

Agenda Item

5.3

Quality and Safety Outcomes Committee
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Mental Health, Learning Disabilities & Vulnerable Groups Report
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Dyddiad y Cyfarfod / Date of Meeting	06/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Pwrpas yr Adroddiad / Report Purpose	For Noting For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)			
Committee / Individuals	Group	Date	Outcome
		Click or tap to enter a date.	Choose an item.

Acronyms / Glossary of Terms	
CAMHS	Child and Adolescent Mental Health Services
CQC	Care Quality Commission
HIW	Health Inspectorate Wales
NWJCC	NHS Wales Joint Commissioning Committee
MHLDVG	Mental Health, Learning Disabilities and Vulnerable Groups
NOG	National Oversight Group (for High Secure)

1. SITUATION/BACKGROUND

The purpose of this report is to provide an update on any quality and patient safety issues for services relating to the Mental Health, Learning Disabilities and 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 and 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 and baby)
- Child & Adolescent Mental Health Services In-Patient Services
- Specialised CAMHS community teams including Forensic and Eating Disorder Outreach Service
- 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 cognitive behavioural therapy).

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 Hospital Framework

Please see 4.1.1 relating to an issue with a Framework provider.

2.2 High Secure Services

2.2.1 Ashworth & Rampton Hospitals:

There are currently 27 Welsh patients placed in Ashworth and 1 in Rampton.

NHS Wales Joint Commissioning Committee (NWJCC) continue to attend quarterly National Oversight Group (NOG) meetings with NHS England, the Care Quality Commission (CQC) and specialist advisors in order to gain ongoing assurances regarding quality and safety of these services.

Rampton Hospital hosted the NOG review in September 2025. This review was a three-day extended review in order to gain additional assurances from the service as part of the relicensing process. High secure hospitals are usually relicensed on a 5-year cycle. Licenses are approved by the Secretary of State for Health following advice from NHS England and NHS Wales commissioners with input from Department of Health, CQC and other organisations. However, in 2024, Ashworth and Broadmoor Hospitals obtained their 5-year license but advice to the Secretary of State was that Rampton Hospital should only be relicensed for an initial 2-year period due to a number of issues relating to staffing, culture and quality of care. It was felt that a further 3-year license should only be approved if the service had shown significant improvements during the initial 2-year approved period.

The NOG review in September 2025 included the input from NHS England commissioner for the service, NHS Wales Commissioner, independent security advisor and independent clinical advisor. The review involved 2 days on site, attending different services within the hospital, attendance at multi-disciplinary team meetings and discussions with patients. Discussions were also held with CQC and Department of Health colleagues. The third day was used to hold the usual NOG agenda with reports from the 2 other High Secure services.

The review at Rampton Hospital showed significant improvements have been made at the service, in line with the action plan given as part of the relicensing programme. The service will continue to receive NOG oversight over the coming 12 months before a final decision on full relicensing being made.

2.3 Medium Secure Services

2.3.1 Caswell Clinic (61 Beds):

As reported in the previous report, the NWJCC has reintroduced annual reviews of both NHS Wales medium secure units in order to ensure that performance data being collected is accurate and that any other quality or safety issues are identified.

A review of quality and performance at the Caswell Clinic, undertaken by the MHL DVG Framework team, was completed week commencing 15 September 2025. The report for this review was not completed at the time of writing this report but a verbal update will be given at the Quality Safety and Outcome meeting.

Bed occupancy:

4 July 2025	- 70% (43 beds occupied)
29 August 2025	- 66% (40 beds occupied).

2.3.2 Ty Llywelyn (25 Beds):

As above, Ty Llywelyn will also be subject to an annual review which has been scheduled for the Framework team to complete on 9 October. Individual patient reviews commenced on 17 September and will also be completed by 9 October.

Bed occupancy:

4 July 2025 - 76% (19 beds occupied)
29 August 2025 - 76% (19 beds occupied).

2.4 Deaf In-Patient MH Services

Work is underway with referrers and community teams to ensure commissioned services are monitored and evaluated to verify that services are delivered as commissioned and that they meet individual service user needs. The MHLDVG, in conjunction with the Royal College of Psychiatry will undertake a demand and capacity review of Deaf Mental Health services in Wales in 2026 as part of the Ddyfodol programme, commissioned by Welsh Government.

2.5 Gender Identity Disorder Services

A slight reduction in activity has been reported by the Welsh Gender Service This is deemed to be due to increased staff absence.

The MHLDVG division continue to await the outcome of the Levy review of adult gender clinics in England before a review of the Welsh Gender Service commences. As we await the outcome of the review, we have liaised with clinical experts in this area who are independent of NHS Wales and may be involved in the review panel. A scope and terms of reference for the review are being considered.

2.6 Child & Adolescent Mental Health In-Patient Services (CAMHS)

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

Bed occupancy: North Wales Adolescent Service (12 beds)

4 July - 42% (5 beds occupied)
29 August - 50% (6 beds occupied)

Bed occupancy: Ty Llidiard (15 beds)

No immediate quality and patient safety issues to report.

4 July - 60% (9 beds occupied)
29 August - 47% (9 beds occupied)

2.7 Neuropsychiatry

Bed occupancy (11 beds):

4 July - 91% (10 beds occupied)
29 August - 100% (11 beds occupied)

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

2.8 Perinatal Mental Health

Urgent repairs are required to the roof of the Uned Gobaith unit (Tonna Hospital). It has been planned for there to be a temporary closure from mid-October for a period of 6 weeks in order to complete the required maintenance work. However, the situation has deteriorated meaning some beds may close immediately and future referrals will need out of area beds until works complete.

The video guide of the unit has now been completed with some minor amendments being made to the Welsh version before it is published.

Bed occupancy (6 beds):

4 July - 100% (6 beds occupied)
29 August - 50% (3 beds occupied)

The Chester service remains on course for completion by the end of November 2025 with the first patients likely to be admitted in January 2026.

2.9 Skin Camouflage Service

The service for Wales has been commissioned since June 2025. Since then, Changing Faces, the provider of the service have been recruiting staff and commenced training. The service will start to operate from the identified premises in South Wales, from October 2025 with first patients to be treated by the end of the year.

3 KEY RISKS / MATTERS FOR ESCALATION

3.1 Risk Register

No risks scored over 15 to report.

4 ASSESSMENT

4.1 Services in Escalation/Suspension

4.1.1 St Andrews Healthcare

In July 2025, the NWJCC were made aware of a serious incident which occurred on a medium secure unit at a service provided by St Andrews Healthcare. The incident related to an alleged assault of a Welsh patient which occurred during a restraint procedure and resulted in 17 members of staff being suspended from duty. Subsequent reviews have uncovered further issues at the site which has

led to the embargo on admissions by the CQC and the suspension of the site from the NHS Wales Framework Agreement for Mental Health/Learning Disabilities and CAMHS Hospitals.

BACKGROUND

- St Andrews Healthcare are a provider of Secure and Non-Secure Mental Health and Learning Disability inpatient services. They provide services to Welsh patients as a provider under the NHS Wales National Framework Agreement for Adult and CAMHS hospitals.
- Services are delivered across three separate sites, these are located at Northampton, Birmingham and Essex.
- The NWJCC Frameworks team review these services at least annually and have found quality and potential safety issues during these reviews. This has led to some units within these sites receiving improvement plans and reduced Quality (Q) rating under the framework process.
- In July of this year the NWJCC were made aware of a serious allegation of assault by staff on a Welsh patient whilst they were being restrained at the Northampton site.
- Following initial investigations into that allegation, 17 members of staff were suspended and police were asked to investigate. This has now risen to 28 suspensions across the Northampton site.
- Since then, a member of staff has been arrested (which has been reported by the BBC) and various commissioning organisations and the CQC have been involved in reviews across the site.
- Following these reviews further incidents/potential incidents have been uncovered along with other Quality issues. This has resulted in an embargo on admissions By the CQC and suspension from the NHS Wales Framework by the NWJCC.
- The St Andrews site in Northampton comprises of around 28 wards, offering varying types of mental health/learning disabilities services across a range of levels of security. There are around 450 current inpatients, 20 of whom are Welsh and 2 from the Isle of Man (who commission all off-island beds via the Welsh Framework Agreement).

Ongoing actions:

- The NWJCC have suspended the site from the NHSW Framework Agreement
- The NWJCC have alerted all Health Boards in Wales, Welsh Government and Manxcare (Isle of Man) to the issues at the site.
- The NWJCC have discussed the issues at St Andrews with the Minister for MH and Well-being, the Chief Nursing Officers office and the Mental Health Policy Team at Welsh Government with the promise to update them on any significant developments.
- The NWJCC have developed a suspension plan that the service will need to be able to evidence compliance against before the suspension is lifted.
- The NWJCC attend Silver Incident Management Team meetings twice weekly, Gold Incident Management Team meetings weekly and Single Oversight Group monthly. These meetings look at varying levels of issues,

such as bed status of the provider, flow and availability of specific beds within other providers if required, staffing at the Northampton service, compliance with action plans, further reported issues etc.

- All Health Boards, Medium Secure Case Managers (on behalf of NWJCC as commissioners) and Manxcare, have been advised to undertake frequent wellbeing checks on patients at the site, in addition to the usual visits that are undertaken.
- The Clinicians within the NWJCC Frameworks team have increased oversight of the service as per suspension and enhanced monitoring processes. These visits will usually be to undertake specific reviews relating to individual actions within the suspension plan and will often include face to face discussions with some Welsh patients.
- All commissioning organisations from Wales & Isle of Man who have patients placed at the service have been advised by NWJCC to consider possible alternative placements that patients could transfer to, should the situation at the site not improve as required.
- St Andrews Healthcare and NHS England have reported issues with maintaining the blended secure model of care at the site, due to no admissions being agreed and a number of patients moving on. St Andrews have also started to reduce capacity at the Northampton site as patients are being discharged across various services and only a few admissions have been agreed. Some wards have closed completely and staff have moved to other units.

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

4.2.1 Health Inspectorate Wales

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

HIW have contacted the commissioning team in the last few weeks in order to gain our view on Heatherwood Court hospital in Pontypridd. HIW have received some contact anonymously from staff at the service who have complained that the company have restructured and that this has left them with less staff. HIW and NWJCC were contacted by the provider prior to the management restructure so that we were aware of the reorganisation. NWJCC have no current plans to revisit the service as last contact with the service was only a number of weeks ago.

4.2.2 CQC/NHS England

The NWJCC continue to work closely with NHS England/CQC in relation to the continued oversight of Rampton Hospital and in relation to the concerns at St Andrews Hospital, Northampton.

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>	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Outcome: If no, please include rationale below:

Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>		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

The commissioning team will continue to report any activities within its extensive portfolio by exception, which may have quality and patient safety implications.