



GIG  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

## LEARNING DISABILITIES HEALTH TEAMS

### ACTION PLAN: Care and Treatment Plan Review

Date of Audit: 18/19/20/04/18

Date of Feedback Presentation: 19/10/2018

Date of Action Plan Review : 30/06/2020

OBJECTIVE	ACTION (S)	PERSON RESPONSIBLE	START DATE	PROJECTED COMPL DATE	COMPL DATE	MONITORING ARRANGEMENTS
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<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>	<ul style="list-style-type: none"> <li>- Previous criteria used in CLDHT was circulated. Dr. Penny Letchford raised this with Consultant Psychiatrists. No common tool/eligibility document being used across the DU. Not problematic so long as evidence below is included.</li> <li>- Ensure that there is documented evidence on file that the person is a relevant patient, and on what basis.</li> <li>- Ensure that decisions regarding the above are communicated to the Relevant Patient, carers and other appropriate stakeholders.</li> </ul>	<p>Psychiatry/CSM</p> <p>Psychiatry/Care Co-ordinators</p> <p>Psychiatry/Care Co-ordinators</p>	<p>January 2019</p> <p>March 2019</p> <p>March 2019</p>	<p>June 2019</p> <p>December 2019</p> <p>December 2019</p>	<p>Dec 2019</p> <p>Dec 2019</p> <p>Dec 2019</p>	<p>-Progress updates from CLDHTs and LA.</p> <p>- Audit.</p>

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<p>ASSESSMENT.</p> <p>Devise an overarching, holistic assessment of need for individuals with Learning Disabilities.</p>	<ul style="list-style-type: none"> <li>- 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.</li> <li>- 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 delayed due to COVID-19. DU WCCIS implementation group meetings reinstated with L.D. representation.</li> <li>- Whilst the above is being devised, Care Co-ordinators are to ensure that a profession – specific assessment has been undertaken.</li> </ul>	<p>Madeleine Collins (MC)</p> <p>MC</p> <p>All Care Co-ordinators.</p>	<p>January 2019</p> <p>Jan 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>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>	<ul style="list-style-type: none"> <li>- Ensure that all staff are able to access appropriate training regarding risk assessment and risk management.</li> <li>- Increase percentage of staff who have undergone WARRN training to 75%. Not achieved due to difficulties with access to WARRN training.</li> </ul>	<p>Learning and Development Dept.</p> <p>HTLs/ CSMs.</p>	<p>Jan 2019</p> <p>Jan 2019</p>	<p>March 2019</p> <p>Dec2020</p>		<p>Training records.</p>

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<b>STANDARDS FOR COMPLETION OF CTPs</b>  All staff will be familiar with the required standards for completion of CTPs.	<ul style="list-style-type: none"> <li>- Review Operational Guidance for the completion of CTPs and circulate to all staff.</li> <li>- Ensure all CTPs include specific outcomes which are realistic, measurable, and achievable, and are person-centred.</li> <li>- 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.</li> <li>- Establish a quarterly audit cycle of CTPs (to include Improvement Plans) and report to CSMs.</li> </ul>	MC/JJ	Jan 2019	March 2019	June 2019.	<ul style="list-style-type: none"> <li>- Progress updates to Locality Board</li> <li>- Audit</li> <li>- Clinical Supervision</li> </ul>
		HTLs	Jan 2019	Dec2019	Ongoing via audit.	
		Psychiatry/Care Co-ordinators/HTLs	Jan 2019	Dec 2019		
		HTLs	March 2019	March 2020		
<b>REVIEWS</b>  Ensure all CTPs will be reviewed within time limits stipulated, utilising a standardised format.	<ul style="list-style-type: none"> <li>- Provide the CLDHTs and LA staff with an agreed , standardised format for review that includes all of the domains from the original CTP.</li> <li>- Ensure evidence is provided of the involvement of the Relevant Patient, the MDT, and other stakeholders as appropriate in the review.</li> </ul>	MC/JJ	Jan 2019	Feb 2019	Sept 2019	<ul style="list-style-type: none"> <li>- Progress updates from HTLs</li> <li>- Audit</li> </ul>
		Care Co-ordinators/HTLs.	Feb 2019	March 2019	Ongoing via audit.	

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<p><b>PERSON-CENTRED CARE</b></p> <p>Ensure that all CTPs are person-centred, recording the views of the Relevant Patient within the assessment, care and treatment planning and review process, with an emphasis on recognising and promoting the strengths of the individual.</p>	<ul style="list-style-type: none"> <li>- Accessible information leaflet re the MHM has been devised by SALTs.WG still require CTP in current format.</li> <li>- For people with complex L.D. and significant difficulties with communication there will be evidence on file that an MDT planning meeting has taken place which has made every effort to ascertain the wishes of the person with Learning Disabilities, their families and carers.</li> </ul>	<p>SALTs</p> <p>SALTs/HTLs</p>	<p>Jan 2019</p> <p>Jan 2019</p> <p>Jan 2019</p>	<p>June 2019</p> <p>March 2019</p>	<p>Dec 2019</p> <p>Ongoing via audit.</p>	<p>Quarterly progress reporting to Locality Board.</p> <p>Minutes of complex case meetings.</p>