically than others.





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## 6.1 Outcomes that are Specific, Measurable, Achievable, Realistic and Timely

'To achieve a full and meaningful outcomes-based CTP the Care Coordinator, care team and 'relevant patient' will need to work together to identify and agree realistic, observable and achievable milestones' (4.40).



Analysis: The graphs indicate that whilst outcomes are usually clearly recorded there was often a lack of detail with regards to time scales and person responsible, these often being recorded generically, for instance 'ongoing' or 'all staff'.

1. Are outcomes measurable – SMART, 2020 19% scored Red/Amber Red, the 2018 NHS DU indicated that 57% scored Red/Amber Red
2. Responsible person identified – 2020 scored 68% green, the 2018 NHS DU scored 89% green
3. Timescales – the 2020 audit indicated 54% scored green, the 2018 NHS DU audit indicated 55% scored green.

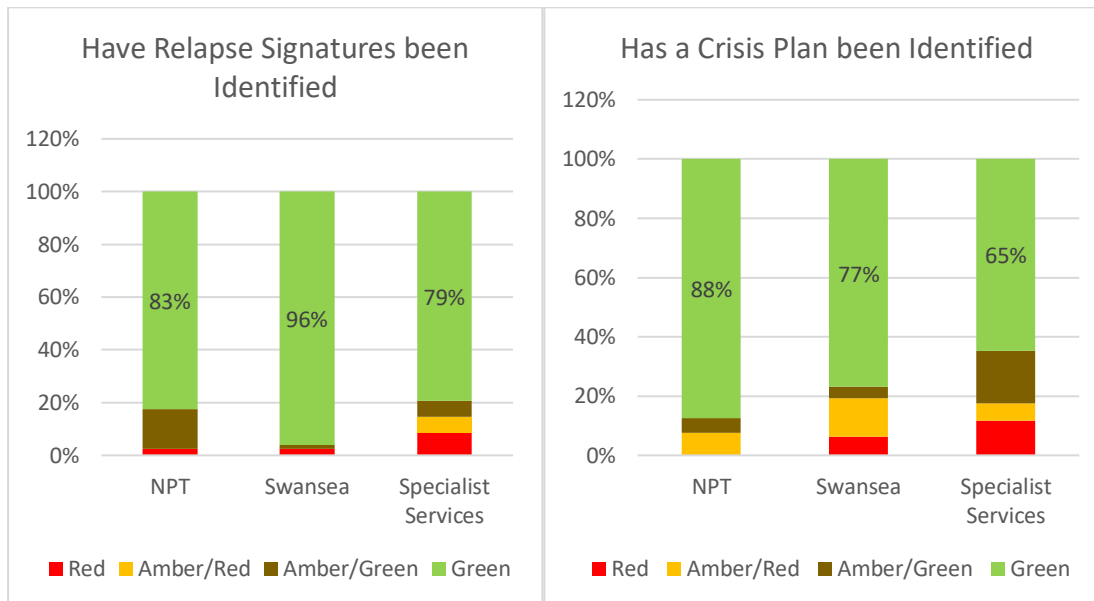
## 6.2 Relapse Signatures and Crisis Planning

The Part 2 Regulations set out a standard format for care and treatment planning which includes sections to record the thoughts, feelings and behaviours that may indicate when a patient is becoming unwell and may require extra help or support (sometimes referred to as relapse signatures) and also the actions that ought to be taken should this happen (sometimes referred to as a crisis plan) (4.81).



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Analysis: As demonstrated above the audit indicated that the majority of CTPs identified both relapse indicators and crisis plans. The areas that scored 'green' showed good evidence of planning and demonstrate an improvement from the previous audit conducted by the NHS DU.

However, those recording 'red' or 'red/amber' generally indicated that the plans lacked meaningful detail, for instance the plan might be that a person contacts the crisis team or their care coordinator but gives no detail about what staff should do should the person make contact. Several inpatient areas stated that crisis plans would be formulated at the time of discharge or referenced 'increase observation levels' as a plan.

The 2020 audit found that 86% of case notes audited scored green for Relapse Signatures being identified, the 2018 NHS DU audit scored 80% green.

The audit identified that 77% of notes audited in 2020 scored green for Crisis planning in contrast to the 2018 NHS DU audit which scored 34% green. Therefore, showing an improvement in both these areas.



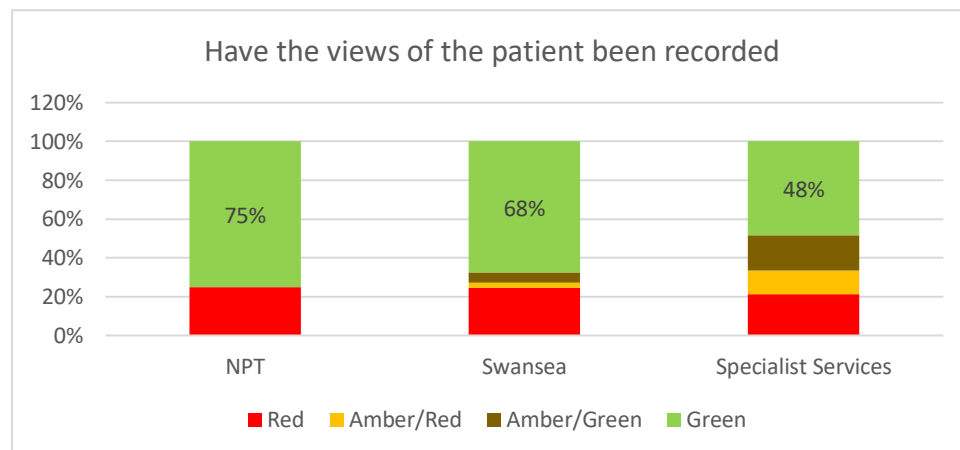
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### 6.3 Recording the Views of the Person

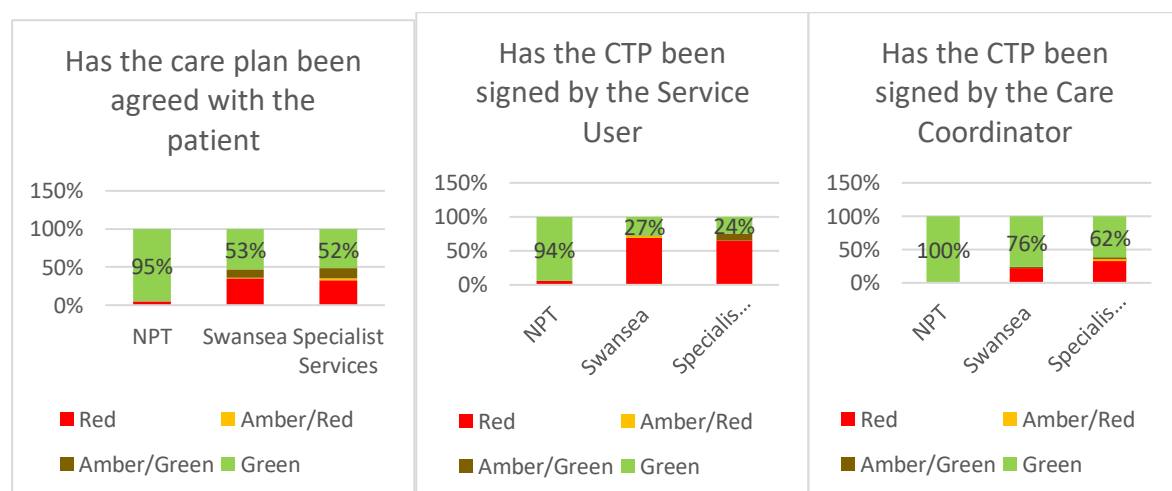
The views of the 'relevant patient' on the content of the care and treatment plan can be recorded on the plan itself...if no views are expressed, or no views can be ascertained, then this should be recorded. (4.15).



Analysis: 24% of the notes audited scored 'red' i.e. did not include any views of the service user. 71% scored 'green' or 'amber/green'. Within specialist LD services the auditors noted that communication challenges often made recording the service user view difficult leading them to score an 'amber/green' for this area.

### 6.4 Agreement and Signatures

The Part 2 Regulations require that a record is made on the CTP as to whether the plan has been agreed with the 'relevant patient' (4.16)





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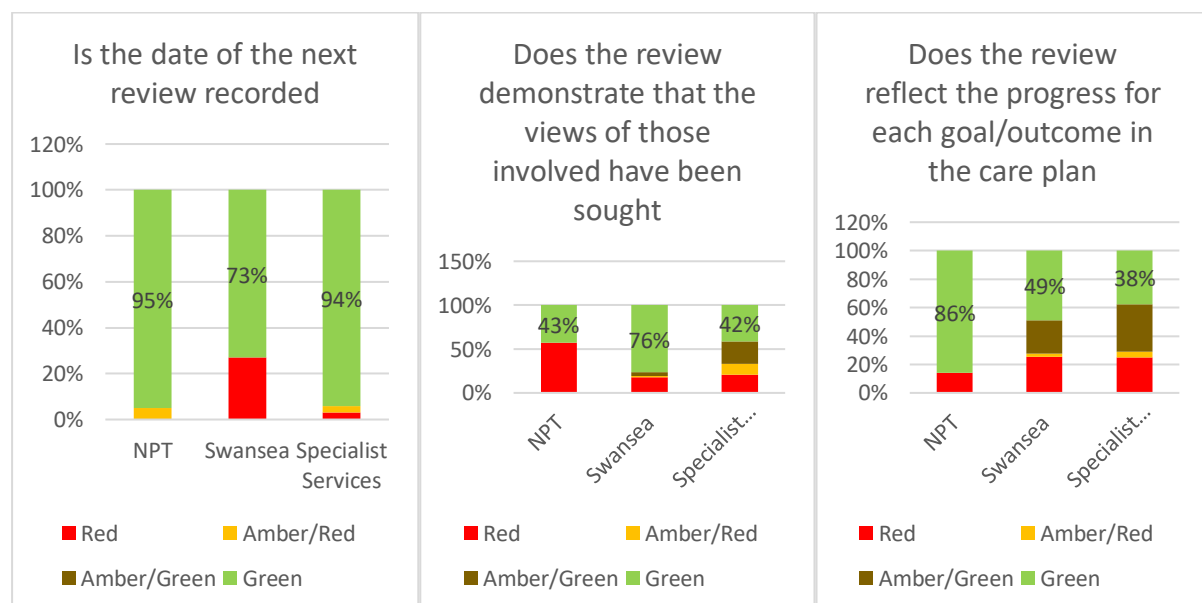
Analysis: Further exploration of the comments on the areas scoring 'red' suggests that some of the 'red' scores may be erroneous as it is documented that the service user has not signed or engaged with the CTP due to their mental state, lack of capacity or simply due to them refusing. Some of the community plans were not signed at the time of audit due to temporary COVID visiting restrictions.

1. Care Plan agreed, 67% green in 2020, 80% green in 2018
2. Care Plan signed by service user, 48% green in 2020, 53% scored green in 2018.
3. Care Plan signed by care coordinator, 2020 scored 79% green, in 2018 this was found to be 88% green.

This unfortunately indicates a drop in performance in this area, as mentioned above it is possible that some of the red scores for the 2020 audit are erroneous due to the impact of COVID or the way in which the auditor interpreted the question.

## 7 Review of CTP

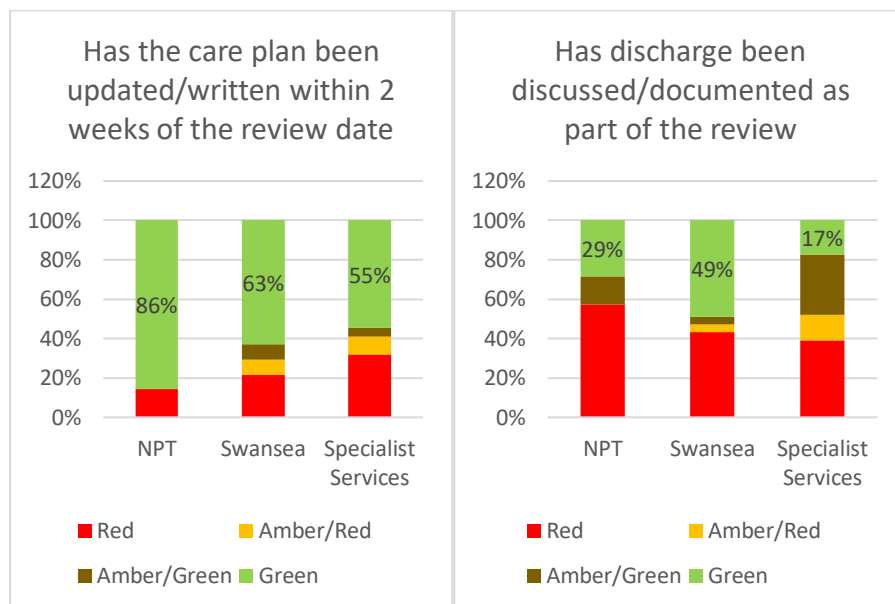
'In order to ensure that the care and Treatment Plan provision remains optimal to the 'relevant patients' recovery' regular monitoring of the plan and the delivery of services is required.' (6.3)





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**Analysis:** The audit suggests that CTP review is an area that continues to require development within the DU. The areas scoring 'red' or 'red/amber' often did not include substantive discussion of goals and plans and how these might be achieved. On several occasions the section relating to planned review dates was simply left blank. There was a general lack of discharge discussion across all the services; to note discharge discussion and planning is relevant within CMHTs in order to promote a recovery approach rather than a maintenance model. Within specialist services the results will have been impacted by the LD inpatient areas not completing the audit in its entirety.

1. Views of those involved – showed an improvement from 22% green in 2018 to 54% green in 2020
2. Progress for each goal/outcome – also shows an improvement from 10% green in 2018 to 58% green in 2020.
3. Discharge planning – the green average in 2020 was 32%, the red average in 2020 was 46%. The red average in 2018 was 67%. This indicates an improvement in performance but suggests there is still much room for growth and improvement.

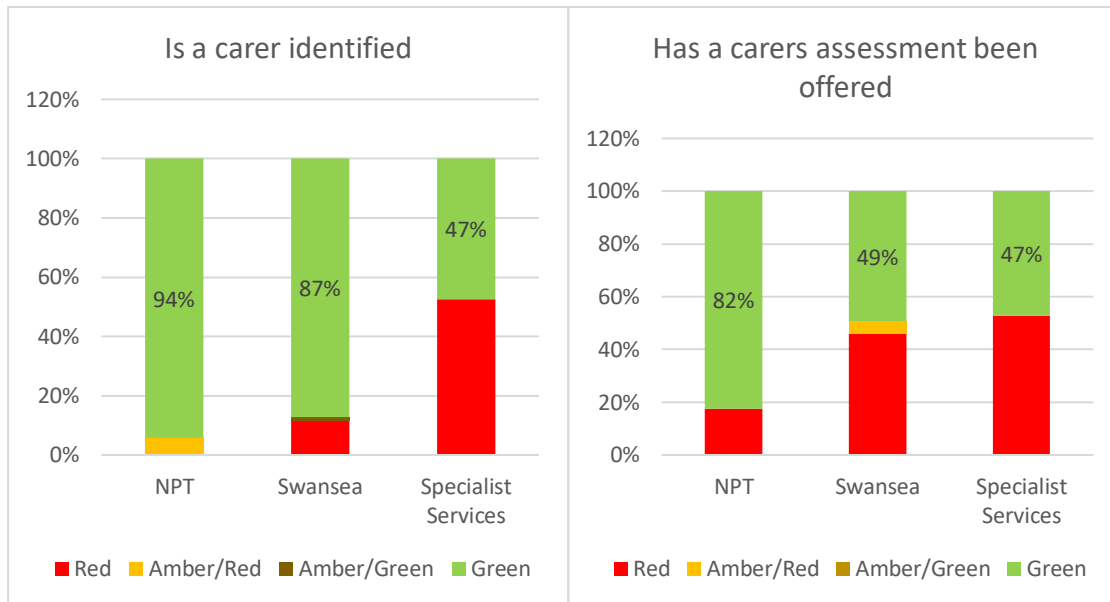


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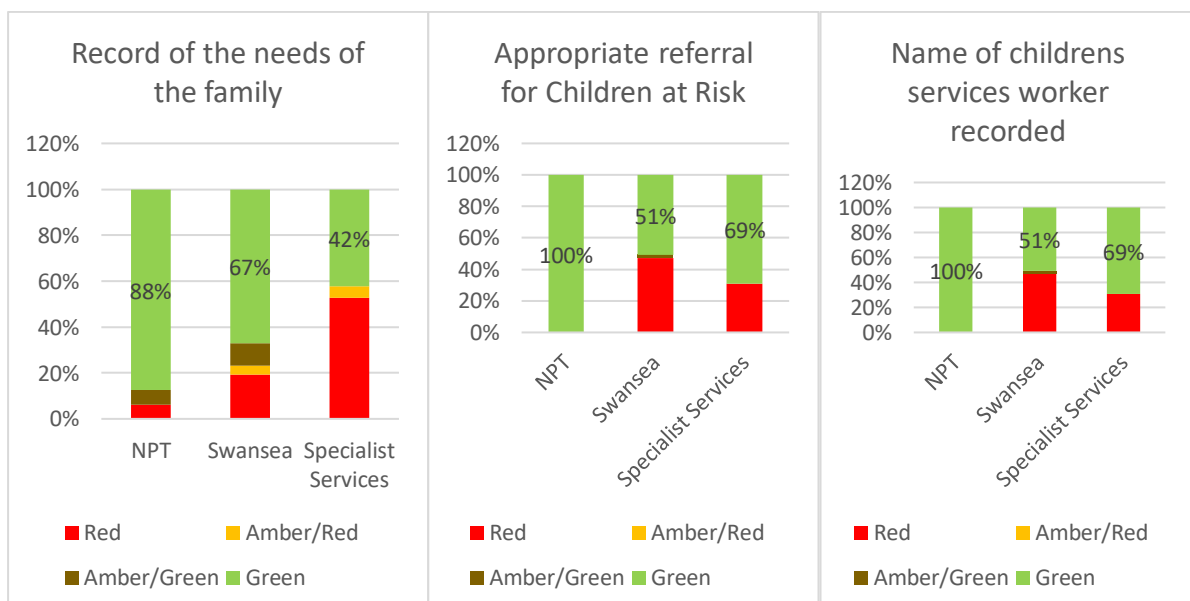
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## Inclusion of needs of carers and those for whom the patient has a caring responsibility



**Analysis:** The audit suggests that community based services engage carers more meaningfully in the care of service users than inpatient services. Closer inspection of the data capture forms for specialist services indicates that some of the 'red' scores may be due to the manner in which the auditor has recorded the data rather than being a truly accurate representation of the situation.



**Analysis:** Closer inspection and review of the data capture forms suggests that some of these audit questions have been misinterpreted by some of the auditors. This has

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led to results not being recorded consistently across the DU. It is difficult therefore to form a meaningful view of the DU performance in this area but does allow for learning and reflection for those involved in this round of audit.



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## Appendixes

### Appendix 1

#### Table detailing areas audited by locality



Areas Audited By  
Locality.docx

### Appendix 2

#### Audit Tool and Key



Amended All Wales  
CTP Audit Tool 2.docx



Audit Key used with  
the All Wales Audit Tool

### Appendix 3

#### Audit Guidance



Guidance for the Bi  
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