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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	03 November 2022	Agenda Item	2.1 (i)
Report Title	MH & LD CTP Audit and Action Plans		
Report Author	Marie Williams, Head of Nursing for Quality, Governance and Improvement MHL D Service Group		
Report Sponsor	Stephen Jones, Service Group Nurse Director, MHL D Service Group		
Presented by	Malcolm Jones, Associate Service Director for Mental Health, MHL D Service Group		
Freedom of Information	Open		
Purpose of the Report	To provide the Legislation Committee with an update on the internal audit cycle, note the action plans, provide assurance and agree reporting cycle.		
Key Issues	To note and agree the Closure of the current Divisional action plans against the 2020 internal audit and the proposal of the 2022 quality audit cycle.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Approval
			<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> Receive and approve the contents of this report 		

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 (Localities – as was). 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 19th July 2022. The MH&LD Quality & Safety Committee noted at the meeting that the respective Divisions are continuing to demonstrate good progress against the actions of the last audit, and the Divisions were tasked with making a concerted effort to close off the current actions plans pending a proposal to re-audit as a Service Group in the autumn months.

As discussed within the Legislative Committee in the last quarter, the committee were updated on the reasons for the delay in the annual audit from 2021 to 2022 in order to allow learning to be embedded and for actions to come to fruition. It was agreed that given the continued pressures in the service, the next cycle of audit is now scheduled to take place this autumn. An SBAR (attached below) was submitted and supported by Nurse Director and Head of Nursing for Quality, with commitment given for the resources required to fulfil this re-audit. In the proposal/SBAR the MHL D Learning and Development Team of Practice Development Nurses will peer review alongside a lead from each of the wards/team. This being the B7 or B6 nurse within the ward/team. The purpose of this is around the lessons learned from the last audit and the disparity in reporting that was found. This method of peer audit will ensure experiential learning for the peer reviewer of the quality, standard and expectations of the Quality and Safety Team and the Learning and development Team of the Care and Treatment plans. The Learning and Development Team will also have first-hand

information, learning and findings to feed directly into the training plans for the Mental Health Measure and Care and Treatment plan training that is facilitated by the team.

The cases that will be reviewed will be chosen by the MHL D Informatics team to allow for impartial and unbiased choice of cases and audit dates are already scheduled with the aim of the audit being carried out and concluded during November and December 2022.

This plan demonstrates how 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.

3. GOVERNANCE AND RISK ISSUES

The plan above outlines steps being made to improve the quality of our Care and Treatment plans and undoubtedly an impact on Service user experience. Assurance and compliance against the measure continue to be captured also and 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

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	<p>For reference:</p> <div style="text-align: center;">  MH&LD Service Group CTP Audit 20 </div> <p>For noting:</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Amended All Wales CTP Audit Tool 2.doc </div> <div style="text-align: center;">  Audit Key used with the All Wales Audit </div> <div style="text-align: center;">  SBAR- CTP Audit.doc </div> </div>	