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University Health Board

ADULT MENTAL HEALTH / SOCIAL CARE SERVICES LOCALITY

ACTION PLAN: Care and Treatment Plan Review

Date of Audit: 16/04/18

Date of Feedback Presentation: 19/10/2018

Date of Action Plan: 11/12/2018 – 04.10.19

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
<p><u>Assessments</u></p> <p>-To ensure all assessment reflect an accurate comprehensive overview of a person's needs and strengths.</p>	<p>- To identify interested parties to form a small working group to look at improving quality of assessments.</p>	<p>- Donna Sharp to identify working group members including 3rd sector.</p> <p>-</p>	<p>Jan 2019</p>	<p>Jan 2020</p>		<p>Quarterly progress updates from working group.</p> <p>Update: working party established requires 3rd sector attendance</p>

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-To increase the recording of service users/carers views in the assessment process	- Communicate standards to all staff – assessment not to be overwritten. Each assessment or review to trigger new assessment. Historical information can be retained and added to.	- Team managers and working group members. - Team managers and working group. -	Jan 2019 Jan 2019	March 2019 Complete April 2019 Complete		- Audit - Supervision records. Update: Communication via email and managers meeting
-For all relevant patients to have an up to date assessment when transitioning from community settings to inpatients services reflective of need	- Agree auditing frequency. - Agree process for sharing assessments when relevant patient becomes are inpatient. - To be discussed as standard item in supervision.	- Working group to establish frequency and managers to audit. - Ward Managers.	Jan 2019 Jan 2019	Jan 2020 March 2019		Ward – 3 cases a month CMHT's – 10 cases a month starting September 2019
<u>Risk Assessments & Risk Management Plans</u> -To ensure that risks identified in assessments and risk assessment have robust risk management plans.	- Communicate with staff standards for risk assessment.	- Shane Llewellyn, Team managers & working group -	Jan 2019	Jan 2020	Jan 2020	- Audit -Supervision records - Training records

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-Service users, carers and relevant services should be included in the identification and management of risk using a collaborative approach	- Increase staff trained for WARRN to 50%.	- Nicola Derrick & Team managers & Shane Llewellyn -	Jan 2019	Jan 2021		WARRN update 26% compliance  NPT SIP WARRN compliance.xls
-To achieve a consistent standard of good quality risk assessment	- Agree audit frequency. - To be standard item in staff supervision.	- Working group - Team Managers/deputies & clinical leads.	Jan 2019 Jan 2019	March 2019 Complete March 2019		Ward – 3 cases a month CMHT's – 10 cases a month starting September 2019
<u>Care & Treatment Planning</u> -To adopt SMART approach to CTP's	- Care and treatment plan to become the working document during review of relevant patient.	- Team manager. - Working group. - Team managers. - Nicola Derrick	Jan 2019 Jan 2019	Jan 2020 Jan 2021	Jan 2020	- Quarterly progress updates from working group - Audit - Supervision records - Training records - HAFAL evaluation & feedback templates

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-Staff to support relevant patients in the identification of triggers, relapse signatures (identifying when someone is becoming unwell) and crisis/contingency plans (actions that should be taken).	<ul style="list-style-type: none"> - To achieve 80% attendance at CTP training for CMHTS to understand SMART objectives. - 50% of inpatient staff to attend CTP training. 	<ul style="list-style-type: none"> - Team managers. - Nicola Derrick 	Jan 2019	Jan 2021		Update: CTP training has just become available staff are booking on
- The CTP should include outcomes relating to the mitigation of risks	<ul style="list-style-type: none"> - 50% of staff to access WARRN to improve understanding of identifying triggers, relapse signatures & contingency planning. 	<ul style="list-style-type: none"> - Jayne Whitney - Matthew Hooper - Lydia Jenkins - Shane Llewelyn 	Jan 2019	Jan 2020		Update: Compliance for adult services NPT has increased to 26%
-To continue to maintain person centred care planning.	<ul style="list-style-type: none"> - Inpatient services to lead on CTP reviews on ward. - Working group to consider most appropriate care co-ordinator for NPT clients in inpatient units. - Introduce DU audit tool for CTP audit. - HAFAL practitioners to work with CMHT's 1 day a week to provide service users with support to identify goals. 	<ul style="list-style-type: none"> - Team leads and working group. - Team managers. -Donna Sharp 	<p>Jan 2019</p> <p>Jan 2019</p> <p>Dec 18</p>	<p>Jan 2020</p> <p>March 2019</p> <p>March 19</p>		Update: Funding has stopped however this will be included in any future bids

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<u>Review Process</u> -To ensure standardised approach to record that a review has occurred.	- Working group to consider template used during CTP review to ensure design supports co-ordinator to have appropriate conversations regarding progress and capture MDT approach.	- Team managers and working group	Jan 2019	Jan 2020	Jan 2020	- Quarterly progress updates from working group - Audit - Supervision records - Training records
-Reviews to include progress on each domain of the CTP, recording when a goal has been achieved and identifying new actions required to achieve goals.	- Review forms to be included in audits.	- Team managers	Jan 2019	March 2020		Update: This has been included to audits starting September 2019
-Reviews to evidence the involvement of the MDT, relevant patient and others involved in providing care and support.	- Inpatient review forms to have section to evidence discharge planning.	- Working group & Jayne Whitney Matthew Hooper Lydia Rees Ward Psychiatrist	Jan 2019	March 2020		Update: This has been included to audits starting September 2019
<u>Provision of safe and person centred care</u> -To improve the correlation between assessments of needs and risks, to the planning of care and the review of progress.	- Identify MHM training for staff - All clinical areas to have hard copy of MHM code of practice. -	- Nicola Derrick - Kath Hart	Jan 2019 Jan 2019	March 2019 March 2019		- Quarterly progress updates from working group - Audit - Training records
-To ensure that every individual have a robust assessment at point of admission to inpatient setting	- Review ward admission process for admission -	- Shane Llewellyn & Team Managers	Jan 2019	Jan 2020		-

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-To improve the sharing of documentation between service areas in the Neath Port Talbot Locality	- Working group to identify appropriate and uniformed way of sharing documentation between different clinical areas.	- Working group and managers	Jan 2019	June 2020		
	- Each area to identify CTP champions.	- Team managers	Jan 2019	June 2020		
	- Working group to identify feedback mechanisms to promote assurance.	- Working group	Jan 2019	Jan 2020		
	- To agree standardised approach to include LA staff for training provision.	- Donna Sharp, Kath Hart, Beverly Cannon & Nicola Derrick	Jan 2019	Jan 2020		
	- Share good examples with staff and identify any patient stories that share experience of being a relevant patient.	- Donna Sharp, Kath Hart, PEG, & working group	Jan 2019	Jan 2020		
	- To explore CTP & WARRN to be added to Locality score card.	- Donna Sharp Dermot Nolan Kath Hart	Jan 2019	Jan 2020		

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<u>Quality Assurance</u> To provide the Locality and HB with appropriate information and updates from the action plan	-To report Assessment & CTP compliance for monthly performance score card	Team Managers Completed	Dec 2018	Jan 2020		- Performance score cards - Locality Board Minuets - DU Board Minuets - Managers meetings Update: CTP compliance now included
	-To produce monthly update to Locality Board Meeting	Donna Sharp	Feb 2019	Jan 2020		Update: In progress - ongoing
	-To provide quarterly updates to Delivery Unit Board Meeting	Donna Sharp	Feb 2019	Jan 2020		Update: In progress via Locality Manager-ongoing
	-To provide feedback to clinical areas via managers meetings	Donna Sharp	Feb 2019	Jan 2020		Update: In progress - ongoing