Agenda Item
3.4

Quality, Safety and Outcomes Sub-Committee

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

Dyddiad y Cyfarfod / Date of Meeting	24/08/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Pwrpas yr Adroddiad / Report Purpose	For Assurance Choose an item.

Committee / Group / Individuals	Date	Outcome
Senior Leadership Team (SLT)	17/08/2026	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 (MHLDVG) 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

St Andrew's Healthcare, Northampton remains suspended from the National Framework Agreement and NHSE continue to coordinate centrally with commissioners' arrangements to remove the final remaining patients from the site.

At the outset of the issues, 22 patients were placed in St Andrews via the Framework; this has now reduced to 4 Welsh patients. Planned admissions to alternative hospitals are in place for 2 of the 4 patients. One patient has been accepted to Rampton High Secure hospital, following a change in risk presentation and section. Another patient has been accepted to an NHSE hospital off framework. Arrangements are ongoing for the remaining 2 patients, currently awaiting feedback from referrals. One is awaiting the outcome of an assessment. Numerous avenues have been pursued already, with NWJCC case managers and health boards care coordinators working closely with providers to source appropriate placements. This is proving challenging due to the complex presentation of patients placed there, and the limited provision within the system to manage these patients safely.

From mid-September, the Northampton NHS Trust will take over the management of the hospital and remaining patients. From that point, placements for the remaining patients will need to be managed off Framework, as an arrangement directly with the Trust. There is no longer term option to retain these patients in St Andrews, as the provision under NHSE management is for local cases only.

Of concern, is the lack of any ongoing provision for female medium secure for learning disability, as there are no Framework providers that offer placements of this nature now that St Andrews has been de commissioned by NHSE.

2.1.2 Independent Sector Hospitals under Performance Improvement

Under the terms of the Hospital Framework, all Providers seeking admission to the Framework are subject to an initial quality assurance audit undertaken by the NHS Wales Quality Assurance and Improvement Service (QAIS) at the point of framework commencement or refresh. Following this assessment, each unit is awarded a Quality Assurance Rating System (QARS) score, with providers expected to maintain the highest rating of 3Q throughout their participation. Once admitted, providers are subject to an ongoing programme of quality assurance, performance monitoring and contract management, including regular audits, review of quality indicators through the RAPID dashboard process, assessment against service specifications, and the implementation of improvement plans where concerns are identified. Audit findings may result in changes to a provider's QARS rating, suspension or removal from the Framework where required, ensuring only services that continue to demonstrate safe, effective and high-quality care remain eligible for placement activity.

Where audit activity identifies a Level 1 quality or Level 2 safety performance issue, the provider is issued with a Performance Improvement Plan (PIP) setting out the required remedial actions and timescales for delivery. Providers are normally expected to address identified issues within 20 working days, or within an alternative timescale agreed with commissioners where appropriate. Throughout this period, QAIS works collaboratively with providers to monitor progress, share good practice, and support sustainable improvements in quality, safety and patient outcomes, with formal reassessment undertaken to confirm that required standards have been achieved.

There are currently 2 providers who have reduced QARS ratings with active Performance Improvement Plans (PIP) in place.

These are:

- Heatherwood Court Ltd (Low Secure Female) - Quality rating of 1 from 31st July 2026.
- Cygnet: Kidsgrove (Female locked Rehab & Female Acute)- Quality rating of 1 from 23rd July

2.3 Gender Incongruence Service – 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 consideration as a potential Service of Concern, reflecting issues identified through ongoing review and assurance processes. These include higher rates of surgical referral than seen in comparable services

in England and concerns regarding referral appropriateness. Given the significance of the emerging concerns, enhanced governance and oversight arrangements are being considered ahead of completion of the independent review of adult gender services in Wales.

The independent review of the adult Welsh gender service comprises both quality and clinical governance elements. The review will focus primarily on assessment, referral and non-surgical aspects of the pathway, while considering relevant pathway interfaces and engaging key stakeholders, including health boards, partner organisations, patients and carers. Initial findings are expected in Q3/Q4 2026, with recommendations to be reported to the Joint Committee thereafter. In parallel, NHS England is undertaking a review of gender surgery services, expected to report in 2027.

Masculinising Gender Surgery: NHSE has advised that New Victoria Hospital, which provides the majority of masculinising gender surgeries in England, will cease delivering this service from November 2026. Chelsea and Westminster Hospital is currently the only alternative provider, with limited capacity. NHSE is exploring options to increase capacity; however, further delays are anticipated, with a disproportionate impact on Welsh patients due to higher waiting list numbers. This has been communicated to Gender Identity Services across the UK and to patient groups.

3. Services in Escalation

3.1 Caswell Clinic

Caswell Clinic has been **de-escalated** from Level 3 to Level 2 in July.

This decision recognises the considerable progress that has been made by staff across Caswell Clinic and SBUHB in addressing the issues identified within the Improvement plan since late 2025. It also acknowledges the work undertaken across the service to strengthen quality, safety and operational arrangements.

A review undertaken in July by colleagues from the NWJCC Quality & Safety, Medical and Mental Health teams, working in collaboration with SBUHB and Caswell Clinic teams, confirmed that all immediate concerns have now been mitigated and that most actions within the de-escalation plan have been achieved.

As part of the Level 2 arrangements, Adele Roberts and Martyn French will work with colleagues to establish the ongoing oversight and support arrangements. This will initially include a programme of monthly meetings focused on monitoring progress, providing support where required, and ensuring continued delivery against the remaining actions within the improvement plan. The intention of these arrangements is to work in partnership with the service, helping to maintain momentum and secure sustainable improvement over the coming months. Areas

that remain subject to ongoing monitoring and assurance include care planning, clinical risk assessments, including HCR-20 and WARNS completion, and the wider governance and policy programme.

During recent committee discussions, Joint Committee Independent Members expressed an interest in visiting Caswell Clinic again. Given the encouraging progress and the decision to de-escalate, we would welcome the opportunity to arrange a further visit in September. This would provide an opportunity for Independent Members to meet staff, hear directly about the improvements made, and gain a broader understanding of the service's continued development.

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

Data relating to occupancy, pathway progress, incidents and restrictive practices is received monthly (Full dataset was not received at time of drafting this report – due 14/08). Patient progress continues to be monitored by the clinical case managers, with no current issues to note.

1st August 2026 there were 25 patients.

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

1st August 2026 there were 2 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

Occupancy levels remain low in Caswell, with one 14 bed unit out of use for a further 15-20 months. This is whilst fire damage repairs to SBUHB Low Secure Unit is completed (scheduled by Q4 2026/27) and potentially to accommodate medium secure whilst new seclusion units are being built on other wards (requested from Q4 2026/27 to Q3/Q4 2027/28).

A capital investment business case for two seclusion units in Caswell has been submitted and is awaiting an outcome via Welsh Government. If approved, this will impact occupancy for a further year, whilst work is underway, but will enable full occupancy of beds in the longer term. In the immediate period, a further 4 beds may be out of use whilst one seclusion unit is built, subject to approval.

A trajectory of available bed space planned admissions and repatriations is being monitored with the provider, but it is anticipated that a further 4 beds from the available

Bed occupancy (47 available beds, 61 beds commissioned on block contract):

1st August 2026 – 59% (36 beds occupied)

1.5 Ty Llewellyn Medium Secure service, North Wales

Bed occupancy (25 commissioned beds):

1st August 2026 - 72% (18 beds occupied)

1.6 Independent sector Medium Secure placements

On 1st August 2026 there were 36 Welsh patients placed in independent sector Medium Secure Units, via the All-Wales Framework.

2. Neuropsychiatry services

Bed occupancy (11 commissioned beds):

1st August 2026- 100% (11 beds occupied)

3. Vulnerable Groups: Gender Dysphoria Services

3.1 CYP Gender services

NWJCC is engaging with the National Provider Network for CYP Gender services who are devising performance Dashboard for service providers, from which the NWJCC will receive a report on Welsh patients.

At end May, 273 young people from Wales have been referred via local care pathways and are on a waiting list for specialist gender assessment and treatment, held centrally with NHSE Gender Dysmorphia National Referral Support Service (GDNRSS) via NHSE Arden & GEM.

3.2 Adult Gender Service:

Gender affirming surgery for adults is commissioned via NHSE, who manage all contracts with providers in England, with assessment and referrals for surgery made by the Welsh Gender Surgery (WGS) provided by C&VUHB.

We are closely monitoring the volume of Welsh patients on the waiting list with NHSE Arden & GEM for masculising and/or feminising surgery, with concerns currently that there are disproportionately higher numbers per population referred for surgery in comparison to England and in other nations in the UK.

The NWJCC are engaging with NHSE Gender Dysmorphia National Referral Support Service (GDNRSS) to support service activity analysis and to review the waitlist as part of the review of the adult Welsh Gender Service.

3.3 Perinatal Inpatient services

Seren Lodge Perinatal Unit at Countess of Chester Hospital

Bed occupancy (2 commissioned beds):

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

Uned Gobaith, in Tonna

Bed occupancy (6 commissioned beds):

1st August 2026 - 100% (6 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

Refurbishment of the extra care area to enhance facilities and create a seclusion suite has been ongoing, with work near completion. The service has maintained occupancy during this period with minimal use of out of area placements required.

Bed occupancy (15 commissioned beds):

1st August 2026 - 100% (15 beds occupied)

4.2 NWAS

Bed occupancy (12 commissioned beds):

1st August 2026 - 58% (7 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 expected in the next few weeks.

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 *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **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 *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **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 *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality**	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

Have you undertaken a Quality Impact Assessment Screening?		Reporting on quality matters from last JCC meeting.
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: 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 *(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	
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