

Care and Treatment Plan (CTP) Review Audit in Community Learning Disability Teams

Timeliness and content compliance against the Mental Health (Wales) Measure 2010

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Introduction

The Mental Health (Wales) Measure 2010 gives every person receiving secondary mental health services the statutory right to a Care Coordinator and a Care and Treatment Plan (CTP), reviewed at least annually and containing six defined content components (Welsh Government, 2010; 2012).

For people with an intellectual disability and a co-existing mental disorder, the CTP is often the single document coordinating psychiatric, nursing, social care and family input. Gaps in its timeliness or completeness carry a disproportionate risk of fragmented care.

Aim and standards

To determine whether CTP reviews for Relevant Patients are completed within 12 months (**Standard 1**), and whether CTP content meets the six components required by the Measure (**Standard 2**). Target for both standards: **100%**.

Methods

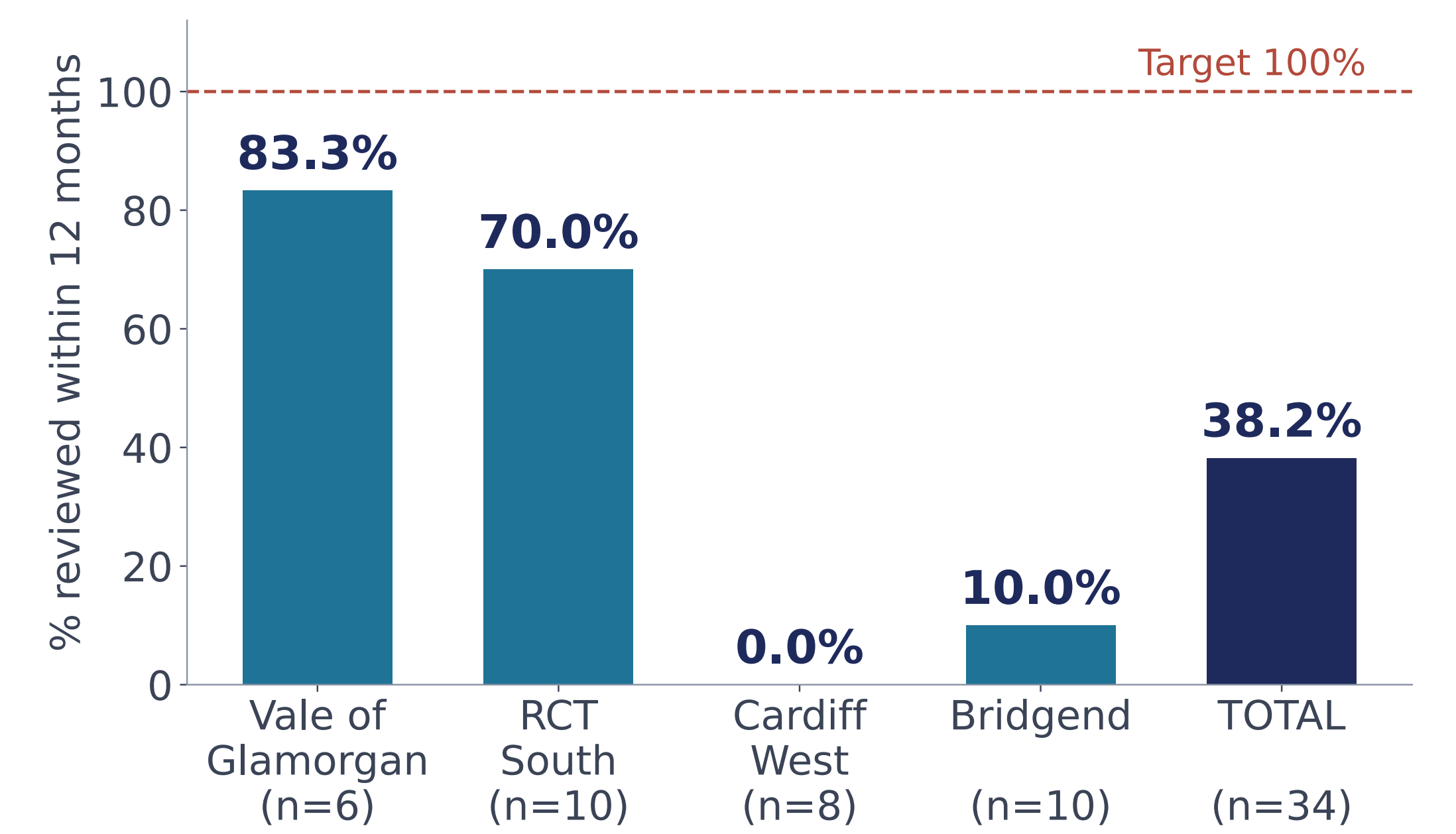
- Retrospective case-note audit across 4 CLDT localities: Vale of Glamorgan, Cardiff West, RCT South and Bridgend
- 34 Relevant Patients identified; 4 independent auditors using 1 standardised data collection sheet
- 1 untraceable CTP kept in the denominator and counted as non-compliant rather than excluded
- Compliance calculated both from auditor summary judgement and from independent item-level reconstruction

Locality	n	Auditor
Vale of Glamorgan	6	LD Nursing Assistant
RCT South	10	ST6
Cardiff West	8	ST5
Bridgend	10	CT
Total	34	

Results

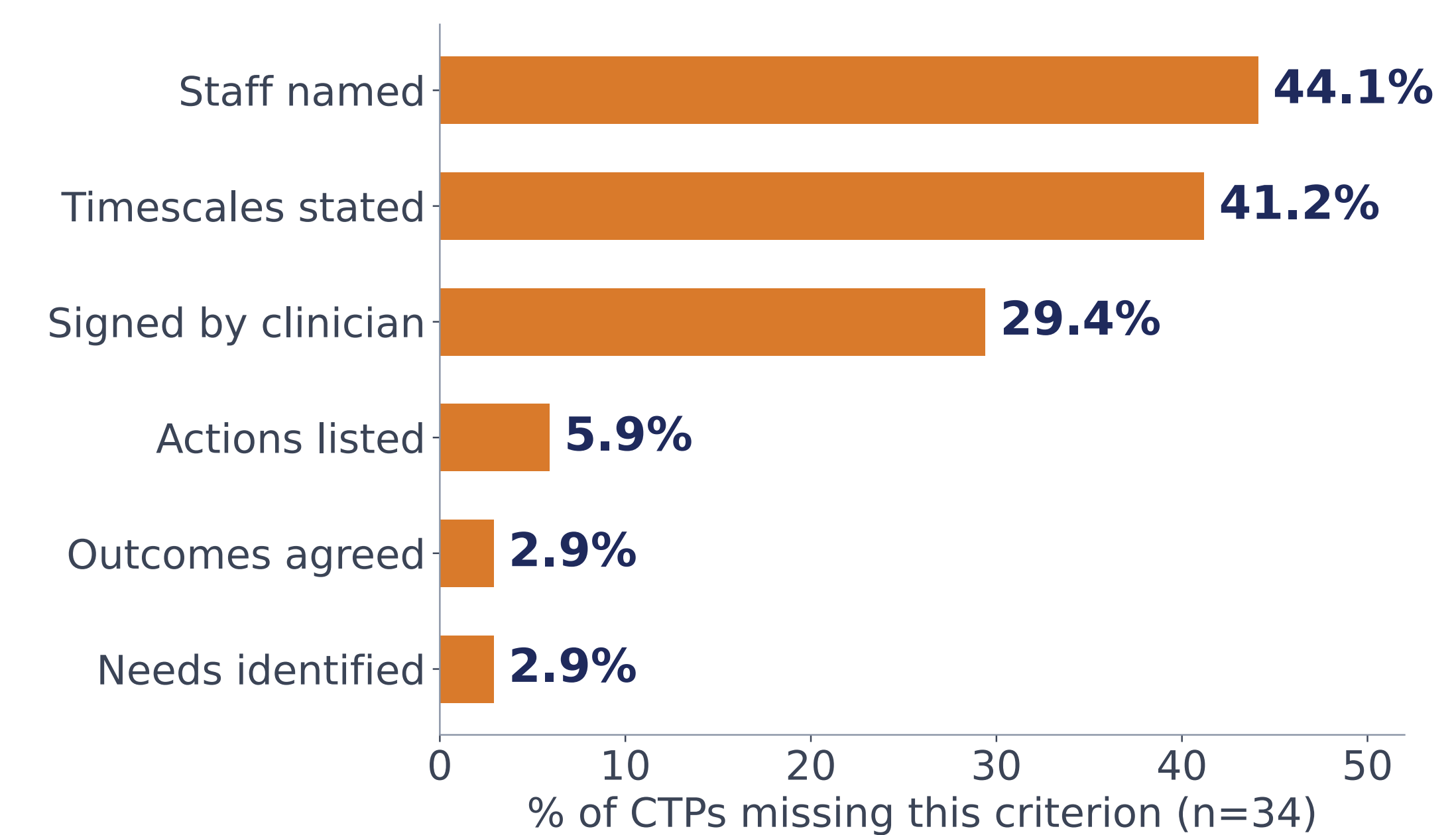


Standard 1: timeliness by locality



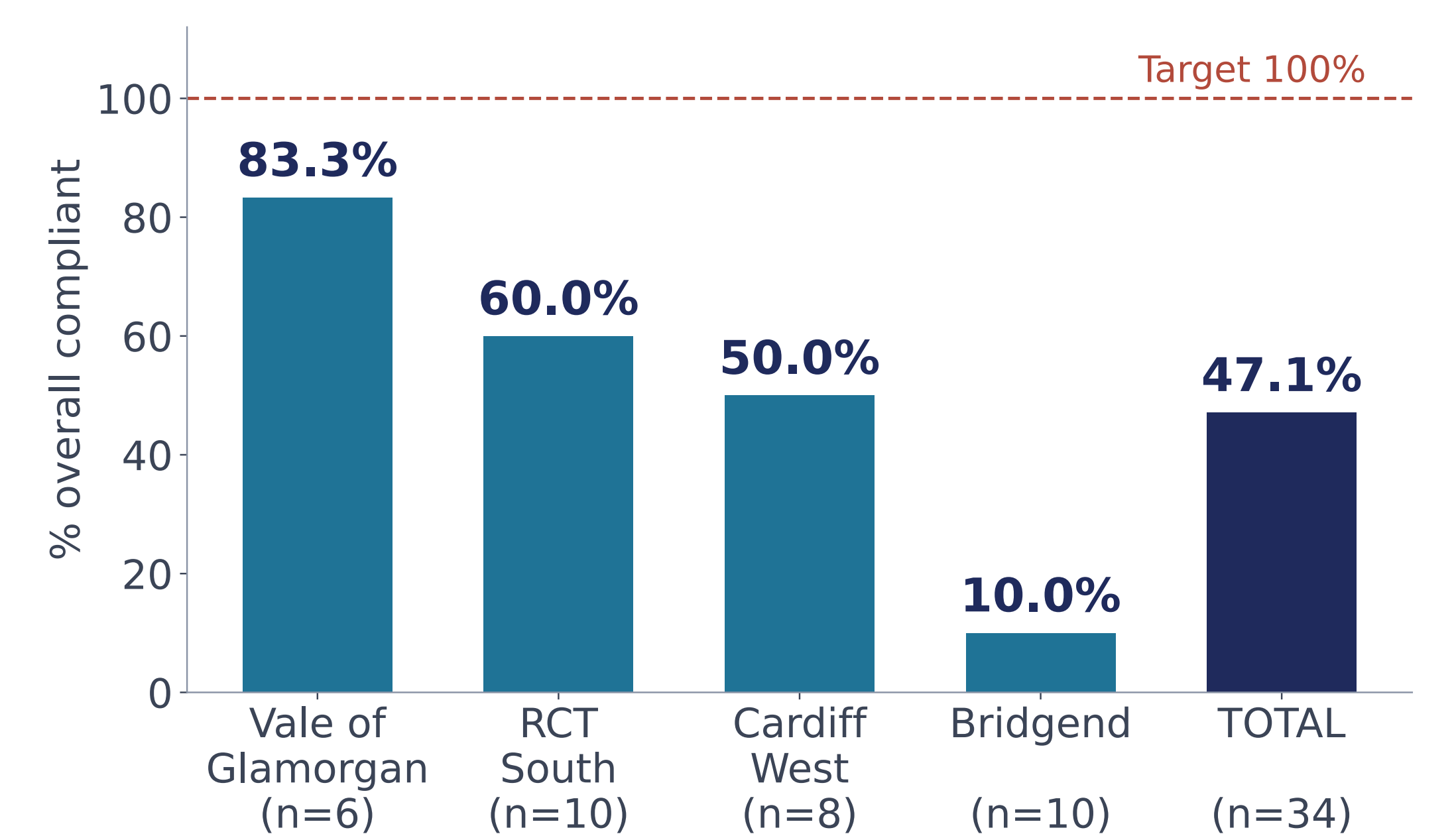
Vale of Glamorgan performed best (83.3%); its single late case had no previous review date recorded. Cardiff West and Bridgend were driven by an almost complete absence of a recorded previous review date.

Standard 2: which content criteria are missing?



Needs, outcomes and actions were almost universally present. Staff naming, timescales and clinician sign-off drove item-level non-compliance, each concentrated in a different locality.

Overall compliance by locality



Vale: gap is documentation only, not non-completion. Bridgend: only 1 of 10 CTPs signed by the lead clinician.

Discussion

No locality met either standard in full, and each showed a distinct root cause rather than a shared one. CTPs are nonetheless broadly in place for relevant patients across all four localities.

Limitations

- Sample covered 4 localities rather than all Swansea Bay CLDTs, owing to data-collection constraints
- Vale of Glamorgan's small sample (n=6) makes its percentages volatile
- Missing previous review dates in Cardiff West and Bridgend were the largest data-quality gap
- At least 2 patients were included despite documented doubt over Relevant Patient eligibility

Recommendations

- Review Relevant Patient criteria in the context of intellectual disability (Consultants & Managers; 2–3 months)
- Standing “CTP” item at the weekly MDT meeting to plan ahead of due dates
- Mandatory lead-clinician sign-off before a CTP is filed as complete
- Mandatory previous-review-date field at every CTP review
- Named responsible person and timescale for every listed activity

Declarations

Declaration of interest: None.

Funding: This work received no specific funding.

Ethics / audit approval: Conducted as a clinical audit against national standards within Swansea Bay University Health Board; research ethics approval was not required.

Acknowledgements

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References

Welsh Government (2010) *The Mental Health (Wales) Measure 2010*. Cardiff: Welsh Government.

Welsh Government (2012) *Code of practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010*. Cardiff: Welsh Government.

Welsh Government (2014) *Social Services and Well-being (Wales) Act 2014*. Cardiff: Welsh Government.

Conclusions

- Overall CTP compliance was **47.1%** against a 100% target; timeliness (38.2%) was the weakest standard.
- Each locality failed for a different reason (missing review dates, staff naming, timescales or sign-off), so fixes should be targeted locally.
- A re-audit is planned at 12 months, involving the full multidisciplinary team and extending across Swansea Bay UHB where practicable.