

Agenda Item

4.4

Quality Safety and Outcomes Sub-Committee
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Mental Health, Learning Disabilities & Vulnerable Groups Report
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	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	
BCUHB	Betsi Cadwalader University Health Board
CAMHS	Children and Adolescent Mental Health Services
CCAPS	Commissioning Care Assurance and Performance System
CYP	Children and Young Persons

Acronyms / Glossary of Terms	
CQC	Care Quality Commission
CWP	Cheshire and Wirral Partnership
EDOS	Eating Disorder Outreach Service
FACS	Specialised CAMHS community teams including Forensic
GIDS	Gender Development Service
HI	Health Inspectorate Wales
JCC	NHS Wales Joint Commissioning Committee
LTS	Long Term Segregation
MHLDVG	Mental Health, Learning Disabilities & Vulnerable Groups
NOG	Nursing Oversight Group (for High Secure)
NHSE	NHS England
NWAS	North Wales Adolescent Service
QSO	Quality Safety and Outcomes Sub-Committee
SITREP	Situation Report
StEIS	Strategic Executive Information System
SLA	Service Level Agreement
SBUHB	Swansea Bay University Health Board
UAC	Unscheduled After Care
WG	Welsh Government

1. SITUATION/BACKGROUND

The purpose of this report is to provide an update on any Quality Safety and Outcomes Sub-Committee (QSO) 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 Children and Adolescent Mental Health Services (CAMHS) community teams including Forensic (FACS) and Eating Disorder Outreach Service (EDOS)
- Traumatic Stress Wales
- Sexual Assault Referral Centre's (SARC)
- 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 Hospitals Frameworks incidents (Jan – Feb 2025):

- 74 serious incidents were reported in the Adult Framework:
 - Medium Secure – 24 serious incidents reported. 6 safeguarding.
 - Eating Disorder – 2 serious incidents reported.

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

CAMHS Framework

1 serious incident was reported and 4 safeguarding incidents were 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 (Jan – Feb 2025)

Currently all hospital units are 3Q apart from 3 units which were at 1Q level, all belonging to one provider, St Andrew's Healthcare Northampton, Hawkins, Oak & Rose wards - Action plans have been implemented and continue to be monitored.

2 Care Home units were suspended from the framework, Ffordd Newydd and Mond Court, and all other Care homes remained at 3Q level.

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 57 placements made 56 were with 3Q rated providers and 1 with a unit currently rated at 1Q (January - February).

2.2 High Secure Services

2.2.1 Ashworth

Issues remain with the deteriorating estate. There is ongoing refurbishment and maintenance at the service.

- Continued compliance with the Safety and Security Directions of 2019, the hospital is progressing well the fourth year of the five-year capital investment programme,
- The next annual security review for the hospital is planned for October 2025,
- As part of the consultation exercise with carers in relation to the review of the directions, carers were happy with current arrangements, but have suggested a tightening of security arrangements as they are seen as a mechanism to keep their relatives safe,
- Broadmoor Hospital undertook the independent long term segregation review during the quarter and were positive about the progress made with individuals and the engagement in meaningful activities,
- The overall staffing for the hospital remains much improved following the recruitment and retention investment, with no registered nurse vacancies. Ongoing recruitment is focused on ensuring there is a pipeline of nurses and attracting male staff,
- Funding has been agreed with NHS England (NHSE) to support the development of the strategic business case in the next 4 months and the outline business case will be developed over a period of 12 to 18 months. Architects and construction consultants to support the work have been identified,
- Long Term Segregation (LTS) numbers had reduced to 17 patients across the site but went up to 23 during last quarter due to a number of acute admissions. Numbers have started to reduce again,
- Members of the MHLDVG team recently met with Ashworth in order to obtain regular patient data, including Incidents, complaints, Safeguarding issues etc. A new reporting template has now been shared with the provider for quarterly reporting,
- The MHLDVG team continue to advise on Strategic Executive Information System (STEIS) reported issues every 6 weeks,

- Representatives from the MHLDVG team are to start attending contract meetings with provider and NHSE on a quarterly basis; and
- Care Quality Commission (CQC) visits have concentrated on Section 134 use and Night time confinement. No issues with Use of section 134 have been identified but there have been some incidents of early night time confinement and late unlocking due to staffing issues. None of these were above 5 minutes.

2.2.2 Rampton

The service is no longer in enhanced monitoring via NHSE & CQC.

- The service continues to work through CQC Section 48 reporting and CQC continue regular review visits,
- Staffing continues to improve with 10 new Registered nurses starting in last quarter along with up to 55 recruited over past few months,
- Meaningful activity continues to increase with 98% of planned activity taking place,
- The OCP process continues, in order to align structures with other two HSU's and concentrated on staff positions between Rampton SLT and Ward Managers,
- There were some staffing issues over the winter period due to staff sickness and a high number of patients needing unplanned visits to hospital due to various winter illnesses. These unplanned visits usually take between 3 and 5 members of staff each time,
- Body worn cameras due to be used at the site. This is again in line with the two other High Secure Units that use them. This is seen as a positive move by most staff and patients; and
- There have been recent discussions with Notts Healthcare and NHSE regarding the commissioning process for beds at Rampton, a spot purchase process instead of current rolling contract is being considered. Numbers at Rampton are low (1 female) with no outstanding referrals.

2.2.3 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. Discussions with NHSE will take place regarding future use of the service but will probably need to wait until the NHSE reorganisation is completed; and
- Although there are no Welsh patients at the service, two incidents to note are a recent cyber-attack on West London NHS Trust servers. This attack also targeted the server that manages the personal alarms at Broadmoor. There were no lasting issues. Also, a family member attending the site was found with Rayban Meta spectacles. These spectacles can record whilst being worn. Staff noticed the spectacles before the patient meeting had started.

2.3 Medium Secure Services

2.3.1 Caswell Clinic

Discussions continue with the Caswell Clinic regarding identified issues.

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 was developed by Swansea Bay University Health Board regarding potential construction of new seclusion facilities with £1m funding for the project allocated last April. However, no further progress has been made with this as yet, and no works started. Plans for x2 Extra Care Areas developed by architect. Development of the Seclusion facilities to be discussed with Caswell at next meeting as WG will allocate monies elsewhere if works are not progressed imminently.

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.

A further meeting is to be arranged between JCC and SBUHB as estates have now indicated that works to repair fire damage will likely take over 12 months to complete and are yet to commence.

Current occupancy at Caswell clinic-

- 61 beds in total.
- 6th January - 67% (41 beds occupied)
28th February - 70% (43 beds occupied)
- 14 beds on one ward being used for SBUHB Low Secure patients
- 4 vacant MSU beds

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

2.3.2 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 and no en-suite facilities. Only 20 beds currently occupied.

The MHLDVG team have formally given notice to SBUHB and BCUHB regarding transfer of case management service into JCC.

Bed occupancy:

- 6th January - 76% (19 beds occupied)
- 28th February - 80% (20 beds occupied)

2.4 Eating Disorder In-Patient MH Services

The number of inpatients has risen to 18 inpatients across 4 independent sites (an increase of 5 patients during past 2 months). 13 of those inpatients are in a service in Wales. There has also been a large number of referrals with 10 in the system awaiting gatekeeping approval and/or admission.

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 Children and Young Persons (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 NHSE Implementation Plan.

On the 7th August, NHSE published the following report *Children and young people's gender services: implementing the Cass Review recommendations* outlining the steps that NHSE 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.

The Bristol assessment service has been operational for a number of weeks and have started seeing Welsh patients. Satellite clinic within C&VUHB footprint is now established at St David's hospital.

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 330 CYP as at 17th March 2025, the previous reported figure was around 360.

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 to see if they can learn anything to take back to England.

The waiting list at the Cardiff Gender service is around 1,150 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.

A number of queries have been raised by NHSE Surgery lead and Lead of WGS about provision of surgery being commissioned in Wales and standalone procedures that are currently partially funded in England but not in Wales. Representatives from the MHLDVG team have now attend Unscheduled After Care (UAC) meetings with NHSE commissioners to discuss requests for surgical revisions.

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

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

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.

The MHLDVG team will also ensure provision for North Wales in partnership with NHSE and review long term commissioning based on a demand modelling exercise. Demand and Capacity assessment is in final stages and will be presented to the Minister for MH in coming weeks.

CWP have ensured that experts with 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 in their first language. Welsh speaking staff will be employed, all jobs are currently advertised

in English and Welsh. There has been a very good response to job adverts so far. There have been almost 400 applications for Support Worker posts with high numbers of applicants for registered positions. Many applicants are Welsh speakers. Interviews commenced in March.

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.

The JCC recently met with NHSE/CWP comms teams with regard to a communications strategy for the opening of the unit. The Communications teams from the JCC and CWP will work collaboratively to plan the opening of the service.

The JCC recently met with the Clinical Commissioner and Quality lead for CWP. The meeting was to discuss oversight and monitoring of service once opened. Agreement was made to work closely together. Further meetings with wider teams to be held. Visit by CWP team to the South Wales service is planned. The 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 South Wales.

The JCC, Swansea Bay University Health Board (SBUHB), Betsi Cadwaladr University Health Board (BCUHB) and the NHS Executive recently presented to Northern Ireland Peri-natal MH conference to discuss the commissioning and provision of the services in South Wales and Chester.

Bed occupancy:

MBU Tonna (6 beds)

- 6th January - 100% (6 beds occupied)
- 28th February- 100% (6 beds occupied)

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.

2.8.1 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. 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.

The MHLDVG team will be attending the service mid-March along with the CEO from BCUHB.

4 Young people placed in England due to specific needs that can't be met in NHSW provision. One has placed in a CAMHS eating disorder service, one in Low Secure, one in PICU and another in Medium secure

Bed occupancy:

NWAS (12 beds)

- 6th January - 67% (8 beds occupied)
- 28th February - 42% (5 beds occupied)

Ty Llidiard (15 beds)

- 6th January - 73% (11 beds occupied)
- 28th February - 100% (15 beds occupied)

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 (at time of writing report).

MHLDVG team to meet with Neuropsychiatry SMT in April to discuss the service and future model of provision.

Bed occupancy:

- 6th January - 100% (10 beds occupied)
- 28th February - 90% (9 beds occupied)

2.10 Skin Camouflage Services

The MHLDVG team have met with the Changing Faces charity with a view to undertaking a 2-year pilot service. The service is hosted in the CTMUHB area which may then lead to a fully commissioned service via the JCC from the third year onwards. The MHLDVG are considering outcome measurements for the services and have sourced appropriate accommodation to host the service in. A draft Service Level Agreement (SLA) has been completed. Arrangements regarding transfer of monies from Welsh Government to the JCC in order to progress the pilot are still ongoing.

3. KEY RISKS / MATTERS FOR ESCALATION

3.1 Risk Register

No risks scored over 15 to report.

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

3.3.1 Health Inspectorate Wales

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

3.3.2 CQC/NHSE

A report was recently published following concerns raised regarding a CAMHS & ED provider in England. The service has been used by NHS Wales in the past however currently there are no patients admitted to the services. The provider has applied to be included on to a National Framework in this current refresh of procurement.

The report is a peer review undertaken by NHSE and partners, including the provider and relates to some concerns initially identified during Framework reviews by the JCC and additional concerns raised by NHSE Commissioners. The concerns included increased use of restrictive practices, non-adherence to NICE guidelines, overuse of Nasogastric (NG) feeding, staffing issues, education and training of staff. An action plan was initiated at the end of 2023 and the actions are now all closed as reported within the peer review paper.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Ensure Quality
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
	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 <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	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 <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	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	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for this Commissioning Team Report. Individual

<i>Have you undertaken an Equality Impact Assessment Screening?</i>		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 (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATIONS

The Quality, Safety and Outcomes sub-committee are asked to:

- **Note** 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.