

Agenda Item

4.7

Quality Safety and Outcomes Sub-Committee
Regulator Report [Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC)]

Dyddiad y Cyfarfod / Date of Meeting	26/10/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Adele Roberts Assistant Director of Nursing and Quality Assurance
Cyflwynydd yr Adroddiad / Report Presenter	Adele Roberts Assistant Director of Nursing and Quality Assurance
Noddwr yr Adroddiad / Report Sponsor	Carole Bell, Director of Nursing & Quality Assurance

Pwrpas yr Adroddiad / Report Purpose	For Assurance
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Senior Leadership Team (SLT)	14/10/2026	Noted

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 **1st August 2026 to 30th September**

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

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

St Andrews Birmingham
Service: Independent Mental Health
Publication Date: 23/08/2026
Updated inspection for Forensic Wards
Key Findings:
The service had made a number of improvements since the last inspection and was no longer in breach of some regulations. However, 2 breaches of the regulations in relation to safe care and treatment and good governance were found. The service mostly provided safe care but some aspects of the service needed further improvement.
Medicine management was not always optimised and governance systems were not always effective in identifying or addressing areas for improvement,

such as the poor WiFi connection in some areas of the wards, which hindered staff in carrying out some of their duties in a timely manner.

The ward environments were spacious, comfortable, safe and generally clean. The wards had enough staff and ward teams had access to the full range of specialists to meet the needs of patients. Staff minimised the use of restrictive practices and followed good practice with respect to safeguarding. Staff completed thorough risk assessments of wards and individualised risk assessments with patients, which they updated regularly including when people's risk presentation changed. Managers ensured that staff received training, supervision and appraisal and had listened to staff concerns by increasing

Overall Conclusion and implications/actions for JCC

Although substantial progress has been made, the CQC concluded that further improvements are required in medicines management and governance arrangements. The overall rating remains **Requires Improvement** and the provider has been asked to submit an action plan.

Cheadle Royal

Service: Independent Mental Health

Publication date: 19/08/2026 Inspection date 21/04/2026

Key Findings:

The inspection followed concerns raised regarding incident management, observation records, staff wellbeing, access to food and bedding, infection control, environmental issues, and medicines management. Subsequent reviews identified significant improvements.

The inspection demonstrates a positive trajectory of improvement, with the provider successfully addressing the majority of concerns identified during the previous inspection and achieving an improved rating of **Good** for CAMHS services. This reflects strengthened operational practices and responsiveness to external scrutiny. However, the continued breach of Regulation 12 indicates that safety-related processes are not yet fully embedded, particularly in relation to medicines management, environmental safety and incident oversight. The JCC should seek assurance that the provider's action plan addresses these remaining risks within agreed timescales and that improvements are sustainable. Ongoing monitoring should focus on compliance with Safe Care and Treatment requirements, learning from incidents, medicines governance and maintaining the progress achieved across the service to prevent recurrence of previously identified concerns.

Overall Conclusion and implications/actions for JCC

Outstanding safety concerns mean the provider remains in breach of Regulation 12 and must provide an action plan to address remaining risks. The CAMHS service has improved but the remainder of Cheadle Royal
Requires Improvement

2.2 Regulator Activity Summary – HIW Inspections



There were no **HIW inspection of framework services** during the reporting period.

2.2.2 Health Inspectorate Wales Annual Report

Healthcare Inspectorate Wales (HIW), the independent regulator and inspectorate of healthcare in Wales, published its annual report. This highlighted the need for accelerated improvement across NHS Wales, identifying persistent challenges that continue to affect the quality, safety and timeliness of care. Key themes include ongoing pressures on urgent and emergency care services, workforce shortages, delays in accessing treatment, concerns relating to healthcare environments and estates, and the need for stronger governance and leadership arrangements to drive sustainable improvement. While the report acknowledges examples of good practice and positive developments across Wales, HIW concludes that many longstanding systemic issues remain unresolved and require coordinated action at both organisational and national levels. The JCC should seek assurance that providers are addressing these recurring themes through robust improvement plans, particularly in relation to patient safety, workforce sustainability, governance effectiveness and service resilience.

2.3 Regulator Activity Summary - CCAPS Quality Assurance Reviews



Commissioning Care Assurance and Performance System

Supporting the delivery of safe, effective and efficient care for the people of Wales and the Isle of Man

Quality Assurance Improvement Service (QAIS) reviews were undertaken across 20 framework providers during this reporting period for mental health, learning disability and CAMHS providers.

Summary of Key Outcomes:

3 services have lost their 3 Q rating and are now 1 Q

- **Cygnnet Kenny lost 2Q's and were 1 Q rating – these were restored on follow up audit**
- **Pinetree Court Hospital – Lost 2 Q's and PIP Level 2 issued**
- **Cygnnet Heathers - Lost 2 Q's and PIP Level 2 issued**

Heatherwood court had 2 Q's restored and are now a 3Q provider, all other services inspected maintained their 3Qs

3. KEY RISKS / MATTERS FOR ESCALATION

Changes announced by NHS England to remove people from St Andrew's Northampton requires escalation and this is part of the Mental Health Directors report to the committee.

4. RECOMMENDATIONS

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

- **Note** the content of the report; and
- **Receive** the report for assurance as part of the commissioning cycle.

Strategic and Regulatory Assessment

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Ensure Quality
	Improve Equity and Population health
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
	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))	Learning, Improvement & Research
	Leadership
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
	Efficient Equitable Person 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	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Outcome:	If no, please include rationale below:
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
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.	

Acronyms

Acronyms / Glossary of Terms	
CAMHS	Children Adolescent Mental Health Services
CCAPS	Commissioning Care and Assurance Performance System
CQC	Care Quality Commission
HIW	Healthcare Inspectorate Wales
JCC	NHS Wales Joint Commissioning Committee
NHS	National Health Service
QAIS	Quality Assurance Improvement Service
QSOC	Quality, Safety and Outcomes Sub-Committee