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CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>03 January 2022</b>	<b>Agenda Item</b>	<b>6.1</b>
<b>Report Title</b>	<b>MH &amp; LD CTP Action Plans</b>		
<b>Report Author</b>	Stephen Jones, Service Group Nurse Director		
<b>Report Sponsor</b>	Dai Roberts, Service Group Director		
<b>Presented by</b>	Stephen Jones, Service Group Nurse Director		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the Legislation Committee with an update on the internal audit cycle, note the action plans, provide assurance and agree reporting cycle.		
<b>Key Issues</b>	To note and agree the Divisional action plans against the 2020 internal audit.		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• Receive and approve the contents of this report</li> <li>• Receive and approve the action plans</li> <li>• Agree the re-audit delay and planned schedule for 2022</li> </ul>		

## **1. INTRODUCTION**

The Legislative Committee have received reports, action plans and assurance against those plans in relation to an external review conducted by the Welsh Government Delivery Unit into the quality of Care & Treatment Planning – this was an All Wales audit.

The Mental Health Measure (Wales) 2012 has two specific requirements under Part 2 of the legislations that requires Health Boards and Local Authorities jointly meet the rights of those in receipt of care to:

- have a Care Coordinator appointed to work with them to coordinate their care and treatment
- to have an individual and comprehensive Care and Treatment Plan to assist their recovery

In 2020 the MH&LD Service Group agreed an annual audit process (occurring in the autumn that would extend the reach of the 2018 review in regards to the breadth of services reviewed and offer an annual cycle of assurance. The audit was conducted across the 3 Divisions. This report presents progress against the divisional action plans.

## **2. BACKGROUND**

The first cycle of internal audit took place in September and October 2020 using the All Wales CTP Audit Tool 2 and the associated Audit Key (templates attached for reference). Sixteen wards / teams (162 records) were reviewed as opposed to the six reviewed in the 2018 cycle conducted by the WG Delivery Unit.

Following the audit, the findings were compiled and presented to the February 2021 Clinical Audit Subgroup and the MH&LD Quality & Safety Committee for ratification. Thereafter, the individual detail was shared with the respective Divisions in March and April 2021 with direction for new action plans to be compiled for presentation at the July MH&LD Quality & Safety Committee. The action plans have been reviewed quarterly in the MH & LD Quality and Safety Meeting and presented as part of the reporting to the Health Board Quality and Safety Governance Group (QSGG). The updated action plans were last reviewed in the MH & LD Quality and Safety Committee on 18<sup>th</sup> January 2022 and are included in this report. It was noted at the meeting that the respective Divisions are continuing to demonstrate good progress against the actions of the last audit. The MH&LD Quality & Safety Committee the Divisions were tasked with making a concerted effort prior to the next reporting period, to move the actions along further recognising that this improvement has a fundamental impact on the recipients of the service.

The views of the Legislative Committee are sought in regards to the progress made against the action plans in each Division. The Service Group plans to re-audit have been delayed to later in the year to allow the learning to be embedded in service provision. Compounding the delay in responding to the plans has been the need to continue the response to the pandemic

Updates to the action plans will continue to be reported against on a quarterly basis through the MH&LD Quality & Safety Committee.

The MH&LD Service Group are committed to providing high standard, quality services across all areas of responsibility and continued improvement against the legislative requirements of the Mental Health Measure are being addressed.

We have agreed that given the continued pressures in the service, the next cycle of audit is scheduled to take place this autumn.

### **3. GOVERNANCE AND RISK ISSUES**

There are no issues of note or significance. Compliance with part 2 of the MHM (Wales) remains above 90% across the Service Group.

### **4. FINANCIAL IMPLICATIONS**

There are no financial implications.

### **5. RECOMMENDATION**

The Committee is asked to:

- Receive and approve the contents of this report
- Receive and approve the progress against the action plans
- Agree the re-audit delay and planned schedule for 2022

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
Promoting quality Service User experience through co-production of care interventions that are informed, inclusive and measurable.		
Financial Implications		
There are no specific financial implications.		
Legal Implications (including equality and diversity assessment)		
The Service Group & Health Board have a legal duty under the terms of the Mental Health Measure to provide care that complies with the standards of Care & Treatment Planning that is holistic, robust, inclusive and has measurable agreed outcomes.		
Staffing Implications		
No specific staffing implications identified.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		

The outcomes will generate progress against the goals of a Healthier, More Equal & Cohesive Communities agenda.

## Report History

Previous updates have been provided to the Committee since the inception of the reports / action plans as a result of the Welsh Government Delivery Unit 2018 audit and a new reporting process through the MH&LD Quality & Safety Committee to the HB QSGG on a quarterly basis with twice yearly reporting to this Committee was agreed in 2021.

## Appendices

For reference:  
Appendix 1



MH&LD Service  
Group CTP Audit 20

Appendix 2, 3 and 4



LD actionplan for CTP audit jan 2022 MH actionplan for CTP audit jan 2022 Forensic actionplan for CTP audit jan 2022

For noting:  
Appendix 5 and 6



Amended All Wales  
CTP Audit Tool 2.doc



Audit Key used with  
the All Wales Audit