

<b>Agenda Item</b>
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<b>Quality Safety and Outcomes Sub-Committee</b>
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<b>Regulator Report [Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC)]</b>
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<b>Dyddiad y Cyfarfod / Date of Meeting</b>	23/02/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kirsty John, Quality and Outcome Business Partner
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Carole Bell, Director of Nursing and Quality
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Carole Bell, Director of Nursing & Quality Assurance

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

<b>Acronyms / Glossary of Terms</b>	
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CAMHS	Child and Adolescent Mental Health services
CCAPS	Commissioning Care Assurance and Performance System
CQC	Care Quality Commission
GP	General Practitioner
HIW	Health Inspectorate Wales

ICB	Integrated Care Board
MDT	Multi-Disciplinary Team
MIUs	Minor Injury Units
QAIS	Quality Assurance Improvement Service
SDEC	Same Day Emergency Care

## 1. SITUATION/BACKGROUND

This report provides assurance to the Committee on regulatory activity by Healthcare Inspectorate Wales (HIW) and the Care Quality Commission (CQC) for commissioned services during the period **1 December 2025 to 31 January 2026**.


HIW and CQC are the statutory regulators responsible for inspecting and regulating health and social care services in Wales and England respectively. Both organisations assess compliance with regulatory standards, identify areas for improvement, and provide assurance on quality and safety.

A Memorandum of Understanding is in place between HIW and CQC to support intelligence sharing and collaborative oversight across both agencies.

## 2. SPECIFIC MATTERS FOR CONSIDERATION

The report summarises key inspection findings, intelligence from regulatory summits, and quality assurance activity, and identifies any risks or required actions.

### 2.1 Regulator Activity Summary – CQC

	<p><b>Care Quality Commission (CQC) reports. There is an overall rating provided against the domains of safe, effective, caring, responsive and well led</b></p>
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Three commissioned providers were subject to CQC inspection during the reporting period:

<p><b>Kneesworth House (Partnerships in Care)</b>  <b>Service:</b> Forensic inpatient secure wards  <b>Inspection Date:</b> 15 December 2025</p> <p><b>Key Findings:</b></p> <ul style="list-style-type: none"> <li>• Significant improvement since previous inspection.</li> <li>• Seclusion practices now compliant with the Mental Health Act Code of Practice.</li> </ul>
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- Governance arrangements strengthened with robust oversight of patient safety and rights.

• **Overall Conclusion and implications/actions for JCC:**

The service demonstrates strong compliance with legal and regulatory frameworks, with improved governance and patient safety processes. Partnerships in Care - Kneesworth House are on the Framework 3 star Q rating for both JCC (MSU) and HB (LSU) to commission. There are no issues of concern to report and there is one patient currently placed at the unit.

Cygnnet Hospital Stevenage (Cygnnet Healthcare Ltd)

**Service:** Forensic inpatient secure wards

**Inspection Date:** 18 December 2025

**Key Findings:**

- Overall rating remains **Good**.
- Previous issues regarding cleanliness and staffing vacancies have improved.
- Patients reported positive experiences and felt supported by staff.

**Overall Conclusion and implication/actions for JCC:**

Forensic wards provide safe, high-quality care with evidence of sustained improvement since the 2021 inspection. The provider is on the framework and has a 3 star Q rating and were reviewed in June and September 2025. The JCC has 2 patient's currently there and no issues of concern have been identified. The exception is the PICU unit at Stevenage will has a QAR of 3 from when they came onto the Framework but have not been reviewed at the time of writing as they have not had any patients placed there.

The Royal Orthopaedic Hospital NHS Foundation Trust

**Service:** Orthopaedics and paediatric oncology bone services

**Inspection Date:** 21 January 2026

**Key Findings:**

- Overall rating remains **Good**.
- Strong learning culture with effective incident investigation and patient involvement.
- Compassionate care, accessible services, and visible leadership.

**Overall Conclusion and implication/actions for JCC:**

The Trust continues to deliver high-quality, safe, and person-centred care. No identified actions required for commissioner.

## 2.2 Regulator Activity Summary – HIW Inspections

There were **no HIW inspections of commissioned services** during the reporting period.

## 2.3 Regulator Activity Summary - HIW Summit Intelligence (November 2025)

HIW convened a multi-stakeholder summit in November 2025 to triangulate system-wide intelligence. Key themes communicated to Health Boards and Trusts in January 2026 included:

### Planned Care

- Persistent long waits and backlogs across diagnostics, orthopaedics, dermatology and cancer services.
- Concerns regarding waiting list management and patient support.
- Outsourcing and regional initiatives underway but sustainability remains uncertain.

### Patient Access

- Centralisation affecting vulnerable populations' ability to attend appointments.
- Transport cancellations contributing to missed appointments and inefficiency.
- Positive developments in digital access and targeted GP initiatives.

### Unscheduled and Emergency Care

- Continued ambulance delays and ED overcrowding.
- Variable performance against handover targets and underutilisation of Same Day Emergency Care (SDEC) and Minor Injury Units (MIUs).

### Mental Health

- Challenges in crisis access, post-discharge support, and inpatient quality.
- Safeguarding and MDT working require strengthening.
- Workforce and estate pressures persist.

### Quality, Safety and Governance

- Delays in incident reporting and implementation of recommendations.
- Data quality and complaint handling remain areas of concern.

### Culture and Leadership

- Low staff morale, bullying concerns, and limited senior engagement reported.

- Behaviour and “Speaking Up Safely” programmes show early positive impact.

#### Workforce

- Recruitment challenges, high sickness absence, and training gaps.
- Small organisations vulnerable to single points of failure.

#### Financial and Strategic Pressures

- Short-term planning undermines sustainability.
- Financial pressures impacting service quality and stability.

#### Maternity

- Safety, staffing, and cultural concerns highlighted through audits and whistleblowing.
- Oversight improving but significant cultural change required.

#### Next Steps:

NHS Wales is required to provide updates on improvement actions, with ongoing monitoring ahead of the Spring 2026 Summit. The JCC are members of the Healthcare Summit Working Group who are responsible for monitoring the actions. Discussions will also feed into the Service Level Agreement meetings with provider Health Boards.

## 2.4 Regulator Activity Summary - CCAPS Quality Assurance Reviews



Quality Assurance Improvement Service (QAIS) reviews were undertaken across multiple mental health, learning disability and CAMHS providers.

#### Key Outcomes:

- All reviewed services **maintained a 3Q rating**.
- One service (Coed Du Hall) successfully completed a Performance Improvement Plan, resulting in restoration of the 3Q rating.

## 2.5 Quality and Safety Oversight

- A review of the HIW Memorandum of Understanding is underway to strengthen intelligence sharing.
- Regular quality meetings with HIW and NHS Wales Executive teams will enhance escalation and monitoring arrangements.
- CQC intelligence continues to be monitored through ICB and NHS England national safety forums, with follow-up by Directors of Nursing as required.

### 3. KEY RISKS / MATTERS FOR ESCALATION

There are **no regulatory risks or issues requiring escalation** currently. Regulatory inspections provide assurance and form part of the commissioning assurance cycle.

### 4. ASSESSMENT

<b>Objectives / Strategy</b>	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Ensure Quality
	Improve Equity and Population health
<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>	A Healthier Wales
	A More Equal Wales
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Learning, Improvement & Research
	Leadership
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Effective
	Efficient Equitable Person Centred Timely Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) /</b>	No - Not Applicable
	If more than one applies please list below:

<b>Environmental /Sustainability Impact (5Rs)</b>	
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<b>Impact Assessment</b>		
<b>Ansawdd</b> <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>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<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>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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 report; and
- **Receive** the report for assurance.