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
Review date: December 2020

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
Assessments -To ensure all assessment reflect an accurate comprehensive overview of a person's needs and strengths.	- To identify interested parties to form a small working group to look at improving quality of assessments. -	- Donna Sharp to identify working group members including 3rd sector.	Jan 2019	Jan 2020	March 2020 and ongoing.	Quarterly reporting systems established for quality assurance purposes

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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. -	- Team managers and working group members. - Team managers and working group. -	Jan 2019 Jan 2019	March 2019 Complete April 2019 Complete	March 2020	- WG CTP Audit tool - 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		Audit cycle embedded.
Risk Assessments & Risk Management Plans -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 Awaiting development of new risk assessment training being developed as WARRN is no longer available due to covid19.

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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 training available through L & D team. Training currently suspended due to covid19. Performance frameworks in place to measure training compliance.
-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		Audit cycle established with quality assurance reporting framework embedded.
Care & Treatment Planning -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	Quality audit cycle in place using WG CTP audit tool. CTP Training accessed through L & D Team with performance frameworks in place for compliance. Training opportunities reduced due to covid19.

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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).	- To achieve 80% attendance at CTP training for CMHTS to understand SMART objectives. - 50% of inpatient staff to attend CTP training.	- Team managers. - Nicola Derrick	Jan 2019	Jan 2021		Quality audit cycle in place using WG CTP audit tool. CTP Training accessed through L & D Team with Training opportunities reduced due to covid19 -
- The CTP should include outcomes relating to the mitigation of risks	- 50% of staff to access WARRN to improve understanding of identifying triggers, relapse signatures & contingency planning.	- Jayne Whitney - Matthew Hooper - Lydia Jenkins - Shane Llewelyn	Jan 2019	Jan 2020		WARRN training available through L & D team. Training currently suspended due to covid19. Performance frameworks in place to measure training compliance.

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-To continue to maintain person centred care planning.	- Inpatient services to lead on CTP reviews on ward.	- Team leads and working group.	Jan 2019	Jan 2020		Standards for care coordination bookle 2015-02-06 Draft All Wales CTP Audit Toc Audit Key used with the All Wales Audit t Update: Funding has stopped for HAFAL practitioners.
	- Working group to consider most appropriate care co-ordinator for NPT clients in inpatient units.	- Team managers.	Jan 2019	March 2019		
	- Introduce DU audit tool for CTP audit.	-Donna Sharp	Dec 18	March 19		
	- HAFAL practitioners to work with CMHT's 1 day a week to provide service users with support to identify goals.					
Review Process -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	Nov 2020	Update: review document being reviewed to improve format Revised review forms.docx

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-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: TONNA MAR CTP Quaterly Report 202
Provision of safe and person centred care -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 to QA meeting - Audit - Training records CTP action plan update.msg -
-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		 Ward F Admission Matrix.docx -

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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 team managers	Jan 2019	June 2020		This will remain via requesting paper copies or medical notes until WICCIS due to multiple different IT systems.
	- 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		Feedback from CTP action plan meeting to QA meeting.
	- To agree standardised approach to include LA staff for training provision.	- Donna Sharp, Kath Hart, Beverly Cannon & Nicola Derrick	Jan 2019	Jan 2020		LA staff now included and accessing CTP training.
	- 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		Patient stories now shown in learning and celebration events.
	- To explore CTP & WARRN to be added to Locality score card.	- Donna Sharp Dermot Nolan Kath Hart	Jan 2019	Jan 2020		Not deemed suitable to add to scorecard however CTP and WARRN training captured in team training spreadsheets.

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Quality Assurance 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 -To produce monthly update to Locality Board Meeting -To provide quarterly updates to Delivery Unit Board Meeting -To provide feedback to clinical areas via managers meetings	Team Managers Completed Donna Sharp Donna Sharp Donna Sharp	Dec 2018 Feb 2019 Feb 2019 Feb 2019	Jan 2020 Jan 2020 Jan 2020 Jan 2020	March 2020	- Performance score cards - Locality Board Minuets - DU Board Minuets - Managers meetings Update: CTP compliance now included Update: Now reported to QA meetings Update: In progress via Locality Manager- and HON Update: In progress - ongoing