

## Appendix A

**Joint CSSIW/HIW Inspection: Improvement Plan**

**Area: Betsi Cadwaladr Health Board/Gwynedd Local Authority**

**Date of inspection: 10 – 12 February 2016**

Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
<b>Key Question 1</b>				
5	<p>The health board must ensure that it plans resources and manages performance and value for money for learning disability services. Specifically, the health board must ensure that it is gathering relevant data and information with a view to planning service provision that can clearly demonstrate how it is meeting the needs (and planning to meet the future needs) of the current learning disability population.</p> <p>The health board must ensure that the specific challenges highlighted in Gwynedd</p>	<p>The Health Board is committed to ensuring staff and all stakeholders are fully engaged in developing effective models of care for Learning Disabilities. The Health Board together with its strategic partners have agreed to develop an integrated strategy for Mental Health and Learning Disabilities across North Wales.</p> <p>The first phase of this work is to undertake a strategic review of current services which an external organisation is being appointed to</p>	Interim Director of MHLD	May 2016-March 2017

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	<p>are considered in the future planning of service provision including services for:</p> <ul style="list-style-type: none"> <li>• People with challenging behaviour</li> <li>• People with complex needs</li> <li>• Respite</li> <li>• Services for younger people with learning disabilities requiring nursing care</li> <li>• Older people with learning disabilities</li> <li>• People with autism</li> </ul>	<p>support this work. It is anticipated this organisation will be awarded the contract by the end of May. The specialist areas indentified in the Gwynedd report will be considered as part of the review.</p> <p>The report on the strategic review is scheduled to be presented back to the Health Board and partners in October 2016 with the strategy and three year priorities completed by March 2017.</p> <p>The BCUHB contributes as a member of the North Wales LD partnership board to a dedicated post of Participation Officer to facilitate meaningful engagement in different mediums with service users on planning and commissioning health and wellbeing provision.</p> <p>The MH &amp; LD divisional leadership team has been reviewed and as a result of that the Director of Nursing and Medical Director posts have been appointed. The selection process, for Director of Mental Health&amp; Learning Disability has commenced and final interviews are in the week beginning 25<sup>th</sup> April 2016. The Divisional</p>	<p>LD Locality Managers.</p> <p>Interim Director of MHLD</p>	<p>April 2016</p> <p>May 2016</p>

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		<p>leadership team will be accountable for the strategic performance of learning disability service.</p> <p>A review of the MHL D organisational structure has been undertaken and agreement has been reached to retain the LD services as a distinct speciality within the division.</p> <p>Consideration is being given to the implementation of a triumvirate model of leadership within the LD Service to enhance the operational accountability in LD services.</p> <p>A dedicated Clinical Director for LD services will be appointed who will be integral in advising the health board and partners on the best models of care for the distinct groups of individuals identified in the review.</p>	<p>Interim Director of MHL D</p> <p>Interim Director of MHL D</p> <p>MHL D Medical Director</p>	<p>April 2016</p> <p>June 2016</p> <p>June 2016</p>

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	Key Question 2			
7	The health board must ensure that health teams are gathering, acting on and learning from people's feedback in order to improve services.	<p>The MHLD division leadership team has developed a Quality and Safety Experience (QSE) group which includes learning disability services in terms of reporting and membership, which is chaired by the Director of Nursing MHLD. A number of subgroups have been established which report to QSE and work streams have commenced which includes service user experience.</p> <p>BCUHB have developed a new Service User experience strategy which is currently being consulted upon and will set the direction for feedback across all services.</p> <p>BCUHB head of service user experience will be a standing member of the MH&amp;LD QSE.</p>	<p>Director of Nursing MHLD</p> <p>Director of Nursing MHLD</p> <p>Director of Nursing MHLD</p>	<p>April 2016</p> <p>July 2016</p> <p>April 2016</p>

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		<p>Learning Disability Services have an established Clinical Governance Group which meets on a monthly basis, a standing agenda item is patient stories from both community and in-patient services, this is an opportunity for the multidisciplinary teams to learn and reflect on feedback directly from patients and carers. This information informs the overall Divisional Quality, Safety &amp; Experience Meeting and shapes the Learning Disability Service Quality Delivery Plan.</p> <p>Lessons learnt from Serious Untoward Reviews are shared at Operational meetings for all staff grades.</p>	<p>Locality manager LD services.</p> <p>Locality manager LD services.</p>	<p>May 2016</p> <p>May 2016</p>
7	The health board should ensure that staff on the frontline feel connected and engaged with the health board's vision by improving communication and information flow.	The Health board strategic goals recognise staff engagement as a key foundation to effective service delivery. The new Chief Exec has already undertaken a programme of staff engagement events, a weekly communication to all staff and a site by site leadership forum.	Interim Director of MHLD	May 2016

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		<p>Within the Division, governance processes have been reviewed, QSE developed and sub groups formed with distinct work streams which includes LD staff.</p> <p>MHLD Director of Nursing visits are scheduled and include LD inpatient and community services. Matrons' monthly meetings have commenced chaired by the Director of Nursing. Ward managers forums include LD staff.</p> <p>The MHLD division are currently reviewing their arrangements for scoping specific staff feedback and will agree a new process for 2016-17 feedback.</p>	<p>Director of Nursing MHLD</p> <p>Director of Nursing MHLD</p> <p>Director of Nursing MHLD</p>	<p>April 2016</p> <p>May 20126</p> <p>June 2016</p>

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	<b>Key Question 3</b>			
10	The health board should work with the local authority to identify better ways of working with a view to improving CHC processes, where appropriate. The health board should ensure that staff teams have sufficient training and have consistent, clear information about making CHC applications.	BCUHB have recently created the role and appointed a CHC commissioning manager who will lead on CHC with partners.  Update training will be arranged for LD staff in Gwynedd and included in the wider divisional training plan for other staff.	Director of Nursing  Locality Manager LD services & Interim head of regulation	April 2016  June 2106
10	The health board should work with the local authority to, where appropriate, ensure people are offered equipment that meets their assessed needs in a timely way.	The division will undertake an audit of current unmet needs in relation to equipment for the Gwynedd team and escalate any outstanding issues to Gwynedd LA colleagues.  Moving forward any unmet needs will be escalated in a timely manner utilising the datix system.	Locality manager LD services.  Locality managers LD services.	June 2016  May 2016
10	The health board should review supervision arrangements for staff within the directorate to ensure all staff have access to appropriate, specialist clinical supervision where needed.	The Health Board has new Clinical Supervision Guidance which became live in January 2016. This will be disseminated to all LD staff in Gwynedd via their MDT meeting.	Locality manager LD services.	May 2016

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		<p>Management supervision compliance across LD services will be added to the divisional audit plan for 2016-17.</p> <p>PADR should be undertaken annually as per BCUHB guidance. Any requests for specific clinical supervisors if prudent would be honoured. E.g. Dysphagia Nurses attend a special interest group on a quarterly basis in the North West of England; they have a peer supervision session in the morning and 1:1 clinical supervision in the afternoon. PADR compliance for the Gwynedd team will be reviewed and staff who are due a PADR will undertake one.</p> <p>Clinical innovation and best practice is developed and shared at the Clinical Excellence Groups that have been established around LD core service area i.e. Challenging Behaviour, Forensic, Mental Health and Profound &amp; Multiple Disabilities.</p>	<p>Locality manager LD service &amp; governance lead.</p> <p>Locality manager LD services.</p> <p>Locality managers LD services.</p>	<p>May 2016</p> <p>June 2016</p> <p>May 2016</p>



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		<p>The LD Professional Nurses Forum has been re-established to share best practice, network and encourage research and development including CPD/Revalidation opportunities</p>	<p>Locality manager LD services.</p>	<p>April 2016</p>
10	<p>The health board must ensure they engage with people with learning disabilities, carers and staff, in setting the vision and direction of the service.</p>	<p>BCUHB MH and LD division have commissioned a third sector organisation HAFAL to support them in relation to service user engagement and service user and carer feedback.</p> <p>BCUHB LD Services are co hosting an All Wales Health and Wellbeing Stakeholder Conference on May 11<sup>th</sup> 2016 in Bangor, this is a listening and information sharing event organised by the All-Wales Strengthening the Commitment Group (LD Nursing Strategy)</p>	<p>Interim Director of MHLD</p> <p>Operational managers LD services</p>	<p>April 2016</p> <p>May 2016</p>

**Health Board Representative:**

**Name (print):** Jenifer French

**Title:** Director of Nursing for Mental Health and Learning Disabilities

**Date:** 26 April 2016