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Bwrdd Iechyd Prifysgol  
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Health Board



<b>Meeting Date</b>	<b>06 May 2021</b>	<b>Agenda Item</b>	<b>5.1</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 status of the action plans, the internal audit cycle & provide assurance.		
<b>Key Issues</b>	Progress against 2018 audit of CTP's within the MH & LD Service Group. Noting of the summary report from an internal audit conducted by the Service Group and the findings.		
<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 checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>To endorse the progress made &amp; receive assurance that recognises the improvements that have been achieved against the DU audit over the past 3 years.</li> <li>To recognise and endorse the findings of the internal Service Group audit conducted in September 2020.</li> <li>To endorse the closure of the current action plans to be superseded by the plans being developed from the new audit.</li> <li>To agree receipt of the action plans from the latest audit cycle at the next Committee meeting.</li> </ul>		

## **MH & LD SERVICE GROUP CTP ACTION PLANS**

### **1. INTRODUCTION**

Care & Treatment Plans (CTP) are a legal requirement under Part 2 of the Mental Health Measure (2012) Wales with the duty placed upon Health Boards and Local Authority partners to ensure that those in receipt of secondary care within Mental Health Services have their rights met in this regard. Those rights specify that each person in receipt of such care must be allocated a Care Coordinator and have an agreed Care & Treatment Plan (CTP) that assists their individual recovery.

The accompanying Code of Practice specifies what this means in practice and in summary that is: to receive a holistic and comprehensive assessment; to be allocated an identified Care Coordinator; to have an agreed and individualised CTP; to receive ongoing coordinated support in line with the agreed CTP; to have a formal annual review of care at least once every 12 months.

In 2018 the Welsh Government Delivery Unit (DU) undertook an all Wales review of CTP compliance against these standards which identified key areas for improvement that the Mental Health & Learning Disability (MH&LD) Service Group converted into improvement action plans that have been subject to local and corporate monitoring in the intervening period.

### **2. BACKGROUND**

In 2020 the MH&LD Service Group agreed a clinical audit process whereby CTP compliance against the standards would be undertaken annually to provide assurance of ongoing improvements. Additionally, the DU audit was limited to 3 inpatient wards and 3 community teams, whereas it was also agreed that the MH&LD Service Group audit cycle would extend to encompass a greater volume of services.

The first audit in the cycle was conducted in September / October 2020 and due to operational responses to the pandemic wasn't reported to the Service Group Quality & Safety (Q&S) Committee until March 2021. The report (attached) has now been signed off and the audit leads have met with the respective Divisional teams to feedback the findings. The Divisions are now in the process of reviewing the detail for their respective areas and developing action plans to report back to Q&S Committee next month for agreement and will be submitted to this committee at the next meeting.

We can confirm that the current action plans will be superseded by the new plans currently being developed. In relation to the outstanding action plans, progress continues to be monitored: the last report to this committee indicated two specific areas that were outstanding that were subject to external processes and we are now able to report that:

- Risk Assessment training – specifically around the areas of suicide and self-harm, good progress has been made with the securing of a training model, a training facilitator and on receipt of this report two 'train the trainer' events will have taken place – please see attached progress report.
- Risk Assessment – a working group established by Hazel Powell, Welsh Government Nursing Officer for Mental Health & Learning Disability was convened in 2020 to consider a national approach to 'Person-centred Safety Planning' and following a number of meetings funding has been secured to commission Professor Michael

Coffey of Swansea University to produce an evidence synthesis to support an approach to enhancing risk practices across mental health services.

In the 2020 audit the review extended beyond the scope of the previous DU review (3 inpatient wards & 3 CMHT's) to include 17 wards/teams from both mental health and learning disability areas – it is important to note that the 2018 audit focused solely on Adult Mental Health services and this needs to be considered when noting the outcome comparisons made in the report (full report attached for reference). Additionally, the Service Group audit has broadened the domains reviewed compared to that conducted by the DU. The review was undertaken during the pandemic response which is one indicator toward potential non-compliance factors.

Although there are encouraging signs of improvement across several domains, there continues to be areas of improvement required in regards to some of the domains that were previously noted by the DU audit.

The report notes improvements in the following areas:

- A current CTP present in the majority of clinical notes reviewed (162 clinical notes audited)
- Continued improvement noted in regards to service user participation 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 evident
- Improvement noted in the identification of relapse signatures and crisis/contingency planning

The report also notes areas where further improvements are required:

- Risk Assessments – this remains a legacy of work from the previous DU audit (2018)
- Indications that compliance with the signing of CTP's by both Service Users and Care Coordinators has diminished – it is important to note that the period of audit coincides with the pandemic response which is cited as a factor for the lack of signatures
- 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 leading to some disjoint and confusion for the auditor as this had led to there being two CTP's held concurrently within the notes and 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
- SMART objectives were not wholly evident – particularly in the identification of the person responsible (use of term 'all staff') and time frame (use of term 'ongoing')
- Inconsistencies were evident in regards to standards across the Service Group in respect of the quality of CTPs, risk assessments and contingency/crisis plans produced

It has been agreed within the Service Group that the cycle of audit will now be annual with the next review scheduled for September 2021.

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

There are no specific governance or risk issues of significance.

The outstanding issues regarding risk assessment are being addressed through a national working group led by the Nursing Officer for Mental Health & Learning Disability (Welsh Government) with representatives from Health Boards, Local Authority, Education and Third Sector – Stephen Jones is a member of this group. Good progress has been made to date and a final report is currently being prepared for ratification.

Risk Assessment training is now being facilitated with a planned programme for implementation and monitoring.

#### **4. FINANCIAL IMPLICATIONS**

There are no financial implications.

#### **5. RECOMMENDATION**

The Committee is asked to:

1. To endorse the progress made & receive assurance that recognises the improvements that have been achieved against the DU audit over the past 3 years.
2. To recognise and endorse the findings of the internal Service Group audit conducted in September 2020.
3. To endorse the closure of the current action plans to be superseded by the plans being developed from the new audit.
4. To agree receipt of the action plans from the latest audit cycle at the next Committee meeting.

Governance and Assurance		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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		
<i>(please choose)</i>	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.		
<b>Report History</b>	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.	
<b>Appendices</b>	Appendix 1 to 3 for reference.	