

Agenda Item

4.4

Quality and Patient Safety Committee

Mental Health and Vulnerable Groups Report

Dyddiad y Cyfarfod / Date of Meeting	15/12/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Adrian Clarke, Interim Commissioning Director for Mental Health, Learning Disabilities and Vulnerable Groups

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)		
Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	Choose an item.

Acronyms / Glossary of Terms	
MH&VG	Mental Health and Vulnerable Groups
ED	Eating Disorder

PREM	Patient Reported Experience Measure
DToC	Delayed Transfer of Care
QAIS	Quality Assurance Improvement Service
MDT	Multi Disciplinary Team
PICU	Psychiatric Intensive Care Unit
CAHMS	Child and Adolescent Mental Health Service
NWAS	North Wales Adolescent Service
SLA	Service Level Agreement
WGS	Welsh Gender Service
NVH	New Victoria Hospital
CQC	Care Quality Commission

1. SITUATION/BACKGROUND

The purpose of this report is to provide an update on any Quality and Patient Safety (QPS) 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 (FACS) and Eating Disorder Outreach Service (EDOS).
- Traumatic Stress Wales
- Sexual Assault Referral Centres
- Neuropsychiatry
- Skin Camouflage Services
- 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 CBT).

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 MHVGLD Directorate portfolio areas.

2.1 Framework Commissioned Services

2.1.1 St Andrews

The concerns raised in relation to this service have been discussed at previous QSOC meetings under Enhanced Monitoring by the JCC.

The service remains suspended from the National Framework Agreement and is reviewed frequently as part of the Framework Enhanced Monitoring process. In addition to this the JCC, NHSE, CQC, Local ICB's, Local safeguarding service, Police and the NMC continue to convene for twice weekly for Silver IMT meetings, Weekly Gold IMT meetings and Monthly IOG meetings.

These meeting all have differing levels of oversight of the issues that have been raised over recent months. Although some improvements have been noted at the service, it remains a service of concern and all admissions continue to be managed and approved/refused via CQC.

There have been a number of other concerns raised during this period of enhanced monitoring, such as ward closures and redundancies at the site.

The JCC continue to remind Health Boards that all Welsh patients should be regularly reviewed, face to face, by Care Coordinators and/or Case managers.

JCC clinicians also see any Welsh patients on wards visited as part of the Enhanced Monitoring process (JCC clinicians currently attend site every 2-3 weeks).

Although there no new concerns noted during recent reviews, there has been notable increased interest from local and national media outlets. JCC Communications team are part of the national communications hub that is in situ for this issue in particular.

It should be noted that there is likely to be increased media interest in the coming weeks due to the fact that the CQC 's most recent review of the service, which includes the time covering the period of suspension, is due to be published by 12th December 2025.

JCC will continue to manage this service and the identified issues as per the Framework process and in conjunction with other commissioning organisations across England.

There are now 14 Welsh patients placed at the service (down from 22 when the enhanced monitoring process was instigated). 7 of those placements are commissioned by the JCC.

2.2 High Secure Services

2.2.1 Ashworth Hospital

The JCC, NHSE and MerseyCare continue to discuss future commissioning for this service. The expectation is that the JCC will pay less for this service in the coming years.

NHSE have also commenced the process to agree a business case for a new build at this site. The current estate is of poor quality due to its age and it is hoped that a new build, similar to the Broadmoor service will be agreed very soon.

The National Oversight Group continues to meet on a quarterly basis, at one of the high secure sites. Focused reviews/visits are undertaken as part of these meetings along with a formal meeting with their 3 provider trusts, Commissioners, independent security and medical advisors. This group reports back directly to the Secretary of State for Health.

2.3 Medium Secure Services

2.3.1 Caswell

Following concerns raised by lay members at a site visit in July, the JCC undertook a full review of the Caswell Medium Secure Unit in September.

The review identified a number of safety and quality concerns and as a result the decision was made to suspend new admissions to the unit until some of the more serious issues have been resolved. The only exception to this will be for recalled patients if a bed is required. The service will also be monitored via the escalation process (see **Appendix 1**).

The NWJCC report on the service review has been shared with SBUHB and the Caswell service has now produced a draft action plan outlining how the issues identified will be addressed which is being considered by commissioners.

The JCC Director of Commissioning for MHL DVG and SBUHB Exec Lead for the escalation process have met on a number of occasions to discuss initial progress in rectifying the identified issues and will meet on a fortnightly basis.

The JCC and SBUHB will continue to work together in order to ensure that identified concerns are addressed in a timely manner.

Whilst admissions to the service are suspended, Ty Llewellyn in North Wales will be considered initially for any new Male Mental Health Medium Secure referrals, whilst the independent sector will be used for female referrals.

Bed occupancy:

5th September - 64% (39 beds occupied)

7th November - 64% (39 beds occupied)

Since the pausing of admissions to Caswell, there have been 9 referrals for MSU care. 3 were referred to Ty Llewelyn for admission and 2 of these were accepted for admission. 4 were referred for independent sector beds (this includes the 1 declined by Ty Llewelyn), 2 assessments are pending. For the patients that were not referred to Ty Llewelyn this was due to specific individual requirements. The remaining 1 referral did not require MSU.

2.3.2 Ty Llewelyn, North Wales

A review of the medium secure service at Ty Llewelyn was undertaken during October 2025 in line with the NWJCC quality assurance process. The report and recommendations are currently being finalized. No immediate risk issues were identified.

Bed occupancy:

5 th September	- 76% (19 beds occupied)
7 th November	- 76% (19 beds occupied)

Please note that there are currently **42** Welsh patients currently being cared for in Independent hospitals.

2.4 Neuropsychiatry

NWJCC MHLDVG is due to commence a review of the Neuropsychiatry Rehabilitation service at Hafan y Coed, Cardiff, to understand system benefit and added value of being nationally commissioned. The review will take place in two phases. The first phase will focus on the quality and delivery of services at Hafan y Coed and will commence in early December 2025. The second phase will focus on demand & capacity and the service delivery model.

Bed occupancy:

5 th September	- 91% (10 beds occupied)
7 th November	- 55% (6 beds occupied)

2.5 Gender Dysphoria Services

The Welsh Gender Identity service was established during 2019. In line with routine commissioning practices, the service specification requires review in order to a) ensure that the new service was developing as anticipated, b) fit for purpose 5/6 years in to implementation c) to review and update the service specification accordingly. Working corporately with Cardiff and Vale University Health Board, and with the clinical team, a review of the service is required specifically to review and revisit our service specification, referral pathways in and out and better predict demand and capacity. This would be akin with the reviews we would undertake for any commissioned service area within the JCC.

A PID outlining the scope and parameters of this review is currently under development, we are establishing an internal commissioning team to give this required focus, and we would anticipate the initial data collection to inform the

review commencing within the final quarter of 2025/2026, with a view to reviewing (and revising as needed) the service specification within Q1/2 of 2026. Given there is only one provider in NHS Wales, we also anticipate engaging an external advisor, yet to be confirmed, in order to ensure a level of objectivity and alignment to the broader 4 nations picture. Members will note that this is not a unique approach, and has been undertaken in a number of other commissioned service areas – a most recent example being NHSE external advice on Cochlear and auditory implant services.

2.6 Child and Adolescent Mental Health Service (CAMHS)

2.6.1 North Wales Adolescent Service (NWAS).

NWAS was recently visited by the MHLDVG commissioning team. Bedroom refurbishment works are now completed and the extra care area is now completed and available for use. Occupancy remains low (40%-50%).

Bed occupancy:

5th September - 42% (5 beds occupied)

7th November - 33% (4 beds occupied)

2.6.2 Ty Llidiard

Ty Llidiard was also recently visited by the MHLDVG commissioning team to discuss proposed refurbishment of the extra care area by upgrading facilities and creating a new seclusion suite. Works are due to be completed between January and March 2026. Discussions have been held regarding potential requirement to redirect admissions, particularly of more challenging individuals due to unavailability of extra care area. General bed availability should not be an issue based upon current usage.

Contingency plan for relevant referrals to be redirected to NWAS or independent sector.

Bed occupancy:

5th September - 53% (8 beds occupied)

7th November - 67% (10 beds occupied)

2.7 Perinatal Inpatient services

Seren Lodge Perinatal Unit at Countess of Chester Hospital is nearing completion and due to accept first admissions from 17th December 2025 (Official open day for commissioners etc on 15th December 2025). MHLDVG commissioning team visit is planned for 9 Jan 2026.

Uned Gobaith, in Tonna, had a planned closure from October until December to complete essential repairs to the roof and to resolve an issue with temperature

controls in patient bedrooms. Repairs due to be completed on schedule with full reopening of the unit from 1 December 2025.

Whilst Tonna has been closed to admissions there has been 1 admission to Out of Area Perinatal bed from the South area.

Bed occupancy:

5th September - 83% (5 beds occupied)

7th November - Site closed for repairs

2.8 Skin Camouflage Service

Significant progress has been made with the development of this service. Staff have now been recruited. Venue has been secured. First patients are due to be seen from w/c 9th January 2026.

3. KEY RISKS / MATTERS FOR ESCALATION

3.1 Risk Register

The risk register for Mental Health and Vulnerable Groups is taken to the Commissioning Team meetings on a monthly basis.

4. ASSESSMENT

4.1 Services in escalation

The Caswell Clinic Medium Secure Unit is the only service within the MHLVDVG commissioned portfolio currently in Escalation. The service is in Escalation Level 3.

4.2 Health Inspectorate Wales (HIW) and Care Quality Commission (CQC) Inspection Reports, NHS Wales Quality Assurance

4.2.1 Health Inspectorate Wales

MH, LD & VG meet with HIW & NHS England bi-monthly to discuss any actual or potential issues with sites in Wales.

4.2.2 Care Quality Commission/NHSE

CQC continue to monitor the situation at St Andres in Northampton. Any admissions are still subject to CQC approval. Second report regarding CQC reviews of the service is due to be published by 12th December 2025.

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Not Applicable

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)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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: Not required for this Commissioning Team Report. Individual risks/services may have been subject to QIA.

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: Not required for this Commissioning Team Report. Individual risks/services may have been subject to an Impact Assessment.
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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATIONS

Members of the Quality, Safety and Outcomes Sub-Committee 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.