

## HIW – Improvement plan

**Service:** Ty Llidiard

**Ward:** Enfys

**Date of inspection:** 08-10 November 2021

The table below includes the improvements identified during the inspection in relation to the Mental Health Act where the service was required to complete an improvement plan outlining the actions being taken to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Status, timescale and latest position
Delivery of safe and effective care				
The health board must ensure that Section 17 leave forms are completed accurately and in full, and address the issues we identified in this report.	Application of the Mental Health Act	All section 17 documents are checked for completion and accuracy by the Mental Health Act Department. The Mental Health Act Department will report any issues with any paperwork submitted to the ward manager and clinical lead.  The Clinical Lead has ensured that medical staff involved are aware of the requirement to complete Section 17 leave forms accurately and to include	Clinical Lead	Completed

Improvement needed	Standard	Service action	Responsible officer	Status, timescale and latest position
		<p>the purpose of the leave and expected outcomes, and where appropriate these forms need to be signed by the young person.</p> <p>The quality of all MHS documentation is reported to and monitored by the Mental health Act Management Committee.</p>		
<p>The health board must ensure that the issues we identified in this report in relation to care plans are rectified going forward to meet the best practice guidelines for care and treatment planning as set out in the Mental Health (Wales) Measure 2010.</p>	<p>Monitoring the Mental Health Measure</p>	<p>Information has been shared with all staff on the importance and approach to developing and co-producing goal orientated care plans with patients. This has included ensuring the care plans are written in child friendly language and consider the 8 areas as outlined via the Mental Health measure.</p> <p>An additional audit using the Delivery Units all Wales CTP and documentation audit tool has been introduced and coordinated by the Nurse Audit Lead. A sample of the Care Plans, risk assessments and other documentation is audited using the tool every month. The audit is in depth and focusing on</p>	<p>Head of Nursing, Ward Manager and Nurse Audit Lead</p>	<p>Completed June 2022</p> <p>See Appendix 6</p>

Improvement needed	Standard	Service action	Responsible officer	Status, timescale and latest position
		<p>the quality, co-production and personalisation of individual care plans. (see Appendix 8)</p> <p>These audits are discussed in the monthly Band 6 senior staff nurse meetings. Examples of good practice and areas identified as needing improvement are discussed.</p> <p>Examples of recognised high quality Care and Treatment Plans from both CAMHS inpatient, community and Adult Mental health Services have been shared with all staff to highlight good practice and share learning.</p> <p>The Head of Nursing; Ward Manager and Nurse Audit Lead will undertake an assessment of training needs for staff in relation to care plans and if required put in place specific training to support staff with care plans.</p>		See Appendix 8