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Bwrdd Iechyd Prifysgol  
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Cardiff and Vale  
University Health Board

**AGENDA ITEM 3.8**  
**22 February 2011**

**CPA – AOF 15 Performance Report**

<b>Report of</b>	Mental Health Divisional Director
<b>Paper prepared by</b>	Divisional Manager
<b>Executive Summary</b>	<p>CPA implementation is an AOF target. To date the Mental Health Division has been unable to achieve the relative targets of 100% compliance with Enhanced CPA standards and 90% compliance with Standard CPA. The DSU and Health Boards across Wales have set a target of 90% compliance for both standard and enhance CPA by 31<sup>st</sup> March 2011.</p> <p>During 2009 the DSU undertook an all Wales review of CPA and found implementation to be patchy in Cardiff and Vale as well as across Wales. Subsequently the DSU with the support of NLI AH, have held joint performance meetings with the division every 3 to 4 months.</p> <p>This paper describes the action taken to date through these performance meetings. In Cardiff and Vale, the mental health service has made steady progress during the 2<sup>nd</sup> and 3<sup>rd</sup> quarter towards this target with a plateau in improvement during January 2011. The service has analysed the areas of slower improvement, which has</p>

**FOR INFORMATION**

	been identified as the patchy completion of standard CPA by medical staff. The divisional manager, CDs and CPA project manager have agreed on an approach to support this area of improvement, including clinical and administrative support to team medical staff.
<b>Action/Decision required</b>	To note Progress and endorse the proposed actions
<b>Links to other Board Committee(s) and sub-committees</b>	Audit Committee
<b>Link to Standards for Health Services in Wales</b>	The initiative supports Healthcare Standards no's:2,3,5,6,7,8,9,10,11,20,22.
<b>Link to Public Health Agenda</b>	CPA is integral to the delivery of mental health services.
<b>Link to Health Board's Strategic Direction and Corporate Objectives / Legislative and Regulatory Framework</b>	CPA is the process by which care is agreed and documented with Mental Health Service Users. It is part of the wider Unified Assessment Process which is delivered in cooperation with the Local Authorities. Good assessment, care planning and evaluation is the cornerstone of the delivery of health and social interventions.
<b>Link to relevant evidence base</b>	Best practice and nationally benchmarked standards

## **CPA – Progress against AOF 15**

### **CPA AND RECOVERY**

The Mental Health Division recognises the priority that must be given to embedding the CPA process as a fundamental component of a recovery based model. The CPA and recovery agendas are mutually supportive and the quality of clinical processes that sustain CPA in the long run will be enhanced through the IMROC Recovery Network change program. This is a formal improvement network, coordinated by the Sainsbury Centre for mental health, soon to be launched as part of the Mental Health Charter for Cardiff and Vale.

### **ACTIONS TO ACHIEVE THE TARGET**

There has been recognition that, to achieve a sustainable improvement to the quality of documentation associated with CPA, the successful implementation of New Ways of Working, Integrated Management, Recovery Focussed services as well as the service re-modelling identified in the AMH review is key.

In addition the Divisional Team are leading work to drive improvement and deliver against a revised action plan which is focused on delivering 90% compliance by March 31<sup>st</sup> 2011. There are clinical champions continuing to work in the following areas to promote the use of CPA. There is ongoing work with four sub groups:

- Care Planning
- Risk Assessment
- Reducing bureaucracy
- Capacity Planning/Unmet Need.

#### ***Care Planning***

- The “real time” electronic audit mechanism on the eleven CPA AOF standards continues to be a useful mechanism for auditing and improving performance. This has enabled the division to analyse areas of slower improvement during quarter 4. The CPA implementation group is working alongside the division’s user led ‘Recovery’ forum to ensure there is appropriate training provided for staff on care planning and developments in clinical practice generally to reflect the recovery agenda. This training is being delivered through the CPA project.

- A 'Service Users' information pack is almost complete, following feedback from service users regarding information requirements. This will include the service users care plan, a directory of services, a list of who is involved in their care, a recovery chart and a relapse prevention plan. It is also anticipated that this will increase service user's ownership of their care plan and subsequently their expectations on performance.

### ***Risk Assessment***

- This sub group is focusing on outcome based care planning, risk assessment and risk management plans, which are all important measures in terms of CPA performance compliance. A great deal of work has already been undertaken on risk assessment tools (with WARRN), risk management training and risk plans. The sub group is looking at how this work can be embedded and evidenced in practice.
- A pilot project is being undertaken using the WARRN risk assessment tool using the PDSA change management cycle. The pilot is already showing improvements in the amount and quality of risk assessment information on PARIS.
- Risk assessment training has been made available to third sector partners to support multi-agency assessments.

### ***Reducing Bureaucracy***

- Work is progressing with Local Authority partners to develop an integrated Mental Health pathway and associated documentation for older people, drawing on CPA and UA. It is expected that this will support improved compliance with the CPA standards and avoid unnecessary confusion and duplication.

### ***Capacity Planning and Unmet Need***

- This work is focusing on ensuring sustainability of performance, including the development of criteria, assessment, allocation and discharge processes (emergency, urgent and routine referrals). A new draft operational policy for CMHTs is being prepared for the February mental health adult JOG meeting which standardises care process and improves CPA compliance.

**PERFORMANCE TO DATE**

The summary below sets out the performance to date. Through the year there have been some issues associated with the reporting of compliance which are continually being addressed and there is confidence that the current position is an accurate overview of the position.

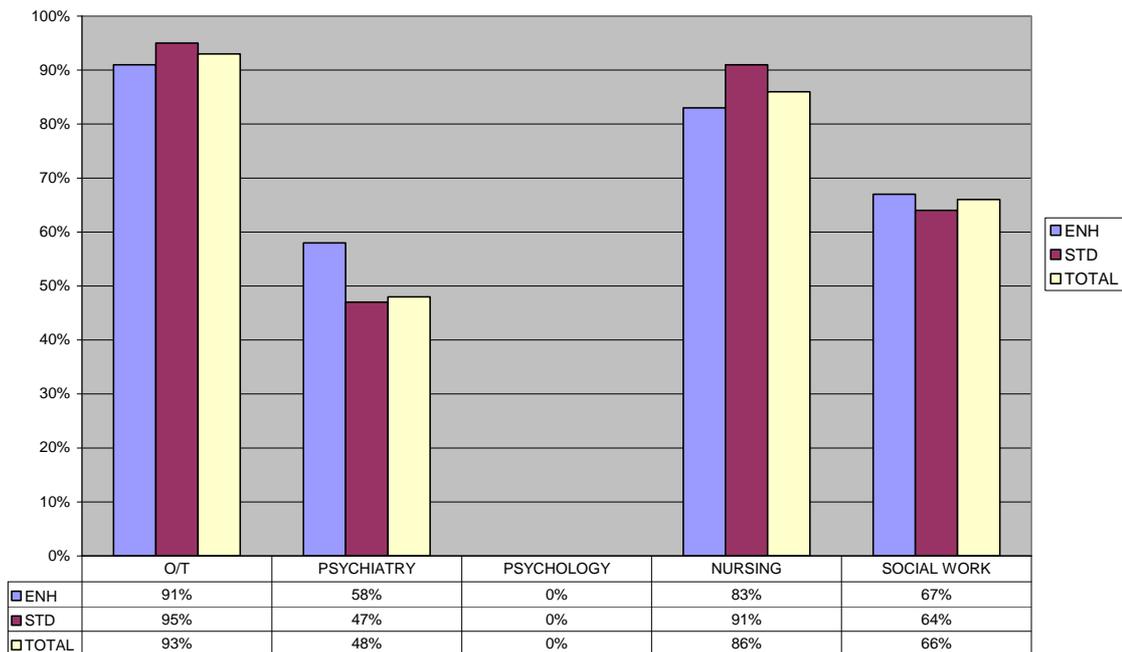
	<b>31/12/09</b>	<b>31/03/10</b>	<b>31/07/10</b>	<b>16/9/10</b>	<b>30/1/11</b>
<b>1. Number of patients on Standard CPA</b>	3571	3616	3817	3862	3234
<b>2. Number of patients on Enhanced CPA</b>	2184	2282	2778	2843	1266
<b>3. Total Number of patients on CPA</b>	5755	5898	6595	6705	4500
<b>4. Number of patients with Standard Care Plan as defined in annex 2*</b>	1100 (31%)	2348 (64%)	1221 (32%)	1853 (48%)	2196 (68%)
<b>5. Number of patients with Enhanced Care Plan as defined in annex 2*</b>	1300 (60%)	1635 (71%)	1667 (60%)	1819 (64%)	1089 (86%)
<b>5a. Number of patients on Enhanced CPA who have received a assertive outreach assessment</b>			Nil		
<b>6. TOTAL number of patients with Care Plan as defined in annex 2*</b>	2400 (42%)	3983 (67.5%)	2888 (44%)	3672 (56%)	3285 (73%)

Having reached 71% for the end of the third quarter, there has been a further improvement of 2% in January, albeit that the Division had set a target of 76% by the end of the month.

The most notable change in the figures presented resulting from intensive validation of patient casenotes has been the reduction in the number of patients on enhanced CPA. The validation in particular identified a number of duplicate casenotes often held in different locations. The pervasive implementation of PARIS throughout the service is identifying these duplicate casenotes across all specialties within the Division and is an important step in implanting PARIS fully.

The Division, using PARIS, has undertaken a detailed analysis of compliance at a team, individual and professional basis. Figure 1 below is a typical example of a split of compliance by professional group within a team (Hamadryad).

Fig 1.



These figures reveal that the compliance with standard CPA from the medical staff requires the immediate support. Performance has been affected by locum medical staff at career grade level and high numbers of clients on caseloads which will continue until New Ways of Working has a more significant impact.

The Divisional Manager, supported by the directorates, lead clinicians and administrators will be providing the necessary face to face, clinical and professional support over the next 8 weeks to maximize the improvement in medical compliance.

## **CONCLUSION**

The Cardiff and Vale Mental Health Division is working to achieve a minimum 90% compliance with CPA by 31<sup>st</sup> march 2011. In progressing this action plan, the Division is determined to ensure that the building blocks for sustained improvement in the quality of the 'Recovery' elements of the service are embedded.

## **RECOMMENDATION**

The Committee is asked to agree with and support the action plan detailed in the report

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**IMPACT ASSESSMENT**

<b>Health Improvement</b>	CPA is a nationally recognized system of good practice in mental health services which bring direct gains to patient care, including a partnership approach in assessment and care planning, self directed recovery and ensuring the right patient is in the right place being treated by the right practitioner more consistently.
<b>Workforce</b>	CPA should lead to greater engagement between staff and patients, reduce duplication of partnership effort and provide discipline around caseload management. Working in tandem with New Ways of Working in Mental Health, this will release practitioner's time to provide more evidence based interventions and support professional development.
<b>Financial</b>	CPA is intended to standardize, reduce overlaps of working practices, reduce caseloads where necessary and structure practitioner's time.
<b>Legal</b>	Supports increased care provision for those under the Mental Health Act and assists with standardization and Equity
<b>Equality</b>	CPA provides a standard template for the assessment and planning for people with mental health problems including BEM, disabilities and gender issues, wherever you live.
<b>Environmental</b>	Part of the administration of CPA is the reporting of both treatment/therapeutic as well as environmental needs.

**RISK ASSESSMENT**

<b>Clinical/Service</b>	This report provides an update on the measures in place to both meet the short term safety requirements of patients as well as supporting the long term improvement of the quality of clinical engagement with service users.
<b>Financial</b>	The successful implementation of CPA is an

	enabler to other Mental Health service development aspirations and consequently rationalization of services.
<b>Reputational</b>	The measures in this report are intended to improve care directly to service users and to support the development of treatment models as well as the professionalism of staff that contribute directly to the perception and reputation of Mental Health services.
<b>Acronyms and abbreviations</b>	CPA – Care Programme Approach PARIS – proprietary name for the Mental Health and Community Information System DSU – Delivery Support Unit NLIAH – National Leadership and Innovation Agency for Healthcare AOF – Annual Operating Framework CMHT – Community Mental Health Team

## **CONSULTATION AND ENGAGEMENT**

CPA is a WAG initiative and this paper is an update on action and progress from a previously accepted paper by the UHB.

## **REFERENCES**

*‘CPA is not a process of document management, but rather the essential underpinning framework for assessment, planning, delivery and review of care, and ultimately discharge from services.’ (WAG 2010)*

The legislative, policy and target links to the CPA include:

- Standard 7 of the National Service Framework and Action Plan for Wales
- The proposed Mental Health (Wales) Measure
- Delivering the CPA in Wales – Interim Policy Implementation Guidance
- The role of Community mental Health Teams in Delivering Community Mental Health Services – Interim Policy Guidance and Standards
- Annual Operating Framework (AOF) Target 15

Ian Wile – Divisional Manager, February 2011