

# HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced)

North Monmouthshire CMHT,  
Maindiff Court Hospital, Aneurin  
Bevan University Health Board

Inspection date: 15 and 16 November 2022

Publication date: 16 February 2023



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Digital ISBN 978-1-80535-473-4

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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) completed a joint announced community mental health inspection (CMHT) of North Monmouthshire Community Mental Health Team within Aneurin Bevan University Health Board and Monmouthshire County Council on 15 and 16 November 2022.

Our team for the inspection comprised of two HIW Healthcare Inspectors, a CIW local authority Inspector, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and a patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found that the CMHT provided a positive experience. We observed examples of person centred care and support which captured the voice, views and wishes of service users. This was supported by a breadth of positive comments received from service users relating to the care and support they receive from their care co-ordinators and the wider CMHT team.

This is what we recommend the service can improve:

- The health board / local authority must ensure that the availability of advocacy information is reminded to service users at appropriate intervals
- The health board / local authority must consider how one to one psychology waiting times can be reduced.

This is what the service did well:

- Service users told us that they felt listened to and had enough time to discuss their care, support and treatment with CMHT staff
- Service users told us that they had timely access and communication with their allocated care worker and the right care provided at the right time
- The service had made some thoughtful improvements to the waiting areas.

### Delivery of Safe and Effective Care

Overall summary:

We found that the CMHT provided service users with safe and effective care, treatment and support. Assessments, care plans and reviews were completed in a comprehensive manner, in line with the Mental Health (Wales) Measure and Social Services and Wellbeing Act.

We identified a small number of improvements relating to service access in order to strengthen CMHT capacity and provision for service users.

This is what we recommend the service can improve:

- The health board / local authority must continue to engage with GP practices where issues are identified and the health board is encouraged to provide support where required
- The health board / local authority must provide HIW with an update in relation to its ADHD/ASD pathway

This is what the service did well:

- Assessments, care plans and reviews captured the voice, views and wishes of the service user in line with the relevant legislation
- There was evidence of good discharge planning arrangements
- There were clear processes in place for the management and escalation of safeguarding and issues related to service user risk. Good risk assessment documentation was observed in social care files.

## Quality of Management and Leadership

Overall summary:

We found the service to be overall well led by passionate management and staff who put service users at the centre of the care they delivered.

We identified a small number of improvements and made recommendations in relation to joint working arrangements between the health board and local authority, and the equity of staff caseload arrangements amongst care co-ordinating staff.

This is what we recommend the service can improve

- The health board and local authority must further explore and embed joint working arrangements
- The health board and local authority must engage with staff in the context of the staff comments provided.

This is what the service did well:

- We found passionate management, leadership, and staff who were committed to person centred care and support
- Staff overall commented positively on local management and the direction in which the service is developing.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

### 3. What we found

## Quality of Patient Experience

During the inspection we used paper and online questionnaires to obtain views and feedback from service users. A total of seven were completed. We also spoke with three service users over the telephone. Service user comments included the following:

*“The CMHT has helped me maintain independence in the community”*

*“I now feel like I’m treated like a real person”*

*“The support I get is a safety net... it’s a lifeline, when it gets difficult to cope”*

*“Inform me when we’re due to meet”*

Additional service user responses are referenced under the relevant sections within this report.

#### Care, engagement and advocacy

All service users provided positive comments relating to their care and engagement with the service through their allocated care co-ordinator.

All told us that they know how to contact their care co-ordinator or the service when needed. Without exception, service users told us that their care co-ordinator gives them enough time to discuss their care and other needs, and that they feel carefully listened to when they meet.

Most service users told us that they had either not been offered the services of an advocate or could not remember if they had. The service told us that advocacy services remained available throughout the pandemic, but mainly through virtual meetings. We were informed a full advocacy service had recently been reintegrated within the service and we saw information display in waiting areas. **The health board / local authority must ensure that the availability of advocacy provision is reminded to all service users at appropriate intervals.**

The service had formed and maintained good links with the third sector. This included access to local coffee mornings, cooking classes and links with the Wildlife Trust. It was positive to note that access to local gyms could be facilitated through the Wales National Exercise Referral Scheme to further promote personal health and wellbeing. Occupational therapy staff described positive and sustained engagement from service users in these activities.



All service users who responded to the question told us that they were able to engage with the service in their preferred language and that they are able to access the right care at the right time. No services users indicated that they had faced discrimination when accessing this service on the grounds of a protected characteristic.

### Access to service

Services at Maindiff Court Hospital are provided from a number of buildings. CMHT staff are located a short walk from the main building where service users wait to be seen for appointments. The service is not easily accessible by foot or local bus services and some service users told us that taxis are expensive. In an effort to provide services closer to service users, the service provides a small number of clinics in Monmouth town centre.

We saw that the service had made thoughtful improvements to the patient waiting area, despite the constraints posed by an old building. This included new decoration, patient information and advice leaflets, improved seating, and mindful quotes on display.

We found access to the service and referral process to be generally good. We noted that the service had the lowest wait for routine assessments within the adult mental health directorate. Referrals were reviewed through an appropriate multidisciplinary team forum and it was positive to note that the service placed an emphasis on allocating care co-ordinators based on service user need and staff skill mix, rather than solely on staff availability.

Urgent referrals and assessments were reviewed within the appropriate timeframe. Duty desk responsibilities were split between health board and local authority staff. However, some staff told us that duty arrangements could be split more equitably amongst staff groups to ensure that their main duties are not affected. **The health board / local authority should reflect and act upon this comment where appropriate.**

Several staff noted that referrals into the service were sometimes inappropriate or of variable quality. This issue had been recognised by CMHT managers who told us that they had contacted local GP practices to better facilitate robust professional engagement. However, we noted that there had been a limited response. **The health board / local authority must continue to engage proactively with general practice where issues are identified and the health board is encouraged to support the service with this as needed.**

Staff informed us that there had been a sharp increase in ADHD and ASD referrals since the summer and that this was impacting on CMHT resources and the ability to deliver a timely service. However, we noted that workforce and staff development efforts are underway to integrate and develop a robust service provision. **The health board / local authority must provide HIW with an update on the progress and planned implementation of this pathway.**

Access to psychology assessments and group sessions were generally good. However, we identified excessive waits for one-to-one sessions of around 18 months. This was also identified in our previous inspection of the service. In an effort to provide initial therapeutic support, psychology group sessions were available to help bridge the gap until one-to-one space becomes available. **The health board / local authority must consider how one-to-one waiting times can be reduced to ensure that service users receive the most appropriate level of intervention.**

All service users told us that they had seen someone from the service within the last month and that they find it easy to access support from the service when needed. All but one service user agreed that they feel they are seen about the right amount of times by the service.

When asked about access to out of hours or crisis support, two service users told us that they did not know how to access the service out of hours. However, all told us that when they have contacted the service out of the hours, they received the help needed. When asked if they have contacted the service in a crisis in the last 12 months, all but one service user told us they received the help required.

When asked if support was needed for any physical health needs in the last 12 months, two service users told us they did. Both of whom agreed that the service supported them with these needs as appropriate.

# Delivery of Safe and Effective Care

## Managing risk and promoting health and safety

Improvements had been made since the last inspection to provide a safe environment for staff and service users:

We previously noted the risks associated with lone working in the clinic space away from the main CMHT hub. Staff told us that all assessments are now carried out by two staff. The service had also re-commenced staffing the reception desk, but we noted that this had only begun immediately prior to the inspection. Some staff told us of their concerns prior to this due to the risks of not being able to immediately request assistance if required. **The health board / local authority must ensure that their lone working arrangements are robust and are sustained.**

Previously, a completed ligature risk assessment had not been completed. Whilst the environment was not completely free of ligature risks, a ligature risk assessment had now been carried out with mitigations in place to minimise risks.

It was positive to note that recent and on-going maintenance works at the CMHT hub where staff are located was taking place. This included CCTV and car park lighting which had been identified following a recent incident.

We found a small number of incident reports submitted by the service. We reviewed these and found that they had been reviewed and closed within an appropriate timeframe. Where learning has been identified, we noted that this is fed back to staff through team reflections, MDT feedback and daily morning meetings.

During the inspection, there were a number of power cuts and connectivity issues affecting the hospital site. Staff also told us of issues relating to the internet and telephone systems, which frequently impedes the ability of staff to deliver timely and effective care. We noted that there are funding bids in progress to resolve some of these issues. **The health board / local authority must provide an update to HIW on the progress and outcome of these bids.**

## Medicines Management

We found overall safe medicines management processes in place. We reviewed a sample of medication charts and found these to be well maintained according to the appropriate professional standards.

There was an appropriate medicines management system in place and staff were aware of the procedures to follow in respect of ordering, administration, and review. Staff also described a good working relationship with the pharmacy team.

We noted that patient medication was reviewed at regular intervals to ensure their continued appropriateness. Patients told us that they had received all of the information they would like regarding any side effects associated with their medication and we noted that staff had access to medication leaflets if required.

We found medicines were securely stored in all areas. However, we noted several out-of-date boxes of medicines were stored alongside general stock. Whilst these medicines were clearly marked as out of date, **the health board must ensure that outdated medicines are securely stored away from general stocks and arrangements are made for their timely collection and disposal.**

No controlled drugs were held on the CMHT premises.

### **Assessment, care planning and review**

We reviewed six service user records when considering the quality of assessment, care planning and review. Overall, we found positive evidence of a person centred and multidisciplinary approach towards care and treatment.

Assessments, care plans and reviews were completed in a comprehensive manner, in line with the Mental Health (Wales) Measure and Social Services and Wellbeing Act. The service user voice was captured well within the process and family / carers were encouraged to have an active role where desired.

The majority of service users told us that they felt quite or very involved in the development of their care plan and that they were given the opportunity to receive a copy of this. Most service users told us that they felt involved in discussions and decisions made about their on-going care and support, with the opportunity to challenge any aspects of their care that they disagreed with.

There was evidence that physical health needs were considered on a regular basis. We noted that improved physical health monitoring provision was now available on site and that further work was actively in progress by the health board to provide further equipment and environment related improvements.

We found evidence of generally good MDT working. Staff commented positively on the team approach taken to appropriately support service users in a timely and effective manner. This included ensuring that assessments took place when required and ensuring that a person centred approach was at the core of decision making. However, several staff commented that professional MDT relationships could be strengthened. Due to the nature of some of the comments received, these were fed back directly to the health board to consider.

We found care records systems and documentation to be difficult to navigate due to being located across various paper and electronic systems. There were also some concerns expressed to us from staff regarding timely access to the recently implemented WCCIS system. **The health board / local authority must ensure continue efforts to streamline its systems. WCCIS training needs and system issues must also be identified and escalated as appropriate.**

### **Patient discharge arrangements**

We found evidence of good discharge planning arrangements. In the sample of records we reviewed, service users had been appropriately supported by the relevant care co-ordinator and wider multidisciplinary team to enable a well organised and effective discharge.

The focus on person centred and needs led care, treatment, and therapeutic input demonstrated by the service enabled the service users to take an overall active and engaging role in their care, treatment and discharge planning arrangements.

The service maintained good relationships with third sector partners, such as Mind, and other local authority services. This included the local Housing Intervention Panel, which provides a link between housing and health to prevent homelessness and the potential for relapse.

When asked to what extent:

- Accommodation needs have been met by the service, those who responded stated that their needs had been partially met
- Employment needs had been met by the service, those who responded stated that their needs had been completely met
- Educational needs have been met by the service, those who responded stated that their needs had been completely met
- Social needs had been met by the services provided through the CMHT, all agreed that their needs had been partially or completely met.

We confirmed that service users had been provided with information and advice on how to refer themselves back to the service if necessary. All service users told us that they had been given information and contact details for the CMHT and crisis teams and information relating to their condition.

## **Safeguarding**

There were clear procedures in place for staff to follow in the event of a safeguarding concern.

Staff we spoke with were aware of their responsibilities towards safeguarding matters and were able to describe the process. Staff told us that they felt comfortable raising any issues, including at weekly multidisciplinary team meetings or with service managers.

The weekly MDT meeting provided a suitable platform to discuss risks relating to service users and there were suitable processes in place to identify, flag and escalate risks or safeguarding concerns to the local safeguarding team.

We confirmed that appropriate training had been provided to staff and that compliance in completing the training was good. All but one staff member who completed a questionnaire told us that they had received appropriate training.

## **Compliance with specific standards and regulations**

### **Mental Health Act Monitoring**

There were no active or recent service users subject to Community Treatment Orders (CTO) being cared for by the service at the time of the inspection.

We reviewed two records of patients who were detained under the Mental Health Act. We found these records to be overall compliant with the Mental Health Act Code of Practice. However, we recommended two small improvements to incorporate good practice, these included:

- Ensuring that risks relative to Section 17 leave are incorporated into the section leave form. Whilst risks are within service user care notes, we found these to be not easily accessible
- Capacity assessments for consenting to treatment were completed upon admission, but these should preferably be recorded on an appropriate proforma to ensure a consistent and standardised approach to assessing mental capacity in the decision making process for treatment.

We noted that Mental Health Act Tribunal and Review Panels took place in a generally timely manner, although we were informed that there were difficulties recruiting and retaining panel members during the pandemic. We were assured that there are efforts underway to recruit additional panel members to ensure that timely reviews take place.

We spoke with the Mental Health Act Administrator and it was positive to note that strengthened systems of audit had recently been introduced. Mental Health Act administration staff were also part of the All Wales Administrator Forum, which further enables the sharing and implementation of good practice.

### **Monitoring the Mental Health (Wales) Measure 2010: Care Planning and Provision**

There was evidence of effective joint working within the health board team and collaboration across the wider multidisciplinary team to support the delivery of care in line with the Mental Health Measure.

Service user records that we reviewed reflected the domains of the Mental Health Measure in an overall comprehensive manner. This included service users emotional, psychological and physical health needs.

It was positive to note that the wellbeing of service users and their involvement in leading on aspects of their care was placed at the forefront of decision making relating to their care and treatment.

### **Compliance with Social Services and Wellbeing Act**

There was evidence of effective joint working within the local authority team and collaboration across the wider multidisciplinary teams to support the delivery of safe and effective care.

Service user records that we reviewed reflected the domains of the Social Services and Wellbeing Act in an overall comprehensive manner. There was clear evidence that the service user voice and needs were at the forefront of assessment, care planning and on-going review.

Overall, patients were happy with the care and social provisions arranged by their care co-ordinator, and of the provisions available from local authority services when accessed.

# Quality of Management and Leadership

During the inspection, we distributed online questionnaire to obtain views and feedback from staff. We received 15 responses in total. Responses from this questionnaire are included within the section below.

## Leadership, management and governance arrangements

We found the service to be overall well led by passionate management and staff who overall put service users at the centre of the care they delivered. There were generally good working relations observed between staff, who expressed enjoyment in their roles and an increasing improvement to the working environment under the recently appointed CMHT manager. Staff provided us with the following positive comments:

*“The team has a great working relationship; they are very supportive to each other in the tough times. We always make sure we make time to help and support each other throughout the days and always there when someone needs to talk things through”*

*“I feel comfortable approaching anyone in the team if I had an issue and feel I can disclose things going on in my personal life that may affect my ability to work”*

There were positive comments from staff relating to local management. All but one staff member agreed that their immediate manager can be counted on to help with a difficult task, that they provide clear feedback on their work, and that they ask for their opinion before making decisions that affect their work. All agreed that their immediate manager is supportive in a personal crisis. However, a third of staff told us that visibility and communication between senior management could be strengthened.

Whilst we found a generally cohesive management and team structure, the lack of formal integration between intra-health board and health board / local authority teams, systems and management arrangements caused some conflicting challenges. **The health board and local authority must further explore and embed joint working arrangements.**

We found workload at the service to be negatively affected by a range of leave and a small number of nursing vacancies. We observed efforts underway to distribute workload in a fair and equitable way, but several staff felt that this was not always achieved. In response to the HIW questionnaire, only eight of the 15 staff agreed they were able to meet all the conflicting demands on their time at



work and only three staff agreed that there is a sufficient number of staff in the CMHT.

Whilst we note that recruitment of the two nursing vacancies had been successful and would help to alleviate some of this pressure, **The health board / local authority must continue to review caseload equity in the context of number, complexity, and other core duties.**

Despite some of the challenges described, all staff agreed that care of service users is the CMHT's top priority and that the CMHT acts on concerns raised by service users. All but one agreed that senior managers are committed to patient care.

There was a positive reporting culture amongst staff, as all staff were open and transparent during the course of the inspection. All staff agreed that the CMHT encourages them to report errors, near misses or incidents and that they would know how to report this. However, two thirds of staff told us that they were not confident that their organisation would address concerns, some of which staff told us they had previously reported. **The health board / local authority must engage with staff to understand the context of these concerns and take action where required.**

We noted that there were generally good opportunities for learning and developed in line with staff members aspirations and service user need. When asked if current training options helped them to do their job more effectively, stay up to date with professional requirements, and help delivery a better patient experience, all but one agreed. Staff told us the following training would be useful:

*"Family Therapy, Schema Therapy, RO-DBT"*

*"We really need Manual Handling Training, wondering if someone could come to our team and deliver the training. That would be really helpful"*

*"More training on the new WCCIS system and specific training with regards to how to use it specific to our CMHT"*

*"Team working, developing quality, reflective practice, supervision"*

*"Mental Health Wards Training - Explaining the roles, policies and expectations."*

*"Some of the staff are young and inexperienced and would benefit from enhanced training and mentoring, as often this leads to risk adversity."*

*“Further training to health colleagues around the law, human rights and strengths-based practice would be beneficial.”*

Some staff also told us during the inspection that they would benefit from cross profession skills sessions which regularly took place prior to the pandemic. Some staff also mentioned that they would have benefitted from a more structured and formal induction to help them understand each of the teams.

When asked how else the service could improve, staff told us:

*“It would be helpful to have more staff, also it may be helpful to run extra clinics outside of work hours and pay staff extra when doing this. I think it would enable staff to feel less pressured when we are not meeting assessment clinic times. It would allow staff to run the extra clinics, have more time spent on their caseloads and then get paid extra for the time.”*

*“Safer Caseloads”*

*“There ... needs to be services developed for Autism and a better transitions policy for young people coming into adult services”*

*“Senior managers [should be] being present and engaging with staff to find the issues front line staff are confronted with.”*

*“Workload pressure increased ++...”*

Due to the number of comments received, it has not been possible to include all comments within this report. **The health board / local authority is encouraged to reflect and act upon where appropriate the breadth of comments in this report.**

## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 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:**

**Date of inspection:**

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvements were identified				

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):**

## Appendix C - Improvement plan

**Service:** North Monmouthshire CMHT (Maindiff Court Community Hospital)

**Date of inspection:** November 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
1) The health board / local authority must ensure that the availability of advocacy provision is reminded to all service users at appropriate intervals.	Quality of Patient Experience	1) Advocacy information is displayed in main reception.	Health Board and Social Services leads	Complete
		2) Service users offered Advocacy service at initial assessment and annual review - recorded on Care & Treatment Plan (CTP) documentation.		Complete
2) The health board / local authority should reflect on duty desk arrangements and	Quality of Patient Experience	3) Directorate to review duty desk arrangements across all teams.	Directorate Manager	March 2023

workload and take action where appropriate.		4) Discuss with professional leads within the team.	Team Lead	February 2023
3) The health board / local authority must continue to engage proactively with general practice where issues are identified and the health board is encouraged to support the service with this as needed.	Delivery of Safe & Effective Care	5) Directorate/Division to continue to link with NCN leads.	Directorate Manager	Complete and ongoing
		6) Identify a lead practitioner to attend NCN meeting regularly.	Local Authority Service Manager	February 2023
		7) CMHT will invite GPs to MDT discussions and continue to invite GPs to annual CTP reviews of their patients.	Team Leader	Complete and ongoing
4) The health board / local authority must provide HIW with an update on the progress and planned implementation of the ADHD / ASD pathway.	Delivery of Safe & Effective Care	8) Continue to attend Multi-Agency Transition meetings.	Team Leads health and Social Care	Complete and ongoing

		9) Neurodivergence pathway is a priority for the Division (Health Board). It is anticipated that further funding will be available from WG in the new financial year to better resource the existing diagnostic and treatment clinics.	General Manager	April 2023
5) The health board / local authority must consider how one-to-one psychology waiting times can be reduced to ensure that service users receive the most appropriate level of intervention.	Quality of Patient Experience	10) Team lead and Principal Psychologist to meet and review waiting list quarterly.	Team lead and Principal Psychologist	March 2023
6) The health board / local authority must ensure that their lone working arrangements are robust and are sustained.	Delivery of Safe & Effective Care	11) Team lone working policy recirculated to staff.	Team Lead	Complete
		12) Health and Safety team are reviewing lone working arrangements at Maindiff Court.	Health & Safety Manager	January 2023



		13) Directorate has authorised works and estates planning for CCTV and better lighting within the vicinity of Rholben Villa (Team Base).	Directorate Manager	March 2023
		14) Staff are reminded to continue to lock doors behind them and undertake personal safety checks.	Team Lead	Complete
7) The health board / local authority should provide an update to HIW on the progress and outcome of the capital / infrastructure bids.	Delivery of Safe & Effective Care	15) Confirmed costs from the ICT department have now been received and sent to the Health Board's Capital Team to request urgent funding to complete this .	Directorate Manager	Funding will be released over next 2 years
8) The health board must ensure that outdated medicines are securely stored away from general stocks and arrangements are made for their timely collection and disposal.	Delivery of Safe & Effective Care	16) Weekly stocktake now in situ.	Team lead	Complete and ongoing
		17) Out of date medications have been removed.		Complete - November 2022

9) The health board / local authority must ensure continued efforts to streamline its care documentation systems.	Delivery of Safe & Effective Care	18) WCCIS implementation group ongoing.	Directorate Manager	Ongoing
10) WCCIS training needs and system issues must also be identified and escalated as appropriate.		19) Team continues to escalate issues for resolution.	General Manager	Ongoing
11) The health board and local authority must further explore and embed joint working arrangements.	Quality of Management & Leadership	20) Monthly leads meeting between health and social service leads re-established.	Health and Social care leads	February 2023
12) The health board / local authority must engage with staff to understand the context of these concerns previously reported and take action where required.	Quality of Management & Leadership	21) Representatives from the Directorate and Division have met with senior members of the team and appropriate actions are being taken forward.	Lead Nurses (Directorate & Division)  Divisional Director & Clinical Directors	Complete
13) The health board / local authority is encouraged to reflect and act where	Quality of Management & Leadership	22) Representatives from the Directorate and Division have met with senior members of the team and	Lead Nurses (Directorate & Division)	Complete

appropriate on the breadth of staff comments.		appropriate actions are being taken forward.	Divisional Director & Clinical Directors	
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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): M Forkings**

**Job role: Divisional Nurse, MH & LD**

**Date: 09/01/23**