

LEARNING DISABILITIES HEALTH TEAMS

ACTION PLAN: Care and Treatment Plan Review

Date of Audit: 18/19/20/04/18; Date of Action Plan Review : 01/10/2020

| | ACTION (S) | PERSON | START DATE | PROJECTED COMPL | COMPL DATE | MONITORING | PROGRESS |
|-----------|------------|-------------|------------|-----------------|------------|--------------|----------|
| OBJECTIVE | | RESPONSIBLE | | DATE | | ARRANGEMENTS | |
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Neath Port Talbot Locality CTP Action Plan 2018



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CYMRUBwrdd Iechyd Prifysgol
Bae AbertaweNHS
WALESSwansea Bay University
Health Board

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| OBJECTIVE ELIGIBILITY. 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. | ACTION (S) 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. Ensure that there is documented evidence on file that the person is a relevant | PERSON | dinators | | COMPL DATE Dec 2019 Dec 2019 Dec 2019 | | PROGRESS 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. |
| | patient, and on what basis. Ensure that decisions regarding the above are communicated to | | | | | | |
| | the Relevant Patient, carers and other appropriate stakeholders. | | | | | | |



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| ASSESSMENT. Devise an | - Advice was sought | Madeleine Collins | | January 2019 | June 2019 | June 2019 | | DU WCCIS Implementation Group has been reinstated and includes representation |
| overarching, holistic assessment of need for | from the NHS Delivery Unit | (MC) | | Jan 2019 | | | Audit. | from L.D. to ensure all tools including assessment are fit for purpose for L.D. |
| individuals with Learning Disabilities. | regarding assessmen t tools and they reported | MC | | | June 2019 | | WCCIS Implementation Meetings. | Delays in this group due to covid19. |
| Disabilities. | they | MC | | | 2019 | | Implementation | |



| OBJECTIVE ACTION (5) PERSON START DATE PROJECTED COMPL COMPL DATE MONITORING MONITORING PROJECTED OBJECTIVE had not come across had not come across had not come across had not come had not come had not across had not come had not co | | WALES Health Bo | | | | | | | |
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| come across any LD- specific tools across Wales. All Care Co-ordinators. Jan 2019 Marc 2020 Linical Supervision Clinical Supervision • Liaised with colleagues in PHW to seek advice regarding progress of wich includes an assessmen tomat. All Care Co-ordinators. Marc 2020 June 2020 Clinical Supervision • Liaised with colleagues in PHW to seek advice regarding undertaken regarding undertaken regarding undertaken tomat. Harc below below below wich includes an assessmen tomat. June 2020 Clinical Supervision • Liaised with colleagues in PHW advised wich below of colleagues below finalised, must ensure that All Care Co-ordinators. Marc below below below below below below below below below finalised, must ensure that June 2020 Clinical Supervision | OBJECTIVE | ACTION (S) | PERSON RESPONSIBLE | START DATE | | OMPL | COMPL DATE | MONITORING ARRANGEMENTS | PROGRESS |
| specific across Wales. All Care Co-ordinators. Marc h June 2020 - Liaised with colleagues express of work being undertaken regarding WOCIS witch includes an assessmen tormat. PHW advised work on assessmen tormat. PHW advised work on assessmen tormat. PHW advised work on assessmen tormat. PHW advised work on assessmen tormat. PHW advised work on assessmen tormat. PHW advised work on assessmen tormat. PHW advised work on assessmen tormat. PHW advised work on assessmen tormat. PHW Neath PHW advised work on assessmen tormat. PHW advised work on assessmen tormat. PHW Neath PHW advised work on assessmen tormat. PHW advised work on assessmen tormat. PHW Neath PHW advised work on assessmen tormat. PHW advised work on assessored work on assessmen tormat. PHW advised work on asse | | come across any | | | Jan 2019 | | | | assessments are being undertaken in the absence of |
| Liaised with colleagues in PHW to seek advice regarding progress of work being undertaken regarding WCCIS which includes an assessmen t format. PHW advised work on assessmen t tool has been delayed due to COVID-19. Neath Port Tabot Locally CHP_ABOR Plan 2018 must ensure that | | specific tools across | All Care Co-ordinators | ;. | | | | | an overarching document. |
| colleagues in PHW to seek advice regarding progress of work being undertaken regarding WCCIS WWCDS which includes an assessmen t format. PHW advised work on assessment thomas t tool has been delayed due to due to COVID-19. . Whist the above is being being finalised, must ensure that | | | | | | h | June 2020 | | |
| advice regarding progress of work being work being undertaken regarding WCCIS which includes an assessmen assessmen t format. PHW advised work on work of has been delayed due to COVID-19. - Whist the above is being finalised, must ensure that | | colleagues in PHW to | | | | 2020 | | | |
| Neath Port Taibot Locality CBPs Para 2018 ordinators must ensure that | | advice regarding | | | | | | | |
| WCCIS which includes an assessmen t format. PHW advised work on assessmen t tool has been delayed due to COVID-19. - Whist the above is being finalised, Neath Port Tabot Locally CHP CHP plan 2018 ordinators must ensure that | | work being undertaken | | | | | | | |
| includes an assessmen tormat. PHW advised work on assessmen tool has been delayed due to COVID-19. Whilst the above is being finalised, finalised, ordinators must ensure that | | WCCIS | | | | | | | |
| PHW advised work on assessmen t tool has been delayed due to COVID-19. - Whilst the above is being finalised, Neath Port Talbot Locality Cottle Action plan 2018 ordinators must ensure that | | includes an assessmen | | | | | | | |
| Assessmen t tool has been delayed due to COVID-19. - Whilst the above is being finalised, Neath Port Talbot Locality CHIP ACHION Plan 2018 ordinators must ensure that | | PHW advised | | | | | | | |
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| Neath Port Talbot Locality CHTP Action Plan 2018 ordinators must ensure that | | delayed | | | | | | | |
| being finalised, Neath Port Talbot Locality Cafe Action Plan 2018 ordinators must ensure that | | COVID-19. - Whilst the | | | | | | | |
| must ensure that | | being finalised, | | | | | | | |
| ensure that | Neath Port Ta | | n 2018 | | | | | | |
| profession | | ensure that all relevant | | | | | | | |



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| OBJECTIVE RISK ASSESSMENT AND RISK MANAGEMENT PLANS. Ensure risks are identified via the use of recognised risk assessment tools and that robust risk management plans are devised following assessment. | Ensure that all staff are able to access appropriate training regarding risk assessmen t and risk manageme nt. Increase percentage of staff who have undergone WARRN training to 75%. | RESPONSIBLE Learning and Developm HTLs/ CSMs. | nent Dept. | Jan 2019 Jan 2019 | Marc h 2019 June 2019 | | ARRANGEMENTS Training records. | WARRN training has been delivered to some team members across various professions however it is not available currently and 75% target has not been achieved. Where Care Co-ordinators have been able to access WARRN training, there is audit evidence that it is being used. WARRN training currently suspert the suspert of the suspect of the susp |



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| STANDARDS FOR COMPLETION OF CTPs | Review Operational Guidance for the completion of CTPs and | MC/JJ HTLs | | Jan 2019 Jan 2019 | Marc h 2019 | June 2019. Ongoing via audit. | | Audits completed in September 2020 Audit results have not yet been share |
| All staff will be familiar with the required standards for completion of CTPs. | of CTPs and circulate to all staff. - Ensure all CTPs include specific outcomes which are realistic, measurable, and achievable, and are person- centred. - To identify relapse indicators and to strengthen crisis plans so that Relevant Patients, their families and | Psychiatry/Care Co-ord | linators/HTLs | Jan 2019 March 2019 | Dec2 019 Dec2019 March2020 | Dec2019 | - Audit - Clinical Supervision | |
| | families and carers are able to access crisis support in timely fashion. - Establish a quarterly audit cycle of CTPs (to include Improvement Plans) and report to CSMs. | | | | | | | |



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| OBJECTIVE REVIEWS Ensure all CTPs will be reviewed within time limits stipulated, utilising a standardised format. | Provide the CLDHTs and LA staff with an agreed, standardised format for review that includes all of the domains from the original CTP. Ensure evidence is provided of the involvement of the Relevant Patient, the MDT, and other stakeholders as appropriate in the review. | RESPONSIBLE MC Care Co-ordinators/HTI | Ls. | Jan 2019 Feb 2019 | Feb 2019 Marc h 2019 | Sept 2019 Ongoing via audit. | ARRANGEMENTS - Progress updates from HTLs - Audit | Standardised review document in place and being used. Audit evidences MDT involvement and RP where appropriate/possible. 90% target not being met. Work underway with Swansea LA to improve this position as a partnership. |



| | APL COMPL DATE MONITORING PROGRESS ARRANGEMENTS | |
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| PERSON- CENTRED CARE Jan 2019 Ensure that all CTPs are person- centred, recording the views of the Relevant Patient within - Accessible information needs to be for people SALTs Jan 2019 Jan 2019 Jan 2019 | ARRANGEMENTS | |
| CENTRED CAREJan 2019Ensure that all CTPs are person- centred, recording the views of the Relevant Patient within- Accessible information needs to be provided for people SALTsJan 2019Jan 2019Jan 2019Jan 2019Jan 2019 | | |
| and treatment re the Ma planning and MHM. | Dec 2019 Quarterly progress reporting to Locality Board. Ongoing via audit. Dec 2019 Quarterly progress reporting to Locality Board. Accessible Information Leaflet has been devise by SALT, and Clinical Lead SALT has been involved in work with the Senedd however Sened still requires CTP in current format which is not user friendly for People with Learning Disabilities. | e Id nd nd en ic er |



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