

Learning Disabilities Improving Lives Programme

Organisation	CTM UHB	Date of Mid-Year Report	28/09/22
		Date of End of Year Report	3/4/23

The Welsh Government’s new strategy [Learning Disability Strategic Action Plan 2022 to 2026 | GOV.WALES](#) outlines the priority areas that will strengthen services and subsequently improve the lives of people with learning disabilities. The delivery of these priority areas involves collaborative working across NHS Wales, Regional Partnership Boards, Public Service Boards, Local Authorities and the third and private sectors. NHS organisations are required to evidence how they are contributing towards the priority areas of the strategy and in particular, the areas and key actions outlined in this reporting template.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

Update on the actions implemented during the current operational year to deliver the Learning Disabilities Improving Lives Programme.

Implementing the recommendations of the comprehensive review of adult in-patient learning disability services.

Key Actions:

- 1. Reducing reliance on medication to manage challenging behaviour.**
- 2. Improving access to community based early intervention and crisis prevention.**
- 3. Increasing community based provision enabling individuals to move on from in-patient units as soon as it is safe for them to do so.**
- 4. Ensure all in-patients are regularly assessed for discharge to “step down” care and discharge plans are actioned within 7 days.**

Achievements	Risk to Delivery	Corrective Actions
The specialist learning disability service has reviewed and updated the current processes for managing the transfer, transition and discharge of inpatients across the NHS and independent sector. This reflects the requirements of the	Workforce challenges - recognised deficits across professions, new roles and opportunities for staff present risks to existing services due to recruitment/retention challenges.	Engagement with staff working in learning disability services and communication opportunities to keep the workforce engaged and alert to change.

<p>national specialist LD action plan and Goal 6 of the Six Goals for urgent and emergency care.</p> <p>The reflection of the multi-disciplinary model in a redeveloped inpatient area to ensure timely assessment and intervention planning, shared goals and transitional supports.</p> <p>A multiagency group has already met to look at the priority areas of early intervention & crisis, timely transition and quality specialist learning disability services. This is linked to the work of the National Implementation Advisory Group.</p>	<p>Capital and estate challenges related to funding constraints and limited resource respectively delay the development of key environmental improvements required to holistically meet all care needs, particularly for those who are identified for assessment and have potential to step down from high cost private placements.</p> <p>Potential impact of the pandemic/pandemic response – challenges have already been experienced in some areas for delivery.</p>	<p>Learning disability inpatient audit, alongside the health boards own transition and transfer meetings to maintain shared oversight of individual’s pathways. Capital bids submitted within SBUHB to request funding for key environmental developments.</p> <p>Heightened focus on estates performance with monthly meetings and review of demand vs delivery.</p> <p>Learning disability intensive support team development is phased to recognise the potential impact of staff changes/destabilising effect.</p> <p>Involvement in the national task and finish group which will develop a framework to support the use of non-pharmaceutical interventions in Wales for people with a learning disability.</p>
<p>Recruitment to expansion of Learning Disability Intensive Support services has commenced following some administration delays with Job evaluation. All 3 registered posts appointed and 3 of 4 HCSW posts filled. Some posts waiting start date but service will be operational in Q1. This service will enhance community support at weekends and evenings with a view to reducing the likelihood of hospital admission.</p>	<p>As above</p>	<p>National Implementation Assurance Group task and finish group are undertaking a tender exercise to develop a framework to Support the use of Non-Pharmaceutical Interventions. This all Wales work will then be taken for local implementation.</p> <p>NCCU review of LD inpatient estate.</p>

The Divisional Transition and Transfer meeting continues to manage the process for the most effective use of inpatient resources across three Health Board Areas and to provide a focus to timely move on.

Average lengths of stay in Acute Assessment units has reduced over the last 6 months.

Occupancy in Specialist LD inpatient units has consistently been less than 90% reflecting spare capacity and movement between community and inpatient settings.

Operational policies for LD inpatient services have been revised to emphasise that the purpose of hospital care is to work with individuals to enable them to develop and maximise their life skills so that suitable long term accommodation can be identified and provided in a community setting matched to their needs.

A Delayed pathways of Care validation and submission process has been developed with partners reflecting national requirements. This will also be informed by the 6 monthly audit of inpatient services.

Across the Division a gap in provision of pharmacy input to LD inpatient services was identified and highlighted in the Service Group Risk Register.

RPB use of capital funds to support accommodation development for meeting complex needs.

<p>Funding for 0.4 x 8a specialist mental health pharmacist has been agreed, and successfully recruited from 1st April 23. This will help to provide pharmacist input across the 9 LD units into MDTs, clinical review of prescriptions and participation in audits thereby informing our monitoring of the appropriate use of medication in relation to behaviour as well as physical healthcare.</p> <p>Delivery of specific “Vision Sessions” to articulate and engage with the workforce on the future development of Specialist LD services across inpatient and community settings. In addition there is a regular Leadership Q&A forum to keep the workforce informed of developments and to reiterate messages on the core role of services.</p>		
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Implementation of the Welsh Governments’ “Reducing Restrictive Practise Framework”.

Key Action:

1. Promote the use of evidence based interventions, e.g. Positive Behavioural Support (PBS) in all settings. Ensure restrictive practise used is proportionate, compliant with the framework and is recorded and monitored.

Achievements	Risk to Delivery	Corrective Actions
Processes and monitoring in place to ensure that Health Board staff access physical interventions training that is compliant with the requirements of the RRN training standards (BILD ACT certificated) – PBM SBUHB Theory and Practical	Non-health board staff in the flexible workforce may not be trained in PBM SBUHB Theory and Practical training.	PBM SBUHB strategic lead and team work with agencies and bank to offer relevant training. Use of substantive staff for bank means that they do have the appropriate training.

<p>training. This training is underpinned by proactive, least restrictive approaches.</p> <p>The Specialist Behaviour Team (SBT) serve inpatient, community, independent sector and peoples own homes to undertake thorough understanding of behaviour described as challenging and to support professionals and carers in developing personalised Positive Behaviour Support plans and interventions to reduce the impacts of challenging behaviour and improve quality of life.</p> <p>The learning disability division reducing restrictive practices group is in place reporting to the MH&LD reducing restrictive practices group.</p> <p>Multi-disciplinary approaches to reducing restrictive practice are utilised within the service.</p>	<p>Information systems that do not allow the effective and accurate recording and collation of RRP performance measures.</p>	<p>The RRP group to implement a clear process for reporting, monitoring, auditing and evaluating restrictive practice across the Service Group.</p> <p>The implementation of the reducing restrictive practices checklist and action planning with areas.</p> <p>Capturing people’s experiences, learning from incidents and working together with people with learning disabilities and their families on the impact of PBS and RP’s.</p>
<p>Multidisciplinary Reducing Restrictive practices group is in place and meeting regularly for specialist Learning Disability Services which reports through SBUHB Quality and Safety structures.</p> <p>All clinical areas have had a programme of learning on RRP and how this reflects practice from the HoN.</p> <p>Lunch and learn session for safeguarding week held that focused on RRP's and when do these become safeguarding concerns.</p>	<p>Information systems that do not allow the effective and accurate recording and collation of RRP performance measures.</p> <p>Awareness and understanding of RRP framework and expectations of services and practitioners</p>	<p>Monitoring data collection and analysis through RRP Group for LD.</p> <p>SBU's MH/LD Reducing Restrictive Practice Strategic Group are working on developing internal training which hopefully will be mandatory. Discussions linking in with ESR mandatory training package and adding RRP's into areas such as MCA, DOLs and Safeguarding to increase the consistency of the messages regarding RRP.</p>

All operational policies are being up-dated and have an overview vision and the reduction of restrictive practices is included in all revised ops policies.

Improvement in the reporting process of Positive Behaviour Management PBM with collation of Behaviour Monitoring Form (BMF) monthly.

Positive Behaviour Support Plans for all individuals are person centred with review process in place.

Current exploration in the division on the number of holds/requests for holds for phlebotomy and ensuring that the right services are supported to use less restrictive approaches for people with learning disabilities.

The Division has worked together with PBM SBUHB training to increase access to training for Agency staff.

Clinical services continue to work to the Behaviours that Challenge pathway which offers a stepped approach to supporting safe and appropriate interventions from the CLDT with Specialist Behaviour Team support.

Public Health Wales are also discussing the option of a mandatory training package on the RRP Framework.

RRP data reviewed through the regional LD Performance and Commissioning arrangements.

Develop integrated housing, health, social care models and guidance, learning from previous examples that provide accessible services for vulnerable people especially those with a learning disability. Utilise the new Regional Integrated Fund.

Key Action:

1. As a member of the Regional Partnership Board drive integrated services across health, housing, social services and the third sector. People with a learning disability are one of the key priority groups for funding under the Regional Integrated Fund.

Achievements	Risk to Delivery	Corrective Actions
<p>The Regional Partnership Board LD Sub Group has been relaunched post Pandemic and appointed its first paid chair person with an LD. This Group has reviewed the local and national priorities identifying HOME as one of the three priorities. Regional Programs have been established to explore demand and capacity in for specialist models of care and support for people with complex needs better known as 'Closer to Home' (C2H). There are 3 live C2H Schemes in Bridgend area and 1 in RCT, which goes live in Sept 2022. All schemes previously benefited from ICF and will provide the foundation for further applications to RIF applications this year.</p>	<p>Lack of dedicated staffing resource to drive the transformation program.</p> <p>Identifying suitable land and or accommodation to develop more capacity in C2H.</p> <p>Capacity and skills within the CLDT's and social care sectors.</p>	<p>LD Program Manager Job Description developed for application of RPB funding for 2 years.</p> <p>Engagement events with RSL's to encourage joint working and stimulate interest in the programs.</p> <p>Modernisation of CLDT's and introduction of Learning Disability Intensive Support Teams.</p> <p>Define a sustainable model of C2H which includes Health Housing and Social Care.</p>
<p>Regional Partnership Board LD Sub Group re-established as above and now meets every 2 months. Group is briefed on the ongoing Inpatient audit findings for CTM and national picture.</p> <p>RCT scheme above went live in November 2022 and now accommodates 5 residents with complex needs.</p> <p>Expressions of interest for 3 further LD accommodation schemes submitted to the RPB</p>	<p>As above</p>	<p>LD Program Manager funding has not progressed.</p> <p>Developing capacity in the CLDT's through LD intensive support and Specialist Behavioural services.</p>

for consideration against the RIF Capital allocation.

Regional Partnership Capital Investment Conference being held on 5th April 2023 to develop the 5 year plan.

Primary Health Care: Improve the take up and quality of annual health checks to identify and address health needs (target: 75% of all individuals registered with their GP practise who have a diagnosed learning disability are to have an annual health check).

Key Actions:

- 1. Strengthen the role of community learning disability teams to support delivery of the annual health checks (primary care cluster level).**
- 2. Establish a community learning disability link nurse for every primary care cluster.**

Achievements	Risk to Delivery	Corrective Actions
<p>Senior Nurses from the 3 CLDT'S have been identified as Cluster Leads for each of the Clusters across Primary Care. This is being enhanced by other Nurses being allocated to a Cluster to offer additional support</p> <p>CLDT's advise individuals about the importance of AHC during Psychiatry reviews, assessments etc and will offer support by contacting the practices where necessary and also offer support via any identified desensitisation programmes</p> <p>Data has been compiled on the number of individuals registered with GP across the CTMUHB footprint and liaised with Data Analyst in Improvement Cymru to compare the data with the data held with Improvement Cymru.</p>	<p>One Senior Nurse due to retire which will leave a vacancy in one of the CLDT's and therefore could impact on support to Clusters until recruited.</p> <p>Vacancy of the existing part time Learning Disability Liaison post have resulted in the lack of dedicated primary care focus from the CLDT to date.</p> <p>Due to the pressures on Primary Care, Cluster Meetings/training reduced</p>	<p>SBUHB in the process of recruiting into the vacancy</p> <p>Clinical Skill set of Nurses within the CLDT's to be enhanced to enable joint working with Primary Care to meet the requirements of the AHC's but also metabolic screening</p> <p>Lead Nurses from each of the CLDT's to meet to explore ideas and examples of good practice on how the Teams are ad can continue to support Primary Care colleagues</p> <p>Post has now been recruited into, awaiting start date.</p> <p>Cluster meetings/training sessions are in the process of being re-established across</p>

Number of AHC's undertaken across each GP practice and Cluster over the last three years have now been identified and compared with the number of individuals registered with a GP. A baseline has therefore been established to enable the Health Board to measure improvement over time. This is considerable progress and will be monitored in the newly formed Health Sub Group of the Regional Learning Disability Partnership Group.

Currently exploring proposals to submit to WG to access additional funding that WG has been made available to increase the uptake and quality of AHC's across CTM UHB. Looking at a proposal where there will be an increase in the dedicated resource to support Primary Care to undertake AHC's consistently and monitor actions following the AHC, focussing on one Cluster area and then looking at rolling out the model across other Clusters. Proposal will be discussed in the Health Sub Group to ensure those individuals and their families using services across the footprint are consulted with.

Existing dedicated resource of a Part time Primary Care Liaison Nurse has been vacant for a considerable amount of time but has been recruited into by SBUHB, awaiting start date.

CLDT's are in the process, once they are up to full complement to deliver the Primary Care

and therefore it's been difficult for People First to meet with Clusters and deliver their presentations

Uptake of flu vaccine in individuals with a learning disability across the CTM footprint is lower compared to the uptake of the Covid Vaccine.

Vacancies within the CLDT have impacted on their ability to deliver the Primary Care Education Pack

Primary Care. However, Health Champion role and a Right to Life translated into film to enable staff to view them digitally if face to face sessions is still challenging.

Discussions taking place with Public Health Colleagues on how this can be improved with the support of the CLDT's. This will also be an agenda item on the newly formed Regional Health Sub Group to raise the profile of the importance of accessing flu vaccination.

SBUHB are in the process of recruiting into vacancies to bring the CLDT's up to full compliment

<p>Education Pack, developed by Improvement Cymru.</p> <p>Individuals with a learning disability trained as Health Champions via Cwm Taf People First and developed a presentation to deliver to GP Clusters on the importance of AHC's. Two films developed, one relating to Health Champions and one relating to a Right to Life, shared across the HB.</p> <p>Nurses in the CLDT's trained to deliver the Covid Vaccine and the most recent report shows the uptake of the Covid Vaccine to be very good for individuals with a learning disability across CTM. However, the report also shows that the uptake of the Flu Vaccine in people with a learning disability is not as good. Discussions ongoing with representatives from Public Health Wales and the CLDT to look at this.</p>		
<p>CTM UHB have set out a proposal to utilise the opportunity to work with a dedicated cluster to introduce a Band 6 Learning Disability Nurse with specific leadership skills alongside bespoke health check training. This person will develop a timetable to deliver on annual health checks working closely with the Cluster, the CLDT's and People First. It is anticipated that this work would involve a number of health checks at the GP surgery but also support home visits for more complex cases.</p>	<p>Recruitment Fulltime Band 6 Primary Care Liaison Nurse underway.</p>	<p>Workforce strategy for Learning Disability services to maximise opportunities for recruitment and skill mix change.</p> <p>Proposal for increased use of non-registered workforce to support health facilitation as part of response to national action plan for specialist Learning Disability services.</p>

<p>Whilst operating in Primary care the post will be recruited to and supervised by SBUHB. Post currently advertised.</p> <p>Monthly meetings in place between the Lead Nurse for Learning Disabilities, the Primary Care Development Manager and the Primary Care Liaison Nurse.</p> <p>Easy Read FAQ's around flu vaccinations developed and circulated in CTM region.</p> <p>Complex physical health pathway in development and operational policy for CLDT revised to include model of health facilitation which focuses on supporting individuals to access health services for whom reasonable adjustments are insufficient.</p>		
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To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.

Key Actions:

- 1. Establish sustainable models of learning disability champions and learning disability liaison nurses.**
- 2. Ensure system flagging to identify patients with a learning disability and increase the use of the health passports.**
- 3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.**

Achievements	Risk to Delivery	Corrective Actions
<p>Three full time Acute Learning Disability Liaison Nurses are in place across CTMUHB, one based in each of the three large hospital sites.</p>	<p>One Acute Learning Disability Liaison Nurse has been on long term sick leave for a considerable amount of time impacting on one of the hospital sites</p>	<p>Some backfill arrangements were in place but awaiting confirmation of further arrangement to manage shortfall from SBUHB</p>

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Achievements	Risk to Delivery	Corrective Actions
<p>A rolling programme of monthly learning Disability Champion training is in place alternating between the three large hospital sites. Learning Disability Champions within each departments is increasing</p> <p>The Acute Learning Disability Liaison Nurses maintains a register and shares relevant information with the Champions on a regular basis.</p> <p>CTMUHB purchased a number of Learning Disability Champion Training Packs from the Paul Ridd Foundation to support the training.</p> <p>Learning Disability Information Boards are in place across the sites and are monitored and updated by the Champions. Discussions with Arts within the Health Board to look at how we can utilise the skills of arts/graphic design students to provide support on how the Boards can be improved</p> <p>Staff are encouraged to ask an individual with a learning disability and their family/carer for a</p>	<p>Releasing staff to attend the Learning Disability Champion training can be challenging</p> <p>Whilst individuals with a learning disability are flagged on the WPAS system it is not easy to see the flag when the person comes in to hospital</p> <p>Changes in staff personnel and long-term sickness has resulted in a delay in the CLDTs flagging individuals who are on their caseload on to CTMUHB WPAS system.</p>	<p>The two Acute Learning disability Liaison Nurses provide cover along with the support of the CLDT where necessary</p> <p>The three Heads of Nursing in each large hospital site is committed to increasing the number of Champions and raise the profile</p> <p>Discussions in the process of taking place with the lead for WPAS in the Health Board to look at how the problem can be rectified</p> <p>Lead for WPAS has agreed to give access and train newly appointed SBUHB staff on how to flag individuals and provide refresher training</p> <p>Continue to monitor compliance figures for the Paul Ridd Ridd Foundation level training on a weekly basis. Continue to deliver targeted communication pitches at regular intervals to staff. Target areas/departments where compliance is low.</p>

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Achievements	Risk to Delivery	Corrective Actions
<p>copy of their Health Profile when they come into hospital as per the Policy.</p> <p>The staff intranet continues to develop for staff to access information relating to learning disabilities. The Paul Ridd Foundation recently commented on the good work done to develop the site. The intranet page also continues to develop</p> <p>CTMUHB has purchased ward packs from the Paul Ridd Foundation to support the Wards when an individual with a learning disability comes on to their Ward.</p> <p>A number of issues have been identified with the flagging system that is in place in CTM UHB, whilst individuals with a learning disability are flagged, its not always easy to see the flag, therefore discussions taking place with WPAS leads to look at how this can be overcome.</p> <p>Joint nomination submitted to the RCN Nurse of the Year Awards for the two Acute Learning Disability Liaison Nurses by the Lead Nurse for</p>		

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Achievements	Risk to Delivery	Corrective Actions
<p>Learning Disabilities and following a presentation and interview, they are finalists in the Mental Health and Learning Disability Category.</p> <p>The Health Board mandated the Paul Ridd Foundation level training and made the necessary changes to the ESR system. The training formally launched within the Health Board during Learning Disability Week with targeted communications to all Managers and every staff member. Compliance figures collated on a weekly basis and is currently at 44.88%, which means that 5,672 have now completed the training. The Health Board is planning another targeted communication pitch to all staff when the compliance figure reaches 50%</p>		
<p>There are currently 2 Acute Liaison nurse vacancies which are out to advert. There has been good interest in these opportunities with interviews early in Q1.</p>	<p>As above.</p> <p>Inability to access data regarding the activity, performance and outcomes of the Acute liaison Nurse collection service.</p>	<p>Exercise to make use of existing all Wales annual reporting template for local monthly reporting of activity.</p> <p>Undertake demand and capacity exercise to inform development ideas and potential development plan for acute liaison nurse service.</p>

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Achievements	Risk to Delivery	Corrective Actions
<p>CTM UHB have identified challenges in being able to flag individual as having a LD on the patient administration systems. This has been escalated on local and national level.</p> <p>Paul Ridd training compliance improved to 66.35% which equates to 8619 staff trained.</p>	<p>Missed opportunities to make reasonable adjustments.</p> <p>Primary care figures not captured.</p>	<p>Support provided to hospital settings via the CLDT in the interim.</p> <p>Training for new staff completed on flagging patients on WPAS.</p> <p>Raised through DHCW and being taken forward by Improvement Cymru.</p> <p>Targeted campaign to raise profile amongst Primary Care staff.</p> <p>Discuss and escalate how to capture Primary care training statistics.</p>