

Vaughan Gething AC/AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref MA-P-VG-1336-19

Lynne Neagle AM  
Chair, Children, Young People and Education Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

1 May 2019

Dear Lynne,

Thank you for your letter of 29 March requesting additional information on Child and Adolescent Mental Health (CAMHS) inpatient provision in Wales. Your letter raised further questions following my response to you on 25 February 2019, relating to the same provision.

I note the concerns you raise about the restrictions applied to inpatient settings in North and South Wales. You asked for further information on matters highlighted in the Healthcare Inspectorate Wales (HIW) report '*How are healthcare services meeting the needs of young people?*' particularly:

- Assurance that patients are receiving safe and effective care;
- Concerns raised over the ability of CAMHS units to accommodate young people who are high risk, and any resultant increase in young people needing to be placed out-of-area.

We continue to have robust arrangements in place to monitor the quality and safety of specialist mental health inpatient settings and to manage the need for services when restrictions are in place in a particular unit whilst any necessary improvement work is undertaken. The NHS works to minimise risks wherever possible, and when matters of concern or incidents do take place in these units, processes are in place to ensure a rapid response for both the young person affected and to ensure lessons are learned from the incident.

The Welsh Government remain committed to ensure that young people requiring inpatient care receive this as close to home as possible, with the default being one of the two Welsh CAMHS inpatient units. In previous correspondence, the Welsh Health Specialised Services Committee (WHSSC) confirmed to you that during 2018/19, restrictions in place at Welsh CAMHS inpatient units led to six young people who previously would have been able to access NHS services in Wales, being placed out of area. We continue to work with WHSSC and health boards to plan for a reduction in the restrictions in place at our units,

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

however, we will only lift such restrictions once we are assured health boards can maintain both the quality and safety of our specialist CAMHS settings.

You also sought further urgent reassurances in relation to:

- the timescales for addressing the ongoing issues of concern in both settings;
- the procedures in place for ensuring good support is provided in out of area placements (including further detail about how the various bodies tasked with reviewing provision undertake their work – for example, to what extent does the work involve visits as well as paper-based activity?)

### Timescales for addressing concerns in South Wales

Phase 1 works were completed during 2018/19 by Abertawe Bro Morgannwg University Health Board. This included anti-ligature works to 19 bedroom and en-suite areas, modification to internal and external doors to prevent forced opening or forced damage, new furniture and new locking systems for bedroom windows.

Phase 2 works will be undertaken by Cwm Taf Morgannwg University Health Board include additional work on communal areas, anti-ligature alarmed doors and a replacement perimeter security fence. Fencing works commence on site early May and will be completed at the end of June. The specialist doors, which include audible alarms that detect abnormal loads on the doors, are expected to be installed in August. It should be noted that the doors are a new item on the market and as such there is a longer lead in time.

### Timescales for addressing concerns in North Wales

The North Wales Adolescent Service (NWAS) continues to operate at a reduced capacity. There has been a marked improvement in performance during 2018/19 with the NWAS unit operating with at least 10 beds available. At certain points during the year this has increased to the full 12 beds but this continues to fluctuate, dependant on patient acuity and staffing levels.

As previously outlined to the committee, the reduced capacity in North Wales is due to significant workforce challenges and the increasingly complex needs of patients. WHSSC is working with NWAS through its quality escalation process to return to the 12-bed commissioned capacity, and this is under continuous review. Following the introduction of a non-medical led model (a new interim model with a non-medical lead with medical support provided by the clinical leads from each of the three area teams) WHSSC and Betsi Cadwaladr University Health Board mutually agreed to extend current escalation level and maintain the associated support.

A reduction in the escalation level, and increase in capacity, can only change when WHSSC is assured the balance of risk means that this can happen safely.

### Quality assurance of out of area placements

Placements in healthcare settings outside Wales are overseen through the National Collaborative Framework by NHS Wales Quality Assurance Improvement Team (QAIT), the operational team of the NHS Wales Collaborative Commissioning Unit. QAIT provides assurance to Health Boards and WHSSC that National Collaborative Framework services are being provided in safe and high quality environments, which promote rehabilitation and recovery.

The NHS Wales National Collaborative Framework for Child and Adolescent Mental Health Services in Low Secure and Acute Non-NHS Wales hospitals provides the mechanism for the commissioning of these services. This framework was developed to enable consistent and sustainable high-quality service provision and improved patient outcomes.

QAIT performance manages national framework providers through Hospital Quality Assurance Reviews. These reviews assess over 150 quality and safety standards in each setting, reflecting the three broad areas covered by the service specifications:

- Improving the patient experience of care, including quality and satisfaction;
- Improving the health and well-being of patients; and,
- Safe, effective, efficient provider.

The Provider Performance Assessment Report, generated during the audit process, also involves staff and services users.

The assessment of a provider focuses specifically on the service specification as laid out in Schedule 2, Part 1 of the NHS Wales National Collaborative Framework for Child and Adolescent Mental Health Services in Low Secure and Acute Non-NHS Wales hospitals but also takes into account;

- the 2011 National Minimum Standards for Independent Health Care Services (in respect of Patients receiving Services in Wales);
- the 2002 National Minimum Standards Regulations for Independent Health Care (in respect of Patients receiving Services in England); and,
- good clinical practice in accordance with related codes of practice or Guidance published by any Health Board, the Welsh Government, the Department of Health and Social Care or otherwise.

This assessment enables QAIT to give assurance that the provider should continue to be able to provide services to Welsh patients under the NHS Wales National Collaborative Framework, and that any serious performance issues or performance issues arising from this assessment would be addressed.

Providers must also ensure that they promote and protect the safety and welfare of the patient through internal security and control measures whilst supporting the maximisation of personal freedom. Providers must comply with all safeguarding provisions under the All Wales Child Protection procedures and the Social Services and Wellbeing Wales Act.

If one or more areas of substandard care are identified, QAIT will issue a Performance Improvement Notice and the provider is subject to enhanced performance management. QAIT requires the provider to give regular updates on progress towards completion of the actions. Failure to complete the actions may result in a reduction in the unit's quality rating, a unit's suspension – where the unit cannot accept any more patients - or termination from the National Collaborative Framework. The Performance Improvement Notice is only concluded once QAIT has verified that all requested actions have been completed.

QAIT will visit a provider unit at least annually, unless there has not been a Welsh admission for over a year. In such a case the unit would be audited within 28 days of the next admission from Wales.

I trust this further detail is helpful.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, slightly slanted style.

**Vaughan Gething AC/AM**

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