Agenda Item
3.7

Quality, Safety and Outcomes Sub-Committee

Regulator Report [Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC)]

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

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Senior Leadership Team (SLT)	17/08/2026	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 June 2026 to 31st July**

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.

The report will also highlight any issues that need to be considered under the Hospital Mental Health & Care-Home framework with changes to the Q ratings that require improvement action and have any impact on patient safety.

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	**Care Quality Commission (CQC) reports. There is an overall rating provided against the domains of safe, effective, caring, responsive and well led**

Four JCC commissioned providers were subject to CQC inspection during the reporting period:

Birmingham Childrens Hospital (Surgery)
Service: NHS Hospital **Inspection Date:** 28th and 29th January **Key Findings:** The assessment found that the service generally demonstrated a positive and proactive culture of safety, with staff encouraged to raise concerns and report incidents. Staff understood incident reporting processes and described receiving feedback and learning from reported events. There was evidence that the service sought to use learning from incidents to improve practice and patient safety.

Staffing levels were generally sufficient across nursing, medical and support staff groups, with staff possessing the skills, experience and competencies required to deliver safe and effective care.

However, two regulatory breaches were identified relating to the safe management of medicines and mandatory training compliance.

Overall Conclusion and implications/actions for JCC

These concerns did not affect the overall rating, and the service was rated as **Good.** The provider has been asked to submit an action plan setting out how it will address the identified regulatory breaches and strengthen assurance in these areas by the CQC. The JCC will seek assurance that improvements are implemented, monitored and sustained, particularly in relation to medicines management and mandatory training compliance. This will be addressed via the Service Level Agreement (SLA) and through Nursing quality leads in the provider.

Cygney Bury Hudson

Service: Forensic Inpatient or Secure Wards

Inspection Date: 28th April – 1st May

Key Findings:
The service had made significant improvements since the previous inspection, including enhanced seclusion facilities, stronger governance arrangements, and greater involvement of patients and carers in service development. Daily safety and operational meetings provided effective oversight, and leaders were responsive to feedback from patients, carers and staff.
Mental Health Act and Mental Capacity Act compliance was good, supported by high training completion rates, appropriate policies, and evidence that staff understood and applied legal requirements in practice.
Three regulatory breaches were identified relating to medicines monitoring, the sharing of risk and incident information, and environmental cleanliness and maintenance. However, the service had robust governance processes in place, had recognised these issues, and had already begun taking corrective action

Overall Conclusion and implications/actions for JCC
Overall the service has been rated as **Good.** They demonstrated a trajectory of improvement since the last inspection, supported by strong leadership, effective governance and a commitment to patient and carer involvement. A recent inspection by the NWJCC Framework Mental Health Auditors has recently taken place and will be fully reported at the next meeting. The identified regulatory breaches will be considered as part of that process.

Arbury Court

Service: Independent Mental Health Service

Inspection Date: 3rd-4th February 2026

Key Findings:
An unannounced inspection reviewed all inpatient wards following a service reconfiguration and ward closures. Overall, the service demonstrated a commitment to patient engagement and recovery-focused care. However, a breach of Regulation 12 (Safe Care and Treatment) was identified across both service areas inspected.The key concern related to the management of environmental risks, specifically ligature risk assessments. Inspectors found that ligature assessments were not always accurate, current or relevant to the areas being assessed, creating a risk that environmental hazards may not be effectively identified and mitigated.The provider has been asked to submit an action plan to address these concerns.

Overall Conclusion and implications/actions for JCC
Overall the service has been rated as **Good.** There has been a recent inspection by the Framework Mental Health Auditors within the JCC, once published this report will be brought back to a future meeting.

Ellern Mede Barnett

Service: Independent Mental Health Services – Specialist Eating Disorders

Inspection Date: 25th-26th March

Key Findings:
The service demonstrated strong, person-centred care for adults with eating disorders, supported by a dedicated multidisciplinary team, effective governance arrangements, and positive feedback from patients and carers. Patients and carers spoke highly of the quality of care, communication, and responsiveness of staff, particularly the consultant psychiatrist and wider multidisciplinary team. Care planning was highly individualised, incorporating innovative therapeutic interventions and a clear commitment to reducing restrictive practices. Medicines management, safeguarding arrangements, complaints handling, and Mental Health Act and Mental Capacity Act compliance were all strong.

Overall Conclusion and implications/actions for JCC
Overall service is rated as **Good.** Areas for improvement included ensuring patients feel able to raise concerns about their care, strengthening risk management documentation, improving the consistency of observation practices, and addressing environmental issues. The provider had recognised these issues and had plans in place to address them, including environmental improvements and recruitment of an occupational therapist.

Overall, the service provided high-quality, recovery-focused care with strong clinical leadership and governance. Ongoing assurance will be monitored through the Hospital Mental Health Framework.

2.2 Regulator Activity Summary – HIW Inspections

There were two **HIW inspection of framework services** during the reporting period.

Seren Gobaith
Service: Independent Mental Health Provider - female mental health rehabilitation and low secure mental health services **Inspection Date:** 2nd-4th March 2026 **Key Findings:** HIW found that patients received compassionate, person-centred care in a clean, well-maintained environment, with positive leadership and governance arrangements developing across the service. However, several areas required improvement. HIW found Seren Gobaith to be providing **caring, respectful and generally safe rehabilitation and low-secure mental health services**, with strong multidisciplinary working and improving governance arrangements **Overall Conclusion and implications/actions for JCC** The main concerns related to documentation, governance compliance, staff training and supervision, and some environmental improvements. There was one concern rectified during inspection with no immediate actions. The service has an ongoing HIW action plan for improvements Currently rated 3 Q's on the framework
St Peters
Service: Independent Mental Health Provider for which provides inpatient services for adults with complex acute mental and physical healthcare needs (Neuropsychiatric and complex neurological conditions). **Inspection Date:** 23rd,24th and 25th March

Key Findings:

HIW found that St Peter's Hospital provides caring and person-centred care, with strong multidisciplinary working, good access to healthcare services, and a committed workforce. However, the inspection identified a significant number of concerns relating to care planning, medicines management, infection control, environmental standards, observation practices, and governance oversight. An immediate improvement plan was required for medicines governance and Mental Health Act documentation.

Overall Conclusion and implications/actions for JCC
The inspection identified multiple concerns across documentation, medicines governance, IPC, observations, environmental standards and legal safeguards. HIW required both immediate and longer-term improvement actions, the provider submitted a comprehensive improvement plan addressing all findings.This will be monitored through framework processes and the MH commissioning team

Currently rated 3 Q's on the framework

2.2.2 Spring 2026 Healthcare Summit – Themed Approach

The Healthcare Summit working group which reflects the collective intelligence, evidence and perspectives shared by Summit partners from across the regulatory, inspection, audit, improvement and patient voice landscape in Wales have submitted a letter to the Chief Executive of NHS Wales identifying the themes and support needed to enable improvement and promote collective learning. These are alongside contributing to a broader understanding of the issues affecting the quality, safety, accessibility and sustainability of healthcare services across Wales.

These included:

- **Workforce Resilience as a System Risk**

Workforce pressures continuing to affect service quality, patient safety, resilience and organisational capacity across NHS Wales.

- **Translating Insight into Sustainable Improvement**

Many of the underlying risks facing NHS Wales are identified through assurance activity, reviews, inspections and operational intelligence. Concerns remain regarding the pace and consistency with which recommendations, improvement actions and transformation programmes are translated into demonstrable and sustainable improvement

- **Reducing Unwarranted Variation**

While examples of innovation and good practice were recognised, discussions highlighted continued variation in access, service delivery, patient experience and outcomes across Wales. Reducing unwarranted variation remains central to improving equity and consistency for patients.

- **Strengthening System Integration**

Challenges at organisational and service interfaces continue to affect patient flow, performance and experience. The importance of strengthened whole-system working across health, social care and community services was emphasised.

- **Delivering Sustainable Change**

Members recognised the substantial efforts underway across NHS Wales to respond to financial and operational pressures. Balancing immediate demands with the longer-term transformation required to improve outcomes and reduce risk remains a significant challenge.

- **Environmental and Estates**

Environmental and estate constraints as a significant and growing risk to safe and sustainable care were emphasised. Discussions highlighted the direct impact of infrastructure issues on patient safety, service delivery, workforce wellbeing and patient experience.

A letter summarising the key findings has been sent to the CEO Wales for consideration and monitoring through the IQPD process with Health Boards.

2.3 Regulator Activity Summary - CCAPS Quality Assurance Reviews

Quality Assurance Improvement Service (QAIS) reviews were undertaken across 10 framework providers during this reporting period for mental health, learning disability and CAMHS providers.

Summary of Key Outcomes:

1 service lost 3 Q rating and is now 1 Q from July 23rd

- Cygnet Behavioural Health Limited - Cygnet Hospital Kidsgrove has failed to maintain one or more core services under Schedule 2 of the NHS Collaborative Framework for Adult Mental Health and Adult Learning Disability Hospitals. As a result, Cygnet Behavioural Health Limited - Cygnet Hospital Kidsgrove has received a Level 2 Performance Improvement Plan (PIP) for the following service:
  Lot 12 - Burleigh
  Lot 22 – Crocus

The service will be deducted 2Q's as described in the Quality Assurance Improvement System under Schedule 7 from the 23 July 2026.

3. KEY RISKS / MATTERS FOR ESCALATION

The Mental Health Team continue to work with St Andrew's to find appropriate placements for the very small number of patients who remain in St Andrews Northampton detail of this is included in 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 ongoing commissioning cycle and management of services.

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 *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **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 / Glossary of Terms	
CCAPS	Commissioning Care and Assurance Performance System
CQC	Care Quality Commission
HIW	Healthcare Inspectorate Wales
IQPD	
JCC	NHS Wales Joint Commissioning Committee
NHS	National Health Service
QAIS	Quality Assurance Improvement Service
QSOC	Quality, Safety and Outcomes Sub-Committee
SLA	Service Level Agreement