

<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>	02/06/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Sanjeev Mahapatra, Head of Operations, MHLDVG
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Adrian Clarke, Director of Commissioning Specialist Mental Health, Learning Disabilities and Vulnerable Groups
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Adrian Clarke, 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>	
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 Outcomes Sub-Committee (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, 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 National Frameworks (Hospitals & Care Homes)

National Hospitals Frameworks incidents (Mar – Apr):

- 72 serious incidents were reported in the Adult Framework:

- Medium Secure – 26 serious incidents reported.
- Eating Disorder – 1 serious incidents reported.

Please note the remaining incidents relate to other Lots such as Low Secure, Lockable Rehab, etc.

- 9 Complaints reported from 5 patients, all residing within services provided by two providers, Cygnet and Elysium.
  - 5 of these complaints related to Attitude/Behaviour of staff, 2 relating to Clinical Treatment, 1 Equality & Diversity, and 1 Patient Property.
- CAMHS Framework – 2 serious incident reported. 1 safeguarding.

The clinical team continues to follow 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 (March-April 2025)

Currently all hospital units are 3Q apart from 6 units. There is one medium secure unit at 1Q level, Rose ward –Lot 3 (St. Andrews Healthcare, Northampton). Action plan remains in situ and enhanced monitoring continues until improved practice is embedded.

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.

Of the 54 placements made during this period (March-April 2025), 53 were with 3Q rated providers and 1 with a unit currently rated at 1Q.

There were 30 incidences of rapid tranquilization reported in the period (14 in March, 16 in April).

In the last 6 months there have been an average of 17 incidences per month.

The clinical team continues to follow up on all moderate and serious harm incidents including all rapid tranquilisation notifications reported via CCAPS. All incidents have been investigated and required no further escalation having received assurance from relevant providers.

The focus of reviews ensures that all providers have governance, processes programmes in place focused on reducing restrictive practices.

## **2.2 High Secure Services**

### **2.2.1 Ashworth**

There are currently 27 Welsh patients placed here.

The JCC MHLDVG team have arranged for regular reporting of key information including incident data. The 1<sup>st</sup> data set has been received for April and will allow us to better monitor patient safety and quality of care.

JCC continue to attend quarterly National Oversight Group meetings with NHSE, CQC and specialist advisors in order to gain ongoing assurances regarding quality and safety of these services. This group reports directly to the UK Health Secretary.

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

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

## **2.3 Medium Secure Services**

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

Issues remain with regards to bed availability due to various service issues. There continue to be delays and non-compliance from the service to requests for data and further information that would support the JCC in fully understanding quality, safety and performance issues, and appropriately maximising the use of the service.

Bed occupancy:

- 7<sup>th</sup> March - 70% (43 beds occupied)
- 25<sup>th</sup> April - 72% (44 beds occupied)

Chief Commissioner and Director of MHLDVG from JCC are due to meet with CEO and Director of MH from SBUHB in June to discuss a forward plan regarding occupancy at Caswell Clinic in the immediate term as issues continue with the effects from the fire on the Low Secure Unit at SBUHB and other environmental concerns.

There is also a longer-term plan to consider alternative commissioning arrangements for the service.

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

BCUHB have now concluded their investigation into the security breach at Ty Llewelyn approx. 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 that the JCC undertake.

Bed occupancy:

- 7<sup>th</sup> March - 80% (20 beds occupied)
- 25<sup>th</sup> April - 80% (20 beds occupied)

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

Following on from the establishment of two new NHS Children and Young People's Gender Services in April 2024 based in London and Liverpool, NHSE is halfway through the programme of establishing eight regional CYP Gender services.

The Bristol and South West Gender service was launched in November 2024 and has established a satellite clinic in Cardiff and the Vale Health Board (facilitated by Cardiff and the Vale CAMHS service). Welsh patients are being seen by the newly established services. The National Referral Support Service (GDNRSS-Arden and Gem) continue to support allocation of the waiting list to the CYP services. As the new services come on-line Welsh Patients will access services closer to the Welsh border (and benefit from the satellite clinic arrangement.. The 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.

The waiting list for assessment is currently around 372 CYP as at 6<sup>th</sup> May 2025. The Bristol and South West Team will present to the JCC QSOC in August on Governance and Clinical Assurance (local and National Governance arrangements). NHSE is in the process of revising the National Service Specification for CYP Gender services which is underpinned by the New Holistic Clinical model. A 90 day Public consultation on the revised specification is scheduled for the end May 2025.

NHSE has an ambitious programme of research under the auspices of the 'Pathways' work programme funded by the NIHR. The NHSE Research Oversight Board provides governance and assurance through every aspect of the programme. The NWJCC is represented by the Medical Director on the Board. The Puberty Suppressing Hormone Clinical Trial is one aspect of the research programme led by Professor Sinason (Kings College London) as Chief Investigator. The trial has been subjected to a number of research ethics approval procedures and is at the final stage. The new CYP services will recruit to this

study as soon as full ethical approval is achieved. Each of the new CYP regional services will support the research project. The Alder Hey CYP Gender service has been commissioned by NHSE to lead the New CYP Gender Provider Network (launched in shadow form in April 2025). This will drive quality improvement initiatives, consistency between services and benefit from the critical mass of expertise across the CYP services.

The NWJCC is represented on the NHSE National Portfolio Programme Board, The National Commissioning Group, the National Research Oversight Board and the Bristol and South West Partnership Board (previously Programme Board).

## **2.6 Gender Identity Services for Adults**

The Levy review of all nine Gender Identity Assessment Clinics across England has now been completed. There was MHLDVG involvement in one of those reviews. The Levy team have met with the Cardiff service for interest but the WGS is not part of the National NHSE Review. The outcome of the Adult review will be shared with all the participating services and a formal report will be published in early Summer 2025. The JCC will draw upon the findings to inform an independent review of Welsh Adult Gender through August and September 2025.

The waiting list at the Cardiff Gender service is around 1462 people (as at end of April) with a wait of around 23 months at present.

Following the recommendations of the Cass Review, a Pilot for 18-25yr old 'run-through' service will be commissioned by NHSE following the publication of the 'Levy' Adult review. Currently in the process of tender for a Pilot Provider. Data trends indicate increase in the number of 18-20 year old young people referred to services (good proportion of 'de-novo' referrals to adult services).

Surgical pathway discussions continue with Arden & GEMS in relation to having contemporary data on waiting lists etc. MHLDVG have also started to attend revisions meetings with organisations that provide surgical services. Surgical services for Welsh patients are commissioned by the NWJCC through NHSE. This is a highly specialised area provided by a limited number of private services commissioned by NHSE. There continue to be pressures to fund stand-alone surgical procedures outside the commissioned National Surgical Pathway. NHSE has established a Gender Surgery workstream with a number of projects feeding into this. This includes a review of the Surgical Pathway and Service Specification, Revision of aftercare, de-transition, review of stand-alone procedures and Provider selection process. The surgical workstream runs through to 2026. Representatives from the MHLDVG team have now attend Unscheduled After Care (UAC) meetings with NHSE commissioners to discuss requests for surgical revisions.

There will be a presentation on Gender Services at a JCC Strategy event during the latter part of 2025

## **2.7 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.

### **2.7.1 North Wales Adolescent Service (NWAS):**

HIW have published a report on a recent inspection to Kestrel ward. Details can be found in the inspection report

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. 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 the time of this report). Recruitment is currently underway for senior posts such as Ward Manager and Service Manager.

Bed occupancy:

- NWAS (12 beds)
  - 7<sup>th</sup> March - 42% (5 beds occupied)
  - 25<sup>th</sup> April - 58% (7 beds occupied)
  
- Ty Llidiard (15 beds) No immediate quality and patient safety issues to report.
  - 7<sup>th</sup> March - 87% (13 beds occupied)
  - 25<sup>th</sup> April - 87% (13 beds occupied)

## **2.8 Neuropsychiatry**

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.

During MHLDVG 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. MHLDVG are linking in with CVUHB team to discuss options.

Bed occupancy (11 beds)

- 7<sup>th</sup> March - 82% (9 beds occupied)
- 25<sup>th</sup> April - 73% (8 beds occupied)

There will be a review of the Neuropsychiatric service undertaken in the near future as described within the JCC Foundation plan.

## **2.9 Perinatal Mental Health**

At the request of the Welsh Government and as part of the JCC workplan the directorate has produced a Utilisation, Forecasting & Modelling Report jointly with the Royal College of Psychiatrists Wales. The report found:

- Between 10% and 15% of women who have delivered a baby will experience mild/moderate mental health issues, the majority will be cared for in primary care
- Between 2 to 4 per 1000 women who have delivered a baby will experience serious/ complex mental illness and need admission to hospital
- A total of 164 women from NHS Wales were admitted to a Mother & Baby Unit between 2021 and 2024. Of these 164, 133 (81%) were admitted to a Mother & Baby Unit in Wales and 31 (19%) were admitted to a Mother & Baby Unit in England
- The numbers of Welsh mothers being admitted to a Mother & Baby Unit is consistent with clinical projection of incidence of perinatal mental illness, so we have the number of mothers being admitted we would expect in Wales
- Average length of stay in a Mother & Baby Unit for a mother from Wales is approximately 41 days
- 63 miles was the average travel distance to a Mother & Baby Unit for mothers being admitted
- Lived Experience Group, consulted as part of this Report, identified 'no more than 1 hour' as the preferred travel time to a Mother & Baby Unit. 73% of all Mother & Baby Unit admissions from Wales were within a 1 hour travel time
- Mothers from Betsi Cadwaladr University Health Board are currently travelling further and for longer time to a Mother & Baby Unit than those mothers from other Health Boards areas. This is because they are accessing Units across England. Travel time and distance will be significantly reduced once a new Unit opens in Chester in the autumn of 2025. Modelling shows that mothers travelling for less than 1 hour would rise from 13% to 69%, and that Average travel time would change from 1 hr 45 mins to 48 mins.
- For mothers in South Wales access to 8 beds (two more than currently available in Uned Gobaith) would mean no admission would wait more than two days. Access to 9 beds would mean no admission would wait more than 1 day
- For mothers in North Wales access to 2 beds (as currently planned) would mean no admission would wait more than four days. Access to 3 beds would mean no admission would wait more than 1 day

- If a decision is made to build a new & Baby Unit in Wales then planners should take into account the location to reduce travel time for mothers and families
- Any consideration of an increase in Mother & Baby Unit provision should take into account the value and effectiveness of investment into community services to reduce the need for admission

The report highlights new innovations across the UK that may improve the experience of mothers and families (such as a fund to pay for travel) or reduce the need for admission (such as enhanced weekend support services). We are exploring the possibility of implementing these innovations in Wales.

The reports are available at [National Reviews - NHS Wales Joint Commissioning Committee](#).

Since hearing the patient story at the last QSOC meeting. DoC for MHLDVG has visited the service and video of the unit has been commissioned in order to ensure people who may potentially be admitted to the unit, have information about the service prior to admission.

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

The National Quality and Governance Group Meeting took place on Wednesday 14th May 2025 with the specific issues related to Specialised Mental Health Services summarised below.

### **2.10.1 Nottinghamshire Healthcare NHS Trust (NHFT)**

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 (IAOG) along with the National Oversight Group (NOG) for High Secure. The CQC has concluded its inspection at Rampton, and the reports are going through their internal processes prior to publication

### **2.10.2 St Andrews Healthcare**

A Midlands wide Rapid Quality review meeting was held on the 19/03/2025. This was convened due to an increasing number of concerns across the charity. ICB's are agreeing areas of improvement and establishing oversight arrangements. These will be picked up through the framework and the JCC will be represented at any future meetings.

### 3. KEY RISKS / MATTERS FOR ESCALATION

#### 3.1 Risk Register

No risks scored over 15 to report.

### 4. ESCALATION

#### 4.1 Services in escalation

There are currently no mental health services in escalation.

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

##### 4.2.1 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.

##### 4.2.2 CQC/NHSE

Report recently published following concerns raised re CAMHS & ED provider in England. Has been used by NHSW in past but no current patients in the services. Provider has applied to come onto National Framework in this current refresh.

Report is a Peer review undertaken by NHSE and partners, including the provider. Relates to some concerns initially identified during Framework reviews by JCC and additional concerns by NHSE Commissioners.

Concerns included increase use of restrictive practices, non-adherence to nice guidelines, over use of NG feeding, staffing issues, Education and training of staff.

Action plan was initiated at the end of 2023 but these actions are now all closed as reported within the peer review paper.

### 5. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Choose an item.
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b>	Not Applicable
	If more than one applies please list below:

<a href="#">150623-guide-to-the-fg-act-en.pdf</a> ( <a href="#">futuregenerations.wales</a> )	
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <i>(<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</i>	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> <i>(<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</i>	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> <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: Not required for this Commissioning Team Report. Individual risks/services may have been subject to QIA.
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:

<b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>		Not required for this Commissioning Team Report. Individual risks/services may have been subject to an Impact Assessment.
<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.	

## 6. RECOMMENDATIONS

Members are asked to:

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

## 7. 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.