

**Agenda Item**

4.4

**Quality Safety and Outcomes Sub-Committee**

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

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Pwrpas yr Adroddiad / Report Purpose	For Assurance Choose an item.
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Committee / Individuals	Group /	Date	Outcome
N/A		Click or tap to enter a date.	Choose an item.

## 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 (MHLDDVG) 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. ASSESSMENT

The following covers significant and noteworthy Quality and Patient Safety (QPS) issues identified in specific MHLDDVG Directorate portfolio areas.

### 2.1 Hospital Framework Commissioned Services

#### 2.1.1 St Andrews Healthcare – Northampton

The concerns raised in relation to this service have been discussed at previous JC and QSOC meetings. The service remains suspended from the National Framework Agreement and is reviewed frequently as part of the Framework Enhanced Monitoring process.

NHSE are coordinating centrally with commissioners' arrangements to remove patients from the site. Several meetings have now been set up to replace the gold and silver incident management meetings. The new governance is focussed on an organised and coordinated response to the movement of patients to alternative services over the coming months.

There are 287 patients in total that require alternative placements (268 currently), with 13 of those placed via the NHSW Framework Agreement, 11 being Welsh and 2 from the Isle of Man. One non secure patient has a move in progress, and arrangements for secure placements are in train. It is expected that it will take up to 18 months to move all the patients at the site, due to the complex presentation of many of the people currently placed there. In the interim, NHS England staff are on site providing 24-hour oversight.

Communication to Welsh patient's families and carers are being sent this month via the NWJCC in liaison with Health Boards, and arrangements are in place for care coordinators and case managers from the NWJCC to routinely visit their patients at the site.

### **2.1.2 Ty Glyn Ebwy: Eating Disorders Service**

The Independent Sector 15 bed eating disorder service at Ty Glyn Ebwy closed on 02/04/2026 with the last 2 NHS Wales patients being discharged.

Inpatient placements have dropped from a regularly reported high of 22 patients a few years ago to a recent low of 8 patients, with a current level of 13 patients placed in several services.

A review of eating disorder provision with the Royal College of Psychiatry in Wales is underway, to look at the demand for inpatient ED provision and any alternative models of care and treatment that can be considered.

## **3. SERVICES IN ESCALATION**

Caswell Clinic remain in Level 3 escalation. Discussions have been held within the NWJCC to establish what needs to be in place to reduce the level of escalation in the future. To take stock of the improvements that have been made, and the mitigations in place against the quality and safety standards raised in the JCC escalation report that was issued in December 2025, the provider has been requested to submit a 6-month review against each of those safety and quality standards by mid-April.

Once that has been received by the MHLDVG team, each action will be reviewed against the evidence supplied with a view to understanding what level of progress has been made and what the ongoing escalation level will be. To consider de-escalation to level 2, we would need assurance that all safety issues are addressed, and where there are longer term outstanding actions, that there are interim mitigations in place to manage risk until these are completed.

We have moved from weekly to monthly meeting arrangement between Caswell and JCC, from April integrating meetings with SBUHB leadership and Caswell MDT, with a focus on outstanding areas of improvement from the action plan and the route out of escalation, potentially to level 2 /1.

A HIW inspection of Caswell took place in January, with the report due for publication in the coming weeks. No immediate issues were noted beyond areas currently being addressed via the existing plan.

## **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 NHS Inpatient Services**

Placements in High & Medium secure services are overseen by clinicians within a case management team. These teams were previously commissioned by NWJCC via SBUHB & BCUHB and were hosted with commissioned services. From April 1<sup>st</sup>, 2026, the SBUHB case managers have transferred to NWJCC employment via the TUPE process. It is expected that the North Wales Case manager will also TUPE across to NWJCC in the coming weeks.

#### **1.1 Ashworth High Secure Hospital – Male Mental Health**

Data relating to occupancy, pathway progress, incidents and restrictive practices is received monthly. Patient progress continues to be monitored by the clinical case managers, with no current issues to note.

1st April – 23 patients

#### **1.2 Rampton Hospital – Female Mental Health & Male and Female Learning Disabilities**

The JCC participated with NHS England National Assurance Group in a 6 monthly additional follow up assurance review undertaken at the beginning of March. This was a follow up visit to the review that was undertaken in September 2025 at the request of the Secretary of State for Health to support the relicensing of the service following significant Quality issues during the original relicensing process 2 years ago. The NWJCC will continue to be involved in this monitoring process via the arranged assurance visits. Patient progress continues to be monitored by the clinical case managers, with no current issues to note.

April 1<sup>st</sup> 2026 - 2 female Mental Health patients

#### **1.3 Caswell Medium Secure Service**

Occupancy levels remain low in Caswell, with one 14 bed unit out of use for a further 18-24 months. This is whilst fire damage to SBUHB Low Secure Unit is completed (scheduled by Q4 2026/27) and 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 trajectory of available bed space planned admissions and repatriations is being monitored with the provider.

1<sup>st</sup> April 2026 - 61% occupancy (37 beds occupied, 61 beds commissioned on block contract)

### **1.4 Ty Llewellyn Medium Secure service, North Wales**

Bed occupancy (25 commissioned beds):

1<sup>st</sup> April 2026 - 80% (20 beds occupied)

Please note that there are currently 38 Welsh patients currently being cared for in independent sector Medium Secure Units.

## **2. Neuropsychiatry services**

NWJCC MHLDVG is currently undertaking a review of the Neuropsychiatry Rehabilitation service at Hafan y Coed, Cardiff, to understand system benefit and added value of being nationally commissioned.

Bed occupancy (11 commissioned beds):

1<sup>st</sup> April 2026- 73% (8 beds occupied)

## **3. Vulnerable Groups: Gender Dysphoria Services**

### **3.1 CYP Gender services**

NHSE has just published the revised Service Specification for CYP Gender services (1st April 2026). The current CYP providers are working to the interim service specification and as such the provision and clinical approach will not change (as all the critical elements are in the Interim Specification). The main addition is the inclusion of the Holistic Assessment Framework. All the services are working to this clinical model. Quality standards, improvement and service developments are reported to the National Provider Network for CYP Gender Services (The NPN), hosted by Alder Hey.

NHSE has launched a 3-month stakeholder consultation on the prescribing of Masculinising and Feminising (MAF) Hormones for 16–18-year-old CYP with Gender Dysphoria. This followed an 18-month evidence review through 2024 and 2025. The focus of the consultation is on identifying further evidence to support the future policy and commissioning position on MAF Hormone prescribing. The consultation concludes on 2<sup>nd</sup> June 2026. On 9<sup>th</sup> March 2026, NHSE placed a temporary freeze on the prescribing of MAF Hormones. The position will be informed by the previous review and outcome of the consultation. NHSE has published guidance for primary care around shared care arrangements for the prescribing of MAF Hormones. The NWJCC Associate Clinical Director for Vulnerable Groups met with the Head of Specialised Commissioning on 30<sup>th</sup> April to ensure that communications and advice that pertains to Welsh patients are received on a timely basis. A request was also made for Welsh Performance data from the new providers to be made available to the NWJCC. The National Provider Network for CYP Gender services is currently in the process of devising a

performance Dashboard for each of the new Providers, from which the NWJCC will receive a report on Welsh patients.

### **3.2 Adult Gender Service:**

The Clinical Lead for the Adult Welsh Gender Service Dr Sophie Quinney has stepped down from this position. Dr Kate Nambier (Specialist Endocrinologist) has been appointed to post and commenced on 1<sup>st</sup> April 2026. A planned visit to the WGS by the Director of MHVG and LD and the Associate Clinical Director is scheduled for the 22<sup>nd</sup> April 2026. Plans for the first phase of the review of the WGS will be discussed in this meeting.

The review of the Adult Welsh Gender Service will focus of current activity and functioning. Additional capacity within the commissioning team is shortly to come on- line to assist with project management, data analysis and engagement with the clinical team.

For objectivity and regard to high level sensitivity this area of health provision, it is recognised that the review of the Welsh Gender service will require external expertise to appraise the existing clinical model, especially in light of the NHSE Review of adult services (The Levy Review) published in March 2026. This will be commissioned in Q2, and conducted in Q3.

### **3.3 Perinatal Inpatient services**

**Seren Lodge Perinatal Unit** at Countess of Chester Hospital is now fully operational with all 8 beds (2 for Welsh patients) in use. Several Welsh patients have already used the service.

There was a recent event held at the Chester Picture house, which was organised by Experts by experience who have used Perinatal inpatient provision. A number of short films were shown at the event which showed each person's individual story and experience: <https://www.helixcm.nhs.uk/bornfromexperience>.

#### **Uned Gobaith, in Tonna**

Bed occupancy (6 commissioned beds):

1<sup>st</sup> April 2026 - 67% (4 beds occupied)

### **3.4 Skin Camouflage Service**

This service has been fully operational since January 2026. Weekly clinics are being held at the service in Bridgend. Reported uptake of the service is very promising with each month of clinic appointments being fully booked.

MHLDVG team visited the service in March. Arrangements are in place in order to ensure that relevant data is collected and reported by the service during the pilot phase.

#### **4. Specialist CAMHS**

##### **4.1 Ty Llidiard**

Refurbishment of the extra care area to enhance facilities and create a seclusion suite is ongoing. After some earlier delays work is progressing and expected to conclude by July 2026. The service has maintained occupancy during this period with minimal use of out of area placements required.

Ty Llidiard HIW report was published on April 16th following their visit in January. Overall, this is a positive report. The inspection found that young people received caring, person centred and largely safe care from a committed workforce. No immediate patient safety concerns were identified, but several improvements are required, particularly around documentation, environmental maintenance, incident reporting, and governance processes.

Bed occupancy (15 commissioned beds):

1<sup>st</sup> April 2026 - 93% (14 beds occupied)

##### **4.2 NWAS**

An issue was raised recently regarding out of hours psychiatry cover. It was reported that the service can only access telephone medical cover out of hours. This had an impact by preventing an emergency admission over the bank holiday weekend as a doctor would not be available to support the admission. As a result, the young person was admitted to an independent sector placement for the weekend before being transferred after the bank holiday.

It had previously been reported that this issue also impacts the service being able to implement seclusion protocols which require medical review. Therefore, the use of the newly constructed extra care area is limited to extra care short of 'seclusion'. This could potentially result in patients being transferred to out of area placements who could otherwise be cared for locally.

The team sits within the Central Integrated Health Community Team for BCUHB. Further clarification is being sought from the executive team regarding this matter.

Bed occupancy (12 commissioned beds):

1<sup>st</sup> April 2026 - 42% (5 beds occupied)

## Strategic and Regulatory Assessment

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Not Applicable
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A more equal Wales
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Data to Knowledge
	If more than one applies please list below: Whole systems perspective Leadership Learning, improvement and research
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Effective
	If more than one applies please list below: Efficient Equitable Patient centred Timely Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <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:

<b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>		Reporting on quality matters from last JCC meeting.
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <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: Reporting on performance matters and the impact on the wider health system. Quality and safety matters also considered.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Ambulance performance of significant concern to the public and impacts on health boards reputation	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## Acronyms

<b>Acronyms / Glossary of Terms</b>	
MH&VG	Mental Health and Vulnerable Groups
ED	Eating Disorder
PREM	Patient Reported Experience Measure
QAIS	Quality Assurance Improvement Service
MDT	Multi-Disciplinary Team
MHLDVG	Mental Health, Learning Disabilities, Vulnerable Groups.
PICU	Psychiatric Intensive Care Unit
CAMHS	Child and Adolescent Mental Health Service
NWAS	North Wales Adolescent Service
SLA	Service Level Agreement
WGS	Welsh Gender Service
CQC	Care Quality Commission
ICB	Integrated Care Board