

**LEARNING DISABILITIES HEALTH TEAM ACTION PLAN: Care and Treatment Plan Review:**

**Date of Audit 18/19/20/04/18: Date of Action Plan Review 31/12/20**

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTE D COMPL DATE	COMPL DATE	MONITORI NG ARRANGE MENTS	PROGRESS
<p>ELIGIBILITY.</p> <p>The Health Board and Local Authority need to ensure there are clear guidelines on eligibility for Relevant Patient status under the MHM for people with Learning Disabilities that is consistently applied and reviewed.</p>	<p>Previous criteria used in CLDHT was circulated. Dr. Penny Letchford raised this with Consultant Psychiatrists at request of the CSM. No common tool/eligibility document being used across the DU.</p> <p>Ensure that there is documented evidence on file that the person is a relevant patient, and on what basis.</p> <p>Ensure that decisions regarding the above are communicated to the Relevant Patient, carers and other appropriate stakeholders.</p>	<p>Psychiatry/SM</p> <p>Psychiatry/Care Co-ordinators</p> <p>Psychiatry/Care Co-ordinators</p>	<p>Jan 2019</p> <p>Mar 2019</p> <p>Mar 2019</p>	<p>June 2019</p> <p>Dec2019</p> <p>Dec 2019</p>	<p>Dec 2019</p> <p>Dec 2019</p> <p>Dec 2019</p>	<p>Progress updates from CLDHTs and LA.</p> <p>WG CTP Audit tool.</p>	<p>No common eligibility tool is utilised within the DU however there is evidence in medical notes that Consultant Psychiatrists in L.D. have assessed the individual as being Relevant Patient.</p> <p>December 2020 – criteria has been recirculated.</p>

<p>ASSESSMENT. Devise an overarching, holistic assessment of need for individuals with Learning Disabilities.</p>	<p>Advice was sought from the NHS Delivery Unit regarding assessment tools and they reported that they had not come across any L.D.-specific tools across Wales.</p> <p>Liaised with colleagues in PHW to seek advice regarding progress of work being undertaken regarding WCCIS which includes an assessment format. PHW advised work on assessment tool has been delayed due to COVID-19.</p> <p>Whilst the above is being finalised, Care Co-ordinators must ensure that all relevant profession –specific</p>	<p>Lead Nurse/Directorate Managers.</p> <p>All Care-coordinators.</p>	<p>January 2019</p> <p>Jan 2019</p>	<p>June 2019</p> <p>June 2019</p> <p>March 2020</p>	<p>June 2019</p>	<p>Audit.</p> <p>WCCIS Implementation Meetings.</p> <p>Clinical Supervision</p>	<p>Delays in implementing WICCIS due to covid19 has slowed progression of this work.</p> <p>WICCIS working group has been reinstated and includes representation from LD.</p> <p>Pilot of WCCIS Swansea Services.</p> <p>Audit evidences professional assessments are being undertaken in the absence of an overarching document.</p> <p>Quality Audit undertaken by teams Dec 2020 being analysed by Marie Williams. Awaiting outcomes.</p>
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	assessments have been undertaken.						
<p>RISK ASSESSMENT AND RISK MANAGEMENT PLANS.</p> <p>Ensure risks are identified via the use of recognised risk assessment tools and that robust risk management plans are devised following assessment.</p>	<p>Ensure that all staff are able to access appropriate training regarding risk assessment and risk management.</p> <p>Increase percentage of staff who have undergone WARRN training to 75%.</p>	<p>Learning and Development Team</p> <p>Lead Nurses/Directorate Managers.</p>	<p>Jan 2019</p> <p>Jan 2019</p>	<p>March 2019</p> <p>June 2019</p>	<p>June 2020</p>	<p>Training records.</p>	<p>WARRN training available through L &amp; D team.</p> <p>Training currently suspended due to covid19.</p> <p>Performance frameworks in place to measure training compliance.</p>

<p>STANDARDS FOR COMPLETION OF CTPs</p> <p>All staff will be familiar with the required standards for completion of CTPs.</p>	<p>Review Operational Guidance for the completion of CTPs and circulate to all staff.</p>	<p>Lead Nurses/Directorate Managers.</p>	<p>Jan 2019</p>	<p>March 2019</p>	<p>June 2019.</p>	<p>Progress updates to Locality Board</p>	<p>Audit cycle established with quality assurance reporting framework embedded.</p>
	<p>Ensure all CTPs include specific outcomes which are realistic, measurable, and achievable, and are person-centred.</p>		<p>Jan 2019</p>	<p>Dec2019</p>	<p>Ongoing via audit.</p>	<p>Audit</p>	
	<p>To identify relapse indicators and to strengthen crisis plans so that Relevant Patients, their families and carers are able to access crisis support in timely fashion.</p>	<p>Psychiatry/Care Co-ordinators</p>	<p>Jan 2019</p>	<p>Dec 2019</p>	<p>Dec2019</p>	<p>Clinical Supervision</p>	
	<p>Establish a quarterly audit cycle of CTPs (to include Improvement Plans) and report to CSMs.</p>		<p>March 2019</p>	<p>March 2020</p>			

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<p>REVIEWS</p> <p>Ensure all CTPs will be reviewed within time limits stipulated, utilising a standardised format.</p>	<p>Provide the CLDHTs and LA staff with an agreed , standardised format for review that includes all of the domains from the original CTP.</p> <p>Ensure evidence is provided of the involvement of the Relevant Patient, the MDT, and other stakeholders as appropriate in the review.</p>	<p>Lead Nurses.</p> <p>Care Co-ordinators</p> <p>Lead Nurses/Directorate Managers.</p>	<p>Jan 2019</p> <p>Feb 2019</p>	<p>Feb 2019</p> <p>March 2019</p>	<p>Sept 2019</p> <p>September 2019</p>	<p>Audit cycle and quality assurance reporting framework.</p>	<p>Standardised review document in place and being used.</p> <p>Audit cycle evidences MDT involvement and Risk assessment in place.</p> <p>December 2020 – work being undertaken with Swansea and Cardiff LA’s to improve CTP compliance</p>