



Agenda Item
4.3

Quality and Patient Safety Committee

Director of Commissioning for Mental Health, Learning Disabilities & Vulnerable Groups Report

Dyddiad y Cyfarfod / Date of Meeting	03/02/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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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	
JCC	Joint Commissioning Committee

MHLDVG	Mental Health, Learning Disabilities & Vulnerable Groups
CCAPS	Commissioning Care Assurance and Performance System
NOG	Nursing Oversight Group (for High Secure)
SITREP	Situation Report
StEIS	Strategic Executive Information System

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
- Hospices
- Futures Programme (Includes: Review of Substance Misuse Services, Prison Mental Health Services, Early Diagnosis in Dementia, Commissioning Guidance for 3rd Sector commissioning, National Transport Review for Mental Health, Smoking and Obesity, Alternatives to Admission project)
- NHS 111 press 2 for Mental Health
- Mental Health Conveyancing

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 National Frameworks (Hospitals & Care Homes)

National Frameworks incidents (Oct, Nov, Dec):

- Medium Secure – 40 serious incidents reported.
- Eating Disorder – 1 serious harm and 1 moderate harm incident reported.

The clinical team follows up on all moderate and serious harm incidents reported via CCAPS. All incidents have been investigated and required no further escalation having received assurance from relevant providers.

Service reviews are and will continue to be undertaken with a focus on acquiring and acting upon patient views, needs and enabling positive outcomes for patients.

Details on current placements is available in the attached **Appendix 1**, as are incidents, complaints and safeguarding events for the reporting period (October – December 2024)

Currently all hospital units are 3Q apart from St Andrew's Northampton, Hawkins, Oak & Rose wards, 1Q- Action plans have been implemented. One care home unit is 1Q, Accomplish – Ffordd Newydd and Mond Court is suspended from the framework.

Units ranked at less than 3Q are all subject to improvement action plans which are regularly reviewed by the Quality Assurance Improvement Team. If improvements are not attained as required, further actions can be implemented, such as enhanced monitoring, suspension or termination from the framework agreement.

All incidents, complaints and safeguarding events are examined as part of the service reviews and by the team's Clinician of the week.

All new placements made were with 3Q providers (October – December).

2.2 High Secure Services

Ashworth- Issues remain with the deteriorating estate. There is ongoing refurbishment and maintenance at the service. A business case for a staggered new build has been drawn up by NHSE & Merseycare. Annual review of High secure due by JCC in coming months.

Letter of support for business case for new build from the JCC has been suggested by Merseycare and NHSE.

Rampton- The service remains in enhanced monitoring via NHS England & CQC due to significant staffing issues. However, last NOG reported improvements in staffing issues and monitoring will now be reduced to let improvement bed in.

There are beds available but all admissions are managed via CQC and NHSE enhanced monitoring process. There is one Welsh patient who has been waiting for admission since September 2024. Due to be admitted by the end of February.

MHLDVG continue to have oversight of commissioning of high secure services via NOG, fortnightly SITREP's, site visits and Bi Monthly StEIS meetings.

MHLDVG current actions: Reviewing activity - occupancy, admissions/discharges. Services have been asked to provide Wales specific data as part of their reporting dashboards.

MHLDVG representation at quarterly contract meeting with NHSE and Merseycare.

Broadmoor- Although Welsh residents are only permitted to use Broadmoor in exceptional circumstances, the MHLDVG believe that the site is the most appropriate for residents of South Wales, due to its proximity, just off the M4 in Berkshire. Welsh residents are not within the catchment area of this service, which was decided when the new hospital was developed.

MHLDVG director to write to Director of MHSE Specialised Commissioning in order to ascertain if future use by Welsh patients will be possible.

2.3 Medium Secure Services

Discussions continue with the Caswell Clinic regarding identified issues. Recruitment of vacant posts has been completed and the service will be up to full establishment in November.

The service continues to report a large number of bed vacancies due to risks related to environmental issues including the lack of seclusion facilities.

A project plan is to be developed by Swansea Bay University Health Board regarding potential construction of new seclusion facilities. Delivery of this is imminent.

The capacity issue at Caswell clinic has been further exacerbated by a fire at SBUHB's Taith Newydd Low Secure service in Glanrhyd hospital. The fire, which was started by a patient, caused significant damage to a ward which led to the patients being transferred to a ward in Caswell which was made available due to the vacant beds at the service. This has led to more patients who needed a medium secure bed at Caswell, being placed in independent sector beds (funded by JCC). This situation is currently under review and discussion by JCC Chief Commissioner and CEO of SBUHB.

Current occupancy at Caswell clinic:

- 61 beds in total.
- 41 occupied by medium secure patients
- 14 beds on one ward being used for SBUHB Low Secure patients
- 6 vacant MSU beds but admissions subject to complexity of patients referred.

There have also been some concerns raised by Health Boards as to the length of time gatekeeping assessments are taking to be completed. MHLDVG are investigating reasons behind these delays and will now start collecting referral to assessment data.

Ty Llewellyn- MSU in North Wales. Male only service with 25 commissioned beds. Again, has some ongoing environmental issues, such as only 1 seclusion area, no en-suite facilities. Only 19 beds currently occupied.

2.4 Eating Disorder In-Patient MH Services

Numbers of inpatients remain stable with an average of 13 inpatients across 3 independent sites. 10 of those inpatients are in a service in Wales. Ongoing discussions with Health Boards about how current gatekeeping process can be enhanced.

2.5 The Gender Development Service (GIDS) for Children and Young People / Children and Young People's Gender Dysphoria Service

An updated position paper on the National CYP Gender Dysphoria work programme was considered by the Joint Commissioning Committee on the 16th July 2024 where members noted the recommendations of the Cass Review and supported the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan.

On the 7th August, NHS England published the following report *Children and young people's gender services: implementing the Cass Review recommendations* outlining the steps that NHS England has taken guided by interim advice from Dr Cass and sets out how they will take forward the recommendations made in the final report.

Following on from the establishment of two new NHS Children and Young People's Gender Services in April 2024 based in London and Liverpool, the NHS will continue to appoint up to six additional new providers between 2024 and 2026 on a phased basis.

Bristol assessment service has been operational for a number of weeks and have started seeing Welsh patients. Satellite clinic within C&VUHB footprint is currently being established. Likely to be at St David's or Llandough sites.

MHLDVG team plan to visit Bristol and Alder hey services over coming months. Also, discussions to be held with BCUHB about a Satellite service for North Wales CYP.

Waiting list for assessment continues to remain at around 360 CYP.

2.6 Gender Identity Services for Adults

The Levy review of all nine Gender Identity Assessment Clinics in across England have now been completed. MHLDVG involvement in those reviews. Levy team are interested in seeing the Cardiff service to see if they can learn anything to take back to England. Visit to Cardiff service to be undertaken in February.

Waiting list at the Cardiff Gender service is around 1150 people with a wait of around 23 months at present.

Surgical pathway discussions continue with Arden & GEMS in relation to having up to date data on waiting lists etc. MHLDVG have also started to attend revisions meetings with organisations that provide surgical services.

2.7 Perinatal In-Patient MH Services (Mother & Baby beds)

Following the new tender process, a Welsh contractor has been appointed with a revised completion date of October 2025.

The MHLDVG team will review the long-term viability of current provision in South Wales.

MHLDVG team will also ensure provision for North Wales in partnership with NHS England and review long term commissioning based on a demand modelling exercise. Demand assessment in final stages.

MHLDVG team continue to liaise closely with Cheshire and Wirral Partnership and NHSE re new service in Chester. 2 commissioned beds for Welsh patients will be available from October 2025.

CWP have ensured that Experts by Experience from Wales have been involved in the development of the service, all signage will be bi-lingual, all documentation will be bi-lingual, all patients will be able to have care plans etc in first language, Welsh speaking staff will be employed, all Jobs will be advertised in English and Welsh. The JCC are also working with the North Wales Peri-natal service to develop a perinatal outreach worker Job Description for an outreach post (funded by JCC) that will link into the inpatient service.

South Wales service is currently fully occupied and has run at 100% occupancy over past 6 months. There is also 1 patient placed OOA from BCUHB and a further referral for an OOA bed pending for South Wales.

2.8 Child & Adolescent Mental Health In-Patient Services

The MHLDVG commissioning team continue to ensure that CAMHS services are available and delivered in compliance with the WHSSC service specification and increased access to high quality CAMHS services for Welsh residents.

North Wales Adolescent Service (NWAS) - Discussions have been held through the monthly performance meetings around bed occupancy, out of area placements and delayed transfers of care. MHLDVG will continue to engage with the service about feasibility and requirements of the service, possible alternative models of provision etc. There is ongoing building work on Extra Care Area. Significant staffing issues and a number of complex inpatients have resulted in increased out of area placements (3 from BCUHB area at time of report). MHLDVG team attending the service mid-march along with BCUHB CEO.

Ty Lliard in South Wales have seen a number of challenging admissions over Christmas period. This has resulted in 2 patients having to be placed OOA for a number of weeks. However, this situation has settled more recently with OOA patients now being assessed for return (Currently closed to admissions due to Covid outbreak)

There is One YP placed in medium security in the North of England. Oversight and case management via MHLDVG case manager.

2.9 Neuropsychiatry

No immediate quality and patient safety issues to report. The previously reported risk has been closed off on our register.

Work is still ongoing with the Neuropsychiatry service in Cardiff 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. Currently running at full capacity.

2.10 Skin Camouflage Services

MHLDVG have met with Changing Faces charity with a view to undertaking a 2 year pilot service. Hosted in CTMUHB area which may then lead to a fully commissioned service via the JCC from 3rd year onwards. MHLDVG are considering outcome measurements etc for the services as well as finding appropriate accommodation to host the service in. CTMUHB Dermatology clinicians have been involved in recent discussions and will support the development and measurement of outcomes for the service.

3. KEY RISKS / MATTERS FOR ESCALATION

3.1 Risk Register

The risk register is shown at **Appendix 2**.

3.2 Services in escalation

There are currently no mental health services in escalation.

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

MHLDVG Commissioning Team meet with HIW & NHS England bi-monthly to discuss any actual or potential issues with sites in Wales.

4. ASSESSMENT

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)) / Link to Enablers of Quality</i> (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>	Safe If more than one applies please list below:

Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
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 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 QPSC reporting will continue to cover any activities within its extensive portfolio by exception, which may have quality and patient safety implications.