

Agenda Item

4.4

Quality and Patient Safety Committee

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

Dyddiad y Cyfarfod / Date of Meeting	30/10/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Director of Commissioning MHLDDVG, Head & Deputy Heads of Commissioning.
Cyflwynydd yr Adroddiad / Report Presenter	Deputy Director of Commissioning for Mental Health, Learning Disabilities & Vulnerable Groups
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sue O'Leary, Director of Commissioning MHLDDVG

Pwrpas yr Adroddiad / Report Purpose	For Noting For Assurance
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Committee / Group / Individuals	Date	Outcome
Senior Leadership Team	21/10/2026	Noted

1. SITUATION / BACKGROUND

This paper provides an update on any Quality and Patient Safety (QPS) issues for services relating to the Mental Health, Learning Disabilities & Vulnerable Groups (MHLVDVG) Commissioning Team portfolio. This includes patient safety risks or issues within commissioned services via the Hospital & Care Home Frameworks. Commissioned services are provided across Wales in a mixed economy of NHS units and independent sector provision and in England by NHS / (Foundation) Trusts and independent sector providers.

A full overview of Commissioned Activity is set out in **Appendix 1** for background information and to provide context to the updates and sources of assurance detailed in this report.

2. UPDATES TO NOTE

The following provides a brief update on matters arising since the last meeting for information:

2.1 Hospital Framework Commissioned Services

2.1.1 St Andrews Healthcare – Northampton

Remaining services at St Andrew's Hospital Northampton were transferred to Northamptonshire Healthcare NHS Foundation Trust on 15 September 2026. Therefore, the service is no longer part of the NHS Wales National Framework Agreement for Independent Hospitals. Two Welsh patients remain at the hospital. Alternate provision was sought for them both but suitable placements were not identified. One patient will remain on a longer-term basis as there is sufficient capacity on the ward above the commissioning requirements of NHS England. The other patient has been accepted to remain at present, but efforts will continue to source an alternative placement. Placements will be overseen through the NWJCC case management process.

2.1.2 Independent Sector Hospitals under Performance Improvement

Providers on the Hospital Framework are subject to ongoing quality assurance, performance monitoring and contract management by QAIS to ensure services remain safe, effective and compliant with Framework standards. Where concerns are identified, providers are required to implement corrective actions through a Performance Improvement Plan, with progress monitored and reassessed. Where framework requirements are not met leading to identified quality issues, a Level 1 Performance Improvement Plan is issued. Where safety issues are identified a Level 2 Performance Improvement Plan is issued. Failure to demonstrate improvement may result in changes to provider status, including suspension or removal from the Framework.

During August/September 2026 the following providers were subject to formal Performance Improvement Plans (PIP):

- Heatherwood Court Hospital – Level 2 PIP
- Pinetree Court Hospital – Level 2 PIP
- Cygnet Hospital Kidsgrove – Level 2 PIP
- Cygnet Hospital Heatherwood – Level 2 PIP

Heatherwood, Pinetree and Kidsgrove have now been reassessed. All actions have been completed and the PIP closed.

St Andrews Hospital Northampton remained suspended from The National Framework prior to their services transferring to Northamptonshire Healthcare NHS Foundation Trust.

2.2 Gender Incongruence Services

2.2.1 Adult Welsh Gender Service

NWJCC commissions the adult gender care pathway for Welsh patients, including assessment, referral and ongoing care through the Welsh Gender Service.

The service is currently under enhanced monitoring at escalation level 3 (see section 3).

An independent review (non-surgical) of adult gender services in Wales is underway, focused on assessment, referral and associated clinical pathways. Arden & Greater East Midlands (GEM) Commissioning Support Unit has commenced Phase 1 of the independent review within the Welsh Gender Service. This initial phase is focused on establishing a comprehensive understanding of the current service model, including pathways, operational processes, activity and performance data, and demand and capacity information. Phase 2 will commence in November, involving a panel of three commissioned clinical experts who will review the findings, clinical pathways and service processes, and make recommendations to inform future service development and commissioning arrangements. These will be reported to the Joint Committee in Q4.

2.2.2 CYP Gender services

The NWJCC commissions all aspects of CYP Gender Services through NHS England, which continues to implement the recommendations of the Cass Review (2024) through the establishment of a network of regional services. Several services are now operational, with further services being mobilised and full implementation anticipated by mid-2027.

Welsh patients continue to access specialist CYP Gender Services through NHS England's regional network. A Bristol and Southwest satellite clinic, hosted in Cardiff by CVUHB, has increased from one to two clinics per month. Services provide holistic assessment up to age 18, with CAMHS referrals from Wales managed through the NHS England national waiting list. A National Provider Network supports implementation of the Cass Review recommendations,

including benchmarking, shared learning quality improvement and development of the evidence base.

3. SERVICES IN ESCALATION

The **Welsh Gender Service** was **escalated to Level 3** monitoring in August.

The Welsh Gender Service remains under enhanced escalation and assurance process since August following concerns identified through routine quality, safety and governance reviews relating to the surgical referral pathway. In line with its commissioning responsibilities, NWJCC introduced a precautionary pause on new surgical referrals, surgical assessments and surgeries to ensure patient safety and enable a comprehensive independent review of the service.

NWJCC has initiated an Independent Clinical Review to provide assurance regarding the appropriateness of referrals and support the safe resumption of services. The review will take a phased approach, with priority given to patients who were scheduled for surgery at the time of the pause, followed by those awaiting surgery and those awaiting surgical assessment. Independent clinicians are reviewing individual cases and engaging directly with patients where required.

Patients affected by the pause are being contacted directly and dedicated arrangements are in place by Cardiff and Vale University Health Board to provide patient, staff, and referrers with information, advice and support.

NWJCC will continue to work closely with Cardiff and Vale University Health Board, clinical leaders, stakeholders, and service partners as the review progresses.

Caswell Clinic is monitored under **Level 2 escalation** since August, when it was de-escalated from level 3 monitoring. Some progress is evident, but material environmental safety risks and delays to the integrated alarm system remain outstanding and require continued monitoring and resolution. Mitigations are in place on an interim basis to manage these issues whilst longer term arrangements are put in place.

4. RECOMMENDATIONS

The members of the Quality, Safety and Outcomes Sub-Committee are asked to:

- **Take Assurance** that patient safety risks or issues within commissioned services are being managed and monitored as set out above.

Appendix 1 – Overview of Commissioned activity

1. Medium & High Secure Inpatient Services:

1.2 Ashworth High Secure Hospital – Male Mental Health

Patient progress continues to be monitored by the clinical case managers, including analysis of incidents and restrictive practice, with no current issues to note.

31st August 2026 there were 22 patients.

1.3 Rampton Hospital – Female Mental Health & Male and Female Learning Disabilities

31st August 2026 there were 3 female Mental Health patients and 0 learning disability patients. 1 learning disability patient is due to transfer from St Andrews.

1.4 Caswell Medium Secure Service

A Welsh Government decision on capital investment for two seclusion units at Caswell Clinic is anticipated by the end of November. If approved, works will temporarily reduce capacity, potentially by a further four beds, but will strengthen longer-term provision for higher acuity patients. The commissioned medium secure ward, currently used for low secure patients, is expected to be vacated around December/January; however, planned upgrades mean it is unlikely to be available for medium secure use until early 2028, subject to capital approval.

Commissioned beds – 61

Currently available beds – 43

Occupancy as at 31st August – 38 (62%)

1.5 Ty Llewellyn Medium Secure service, North Wales

A capital plan is in place this financial year to construct a new extra care area within an existing ward, with no impact on hospital capacity. A further capital bid proposes an additional seclusion suite during 2027/28, strengthening the service's resilience and capacity to support patients with higher clinical acuity.

Commissioned beds – 25

Currently available beds – 25

Occupancy as at 31st August – 18 (72%)

1.6 Independent sector Medium Secure placements

On 31st August 2026 there were **33** Welsh patients placed in independent sector Medium Secure Units, via the All-Wales Framework.

2. Neuropsychiatry services

Bed occupancy (11 commissioned beds):

31st August 2026- 91% (10 beds occupied)

3. Vulnerable Groups: Adult Gender Service:

At end of August 2026, there were circa 797 Welsh patients on the waiting list with NHSE Arden & GEM for masculinising and/or feminising surgery.

3.3 Perinatal Inpatient services

Seren Lodge Perinatal Unit at Countess of Chester Hospital

Bed occupancy (2 commissioned beds):

31st August 2026 - 50% (1 bed occupied)

Uned Gobaith, in Tonna

Bed occupancy (6 commissioned beds):

31st August 2026 - 83% (5 beds occupied)

3.4 Skin Camouflage Service

Changing Faces quarterly reporting indicates positive quality and patient safety performance. Patient experience measures remain strong, with high satisfaction levels, and improvements in wellbeing scores from pre-appointment to 30 days later, indicating a meaningful positive impact on psychological wellbeing. Waiting times of under 8 weeks also support timely access, which is important for patient outcomes.

4. Specialist CAMHS

4.1 Ty Llidiard

Bed occupancy (15 commissioned beds):

31st August 2026 - 100% (15 beds occupied)

4.2 NWAS

Bed occupancy (12 commissioned beds):

31st August 2026 - 66% (9 beds occupied)

5. Digital Online Psychological Therapies

A two-stage process began in July with requests for Expressions of Interest from Health Boards to act as host, and lead delivery through partnership arrangements. Powys Health Teaching Health Board were the only Health Board to submit an EOI, and they are now in the process of considering whether to proceed to full formal submission. This will be contingent on whether PTHB exec team approve it due to the potential risks they have identified with any required service redesign from their current provision, to meet the standards, set out in the new service specification. A decision is awaited

Strategic and Regulatory 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)	A Healthier Wales If more than one applies please list below: A more equal Wales
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge If more than one applies please list below: Whole systems perspective Leadership Learning, improvement and research
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below: Efficient Equitable Patient centred Timely Safe
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? / Quality</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		Reporting on quality matters from last JCC meeting.
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: ☐	No: ☒
	Outcome:	If no, please include rationale below: Reporting on performance matters and the impact on the wider health system. Quality and safety matters also considered.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
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.	

Acronyms

Acronyms / Glossary of Terms	
BCUHB	Betsi Cadwaladr University Health Board
CAMHS	Child and Adolescent Mental Health Service
CQC	Care Quality Commission
ED	Eating Disorder
EOI	Expression of Interest
FGS	Feminising Genital Surgery
FOI	Freedom Information Request
GIC	Gender Identity Clinic
GNRSS	Gender Dysmorphia National Referral Support Service
ICB	Integrated Care Board
JC	Joint Committee
MCS	Masculinising chest surgery
MDT	Multi-Disciplinary Team
MGS	Masculinising genital surgery

MHLDVH	Mental Health, Learning Disabilities and Vulnerable Groups.
NHSE	NHS England
NWAS	North Wales Adolescent Service
NWJCC	NHS Wales Joint Commissioning Committee
PREM	Patient Reported Experience Measure
PICU	Psychiatric Intensive Care Unit
PTHB	Powys Teaching Health Board
QAIS	Quality Assurance Improvement Service
QPS	Quality and Patient Safety
SBUHB	Swansea Bay University Health Board
SLA	Service Level Agreement
WGS	Welsh Gender Service