Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B - Immediate improvement plan

Service: CLDT Rhondda Cynon Taff (South) Team, Cwm Taff Morgannwg University

Health Board

Date of inspection: 13 - 15 February 2024

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Dermot Nolan

Job role: Service Group Director

Date: 27th March 2024

Appendix C - Improvement plan

Service: CLDT Rhondda Cynon Taff (South) Team, Cwm Taff Morgannwg University Health Board

Date of inspection: 13 - 15 February 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Quality of Patient Experience				
Lack of appropriate, safe and risk assessed clinic rooms for consultations and assessments	The health board should review and increase the provision of appropriate clinic rooms / space to allow for consultations and assessments to take place safely and effectively	There is a provision for clinical space within the building which has recently been developed and can be utilised by professions. The majority of clinical work does and should take place in the community. There will be a review of the environmental risk assessment and at a team level there needs to be review of clinical risk assessments for patient's access.	Directorate manager and Lead nurse	June 24

Staff members told us of time	The health board should review the	There has been a review of	Divisional Manager	July 2024
and capacity challenges related	Care Coordination role, expectations	tasks associated with care co-	and Head of	
to the allocation of the Care	and consider training for staff	ordination and the health	Nursing	
Coordination role	members that are care coordinators	board is looking to pilot a role		
	(under the mental health act)	of care navigator elsewhere in		
		the service, findings of this		
		will be shared within the		
		division and if successful		
		funding avenues will be sought		
		to address. Expectations of		
		care coordinator roles have		
		been established and shared		
		as part of CLDT operational		
		policy. Job description has		
		been formulated and		
		submitted for job evaluation		
		panel review. Peer supervision		
		group has been established to		
		offer support and identify		
		learning for staff undertaking		
		care coordination roles under		
		CHC.		
		Training needs analysis		
		expected to be completed		
		soon and training programme		
		development will follow.		

Limited formal systems in place for effective sharing of information related to the delivery of people's health care	The health board should review the systems, processes and structures in place to enable appropriate and safe sharing information with multidisciplinary teams and ensure that improvements are made	There are regular MDT's and joint working in place. The directorate will meet with the senior leads and review the systems, processes and structures in place. There is a Health team manager role in development which will assist in coordination of systems and processes.	Directorate manager and Lead nurse	June 24
Some people told us of a lack of clarity over the role and function of the LDIST	The health board should ensure that relevant partners understand the role and function of LDIST and how their roles link in.	LDIST have an operational policy which will be shared widely, with information on how to access the service and examples of the work LDIST do will be brought into commissioning quality and safety reports.	Directorate manager and Lead nurse	June 24
Safe and Effective Care				
Paper and computer based records systems were in place that sometimes made recording, navigating and sharing people's healthcare information difficult	The health board should move forward with plans to develop an improved records management system	This has been added to the service group risk register and escalated within digital services forums. The funding and development of a shared electronic system is being explored at a health board/national level.	Health board	September 2024

We did not receive evidence of audit of people's health records	The health board must set up an auditing and review process for care	Locally, we will review the clinical records systems available to the service and implement as necessary to meet record management requirements (i.e. WPAS and clinical portal). Health record audit process will be reinforced with the	Lead nurse	May 24
	and support records to ensure accuracy and consistency.	quality assurance framework and quality and safety meetings.		
People's health records did not have an index in place to show the MHA / DOLs status	It was recommended that this index is added at the front of the records to make it easier to identify legal status for those delivering care.	An index will be added at the front of the records to make it easier to identify legal status for those delivering care.	Lead nurse	June 24
Leadership and Management				-
Health and social care staff are not integrated or co-located sometimes making communication difficult	The health board must develop formal strategies to improve joint working with the local authority at all levels within the service	Colocation is not currently being explored. There is a Health team manager role in development which will assist in coordination of systems and processes to improve communication. There will be discussion in the joint commissioning forum	Directorate manager and Lead nurse	July 2024

		regarding improvement of communication strategies.		
Some staff told us that increasingly complex cases and challenging behaviour increased workloads	The health board must continue to monitor and assess staffing resources against workloads and take appropriate action when necessary to meet current and future demand.	There are supervision and wellbeing structures in place. Staff are encouraged to use personal reflection and development alongside managerial and clinical	Lead Nurse E. Pritchard	Completed
Staff members did not routinely receive Mental Health Act training, although regularly deliver care to people subject to the act	The health board must review their training programme to ensure that those staff delivering care to people subject to the Mental Health Act receive up to date knowledge of the act and its implications for the people supported.	supervision. MH Act training is planned from the HB MH Act office and dates shared with the team	Lead Nurse E. Pritchard	June 24
The office space did not have sufficient, available meeting space for multidisciplinary team meetings	The health board must review and improve the physical working environment and the provision of appropriate meeting space for multidisciplinary team meetings	There will be a review of the use of the building and additional meeting space on site will be scoped.	Directorate manager	June 24
Staff told us of patients experiencing repeated lengthy delays and challenges around the timely access to medical equipment	The health board must establish and communicate timely and effective processes to ensure that people in RCT South, who are supported by the CLDT, do not experience lengthy	Efforts to establish a process to address this are ongoing and will be monitored through the joint commissioning forum.	Divisional manager and commissioners	June 2024

delays a	nd bureaucracy in accessing		
medical	equipment.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Dermot Nolan

Job role: Service Group Director

Date: 27th March 2024