

Agenda Item

5.5

Quality Safety and Outcomes Committee
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Regulator Report (Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC))

Dyddiad y Cyfarfod / Date of Meeting	04/08/2025
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Adele Roberts, Head of Quality and Patient Care
Cyflwynydd yr Adroddiad / Report Presenter	Carole Bell, Director of Nursing and Quality
Noddwr yr Adroddiad / Report Sponsor	Carole Bell, Director of Nursing and Quality

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

Acronyms / Glossary of Terms	
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CCAPS	Commissioning Care Assurance and Performance System
CQC	Care Quality Commission
HIW	Healthcare Inspectorate Wales
ICB	Integrated Care Board
NWJCC	NHS Wales Joint Commissioning Committee
QAIS	NHS Wales Quality Assurance and Improvement Service

1. SITUATION/BACKGROUND

This report provides a briefing on Healthcare Inspectorate Wales (HIW) and Care Quality Commission (CQC) reports published during the period 01/05/2025 – 13/07/2025.

HIW regulate and inspect NHS services and independent healthcare providers in Wales against a range of standards, policies, guidance and regulations to ensure standards and highlight areas requiring improvement.



CQC is the independent regulator of all health and social care services in England. The CQC monitors, inspects and regulates hospitals, care homes, general practice (GP) surgeries, dental practices and other care services to make sure they meet fundamental standards of quality and safety.




A memorandum of understanding exists between HIW and CQC regarding collaborative working across both agencies.

Section 3 of the report will also provide an update from the Mental Health Hospital Framework in terms of any changes to Quality ratings of providers on the framework and any actions taken as a result.



2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

The following CQC and HIW reports have been published during the time period specified:


 Care Quality Commission (CQC) reports. There is an overall rating provided against the domains of safe, effective, caring, responsive and well led		Trust Name	Services Commissioned	Report Date	Overall Rating	Actions
Independent Mental Health Service <ul style="list-style-type: none"> Cheadle Royal Hospital  <p>Legal entity is now Affinity Healthcare on the NHS Wales Framework which is part of Priory.</p>	<ul style="list-style-type: none"> Specialist Eating Disorders 	9 th June 2025	<p>● <u>Overall: Requires improvement</u></p> <p>CQC rated the service as requires improvement.</p> <p>CQC asked the provider for an action plan in response to the concerns found at their</p>	Available here . Will be considered by the Commissioning team and any request for out of area placements		

<p>Independent Mental Health Service</p> <ul style="list-style-type: none"> Arbury Court 	<ul style="list-style-type: none"> Medium Secure 	<p>5th June 2025</p>	<p>assessment.</p> <p>● Overall: Requires improvement</p> <p>CQC overall rating for this service remains requires CQC requested data and documentation from the provider.</p>	<p>Available here. Content will be considered by the commissioning team. On hospital framework</p>
<p>Nottinghamshire Healthcare NHS Foundation Trust - NHS Mental Health Service Rampton Hospital</p> 	<ul style="list-style-type: none"> High Secure 	<p>19th May 2025</p>	<p>● Overall: Requires improvement</p> <p>The CQC has concluded its inspection at Rampton, and the report has been published. The overall rating has improved to Requires Improvement. Further CQC activity continues across the wider Trust in relation to the Well Led Rating of the whole organisation.</p>	<p>Available here. Further detail is referenced in the DMHVG report and will be considered by the National Oversight Group</p>
<p>Independent Mental Health Service</p> <ul style="list-style-type: none"> St Andrews Healthcare Northampton 	<ul style="list-style-type: none"> Medium Secure CAMHS 	<p>8th May 2025</p>	<p>● Overall: Requires improvement</p> <p>This assessment looked at services within the medium secure division. CQC identified some areas of concern under the safe, caring, and well</p>	<p>Available here. NHSE single oversight group in place to monitor action plans and improvement. Will also be monitored as part of the framework through the</p>

			led. Key questions which require an action plan.	commissioning team
One severe incident was reported by St Andrew's Healthcare on 13/07/2025 for an NHS Wales Joint Commissioning Committee (NWJCC) commissioned placement. The provider is in receipt of a suspension plan and admissions have been suspended under the terms of the Framework Agreement. This is detailed within the Incident and Concerns Report (Agenda item 5.4).				

 Arolygiaeth Gofal Iechyd Cymru Healthcare Inspectorate Wales		Healthcare Inspectorate Wales (HIW) reports		
Provider Name	Services Commissioned	Report Date	Improvements Identified	Actions
Independent Mental Health Service Inspection Report (Unannounced) - Aberbeeg Hospital, Elysium Healthcare 	<ul style="list-style-type: none"> Medium Secure 	3 rd July 2025	<ul style="list-style-type: none"> Patient access to community leave. Suitability of vehicles for staff. Care planning documentation Environmental issues. 	Available here . Will be monitored through framework

3.0 JCC MENTAL HEALTH HOSPITAL FRAMEWORK

 Cyd-bwyllgor Comisiynu Joint Commissioning Committee		NHS Wales Quality Assurance and Improvement Service (QAIS)
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	CCAPS News	Notes/Comments
Hospital Framework - Cygnet Behavioural Health Limited - Cygnet St Teilo House - 3Qs Maintained	27 th May 2025	The NHS Wales Quality Assurance Improvement Service conducted a review of the services provided under Schedule 2 of the NHS Wales Collaborative Framework for

		<p>Adult Mental Health and Adult Learning Disability/Child and Adolescent Mental Health Hospitals on 14 May 2025 for:</p> <p>Lot 12</p> <p>All core standards reviewed against the Framework were maintained and the Quality Assurance Rating of 3Qs is maintained.</p>
<p>Hospital Framework - Cygnet (NW) Limited - Cygnet Hospital Sheffield - 3Qs Maintained</p>	<p>13th June 2025</p>	<p>The NHS Wales Quality Assurance Improvement Service conducted a review of the services provided under Schedule 2 of the NHS Wales Collaborative Framework for Adult Mental Health and Adult Learning Disability/Child and Adolescent Mental Health Hospitals on 27 May 2025 for:</p> <p>Lots 27 & 28</p> <p>All core standards reviewed against the Framework were maintained and the Quality Assurance Rating of 3Qs is maintained.</p>
<p>Hospital Framework - Priory Healthcare Limited - Priory Healthcare Bristol - 3Qs Maintained</p>	<p>2nd July 2025</p>	<p>The NHS Wales Quality Assurance Improvement Service conducted a review of the services provided under Schedule 2 of the NHS Wales Collaborative Framework for Adult Mental Health and Adult Learning Disability/Child and Adolescent Mental Health Hospitals on 22nd May for:</p> <p>Lot 11 & 12 Hillside & 11 & 12 Lotus</p> <p>All core standards reviewed against the Framework were maintained and the Quality</p>

		Assurance Rating of 3Qs is Maintained.
Hospital Framework - St Andrews Healthcare - Northampton - 3Qs Maintained	3 rd July 2025	<p>The NHS Wales Quality Assurance Improvement Service conducted a review of the services provided under Schedule 2 of the NHS Wales Collaborative Framework for Adult Mental Health and Adult Learning Disability/Child and Adolescent Mental Health Hospitals on 2nd May for:</p> <p>Lot 3 Fairbairn</p> <p>All core standards reviewed against the Framework were maintained and the Quality Assurance Rating of 3Qs is Maintained.</p>
Hospital Framework -Cygnet Health Care Limited - Cygnet Hospital Kewstoke - 3Qs Maintained	4 th July 2025	<p>The NHS Wales Quality Assurance Improvement Service conducted a review of the services provided under Schedule 2 of the NHS Wales Collaborative Framework for Adult Mental Health and Adult Learning Disability/Child and Adolescent Mental Health Hospitals on 18 June 2025 for:</p> <p>Lots 11, 12, 22 & 23</p> <p>All core standards reviewed against the Framework were maintained and the Quality Assurance Rating of 3Qs is maintained.</p>
Hospital Framework - Heatherwood Court Limited - Heatherwood Court Hospital - 3Qs Maintained	4 th July 2025	<p>The NHS Wales Quality Assurance Improvement Service conducted a review of the services provided under Schedule 2 of the NHS Wales Collaborative Framework for Adult Mental Health and Adult Learning Disability/Child and</p>

		<p>Adolescent Mental Health Hospitals on 8 April 2025 for:</p> <p>Lots 7, 8 & 12</p> <p>All core standards reviewed against the Framework were maintained and the Quality Assurance Rating of 3Qs is maintained.</p>
Hospital Framework - Partnerships in Care Limited - Kneesworth House Hospital - 3Qs Maintained	10 th July 2025	<p>The NHS Wales Quality Assurance Improvement Service conducted a review of the services provided under Schedule 2 of the NHS Wales Collaborative Framework for Adult Mental Health and Adult Learning Disability/Child and Adolescent Mental Health Hospitals on 25 June 2025 for:</p> <p>Lots 3 & 7</p> <p>All core standards reviewed against the Framework were maintained and the Quality Assurance Rating of 3Qs is maintained.</p>
Hospital Framework - St Andrews Healthcare Northampton - 3Qs Restored	10 th July 2025	<p>The NHS Wales Quality Assurance and Improvement Service have re-audited this service under Schedule 2 of the NHS Wales Collaborative Adult Mental Health and Adult Learning Disability Hospital and are satisfied that all performance issues have been rectified at:</p> <p>Lot 3 Rose</p> <p>The Performance Improvement Plan Level 2 verified by the QAIS as complete on the 10 July 2025 and as a result, 3Qs have been restored.</p>

<p>Hospital Framework - St Andrews Healthcare Northampton - 3Qs Restored</p>	<p>10th July 2025</p>	<p>The NHS Wales Quality Assurance and Improvement Service have re-audited this service under Schedule 2 of the NHS Wales Collaborative Adult Mental Health and Adult Learning Disability Hospital and are satisfied that all performance issues have been rectified at:</p> <p>Lot 1 Sycamore</p> <p>The Performance Improvement Plan Level 1 verified by the QAIS as complete on the 10 July 2025 and as a result, 3Qs have been restored.</p>
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3.1 Safe Care

The report is developed to support ongoing intelligence monitoring of the Quality and of JCC commissioned services within Wales and NHS England.

3.2 Timely Care

The reports provide intelligence and support to enable further understanding around the timeliness of care and access to services for NHS Wales's patients.

3.3 Effective Care

The monitoring of the reports by the regulators further informs the effectiveness of the care received by NHS Wales's patients.

3.4 Equitable and Patient Centred Care

Further informs to the intelligence and monitoring of equitable care for NHS Wales's patients and provides detail on patients experience within the services.

3.5 Quality and Safety Reporting

Alongside the monitoring of routine reports from the regulators HIW and CQC a review of the memorandum of understanding with HIW is underway to further support cross working and intelligence sharing through regular Quality meetings. These will be supported by representation from the HIW team, NHS Wales Executive team for the sharing any concerns arising within commissioned services and the ongoing monitoring of any commissioned services within the Quality and safety team escalation process within Welsh Government.

CQC reporting and sharing of intelligence and monitoring of services are also reported through specific monitoring processes in place within Integrated Care Boards (ICBs) and through the NHS England National Safety meetings. These are

reported through the Directors of Nursing for specialised services forum and the NHS England Quality and safety forum for Mental Health providers. Director of Nursing / Deputy attend many of these meetings and follow up with the providers if there are any areas of concern raised relating to NHS Wales commissioned services.

4. KEY RISKS/MATTERS FOR ESCALATION

This report provides assurance to the Quality, Safety and Outcomes Sub-Committee that the NWJCC is monitoring and reviewing services on a regular basis and reporting any HIW CQC peer reviews together with any relevant reviews of NWJCC commissioned services.

5. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Ensure Quality
	Improve Equity and Population Health
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	A More Equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research Leadership
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i>	Effective
	Efficient Equitable Person Centred Timely Safe

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

6. RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Receive** the report for assurance.