

<b>Agenda Item</b>
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<b>Quality, Safety and Outcomes Sub-Committee</b>
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<b>Mental Health, Learning Disabilities &amp; Vulnerable Groups Report</b>
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<b>Dyddiad y Cyfarfod / Date of Meeting</b>	04/08/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Sanjeev Mahapatra, Head of Operations, Mental Health, Learning Disabilities and Vulnerable Groups
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Adrian Clarke, Interim Director of Commissioning Specialist Mental Health, Learning Disabilities and Vulnerable Groups
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Adrian Clarke, Interim Director of Commissioning Specialist Mental Health, Learning Disabilities and Vulnerable Groups

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting Choose an item.
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A	Click or tap to enter a date.	Choose an item.

<b>Acronyms / Glossary of Terms</b>	
BCUHB	Betsi Cadwaladr University Health Board
CAMHS	Child and Adolescent Mental Health Services
CQC	Care Quality Commission
CVUHB	Cardiff and Vale University Health Board
CYP	Children and Young People
HIW	Health Inspectorate Wales
ICB	Integrated Care Board
MHLDVG	Mental Health, Learning Disabilities & Vulnerable Groups
NHSE	NHS England
NOG	National Oversight Group (for High Secure)
NWJCC	NHS Wales Joint Commissioning Committee
QSO	Quality, Safety and Outcomes Sub-Committee

## **1. SITUATION/BACKGROUND**

The purpose of this report is to provide an update on any Quality and Patient Safety issues for services relating to the Mental Health, Learning Disabilities & Vulnerable Groups (MHLDVG) Commissioning Team portfolio.

The MHLDVG Commissioning Team portfolio includes both adult and child & services and the main areas of responsibility are:

- National Frameworks (Hospitals & Care Homes)
- High & Medium Secure MH Services
- Eating Disorder In-Patient MH Services
- Deaf In-Patient MH Services
- Gender Identity Disorder Services
- Perinatal In-Patient MH Services (Mother & Baby)
- Child & Adolescent Mental Health Services In-Patient Services
- Specialised CAMHS community teams including Forensic and Eating Disorder Outreach Service
- Traumatic Stress Wales
- Sexual Assault Referral Centres
- Neuropsychiatry
- Skin Camouflage Services
- Hospices
- Futures Programme (Includes: Review of Substance Misuse Services, Prison Mental Health Services, Early Diagnosis in Dementia, National Transport Review for Mental Health, Smoking and Obesity, Alternatives to Admission project, online Cognitive Behavioural Therapy).

Services are provided across Wales in a mixed economy of NHS units and independent sector provision and also in England by NHS / (Foundation) Trusts and independent sector providers.

## **2. SPECIFIC MATTERS FOR CONSIDERATION**

The following covers significant and noteworthy issues identified in specific MHLDVG Directorate portfolio areas.

### **2.1 National Hospital Framework**

There is currently one suspension plan in place (outside of reporting period but for noting as mentioned in the report), in relation to St Andrew's Hospital, Northampton. Although Lot1 (Sycamore) and Lot3 (Rose) were verified as meeting the actions set out in their extended Personal Improvement Plans in January 2025, they have been included in the suspension plan due to Care Quality Commission (CQC) notification and the recent recorded incident. Further detail is available in section 2.10 of the report

### **2.2 High Secure Services**

#### **2.2.1 Ashworth & Rampton Hospitals**

Ashworth & Rampton are high-security psychiatric hospitals with whom the NHS Wales Joint Commissioning Committee (NWJCC) commission services from. There are currently 27 Welsh patients placed in Ashworth Hospital and 1 patient placed in Rampton Hospital and regular reports are received to oversee the quality and safety of patient care.

In addition, the NWJCC attendance at the quarterly National Oversight Group (NOG) meetings with NHS England (NHSE), CQC and specialist advisors provide additional assurance and oversight of the service. This group reports directly to the UK Health Secretary. Feedback from both units are considered by the Commissioning Team.

The NWJCC also receive fortnightly situation reports of each of the 3 High Secure services.

The NWJCC continue to provide clinical representation on each of the meetings at Ashworth Hospital. These meetings discuss all serious incidents reported at Ashworth Hospital each month and ensure that there are appropriate measures are in situ to manage situations and minimise reoccurrence.

### **2.3 Medium Secure Services**

#### **2.3.1 Caswell Clinic (61 Beds)**

Bed availability at Caswell Clinic remains problematic due to various service issues. Bed occupancy remains low at 70% (May) and 72% (June) which has a negative impact on patients being placed out of area. Meetings have taken place to discuss a forward plan and the NWJCC will reintroduce annual reviews of both NHS Wales medium secure units in order monitor the quality of the units in line with the independent sector. A site visit to Caswell Clinic, for Joint Committee members, is planned for 28<sup>th</sup> July 2025

### **2.3.2 Ty Llewelyn (25 Beds)**

Betsi Cadwaladr University Health Board (BCUHB) have now concluded their investigation into the security breach at Ty Llewelyn approximately 2 years ago. A number of improvements and recommendations have been made in that review and will be considered at the next review of the service undertaken by the NWJCC. Bed occupancy for the unit is 80% (May) and 76% (June). The NWJCC's Interim Director of MHLDVG met with BCUHB's executive team for mental health on 25 July to discuss occupancy issues and eligibility criteria, similar to Caswell Clinic.

## **2.4 Gender Services**

### **2.4.1 The Gender Development Service (GIDS) for Children and Young People (CYP) / Children and Young People's Gender Dysphoria Service**

A detailed presentation from the CYP Gender Service (South West) Partnership Board was given at a meeting on 22 July 2025. Whilst a satellite service is available in Cardiff, progress is yet to be made in relation to establishing a similar satellite service in North Wales alongside the Alder Hey CYP service.

### **2.4.2 Gender Identity Services for Adults**

The Levy review of all nine Gender Identity Assessment Clinics across England has now been completed. The Welsh Gender Service was not part of the NHSE review, however the NWJCC will use the findings to inform an independent review of Welsh Adult Gender services which should commence late Autumn 2025.

### **2.4.3 Adult Gender Surgery**

Arden and Greater East Midlands Commissioning Support Unit who manage the Gender Dysphoria National Referral Support Service have undertaken an audit of the surgical waiting list for gender which was presented recently at the National Project Board. The findings show long waiting times for all patients and possibility of waiting lists reducing not before 2051, with some clear areas for London to offer more support. There are ten surgical providers across England offering some or all types of surgery. There are three types of surgery available:

- Chest surgery – There are nine providers offering this service, with two in London. The reported waiting list April 2025 was 1,440 patients with this projected to increase to 2,191 by March 2027.
- Feminising Genital surgery – There are three providers offering the service, with two in London. The reported waiting list April 2025 was 2,034 patients with this projected to increase to 3,226 by March 2027.
- Masculinising Genital surgery – There are only two providers offering this service, both London. The reported waiting list April 2025 was 2,096 patients with this projected to increase to 2,629 by March 2027 With three providers based in London:
  1. Chelsea & Westminster Hospital NHS Trust Offer: Chest, Feminising and Masculinising surgery (including complex care)
  2. New Victoria Hospital Offer: Masculinising surgery
  3. Nuffield Parkside Hospital, London Offer: Chest and Feminising surgery

London Specialised Commissioning team will work with the national team to carry out an urgent review of the data to understand the challenges faced by the providers.

## **2.6 Child & Adolescent Mental Health In-Patient Services**

The MHLDVG commissioning team continue to ensure that child and adolescent mental health services (CAMHS) are available and delivered in compliance with the Welsh Health Specialised Services Committee service specification and increased access to high quality CAMHS services for Welsh residents.

Discussions have been held through the monthly performance meetings around bed occupancy, out of area placements and delayed transfers of care. The MHLDVG team will continue to engage with the service about feasibility and requirements of the service, possible alternative models of provision etc. Recruitment process for senior posts has resulted in the appointment of a Ward Manager and Service Manager.

Bed occupancy for the two units is as follows:

### **North Wales Adolescent Service (12 beds)**

2 May - 58% (7 beds occupied)  
27 June - 58% (7 beds occupied)

### **Ty Llidiard, South Wales (15 beds)**

No immediate quality and patient safety issues to report.

2<sup>nd</sup> May - 87% (13 beds occupied)  
27<sup>th</sup> June - 73% (11 beds occupied)

There are currently 5 Young people in out of area placements who can't be admitted to NHS Wales units due to the type of service required.

## **2.7 Neuropsychiatry**

Work is ongoing with the Neuropsychiatry service in Cardiff and Vale University Health Board (CVUHB) to ensure that the correct service is in place for use by Health Boards across Wales whilst ensuring that patient flow is maximised. Discussions have taken place with the service regarding vacancy issues and delayed transfers of care.

During the commissioning team's visit in April it was noted that a long-term patient may not need to be in the service but a suitable placement has not been found. The NWJCC team are linking in with CVUHB team to discuss options. It is planned that, in line with the NWJCC Foundation Plan, a review of the Neuropsychiatric service will be undertaken in the near future.

## **2.8 Perinatal Mental Health**

### **2.8.1 South Wales**

The perinatal inpatient unit at Tonna Hospital has recently failed the Royal College of Psychiatry's College Centre for Quality Improvement accreditation for perinatal inpatient services. Unfortunately, the service failed on one issue where the temperature in individual bedrooms could not be controlled on an individual basis. There is also an issue with the roof at the site which is hoping to be repaired in the next few weeks and it is hoped that the room temperature issue will be rectified at the same time. A site visit to the Tonna service for Joint Committee members is planned for 28 July 2025.

### **2.8.2 North Wales**

The perinatal service that is being developed for patients from North Wales remains on course for completion at the end of 2025. Site visits to the Chester service are planned for July 2025.

## **2.9 Skin Camouflage Service**

A commissioned pilot of this service commenced in June 2025 with a service. from December 2025, once all recruitment and training has been completed. The Service will be held in clinic in South Wales on a weekly basis and a full review will be undertaken 18 months into the 2-year pilot in order to inform a possible full, post pilot commission going forward.

## **2.10 NHS England Specialised Commissioning, Health and Justice, and Armed Forces National Quality and Governance Group.**

### **2.10.1 Nottinghamshire Healthcare NHS Trust**

Nottinghamshire Healthcare has been issued with a licence to continue to provide high secure services at Rampton Hospital for 24 months. There are conditions attached to this which are being progressed. Assurance in relation to these will be monitored through RIG and Improvement and Assurance Oversight Group along with the National Oversight Group for High Secure. The CQC has concluded its inspection at Rampton. The overall rating of the service following the inspections is now "requires Improvement". CQC will now reduce their enhanced monitoring of the service in order to let the actions the service have implemented, embed into Business as usual. Staffing numbers continue to improve at the service.

### **2.10.2 St Andrews Healthcare**

At the last meeting of the Quality, Safety and Outcomes Sub-Committee (QSO) it was reported that a Midlands wide Rapid Quality review meeting had been held in relation to this service. This was convened due to an increasing number of concerns across the charity. Integrated Care Boards (ICBs) were agreeing areas of improvement and establishing oversight arrangements. These have been picked up through monitoring of the service by a number of reviews and the NWJCC have been represented at these regional Quality meetings.

However, despite these regional meetings and increased reviews by NWJCC at the service, there are still some significant areas of concern that remain at the St Andrews' site in Northampton. The NWJCC have recently completed their reviews of a number of services on the site and found a number of quality and potential safety issues. Further to this, there was a recent serious incident involving a Welsh patient within one of the medium secure units on the site. The incident related to inappropriate restraint and potential assault of the patient by staff. This has resulted in 17 members of staff being suspended from the service.

The NWJCC are now working closely with NHSE, the local ICB and CQC in order to ensure the patients across the site are safe and to support the provider to make immediate improvements to the service. The CQC have not suspended admissions to the service but have restricted them. Any referrals for admission will now need CQC approval before any patient is admitted to the service. The NWJCC have also suspended the services from the National Framework Agreement and have issued a Suspension Action Plan. The provider will not be able to admit any patients via the framework agreement until the suspension is lifted by the NWJCC. The service is now under Enhanced Monitoring by the NWJCC.

All Health Boards have been informed of the issues and the suspension and advised to review any patients they have at the service, both on and off framework (currently 20 Welsh patients at the site placed via the Framework Agreement). The Medium Secure Case Management Team have also reviewed the 8 medium secure patients at the site, including the patient involved in the serious incident.

### **3. KEY RISKS / MATTERS FOR ESCALATION**

#### **3.1 Risk Register**

No risks scored over 15 to report.

#### **3.2 Services in Escalation**

There are currently no mental health services in escalation.

#### **3.3 Health Inspectorate Wales (HIW) and CQC Inspection Reports, NHS Wales Quality Assurance**

##### **3.3.1 Health Inspectorate Wales**

The MHLDVG Commissioning Team meet with HIW & NHS England bi-monthly to discuss any actual or potential issues with sites in Wales. Last meeting was 18 July. Changes to the hospital framework are covered in detail in the Regulator report for consideration.

#### 4. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Not Applicable
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Learning, Improvement & Research
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Safe
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>  <b>Quality</b>  <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>If no, please include rationale below:  Not required for this Commissioning Team Report. Individual risks/services may have been subject to QIA.</p>
<p><b>Cydraddoldeb</b>  <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>  <b>Equality</b>  <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	<p>If no, please include rationale below:  Not required for this Commissioning Team Report. Individual risks/services may have been subject to an Impact Assessment.</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.</p>	
<p><b>Effaith Adnoddau</b>  <i>(Pobl / Ariannol) /</i>  <b>Resource Impact</b>  <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

## 5. RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report; and
- **Receive** the report as **assurance** that there are robust mechanisms for ensuring safety and quality within the programme.

## 6. NEXT STEPS

MHLDVG Commissioning Team QSOC reporting will continue to cover any activities within its extensive portfolio by exception, which may have quality and patient safety implications.